



Commonwealth of the Northern Mariana Islands
Commonwealth Healthcare Corporation
Credentials Committee/Medical Executive Committee



RELEASE OF INFORMATION

In consideration for the evaluation or reevaluation of my application, credentials, and for the purpose of obtaining clinical privileges at the Commonwealth Healthcare Corporation, I hereby consent to the release of the following information to the Credentials Committee/Medical Executive:

1. Any and all information received from or held by administrators and members of the Medical Staffs of other institutions, licensing agency and others with whom I have been associated.
2. Any and all documents, including medical records at other institutions, claim files, and legal files, which may be pertinent to the evaluation or reevaluation of my credentials.

In consideration for the evaluation or reevaluation of my application, credentials, and qualifications for the purpose of obtaining a license, I hereby release from liability the Credentials Committee, who have received information and release from liability all individuals and organizations who may provide information to the Credentials Committee, in connection with the evaluation or reevaluation of my application.

I agree that a photocopy of this RELEASE shall have the same force and effect as the original and may be sent to each individual and institution from which information is requested.

NAME: _____
(Please Print)

SIGNATURE: _____

DATE: _____