

CONSENT AND RELEASE FOR CRIMINAL BACKGROUND CHECK

I am receiving this consent and release because the healthcare organization to which I have applied for medical staff membership or continuation of my membership requires a criminal background check as part of the medical staff screening process and that the Tennessee Physicians' Quality Verification Organization, LLC (TPQVO) is processing this check on behalf of the healthcare organization either directly or through a third party criminal background screening service.

In connection with my application for medical staff membership or my continued medical staff membership, I have been advised and I hereby consent and authorize TPQVO and its agent, at any time during my application process to conduct an investigative consumer report that may include, but not be limited to, a criminal record check. I do hereby consent and authorize TPQVO and its agent to use any information provided on this form or during the application process in performing the investigative consumer report. I have been informed that I have the right to review and challenge any negative information that would adversely affect me or adversely affect a decision to extend membership. I agree to release, indemnify and hold harmless TPQVO and any consumer reporting agency used by TPQVO with regard to any information reported by the consumer reporting agency.

I have also been informed that I have the right to review and challenge any negative information that would adversely affect a decision by the healthcare organization client to extend or continue medical staff membership. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. In addition, upon timely written request to TPQVO the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me.

I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original. I hereby certify that all information provided in this background check disclosure notice, my application for membership or reapplication for membership to healthcare organization medical staffs or panels, and authorization form is true, correct and complete. If any information proves to be incorrect or incomplete, I understand that grounds for termination of current membership or cancellation of any and all offers of medical staff membership are at the discretion of TPQVO clients using this information.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by TPQVO by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

By typing your name below, you acknowledge that it serves as a legal equivalent to your handwritten signature, signifying your agreement to the terms and conditions outlined above.

Printed Name

Date

Signature

Please list addresses at which you lived for past 7 years:

From _____ To _____

From _____ To _____

From _____ To _____

A summary of rights under the Fair Credit Reporting Act can be found at found online at <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>