Hawaii Residency
PROGRAMS, INC.

The Queen's Medical Center · Kapi'olani Medical Center for Women & Children · Straub Medical Center · Pali Momi Medical Center
Kuakini Medical Center · Wahiawa General Hospital · Kaiser Foundation Hospital · University of Hawai'i at Manoa, John A. Burns School of Medicine

Consent to Release Information (for Notary outside of Hawaii)

Instructions

- ☐ Complete 'Consent to Release Information' Form.
- ☐ Maximum of 5 entities per consent form
- ☐ Obtain Notary Certification of the form.
- ☐ Attach applicable fee and submit form to Residency Program.
- ☐ Notify the entities requesting the information that the entity must send a direct request to the Program (email, fax, paper). No information will be provided otherwise.
- ☐ After completion of ALL above steps, the Program will send requested information DIRECTLY to the requester. Information is not sent to the Trainee or Former Trainee.

Processing Fee

- ☐ Residents/Fellows in training, under contract with Hawaii Residency Programs, at the time of request
  - Fee is waived
- ☐ Former Residents/Fellows
  - Fee= $50 per institution/person
- ☐ NOTE: The fee is waived if the Institution requesting information is a major participating hospital within Hawaii Residency Programs:
  - Kapi'olani Medical Center for Women and Children
  - Straub Medical Center
  - Pali Momi Medical Center
  - Queen's Medical Center
  - Kuakini Medical Center
  - Wahiawa General Hospital
  - Kaiser Permanente (Hawaii Region)
  - State of Hawaii Department of Health
  - Department of Veterans Affairs (Hawaii Region – Spark M. Matsunaga VA Medical Center)
  - John A. Burns School of Medicine

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($50 fee per response to each Institution or Person and made payable to *Hawaii Residency Programs, Inc.*)

HRP Use Only:
☐F ☐M

CONSENT TO RELEASE OF INFORMATION AND RELEASE OF LIABILITY BY:

_____
(Name of Authorizing Physician)

Email Address: _____ Specialty: _____ Subspecialty: _____

Practice Address: _____ Dates of Residency training: _____

Identity of Institution or Person requesting information: _____
(Requester – Maximum of 5 per consent form)

PURPOSE: I am providing this Consent to Release of Information and Release of Liability ("Consent") in order to facilitate my application for employment with, admission into, licensure by, or credentialing by, the Requester.

DEFINITIONS: As used in this form, "Requester" is the person or entity seeking information concerning me (as identified above), and includes all of the Requester's employees, agents, and authorized representatives so designated in writing. As used in this form, "HRP" is Hawaii Residency Programs, Inc. (hereafter "HRP") and its Chief Executive Officer, administrative personnel, and other employees and agents. As used in this form, "UH" is the University of Hawaii and its Program Director, faculty, administrative personnel, and other employees and agents. As used in this form, "Subject Information" is any and all documents, records and other information and opinions relating to me, including, but not limited to, my performance, competence, character, behavior, and competence and qualifications (such as to practice medicine or to obtain or hold employment, clinical privileges, or professional credentials).

CONSENT AND AUTHORIZATION: I hereby consent and authorize HRP and UH to provide the Requester with any and all Subject Information, (a) regardless of whether HRP or UH came into possession of the Subject Information prior to my employment, during my employment, or after my employment with HRP; (b) regardless of whether the Subject Information is communicated verbally, in written form (hard copy, electronic form, etc.) or otherwise; (c) in HRP's and UH's sole exercise of discretion as to what Subject Information is appropriately responsive to any request; (d) regardless of whether the provision of Subject Information is based on the Requester's pending request, future request, or otherwise; and (e) as HRP and/or UH, in its sole discretion, deems appropriate for purposes of supplementing any Subject Information previously provided (such as where the Subject Information previously provided is no longer complete or accurate or needs to be amended to be made more complete and accurate).

RELEASE AND WAIVER OF LIABILITY: I hereby release the Requester, HRP, and UH from all liability, to the fullest extent permitted by the law, for any and all acts performed under this Consent, specifically including the provision of Subject Information. I specifically waive any claim for damages of any kind against HRP and UH, for acts performed pursuant to this Consent, to the fullest extent permitted by the law, including but not limited to claims of interference with contract, invasion of privacy, defamation, slander, discrimination, denial of employment, admission, licensure, or credentials, or negligence of any kind in the communication of such information to the requester or its representatives.

HOLD HARMLESS AND INDEMNIFICATION: I hereby agree to indemnify and hold harmless HRP and UH from any and all claims made by any person or entity (including, but not limited to me and the Requester) as a result of the release of Subject information pursuant to this Consent. As used herein, "claims" includes, but are not limited to, claims arising from the Requester's denial of employment, admission, or credentials. This duty to indemnify includes, but is not limited to, any and all judgments, settlements, legal fees, costs, and any other expenses incurred in defending any claim arising from the release of Subject Information pursuant to this Consent.

_____ _____ _____
Signature of Authorizing Physician Date Print Legal Name of Authorizing Physician

State of _____)
) SS.
County of _____)

On this ____ day of _____, 20__, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged the s/he executed the same as his/her free and voluntary act and deed.

_____

Print Name: _____

(seal)

Notary Public, State of _____

My commission expires: _____

Your signature must be acknowledged before a Notary Public or other duly authorized officer.
Notary and fee payment not required for some employment salary verifications.

Revised 6/16/2017