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

HRP Use Only:
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CONSENT TO RELEASE OF INFORMATION AND RELEASE OF LIABILITY BY:

_____
(Name of Authorizing Physician)

Email Address: _____ Specialty: _____ Subspecialty: _____

Practice Address: _____ Date of Graduation from Residency training: _____

Identity of Institution or Person requesting information: _____
(Requester)

PURPOSE: I am providing this request and consent in order to facilitate my application for employment by, admission into, licensure by, or credentialing by, the requester.

DEFINITIONS: "Requester" is the person or entity seeking information concerning me, and includes all of the requester's agents and authorized representatives so designated in writing. "Hawaii Residency Programs, Inc."(hereafter "HRP") and the "University of Hawaii" (hereafter "UH") are the entities which I am authorizing to release information concerning me, and includes the Residency Program's Director, Chief Executive Officer, Administrative Personnel, Employees, Faculty, and Medical Staff.

REQUEST: I specifically request that HRP and UH provide to the requester or any representative designated in writing by the requester, any and all information, documents, and records concerning my professional performance, competence, character, ethical qualifications, and behavior while an employee of HRP, specifically including the circumstances of my departure from HRP. I further specifically request that HRP and UH provide such information whether it came into possession of that information prior to my employment, during my employment, or after my employment.

CONSENT AND AUTHORIZATION: I hereby authorize the requester identified above, or any representative designated in writing by that requester, to consult with HRP and UH, its Program Director, Chief Executive Officer, Administrative Personnel, Employees, Faculty, and Medical Staff in order to obtain any and all information regarding my professional competence, character, ethical qualifications, behavior while an employee of HRP, and circumstances of my departure for HRP.

I hereby consent to the release of any and all information, records, documents, and/or opinions that HRP and UH may determine, in its sole discretion, to provide to the requester pursuant to this authorization. I further consent to the copying by HRP and UH, and transmittal to the requester or its representatives, of any and all records, documents, and/or opinions described in the paragraphs above, as well as any other information, documents and/or opinions that may be material to an evaluation of my professional qualifications and competence to practice medicine, my qualifications to obtain or hold clinical privileges or professional credentials, and my moral and ethical qualifications for employment.

I hereby consent to the consultation and to the provision of information, records, documents, and/or opinions described above to the requester now, or at any time in the future, in the event of a subsequent inquiry or request. I further consent to a supplemental consultation and to the provision of supplemental information, records, documents, and/or opinions at any time in the future in the event that HRP/UH, in its sole discretion, determines for any reason that information or opinions it has previously provided pursuant to this release are no longer complete, accurate, or timely, or that such information should be amended to make it more complete, accurate, or timely.

WAIVER OF LIABILITY: I hereby release the requester, HRP and UH, and their respective representatives, from all liability, to the fullest extent permitted by the law, for any and all acts performed under this authorization, specifically including the provision of information, documents, or records pursuant to this request.

RELEASE AND WAIVER OF ALL CLAIMS: I specifically waive any claim for damages of any kind against HRP and UH, for acts performed pursuant to this authorization, 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 hold HRP and UH, and their representatives harmless from any and all claims made against it by me, the requester, or any other person or entity as a result of the release of information, documents, or records pursuant to this authorization. Specifically included in "hold harmless and indemnification" within this paragraph are any claims arising from denial of employment, admission, or credentials to me by the requester or its representatives. I further specifically agree to indemnify HRP and UH, and their representatives for any and all legal fees, costs, or any other expenses incurred in defending any claim arising from the release of information, records, or documents sought by this request or provided pursuant to this authorization.

_____	_____	_____
Signature of Authorizing Physician	Date	Print 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.

Revised 09.2008