



Consent to Release of Information and Liability

Trainee Full Name: _____ Other Name(s) Used: _____

HRP Training Program(s): _____ Dates Attended: _____

Trainee Phone #: _____ Trainee Email: _____

Institution to receive credentials (*one per form/fee*): _____

Method of submission to institution: _____

Provide the relevant institutional email address (preferred), OR fax number, OR mailing address.

This HRP Consent Form requires a **nonrefundable fee of \$50.00 paid in full** to HRP before any information is released, **UNLESS** one of the following applies, in which case the fee will be waived (*check any that apply*):

I am an active resident or fellow, **currently employed by HRP.**

This information is being requested by the following **HRP participating member institution:**

[MENU HERE IN PDF]

This information is being requested by the **Hawai'i Medical Board/PVL Division.**

A check or money order for **\$50.00**, made out to "**Hawaii Residency Programs, Inc.**" **HAS or HAS NOT** been mailed* (Check # _____ Date sent: _____) to HRP's Central Admin Office at the following address:

HAWAII RESIDENCY PROGRAMS, INC.

ATTN: VERIFICATIONS

1356 LUSITANA STREET, SUITE #507

HONOLULU, HI 96813

*If the \$50 fee is not applicable, or if the check will be sent separately, this Consent form may also be returned to HRP via fax (**808.586.2947**) or via email (**Credentialing@HawaiiResidency.org**).

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.

Hand-drawn signature of Authorizing Physician: _____ Date: _____

Signature must be unique (hand-drawn), not in a digital font selection. Consent is valid for 365 days after signing.