Consent to Release of Information and Liability

Trainee Full Name: Other Name(s) Used:

HRP Training Program: Dates Attended:

Trainee Phone: Trainee email:

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

Requested method of submission: Email Address *(email, fax or website*

This HRP Consent Form requires a *nonrefundable* fee of $50 paid in full to HRP *before* any information is released, ***UNLESS*** one of the following applies, in which case the processing fee is waived *(check any that apply)*:

- ☐ Trainee is an active resident or fellow, ***currently*** employed by HRP
- ☐ This information is being ***requested by an institution located within the State of Hawaii***

Payment Options *(payment must be received prior to processing request)*

Credit Card 3% processing fee is added

Click above to submit credit card payment

OR

A check or money order for **$50.00** can be mailed to:

HAWAII RESIDENCY PROGRAMS, INC., Attn Verifications
1356 Lusitana St, Suite 507, Honolulu, HI 96813

Verification Type Requesting

- ☐ Dates Only - This request type produces a form or letter verifying training dates only (No fee required)
- ☐ Training - This request produces a verification of training dates and a copy of the Trainee's Final Training Summary
- ☐ State Board Application - State specific post-graduate training form must be attached when selecting this option
- ☐ Memorandum of Coverage - produces verification of professional malpractice liability coverage (No fee required)
- ☐ Malpractice Claims History - This request produces a historical record of malpractice claims
- ☐ Verification of Training and Claims History Combined

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: *Signature must be unique (hand-drawn), not in a digital font selection.*

Email completed documents to: credentialing@hawaiiresidency.org *Consent is valid for 365 days after signing.*

Signature Date