

## Authorization, Release and Immunity

Provider's Name (Printed)	Provider's Address
	Provider's current email

By requesting verification of house officer training and appointment information from the University of Michigan, I accept the following conditions and intend to be legally bound by them. These conditions will remain in effect for any third party inquiries received before and after I leave my University of Michigan House Officer role:

1. I hereby consent to and authorize the University of Michigan, including its Regents, faculty, staff, and authorized representatives (the "University"), to release to third parties any information in the University's possession that may have a bearing on my professional qualifications, clinical competence, character, ability to perform safely and competently, ethics, behavior, or any other matter reasonably having a bearing on my qualifications when requested for the purpose of evaluating my credentials pursuant to a request for appointment, reappointment, clinical privileges, participating provider status, licensure, certification, or other credentials activities. I understand, however, that the University reserves the right to decline to provide any information which is privileged, confidential, medical review information, proprietary, trade secret or otherwise legally protected under federal or Michigan law and/or regulation.
  
2. To the fullest extent permitted by law and/or regulation, I release from liability the University and appropriate third parties for actions taken in good faith and relating to the release of information permitted herein or the failure to release any such information. This includes without limitation any and all communications, reports, records, statements, documents, recommendations, evaluations, or disclosures of the University and third parties.
  
3. Further, I hereby agree to indemnify, and, for myself or anyone who may claim by or through me, forever waive, release and discharge and hold harmless the University, its respective affiliates, subsidiaries, Regents, directors, officers, employees, contractors and agents from and against and with respect to any and all claims, demands, actions, causes, damages, fines, penalties, expenses (including attorneys' fees and court costs) or other losses, whether arising at law or equity, known or unknown, suspected or unsuspected, based upon, relating to, arising out of or in any way connected with the release of information permitted herein or the failure or refusal to release any such information.

I, \_\_\_\_\_, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS. (signature)

Submitted on \_\_\_\_\_  
*Date and time*