INFORMATION RELEASE/ACKNOWLEDGEMENTS

I hereby consent to the disclosure, inspection and copying of documents relating to my credentials, qualifications and performance ("credential information") by and between UC Berkeley School of Optometry and other Healthcare Organizations (e.g., hospital medical staff, medical groups, independent practice associations, health plans, health maintenance organizations (HMOs), preferred provider organizations (PPOs), other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies (with respect to certification of coverage or claims history), licensing authorities, and businesses and individuals acting as their agents (collectively, “Healthcare Organizations”), for the purpose of evaluating this credentialing application and any credentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including UC Berkeley School of Optometry, engaged in quality assessment, peer review and credentialing on behalf of UC Berkeley School of Optometry, and all persons and entities providing credentialing information to such representatives of UC Berkeley School of Optometry, from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participating at UC Berkeley School of Optometry, to the extent that those acts and/or communications are protected by state or federal law.

I understand that I shall be afforded such fair procedures with respect to my participation at UC Berkeley School of Optometry as may be required by state and federal law and regulation, including but not limited to, California Business and Professions Code Section 809 et seq, if applicable.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving a doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with UC Berkeley School of Optometry, I agree to notify UC Berkeley School of Optometry immediately in writing of the occurrence of any of the following: (i) the unstayed suspensions,
revocation or no renewal of my license to practice Medicine or Optometry in California; (ii) any suspension, revocation or no renewal of my DEA or other controlled substances registration; or (iii) any cancellation or no renewal of my professional liability insurance coverage.

I further agree to notify UC Berkeley School of Optometry in writing, promptly and no later that fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by the Medical Board of California State of the Optometry taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitation affecting my license to practice medicine of optometry; or (ii) any adverse action against my by any Healthcare Organization which has resulted in the filing of a Section 805 report with the Medical Board of California, or a report to the California State Board of Optometry, or a report with the National Practitioner Data Bank; (iii) the denial, revocation, suspension, reduction, limitation, no renewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; of (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any files and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted to UC Berkeley School of Optometry as part of the credentialing process are true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that the materials omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement.

Print Name ________________________________________________________________

Signature ___________________________ Date ___________________________