

CONDITIONS OF APPOINTMENT

By applying for appointment to the medical/clinical staff of Hillcrest Educational Centers I hereby:

- Authorize the agency to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, qualifications, ability to work cooperatively with others, and other qualifications;
- Consent to the inspection by the agency and their representatives of all documents that may be material to an evaluation of my qualifications and competence;
- Consent to the release of such information;
- Release from liability all representative of HEC and its staff for their acts performed and statements made, in good faith and without malice, in connection with evaluating this application and my credentials and qualifications;
- Release from liability any and all individuals and organizations who provide information to the agency, in good faith and without malice, concerning my professional competence, background, experience, ethics, character, utilization, practice patterns, health status and other qualifications for staff appointment and clinical responsibilities.
- Acknowledge that I have received, or been given access to, and read the related manuals and policies relevant to the reappointment process and general to clinical practice at the agency, and agree to be bound by the terms thereof in all matters relating to staff membership and clinical responsibilities and to the consideration of my application for reappointment to the staff and for clinical responsibilities.
- Acknowledge that the provisions of policies relating to confidentiality and release from liability are express conditions to my application for, and acceptance of, reappointment to the staff and the continuation of such appointment and to my exercise of clinical responsibilities;
- Pledge to maintain an ethical practice, to provide for continuous care for my patients, and to refrain from delegating the responsibility for any aspect of the care of my patients to any practitioner not qualified to undertake that responsibility.
- Agree to inform the Director of Human Resources of any change made or proposed in the status of my professional license or permit to practice, state or federally controlled substances registrations, professional liability insurance coverage, and membership/employment/faculty status or clinical responsibilities in other institutions/facilities/organizations, and on the status of current or initiation of new malpractice claims and health status.
- Acknowledge that I, as an applicant for reappointment and responsibilities, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications for membership and clinical responsibilities and for resolving any doubts about such qualifications; and
- Acknowledge that any material misstatements in or omissions from this application constitute cause for denial of appointment or cause for summary dismissal from the agency.

All information submitted by me in this application is true and complete to my best knowledge and belief. A photocopy of this original statement constitutes my written authorization and request to release any and all documentation relevant to this application. Said photocopy shall have the same force and effect as the signed original.

Print Name

Signature

Date

Hillcrest Educational Centers, Inc will treat this application and any information secured in connection therewith in confidence and will employ all reasonable safeguards to prevent the unauthorized disclosure of any such information.

Print Name (HR)

Signature

Date