

Loyola Medicine-MacNeal Hospital Consent and Release from Liability Form

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By applying for a residency training position at Loyola Medicine-MacNeal Hospital, I hereby authorize Loyola Medicine-MacNeal Hospital, its Graduate Medical Education Office and representatives to consult with administrators and members of the medical school and training institutions with which I have been associated and with others, including past and present employers and malpractice carriers, who have information bearing on my professional competence, character and ethical qualifications.

I hereby further consent to the inspection by Loyola Medicine-MacNeal Hospital, its Graduate Medical Education Office and representatives of all records and documents, including evaluations from medical school and previous training programs and medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical duties associated with the residency training position requested as well as my moral and ethical qualifications.

I hereby release from all liability all representatives of Loyola Medicine-MacNeal Hospital, its Graduate Medical Education Office and representatives for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications including professional competence, ethics, character and other qualifications, and hereby release from any liability any and all individuals and organizations who provide information to Loyola Medicine-MacNeal Hospital, its Graduate Medical Education Office and representatives in good faith and without malice, concerning my professional competence, ethics, character and other qualifications for residency training appointment, and I hereby consent to the release of such information. I understand and agree that I, as an applicant for a residency training position with Loyola Medicine-MacNeal Hospital, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

I furthermore acknowledge that the statements that I have made on my application for a residency training position are true and contain no material omissions or misstatements of fact. I also acknowledge that material omissions or misstatements of fact are grounds for immediate termination. I further acknowledge that Loyola Medicine-MacNeal Hospital and its representatives will not be liable for any action taken in response to omissions and misstatements of fact.

I further agree that if any material changes that occur in any information I have provided, it is my obligation to inform Loyola Medicine-MacNeal Hospital within ten (10) days of any such changes.

I hereby authorize Loyola Medicine-MacNeal Hospital, including but not limited to representatives of the Office of the Chief of Staff, the Office of the Chief Medical Officer, the Office of Graduate Medical Education, the Department of _____, the Department's Chairman and Department's Program Director, attending physician/faculty and residents, employees and agents of Loyola Medicine-MacNeal Hospital and/or Trinity Health (collectively, the Released Parties) to release to: prospective residency programs, licensing bodies and employers to which I have submitted or will submit applications for licensure, employment or medical staff privileges, any information, oral or written, opinions, files, transcripts, or records required by those particular entities for evaluation of my qualifications for licensure, credentialing or employment purposes. I hereby give my permission for representatives of Loyola Medicine-MacNeal Hospital (including the Released Parties) to discuss my application to said entities, to provide any written or oral data responsive to their inquiries or letters of recommendation and hereby waive any privilege of confidentiality of such information for the purpose indicated herein.

I further authorize any of the Released Parties to receive information about the status of my standing in the residency program, any leaves of absence or circumstances attendant thereto, from the Department's Chairman or Department's Program Director which may be relevant to the information any of those Released Parties may be asked to provide.

In consideration therefore, I, the undersigned, fully and completely release the released parties from liability for any damages that may result from issuing this information that they provide in good faith. In order to encourage disclosure and reduce administrative burdens, I agree that Loyola Medicine-MacNeal Hospital will have no obligation to disclose such information to me, except pursuant to lawful subpoena or court order. I may revoke this consent for release of information at any time in writing, except to the extent that any program or person making disclosure has acted in reliance on this document before receiving such information.

The original or a copy hereof shall operate as full proof of authority and release.

Dated: _____ Name (printed): _____

Name (signature): _____

Updated 10/8/2018