Ann & Robert H. Lurie
Children's Hospital of Chicago™
Children's Community Physicians Association

Children's Community Physicians Association
225 East Chicago Avenue | Box 113
Chicago, IL 60611

CCPA ATTESTATION AND CONSENT FOR RELEASE OF INFORMATION/ RELEASE FROM LIABILITY FORM

I hereby give permission to Children's Community Physicians Association ("CCPA"), its affiliates and the employees, agents and representatives thereof to obtain information about my professional education, training, licensing, hospital privileges, competence, ethics, character and other qualifications. I release CCPA's Credentialing Vendor Organization from liability when disclosing collected information in its course of business or as requested for delegated credentialing. I consent to the release of such information, whether in the form of applications for staff membership or privileges, transcripts, records, tapes, letters, photocopies/duplications of any of the foregoing, or verbal statements, by the following parties or their designated representatives: hospital administrators, chiefs of clinical departments of hospitals in which I have served on staff, state licensing boards or regulatory bodies (by whatever name known in their respective jurisdictions), physicians, clinics, or other individuals or organizations who or which possess information about me. Such information may be released to the above named entity and its affiliates or to representatives of such entity and its affiliates.

I hereby release from liability and agree to hold harmless any person or entity who or which provides the above described information as authorized herein.

In addition, I agree that any act, communication, report, recommendation or disclosure made in connection with the evaluation of any professional qualifications shall be privileged and confidential and shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity or be admissible into evidence in any judicial or administrative action.

I hereby release from liability and agree to hold harmless all employees, agents and representatives of the above named entity and its affiliates for their acts performed and statements made in connection with obtaining, reviewing, and evaluating my credentials and qualifications. I further acknowledge that my cooperation by consenting to the production of such information about me does not guarantee that any of the above named entities or their affiliates will contract with me as a provider of services to the insured or enrollees. Their determination of whether I am qualified to serve as a provider of services is the reason such information is needed for review and evaluation by the above-named organization and its representatives.

I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief. I understand that falsification and omission of information may be grounds for rejection or termination, in addition to any penalties provided by law.

I further agree that a photocopy of this document will serve as a duplicate original.

_____ _____

(Signature) **(Date)**

_____

(Print Name)