

Carolina Family Health Centers, Inc.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center • Wilson Community Health Center

Authorization and Consent for Release of Information

I hereby authorize the following organizations to release to Carolina Family Health Centers, Inc. (CFHC, Inc.) any and all records in its possession which relate to my credentials as a Licensed Independent Practitioner (LIP), Other Licensed or Certified Healthcare Practitioner (OLCHP) or other clinical staff member. I hereby authorize the organization types listed below to release information to CFHC, Inc. for the purposes of verifying my credentials. I will not hold the organizations liable for any information released which could affect my credentialing application negatively.

- **State Licensing Organizations & Boards**
Verification of license, certifications, registrations and disciplinary actions
- **Universities/Colleges**
Education and Training
- **Hospitals/Medical Facilities**
Appointment Date/Privileges/Restrictions/Residency-Fellowship-Internship
- **Professional Liability Carrier**
Certificate of Insurance that includes professional liability insurance coverage history; including policy number, effective dates, limits of liability, and retroactive date
- **Additional**
The National Practitioner Data Bank, Federation of State Medical Boards, and Medicare/Medicaid sanctions

The purpose of this authorization is to permit CFHC, Inc. to properly gather and verify my credentials to engage in the delivery of medicine and/or dentistry in accordance with the guidelines established by the National Committee on Quality Assurance and the Department of Health and Human Services.

I agree to notify CFHC, Inc. of any change in information.

I agree that this authorization and consent shall remain valid and in full force and effect until specifically withdrawn by me in writing.

Print Name

Signature

Date Signed

State License Number (if applicable)