



CONSENT TO RELEASE

I extend absolute immunity to, and release from any and all liability, Anderson Healthcare, its Medical Staffs, its Authorized Representatives, and any Third Parties, all as defined below, for any acts, communications, statements, recommendations or disclosures performed in good faith and without malice, including otherwise privileged or confidential information, relating to or in connection with this application or the consideration of the privileges sought herein.

I specifically authorize Anderson Healthcare and its Authorized Representatives to consult with any Third Party who may have information, including otherwise privileged or confidential information, bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or other matter bearing on my satisfaction of the criteria for initial and continued appointment to the Medical Staff, and to inspect or obtain copies of any and all communications, reports, records, statements or documents from Third Parties relating to such matters. I also specifically authorize said Third Parties to disclose and release any such information to Anderson Healthcare and its Authorized Representatives upon request. Any and all information received from Third Parties shall be confidential and shall not be released to the applicant.

I further authorize and consent to the release of information and records concerning me by Anderson Healthcare and other hospitals, medical associations, governmental agencies or other bodies concerned with professional competency, medical malpractice or practitioner licensing, and I hereby release from liability Anderson Healthcare and its Authorized Representatives for so doing.

The Term "Authorized Representatives" means Anderson Healthcare and any of the following individuals who have any responsibility of obtaining or evaluating my credentials, or acting upon my Application or conduct in Anderson Healthcare: The members of Governing Bodies of Anderson Healthcare and their appointed representatives; the members and officers of the Medical Staff of the Anderson Healthcare Entity; the President or designee of the Anderson Healthcare Entity; other employees; consultants to the organization and the organization's attorneys. The term "Third Parties" means all individuals and entities, including but not limited to physicians, health care practitioners, hospitals, government agencies, associations, partnerships and corporations, from whom information concerning me or this Application has been or is requested by Anderson Healthcare or its Authorized Representatives, or who have requested such information from Anderson Healthcare or its Authorized Representatives.

Signature

Date

Printed Name