

**HIGHLAND HOSPITAL**  
**STATEMENT OF ASSURANCES**

I fully understand that any significant misstatement in or omission from this application constitutes cause for denial of appointment to the Medical Staff. All information by me in this application is true to the best of my knowledge and belief.

In making this application for appointment to the medical staff of this Hospital, I acknowledge that I have received and read the Medical Staff Bylaws including the Rules and Regulations for the department(s) to which I am applying, and I agree to be bound by the terms thereof without regard to whether or not I am granted membership or clinical privileges in all matters relating to the consideration of my application for appointment to the Medical Staff, and I further agree to abide by such Hospital and Staff rules and regulations as may be from time to time enacted.

By applying for appointment to the Medical Staff, I hereby signify my willingness to appear for interviews in regard to my application, authorize the Hospital, its Medical Staff, and their representatives to consult with administrators and members of medical staffs of other hospitals or institutions with which I have been associated, and with others who may have information bearing on my professional competence, character, and ethical qualifications.

I hereby further consent to the inspection by the Hospital, its Medical Staff, and its representatives of all records and documents, including medical records at other hospitals that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested, as well as my moral and ethical qualifications for staff membership.

I hereby release from liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with evaluation of my application and my credentials and qualifications; and I hereby release from any liability any and all individuals and organizations who provide information to the Hospital, or its Medical Staff, in good faith without malice concerning my professional competence, ethics, character, and other qualifications for staff appointment and clinical privileges; and I hereby consent to the release of such information.

I hereby further authorize and consent to the release of information by this Hospital, or its Medical Staff, to other hospitals and medical associations on request regarding any information the Hospital and the Medical Staff may have concerning me as long as such release of information is done in good faith and without malice; and I hereby release from liability this Hospital and its staff for so doing.

I understand and agree that I, as an applicant for Medical staff membership, 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 believe that I am qualified to perform all procedures for which I have requested privileges. Furthermore, I realize that certification by a Board does not necessarily qualify me to perform certain procedures.

**Name** \_\_\_\_\_ *(please print)*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_