



WAIVER AND RELEASE OF INFORMATION

I hereby authorize Kendall Pointe Surgery Center, LLC, (KPSC) its medical staff, its representatives and designees to conduct an investigation, to consult and to exchange information with any and all individuals, including but not limited to individuals such as past and present medical staff members, administrators and representatives of hospitals, ambulatory surgical treatment centers, facilities, institutions, employers, physicians groups, organizations, societies, associations, affiliations, insurers, including malpractice carriers, health maintenance organizations, insurance and other health care delivery entities and others with whom I have associated and may have information pertinent to consideration of my application. This includes any background, professional and moral qualifications, competence, conduct, ethics and character.

I agree to provide all requested information, to appear for interviews and to fully cooperate with such investigation. I consent to KPSC inspecting and obtaining copies of any and all records and documentation in the possession of any of the above- enumerated individuals and organizations, including but not limited to medical records, medical staff and credentialing files, transcripts and other documents or digital information which KPSC believes may have bearing on consideration of my application.

I hereby release from any and all liability and agree to hold harmless all individual's actions on behalf of KPSC including but not limited to its representatives, medical staff, officers, directors, employees, attorneys, agents and designees, for acts in connection with such investigation. I consent to the release of all information and hereby release from liability and agree to help harmless all individuals and organization who provide information to KPSC including opinions and beliefs, favorable or unfavorable. I further authorize consent to the release by KPSC of all information, opinion and beliefs concerning me to other hospitals, ambulatory surgical treatment centers, medical associations and interested persons, including those enumerated above, upon request, and hereby release from liability and agree to hold harmless any and all individuals action on behalf of KPSC in connection with my application, membership and privileges, including those enumerated above and any release of information.

I understand that this waiver and release of information is irrevocable for so long as I am an applicant or have membership or privileges at KPSC. A copy of this original statement as signed by me shall have all the same force and effect as the signed original.

Printed Name of Applicant

Applicant's Signature

Date