AUTHORIZATION, ATTESTATION AND RELEASE

I acknowledge and agree that as part of the credentialing application process I am required to provide sufficient and accurate information that may include my current and past licensure, relevant training and experience, clinical competence, health status, character, ethics and any other criteria that may be deemed necessary for determining my eligibility for participation.

Authorization of Investigation Concerning Credentialing Application. I hereby authorize Covenant Health and its' designated Credentialing Verification Organization, 3WON, LLC to investigate information, which includes oral, written statements as well as all records, documentation and other material relating to such investigation.

1. Authorization of Third Party Sources to Release Information
I hereby authorize any Third Party, including, but not limited to, individuals, agencies, medical groups, corporations, companies, employers, former employers, hospitals, health plans, health maintenance organizations, managed care organizations, law enforcement, licensing agencies, insurance companies, educational and other institutions, military services, professional medical societies, the Federation of State Medical Boards, The National Data Bank, AMA, and the NTIS, to release to 3WON, LLC and its' client information, including otherwise privileged or confidential information concerning my professional qualifications, credentials, clinical competence, quality assurance and utilization data, character, mental and physical condition, alcohol or any other chemical dependency diagnosis and treatment, ethics, behavior or any other matter that may reasonably have a bearing on my qualifications. I further authorize my current and past professional liability carrier(s) to release my history of claims that have been or are currently pending against me. I specifically waive written notice from any entities and individuals who provide information based upon this agreement.

2. Authorization of Release and Exchange of Disciplinary Information
I hereby authorize any third party at which I currently have participation or had participation and/or any third party's agents to release "Disciplinary Information" as defined below to Covenant Health and its' designated Credentialing Verification Organization, 3WON, LLC. "Disciplinary Information" means information concerning (i) any action taken by a health care organization, their administrators, or their medical or other committees to revoke, deny, suspend, restrict, imposing correction action, (ii) any other disciplinary action involving me but not limited to discipline within the employment context (iii) my resignation prior to the conclusion of any disciplinary proceedings or prior to the commencement of formal charges being contemplated.

3. Release from Liability

I release from all liability and agree to hold harmless any entity, agent or third party for their acts performed in good faith and without malice unless such acts are due to gross negligence or willful misconduct of the entity, agent or third party in connection with the gathering, release and exchange of and reliance upon information used in accordance with this Authorization, Attestation and Release agreement.

I further agree not to sue any entity, agent or third party for their acts, defamation or any other claims based on statements made in good faith and without malice or misconduct of such entity, agent or third party in connection with the credentialing process. This release shall be in addition to any other applicable immunities provided by law for peer review and credentialing activities.

In this Authorization, Attestation and Release agreement, all references to entity, agent and third party shall include their respective employees, directors, officers, advisors, counsel and agents. I understand that this Authorization, Attestation and Release is irrevocable for any period during with I am an applicant for participation at the above referenced entity. I agree that the information obtained in accordance with this agreement is not and will not be a violation of my privacy.

I agree that a photocopy, scan or facsimile of this document with my signature can be accepted by any entity from which such information is sought, with the same authority as the original. I specifically waive written notice from any such entities or individuals who may provide information based upon this authorization request.

I acknowledge that I have read and agree that the foregoing Authorization, Attestation and Release is complete, accurate and truthful to the best of my knowledge. I understand and agree that a photocopy, scan or facsimile of this Authorization, Attestation and Release shall be as effective as the original.

_____

Printed Name

_____

NPI #

_____ _____

Signature Date

535 E. Diehl Rd.
Suite 111
Naperville, Il 60563
630.505.3111
www.3won.com

I, _____ (name), hereby attest that the enrollment forms accurately reflects my signature that I made in my capacity as a(n) _____ (professional role). I do hereby attest that I give 3WON, LLC authority to use my signature in completing enrollment and credentialing forms on my behalf until such time as I revoke such signature.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Practitioner Signature (please sign within box)

_____
Printed Name

_____
Date

_____
Email Address

I authorize the following individual to act as my proxy to complete the 3WON SmartForm on my behalf. I understand I will still be responsible for attesting to the accuracy of the information contained in the SmartForm.

Name of proxy: _____

Proxy's email address: _____

Proxy's phone number: _____

Facility/ies you are requesting privileges at:

- ☐ Covenant Medical Center
- ☐ Covenant Medical Group
- ☐ Covenant Health Partners
- ☐ Covenant Children's Hospital
- ☐ Covenant Specialty Hospital
- ☐ Covenant Plainview Hospital

If you have any questions concerning facilities, please contact Covenant Medical Staff at (725) 505-0566.