

## **Consent for Release of Information Release of Liability**

### **AUTHORIZATION**

I hereby affirm and attest that all statements, answers, and information contained in this application are true to the best of my knowledge, information, and belief. I understand that falsification, misrepresentation, or omission of any facts(s) requested will be sufficient cause for denial of this application and/or subsequent termination of any participating privileges granted upon the basis of this application.

I hereby give permission to AXM Logistic, its affiliates and the employee, agents and representatives thereof to obtain information about the operation of this facility. I consent to the release of photocopies/duplication of any of the foregoing, or verbal statements, by hospital administrators, chiefs of clinical departments of hospitals insurance companies or regulatory agencies that this facility has either conducted business or is associated/affiliated with. Such information may be released to the above named entity and its affiliates or to representatives of such entity and its affiliates.

I hereby release from liability and agree to hold harmless any person or entity who or which provides the above described information as authorized herein.

I hereby release from liability and agree to hold harmless all employees, agents and representative of the above named entity and its affiliates for their acts performed and statements made in connection with obtaining, reviewing and evaluating the credentials and qualifications of this facility. I further acknowledge my cooperation by consenting to the production of such information about services rendered to their clients. The determination of whether the facility is qualified to serve as a provider of services is the reason such information is needed for review and evaluation by the above-named organization and its representatives.

### **RELEASE OF LIABILITY**

I understand my right to review information obtained by AXM Logistics from any outside primary sources to evaluate my credentialing application. I further agree that a photocopy of this document will serve as a duplicate original.

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Company Name

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Representative Name(Print)

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Signature

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Title

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Date