

THE NEW YORK EYE AND EAR INFIRMARY

CONSENT AND RELEASE FROM LIABILITY

(In compliance with NYS Law)

In signing this form I, _____, hereby:
(Please Print Name)

- Authorize representatives of The New York Eye and Ear Infirmary to consult with representatives of other health care related facilities with which I am or ever have been associated, and with others who may have information bearing on my competence, character, health status, ethics and other qualifications for staff membership and privileges;
- Consent to the release and inspection by representatives of The New York Eye and Ear Infirmary of all records and documents that may be material to an evaluation of my competence, character, health status, ethics and other professional qualifications for staff membership and privileges;
- Release from any liability all representatives of The New York Eye and Ear Infirmary including its Board of Directors, Infirmary Administration, medical staff and allied health professional staff for their acts performed and statements made in good faith and without malice in connection with evaluating my application, credentials and qualifications for staff membership and privileges, including privileged or otherwise confidential information. Such release to be effective whether or not my application is accepted for professional staff membership;
- Release from any liability all individuals and organizations who provide information to representatives of The New York Eye and Ear Infirmary in good faith and without malice concerning my competence, character, health status, ethics, and other qualifications for staff membership and clinical privileges, including otherwise privileged or confidential information. Such release to be effective whether or not my application is accepted for professional staff membership;
- Authorize representatives of The New York Eye and Ear Infirmary including its Board of Directors, Administration, medical staff and allied health professional staff to provide health care facilities, medical associations, licensing boards and other health care related entities any information relevant to me, including otherwise privileged or confidential information, and release from any liability all representatives of The New York Eye and Ear Infirmary.
- Agree to appear for interviews in regard to my application for staff privileges at The New York Eye and Ear Infirmary;
- Agree to execute and deliver such additional documents, including specific releases, and provide such supplementary information as may be necessary or appropriate to carry out the foregoing.

Signature: _____

Date: _____