

*Medical Staff Office
Manatí, Puerto Rico*



CONSENT AND RELEASE FROM LIABILITY

For the exercise of specific clinical privileges I hereby authorize Manatí Medical Center Dr. Otero Lopez, its medical staff and their representatives to consult with administrators and members staff other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on 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 document, including medical records at others hospitals that may be material to an evaluation of my professional 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, concerning my professional competence, ethics, character and other qualifications for 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, or their medical staff and medical associations request, regarding any information the hospital and medical staff my have concerning me as long as such release of information is done in good faith and without malice, and hereby release from liability this hospital and its medical staff for so doing.

Date

Signature

Name of physician

License