

# Authorization and Consent for Release of Information and Waiver and Release of Liability

I, \_\_\_\_\_ (print your name), the undersigned physician, hereby authorize the **Center for Behavioral Medicine** to release to any licensing board, medical institution, medical school, or post-graduate training program any information, files or records required by those institutions for its evaluation of my professional, ethical and physical qualifications for whatever position or license for which I am applying.

I hereby release The Missouri Department of Mental Health, the Center for Behavioral Medicine and the Department of Psychiatry at the University of Missouri at Kansas City and any and all of their respective representatives from liability for any acts they performed in good faith and without malice in connection with the evaluation of my performance as a resident in the training program conducted by those institutions. I hereby release from any liability any and all employees of these three organizations who, in good faith and without malice, provide any information, favorable or otherwise, regarding my character, habits, reputation, physical, mental and professional competence and medical ethics for staff appointment, clinical privileges, licensure and other forms of professional certification, when such information has been requested by the entity to which I am seeking staff appointment, clinical privileges, licensure or other forms of professional certification.

\_\_\_\_\_  
Physician

STATE OF \_\_\_\_\_)

ss.

COUNTY OF \_\_\_\_\_)

Before me, a notary public for the State of \_\_\_\_\_, personally appeared \_\_\_\_\_ who did upon his/her oath state that s/he executed this Agreement as his/her free act and deed. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public, in and for the

County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires on \_\_\_\_\_