

ACU-CARE

Authorization & Release

Acupuncture in Managed Care

I hereby authorize **Acu-Care** and its authorized agent(s) to request from others, and consent to the disclosure of, information regarding my background, training, experience, character, ethics, conduct, judgment, practice and expertise in order to evaluate my qualifications for membership or continued membership in **Acu-Care's** acupuncture network. This information request includes, but is not limited to, consent to contact, verify records, and review reports that may be in the possession of state licensing agencies, regulatory boards, certifying organizations, professional societies, health plans, insurance carriers, healthcare facilities, and current or former employers or colleagues,

I hereby certify that the information provided by me to **Acu-Care** on my application or re-credentialing application is true, accurate and complete. I agree to inform **Acu-Care** immediately in writing of any changes in the information provided.

I hereby hold harmless and release **Acu-Care Inc.**, its officers, directors, employees, authorized agent(s), and all persons engaged in quality assessment, peer review, and credentialing on behalf of **Acu-Care** from any liability for their acts or communications in connection with evaluation of my qualifications for participation or continued participation in **Acu-Care's** acupuncture network.

I hereby hold harmless and release from liability all individuals and organizations who provide information and/or documents to **Acu-Care** or its authorized agent(s) concerning my qualifications.

I agree to execute such further documents or releases as may be necessary in order for **Acu-Care** to obtain information necessary to evaluate my qualifications.

signature _____

please print name _____

date _____