



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

Quality Management Division

TO WHOM IT MAY CONCERN:

I hereby authorize the release to United States Army Medical Command, or any of its subordinate treatment facilities, of any information requested in connection with my application for clinical privileges with the Army Substance Abuse Program. I acknowledge that, by filing this application for clinical privileges, I consent to investigation of my moral character, professional reputation and fitness for the practice of health care. I agree to provide additional information in reference to my past record. I authorize any person, hospital, clinic, community/governmental agency (local, state, federal or foreign), association, institution, court, or other organization to release to MEDCOM QM any documents, records, pertinent data, including adverse information, charges or complaints (whether formal or informal, pending or closed); or other information pertaining to me. I authorize MEDCOM QM to inspect and make copies of such documents, records or other information in connection with my application. I release from liability all individuals and organizations providing information to MEDCOM QM in reliance on this authorization.

I UNDERSTAND AND ACKNOWLEDGE THAT ANY SIGNIFICANT MISSTATEMENTS OR OMISSIONS IN THIS APPLICATION WILL CONSTITUTE CAUSE FOR DENIAL OF APPOINTMENT OR FOR WITHDRAWAL OF PRIVILEGES. ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

A copy of this statement shall be as binding as the original.

Date Signed

Signature

Date of Birth

Type or Print Name

SSN