VA/DoD Joint Release of Information (ROI) Form

In order for the _____ to access and verify my educational background, professional qualifications and suitability for appointment, I, _____, hereby authorize the above facility's clinical staff and their representatives to make inquiries and to consult with all persons, places of employment, education, malpractice carriers, law enforcement, State licensing boards, or other similar government and non-governmental entities who have or may have information bearing on my moral, ethical and professional qualifications, competence, and physical or mental well-being to carry out the clinical duties and/or privileges I have requested.

I consent to the release of information about my ability and fitness, and I authorize release of such information and copies of related records and documents (i.e., not otherwise restricted) to include not only the requested information for verification, but information concerning each lawsuit, civil action, or other claim brought against me for malpractice or negligence; each disciplinary action under consideration or taken; any open or previously concluded investigations; and any changes in the status of a credential and all supporting documentation related to the information provided.

I authorize the _____ to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me sufficient to enable the _____ to make such inquiries. I release from liability all those individuals and organizations who provide any and all information to the _____ in good faith and without malice in response to such inquiries, and I hereby consent to the release of any and all information to this health care facility.

Full Name: _____
Signature: _____
Date: _____

Privacy Act (For Official Use Only)