



AUTHORIZATION TO RELEASE/RECEIVE INFORMATION

By execution of this Release, I, _____, authorize the organization(s) or individual(s) named below to release any credentialing and/or professional review records relative to my performance that are in their possession to CPEP and its employees, agents, or consultants. This Release shall authorize *ex parte* communications between CPEP and its employees, agents, and consultants, and the individual(s) and/or the organization(s), including its employees or agents, named below.

Furthermore, I authorize CPEP to release Reports from any and all CPEP programs in which I am participating to the organization(s) and individual(s) listed below.

This Release shall be effective for twelve (12) months after issuance of any CPEP Program Report, for twelve (12) months after the completion of my participation in any CPEP Program, or for twelve (12) months after the date of my signature on this release, whichever is latest.

A facsimile or other reproduction of this Authorization to Release/Receive Information shall have the same effect as the original. I understand that this consent may be revoked only in writing, and I agree to hold CPEP harmless to the extent that CPEP has already taken action in reliance on previous consent.

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| Name of Organization | | | Contact Person |
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| Address | | | Phone Number |
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| City | State | Zip Code | Fax Number |
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|----------------------|-------|----------|----------------|
| Name of Organization | | | Contact Person |
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|----------------------|-------|----------|----------------|
| Name of Organization | | | Contact Person |
| | | | |
| Address | | | Phone Number |
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| City | State | Zip Code | Fax Number |
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Signature

Date