



## RELEASE OF INFORMATION



To Whom it May Concern:

To assist Reno Orthopaedic Clinic, LTD, dba Reno Orthopedic Center, in evaluating my application, I hereby authorize Kristin Santos, Medical Credentialing Specialist to act as my agent in all matters related to credentialing/re-credentialing.

This release includes, but is not limited to any educational institutes, group practices, hospitals, other clinical employers, professional societies, malpractice carriers or other agencies or organizations with information regarding my professional credentials.

I consent to the disclosure, copying and transmission of information and documents related to my professional credentials, malpractice, qualifications, academic records, conduct and performance.

I hereby release from liability any and all individuals and organizations that, in good faith and without malice, provide information to Reno Orthopedic Center for the purpose of evaluating this application, and release Reno Orthopedic Center from liability for its use of the information it gathers in this process.

A photocopy of this permission will be valid as the original.

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Signature / Date

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Print Name