**Authorization and Release**
**For Medical Malpractice Claims History**
**$20.00 fee for this service**

Please sign and fax to GHSU Legal Affairs (706) 721-8014

I hereby authorize the Georgia Health Sciences University to disclose to the person or entity listed below any and all information and documents that may be relevant to an evaluation of my professional qualifications, my clinical competence, my malpractice insurance claims history, or my moral and ethical qualifications. I expressly waive any privilege or right of confidentially concerning this information, and I hereby release from liability the Board of Regents of the University System of Georgia, Georgia Health Sciences University, and its members, officers, employees, and agents for providing the above information in good faith. I understand that the Office of Legal Affairs will generate a letter describing my professional liability claims history at GHSU, and verifying my professional liability insurance at GHSU. There will be **a $20.00 fee for preparing this letter**. Other costs, such as express shipment fees or copies of additional documents, will also be passed on if requested by me or the recipient. All charges will be billed to the party I have indicated below. If indicated that GHSU should bill another party, and they do not pay GHSU, I agree to be responsible for the charges.

Name: _____ Phone # _____
Please Print

Maiden Name _____

Signature _____ Date _____

SS# _____ (Last 4 Digits, to assist in identification only)

| Status While at GHSU (Check One) | Dates of Employment |
|---|---|
| Faculty _____ | _____ |
| Resident _____ | _____ |
| Other (Please Specify) _____ | _____ |

Full Name, Mailing Address, phone and fax number of the Office you want to receive this information:
_____
_____
_____

The Office of Legal Affairs should bill: (Make sure we have a complete mailing address)

_____The Recipient of the Letter
_____Other (Please Specify Name)

Full Name and Mailing Address the Office of Legal Affairs should bill:
_____
_____
_____