

**ADDENDUM TO THE PEORIA MEDICAL SOCIETY
APPLICATION FOR PROFESSIONAL
STAFF APPOINTMENT**

(Note: This document contains a release and waiver of liability)

All information submitted by me in application for appointment to the medical staff of Center for Health Ambulatory Surgery Center, LLC, Central Illinois Endoscopy Center, Graham Health System, Methodist Medical Center, OSF Saint Francis Medical Center, OSF Saint James-John W. Albrecht Medical Center, Proctor Health Systems, Inc./Proctor First Care, Proctor Hospital, Human Service Center, Peoria Ambulatory Surgery Center, Peoria Day Surgery Center, and Renal Intervention Center, is true to the best of my knowledge and belief. I fully understand that any misstatement in, or omissions from, the application may constitute cause for denial of appointment or, if appointed, subsequent dismissal, modification of privileges or other disciplinary action in accordance with the Bylaws of The Medical Staff of Center for Health Ambulatory Surgery Center, LLC, Central Illinois Endoscopy Center, Graham Health System, Methodist Medical Center, OSF Saint Francis Medical Center, OSF Saint James-John W. Albrecht Medical Center, Proctor Health Systems, Inc./Proctor First Care, Proctor Hospital, Fayette Companies(Human Service Center/White Oak Companies), Peoria Ambulatory Surgery Center, Peoria Day Surgery Center, and Renal Intervention Center. In making this application for appointment to the medical staff, I hereby acknowledge, understand and agree that:

- (a) Upon appointment to the medical staff, I have an obligation to provide continuous care and supervision to all patients within the hospital for whom I have responsibility;
- (b) I will abide by all bylaws, policies and directives of the Center for Health Ambulatory Surgery Center, LLC, Central Illinois Endoscopy Center, Graham Health System, Methodist Medical Center, OSF Saint Francis Medical Center, OSF Saint James-John W. Albrecht Medical Center, Proctor Health Systems, Inc./Proctor First Care, Proctor Hospital, Human Service Center, Peoria Ambulatory Surgery Center, Peoria Day Surgery Center, and Renal Intervention Center including all such bylaws, rules and regulations of the medical staff as shall be in force during the time I am appointed to the medical staff of Center for Health Ambulatory Surgery Center, LLC, Central Illinois Endoscopy Center, Graham Health System, Methodist Medical Center, Proctor Hospital, OSF Saint Francis Medical Center, Proctor Health Systems, Inc./Proctor First Care, Human Service Center, Peoria Day Surgery Center, Peoria Ambulatory Surgery Center; and/or Renal Intervention Center.
- (c) I will accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to me by the Board and the medical staff;
- (d) I have received and read a copy of the Bylaws of The Medical Staff of Center for Health Ambulatory Surgery Center, LLC, Central Illinois Endoscopy Center, Graham Health System, Methodist Medical Center, OSF Saint Francis Medical Center, OSF Saint James-John W. Albrecht Medical Center, Proctor Health Systems, Inc./Proctor First Care, Proctor Hospital, Human Service Center, Peoria Ambulatory Surgery Center, Peoria Day Surgery Center, and/or Renal Intervention Center and such rules and regulations of the medical staff as are in force at the time of my application and I agree to be bound by the terms thereof in all matters relating to consideration of my application without regard to whether or not I am granted appointment to the medical staff and/or clinical privileges;
- (e) I will appear for personal interviews in regard to my application;
- (f) I have the burden of producing adequate information for a proper evaluation of my competence, character, ethics and other qualifications, and of resolving any doubts about such qualifications. I also have the burden of providing evidence that all the statements made and information given on the application is factual and true.

By applying for appointment, reappointment or clinical privileges, I accept the following conditions during the processing and consideration of my application, regardless of whether or not I am granted appointment or clinical privileges. These conditions shall also apply during any appointment and reappointment:

- (a) To the fullest extent permitted by law, I extend absolute immunity to, and release from liability, the hospital and its representatives and any third party with respect to any and all civil liability which might arise from any acts, communications, reports, recommendations, or disclosures involving myself or performed, made, requested or received by the hospital or its representatives to, from or by any third party, including other appointees to the medical staff, concerning activities relating but limited to:
- (1) Applications for appointment or clinical privileges, including temporary privileges;
 - (2) Periodic reappraisals undertaken for reappointment or for increase or decrease in clinical privileges;
 - (3) Proceedings for reduction or suspension of clinical privileges or revocation of medical staff appointment, or any other disciplinary sanction;
 - (4) Summary suspension;
 - (5) Hearings and appellate reviews;
 - (6) Medical care evaluations;
 - (7) Utilization reviews
 - (8) Other hospital and medical staff, departmental, service or committee activities relating to the quality of patient care or the professional conduct of an appointee to the medical staff or of any individual granted privileges to practice in the hospital, and concerning matters or inquiries relating to my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter that might directly or indirectly have an effect on my competence, or on patient care, or on the orderly operation of the hospital or health care facility including otherwise privileged and confidential information.
- (b) Any act, communication, report, recommendation or disclosure with respect to me, made in good faith and at the request of an authorized representative of this hospital or any other hospital or health care facility, anywhere at any time, for the purposes set forth above, shall be privileged to the fullest extent permitted by law. Such privilege shall extend to employees of the hospital and its authorized representative, and to any third parties who either supply or are supplied information and to any of the foregoing authorized to receive, release or act upon the same.
- (c) The hospital and its authorized representatives are specifically authorized to consult with the appointees to the medical staffs of other hospitals or health care facilities or the management of such hospitals or facilities with which I am or have been associated, and with others who may have information bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter, as well as to inspect all records and documents that may be material to such questions. I grant immunity to any and all hospitals, health care facilities, individuals, institutions, organizations and their representatives who in good faith supply oral or written information, records or documents to the hospital in response to any inquiry emanating from the hospital or its authorized representatives.
- (d) I specifically release from any liability all representatives of the hospital, including all appointees to its medical staff, for investigations requested, statements made, materials provided or acts performed in good faith in evaluating the applicant or appointee for any of the purposes or reasons set forth herein.

As used in the above statement of conditions, the term "hospital and its representatives" means Center for Health Ambulatory Surgery Center, LLC, Central Illinois Endoscopy Center, Graham Health System, Methodist Medical Center, OSF Saint Francis Medical Center, OSF Saint James-John W. Albrecht Medical

Center, Proctor Health Systems, Inc./Proctor First Care, Proctor Hospital, Human Service Center, Peoria Ambulatory Surgery Center, Peoria Day Surgery Center, and/or Renal Intervention Center, the members of their Boards and their appointed representatives, the Chief Executive Officer and his subordinates or designees, consultants to the hospital, the hospital's attorney and his partners, assistants or designees, and all appointees to the medical staff who have any responsibility for obtaining or evaluating my credentials and/or acting upon my application or conduct in the hospital. As used in the above statement of conditions, the terms "third party" and "third parties" mean all individuals or government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities or not, from whom information has been requested by the hospital or its authorized representatives or who have requested such information from the hospital and its authorized representatives.

I understand that I am not required to join the Peoria Medical Society as a condition of the processing or evaluation of my application and that any decision concerning membership in the Peoria Medical Society now or at any time in the future will not have any effect on the granting, maintenance or modification of any staff membership or clinical privileges. I further understand that the Peoria Medical Society now or at any time in the future will not have any effect on the granting, maintenance or modification of any staff membership or clinical privileges. I further understand that the Peoria Medical Society is not the agent of and is not otherwise governed or controlled by Center for Health Ambulatory Surgery Center, LLC, Central Illinois Endoscopy Center, Graham Health System, Methodist Medical Center, OSF Saint Francis Medical Center, OSF Saint James-John W. Albrecht Medical Center, Proctor Health Systems, Inc./Proctor First Care, Proctor Hospital, Human Service Center, Peoria Ambulatory Surgery Center, Peoria Day Surgery Center, and/or Renal Intervention Center but is an independent contractor that has agreed to provide service to Center for Health Ambulatory Surgery Center, LLC, Central Illinois Endoscopy Center, Graham Health System, Methodist Medical Center, Methodist Medical Group Medical Staff, OSF Saint Francis Medical Center, OSF Saint James-John W. Albrecht Medical Center, Proctor Hospital, Proctor Health Systems, Inc./Proctor First Care, Human Service Center, Peoria Ambulatory Surgery Center, Peoria Day Surgery Center and/or Renal Intervention Center to facilitate the credentialing process and Graham Hospital, Methodist Medical Center, OSF Saint Francis Medical Center, OSF Saint James-John W. Albrecht Medical Center, Proctor Health Systems, Inc./Proctor First Care, Proctor Hospital, Human Service Center, Peoria Ambulatory Surgery Center, Peoria Day Surgery Center, and/or Renal Intervention Center, shall have no responsibility for the conduct of the Peoria Medical Society in the processing of my application.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING

NAME: _____
(Print or Type)

SIGNATURE: _____

DATE: _____