

Medical Staff of Providence Everett Medical Center

**MEDICAL STAFF STANDARDS OF CONDUCT
AT PROVIDENCE EVERETT MEDICAL CENTER**
AMENDED 11/2008

The Providence Mission endorses the following values: excellence, respect, justice, compassion and stewardship. In addition to providing the highest standard of technical care to its patients, it is the policy of this medical center that all individuals within its facilities be treated courteously, respectfully and with dignity.

To that end, the Board of Directors requires that all individuals, employees, physicians and other practitioners conduct themselves in a professional and cooperative manner in accordance with the Mission and Core Values of the Providence Health System, as guided by the Ethical and Religious Directives for Catholic Health Care Services, and in accordance with the Physician Orientation Handbook of Essential Information.

Unacceptable conduct may include, but is not limited to, behavior such as:

1. Attacks (verbal or physical) leveled at other appointees to the Medical Staff, Hospital personnel, patients or visitors.
2. Non-constructive criticism addressed to its recipient in such a way as to intimidate, undermine confidence, belittle or imply stupidity or incompetence.
3. Impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents, impugning the quality of care in the Hospital, or attacking particular physicians, employees or Hospital policies.
4. Refusal to accept medical staff assignments, or doing so in a disruptive manner.
5. Remarks or behavior of a sexually suggestive or harassing nature. What may seem innocent or humorous to one person can be offensive to another.
6. Possession, consumption, sale or being under the influence of alcohol, or an illegal or controlled substance on the premises (except the use of prescribed medications) is prohibited. Willful abuse of prescribed medications in a way that affects performance will also not be tolerated.
7. Failure to report health problems that may affect performance, as required by the Credentialing standards.
8. Noncompliance with the other rules and regulations of the Medical Staff, e.g., responding in a timely manner to pages, using legible handwriting, participating in committees, etc.
9. Failure to participate in the peer review process.
10. Any item listed in RCW 18.130.180 (see addendum).

Self-Treatment or Treatment of Immediate Family Members: Physicians generally should not treat themselves or their immediate family members. Professional objectivity may be compromised when an immediate family member of the physician is the patient. Except in emergencies, it is not appropriate for practitioners to write prescriptions for controlled substances of immediate family members (Schedule I, II, IV)

In order to ensure patient safety, I agree that when a request for more information (e.g., "I need clarity") is used by anyone in this organization, I will respond in a neutral and respectful manner and invite the deliverer of the message to leave the patient area, when clinically appropriate, to discuss the next steps.

I have read and agree to abide by the above noted standards.

Practitioner Name – PRINT

Practitioner Signature

Date

ADDENDUM

Unprofessional conduct according to the Uniform Disciplinary Act (RCW 18.130.180)

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers, documents, records, or other items;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Violations of rules established by any health agency;

(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

- (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
- (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
- (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter [9.96A RCW](#);
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- (21) Violation of chapter [19.68 RCW](#);
- (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
- (23) Current misuse of:
- (a) Alcohol;
 - (b) Controlled substances; or
 - (c) Legend drugs;
- (24) Abuse of a client or patient or sexual contact with a client or patient;
- (25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.



Employee Confidentiality and Nondisclosure Statement

Name: _____ Position: _____
(Last, First, MI – Please Print)

I understand that as an employee of Providence Health & Services-Washington/Montana (WA/MT), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to WA/MT. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to WA/MT in accordance with WA/MT policies and procedures.

I will hold confidential information in strict confidence and will not disclose or use it except as authorized by WA/MT, for Providence Health & Services-WA/MT's benefit.

I will not access Confidential Information for which I have no legitimate need to know.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and WA/MT policies and protocols regarding the confidentiality and security of confidential information.

I understand that e-mail is not a secure, confidential method of communication. I will not include confidential patient information in e-mail communications outside of the Providence Health & Services (i.e. from or to non-providence.org email addresses, without first contacting the Privacy Officer or the Information Security Officer for current protection method information).

I understand that WA/MT electronic communication technologies (Internet and e-mail) are intended for job-related activities, however limited personal use is permitted. Personal use is determined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with business requirements of the department. Internet usage is monitored and audited on a regular basis by WA/MT management. WA/MT management also reserves the right to monitor e-mail and telephone usage.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by WA/MT, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement, WA/MT may institute disciplinary action up to and including termination of my employment with Providence Health & Services-WA/MT.

Employee Signature

Date



Non-Employee Confidentiality and Nondisclosure Statement

Name: _____ WA/MT Contact: _____
(Last, First, MI – Please Print)

I understand that in the course of performing services on behalf of Providence Health & Services – Washington/Montana (WA/MT), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to WA/MT. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to WA/MT.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by WA/MT; (2) as permitted under written Agreement between WA/MT and my employer or myself; (3) consistent with the scope of services I perform on behalf of WA/MT and with applicable WA/MT policies and practices; and (4) solely for the benefit of WA/MT, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with WA/MT, or my right to use information that becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and WA/MT policies and protocols regarding the confidentiality and security of confidential information.

I understand that e-mail is not a secure, confidential method of communication. I will not include confidential patient information in e-mail communications outside of the Providence Health & Services (i.e. from or to non-providence.org email addresses, without first contacting the Privacy Officer or the Information Security Officer for current protection method information).

I understand that WA/MT electronic communication technologies (Internet and e-mail) are intended for benefit of WA/MT, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with WA/MT business requirements. Internet usage is monitored and audited on a regular basis by WA/MT management. WA/MT management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or any applicable WA/MT confidentiality, privacy, and/or security policies, WA/MT may terminate my computer access. I further understand that I may be subject to any applicable sanctions or disciplinary actions as determined by my relationship and contracts or agreements with WA/MT, up to and including terminations of that relationship or contract/agreement, if applicable.

Signature

Date

Company or Affiliation

The following is to be completed by the applicant.

If your answer to any of the following is "yes", please provide a full explanation of the details on a separate sheet and attach.

Yes	No	General Information
		1. Have you had previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration) or the voluntary relinquishment of such licensure or registration?
		2. Have you had voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital?
		3. Have you been denied membership or renewal thereof or been subject to any disciplinary action in any medical organization or professional society, local, state or national, or have proceedings toward any of those ends been instituted?
		4. Have there been any criminal proceedings against you?
Yes	No	Health Status <i>The Medical Staff of Providence Regional Medical Center Everett does not discriminate against individuals solely on the basis of race, sex, creed, gender, or disabilities recognized under the Americans with Disabilities Act.</i>
		1. Have you had any health problems in the last year which might affect your ability to competently perform the privileges you are requesting with or without reasonable accommodation? If reasonable accommodation is required, please specify, in detail, the accommodation that will be required.
		2. Are you now or have you in the last 5 years been treated in an inpatient or outpatient facility/program (not to include monitoring) for drug or alcohol use? If the answer to this question is yes, please indicate where such treatment was received, the date treatment was initiated, and the length of treatment.
		3. Do you presently have a physical or mental health condition, including but not limited to infectious disease, which affects or could progress to the point of affecting your ability to competently perform the privileges you are requesting or compromise the safety or well being of patients with or without reasonable accommodation? If reasonable accommodation is required, please specify, in detail, the accommodation that will be required.
		4. Are you currently taking any medication that may affect either the clinical judgment or motor skills required to perform the privileges you are requesting with or without accommodation? If reasonable accommodation is required, please specify, in detail, the accommodation that will be required.
Yes	No	Professional Liability Insurance/Claims/Suits
		1. Has your professional liability insurance coverage ever been terminated by action of the insurance company?
		2. Have you ever been denied professional liability insurance coverage?
		3. Has your present professional liability insurance carrier excluded any specific area of practice from your coverage?
		4. Have any suits or claims been filed against you? <ul style="list-style-type: none"> a. How many have been filed? _____ b. How many are pending? _____ c. How many have been settled/paid? _____ d. How many judgments have been rendered against you? _____ e. Which suits or claims were filed on behalf of patients admitted to one of the Hospital facilities? _____ _____ _____ <p><i>If claims or suits have been filed against you, please provide a full explanation of the details on page 8 of this application.</i></p>

Request for Membership Status and Division Assignment Providence Regional Medical Center Everett

STAFF STATUS (check one)

- Active – Hospital Based Active - Hospital Based staff members will admit greater than 10 patients per year and/or more than 10 inpatient procedures or management encounters per year, or be Hospital based member as described in 3.2.1 of the Bylaws.*
- Active – Office Based Active - Office Based staff members may admit patients, based on qualifications and privileges (admit 10 or less patients in the past calendar year) and provide continuous care for the patients they admit and follow or provides appropriate coverage to do so.*
- Consultative Consultative staff members are **invited** to be on the Consultative Staff based on providing a specialized service to the Medical Staff and Hospital. They will provide consultation, clinical procedures, and backup coverage consistent with his/her delineated privileges.*
- Honorary Honorary staff members have no independent privileges and cannot vote. They may attend medical staff meetings.
*For further information, see Medical Staff Bylaws, Article 3.

DIVISIONS (check one)

- Ambulatory Allergy/Immunology, Dermatology, Rheumatology, Family Practice (outpatient), Internal Medicine (outpatient), Pediatrics (outpatient)
- Medicine Addiction Medicine, Cardiology (Electrophysiology, Interventional), Critical Care, Emergency Medicine, Endocrinology, Family Practice (in-patient), Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine (inpatient), Nephrology, Neurology, Occupational Medicine, Physical Medicine & Rehab, Psychiatry, Psychology, Pulmonary, Radiation Oncology, Radiology
- Surgery Anesthesia, Cardiac Surgery, General Dentistry, General Surgery, Neurosurgery, Ophthalmology, Oral & Maxillofacial Surgery, Orthopedics, Otolaryngology/ENT, Plastic Surgery, Urology, Vascular Surgery, Pathology
- Women & Children's Maternal Fetal Medicine, Obstetrics/Gynecology, Family Practice + OB, Neonatology, Pediatrics (inpatient)

If privileges are requested from a division other than your first selection please list here _____

**Practice Standards of
The Medical Staff of Providence Regional Medical Center Everett**

The following list has been developed in order to summarize and highlight aspects from the Medical Staff Bylaws, Rules and Regulations and Policies that apply to everyday physician practice in the hospital.

All Medical Staff members should be aware of these and will be asked to sign a statement that they will abide by these as part of their medical staff role.

1. **Call Coverage:** Each Medical Staff member must have on file in the Medical Staff Office the name(s) of at least one appropriately qualified Staff member or call group who has agreed to serve as his/her alternate.
2. **Advanced Directives, Code Status:** Physicians should make reasonable efforts to ascertain the wishes of their patients regarding resuscitation in the event of cardiac or respiratory arrest (e.g. code status, Advanced Directives) and document this information in the chart.
3. **ED Back-up Responsibilities:** All practitioners are expected to respond to requests from the ED to assume care of patients to the extent of their privileges. If the care is beyond the scope of their privileges, the practitioner is responsible for arranging for an appropriate provider to assume care. Decisions to transfer patients to other facilities must be made according to departmental guidelines and hospital policies/regulations. Refusal to respond to the ED without personally evaluating the patient is considered a violation of the Medical Staff Bylaws.
4. **Timely evaluation of patients:** The attending physician or designate must evaluate all new patients within 24 hours of admission. Inpatients must be rounded on daily with a progress note made to document that visit. The Attending Physician is ultimately responsible for the care of the patient. Upon admission to the Critical Care Unit, the Attending physician will be notified immediately. The Attending should see the patient within a period of time commensurate with the medical needs of the patient. If there is any significant change in the patient condition, the attending physician should be called immediately.
5. **Physician Documentation:** All physician documentation must be legible. Physician signatures must either be legible or followed by the physician's hospital number or printed version of the physician's name.
 - a. **History and Physicals:** All patients admitted to the hospital as either inpatients or outpatients must have a history and physical available to be placed on the chart within 24 hours after admission. A previously dictated complete H&P may be used for this purpose if it has been dictated within 30 days of the patient's admission. If this H&P is used, though, an interval note updating the patient's condition, meds, etc. must be written or dictated and placed on the chart in conjunction with the previously dictated complete H&P. The only exception to this is when the complete H&P has been dictated within 24 hours of the patient's admission.
 - b. **Pre-operative or pre-procedure H and P's:** A valid H&P must be on the chart prior to any procedure being performed. When emergency surgeries or procedures are performed, a brief pre-op note or the Emergency Department note may suffice. Immediately after the procedure, the full H&P should then be written/dictated.
 - c. **Discharge Summaries:** A complete discharge summary must be written or dictated on all inpatients and outpatients. Patients undergoing outpatient procedures must have a brief summary written on their chart in the event that the patient requires re-evaluation prior to the dictated note being available. The Day of Discharge Form should be filled out on all inpatients prior to discharge for the same reason. If a patient is being transferred to a Skilled Nursing Facility or other healthcare facility, the discharge summary must be written/dictated prior to transfer.
 - d. **Post-operative notes:** A post-procedure note must be written in the progress notes immediately upon completion of the procedure. Key elements to be included in the note include pre- and post-operative diagnoses, names of surgeon and assistants, type of procedure, complications or significant findings, and estimated blood loss. A complete operative report must then be dictated within 24 hours of the procedure.
 - e. **Documentation of co-morbidities, secondary diagnoses, and complications:** All physicians should perform accurate documentation of all aspects of the patient's care. Utilization management personnel may place prompts in the chart when they feel that the documentation is not consistently supporting the level of care the patient is receiving. Physicians are expected to respond to these prompts. Charts will be held as delinquent if this is not done.

6. Dictation:

- a. All PEMC related dictations may be done through the hospital's dictation service.
- b. Regular dictations will have a turn-around time of 24 hours. Stat dictations will have a turn-around time of 2 hours. Appropriate work-type, patient account number and spelled patient name, and physician(s) name must accompany all dictations.

7. Informed Consent:

- a. Documentation of Informed Consent by the physician must be on the chart prior to procedures or operations.
- b. Informed consent must be obtained prior to any invasive and/or operative procedure and, if risks, benefits and alternatives are not specifically addressed in the informed consent, the discussion between the physician and patient must be documented in the H&P, or progress notes.

8. Physician Orders:

- a. All orders for treatment shall be in writing. Transcription of orders dictated by telephone shall include the name of the dictating practitioner plus the name of the authorized person transcribing the orders. The ordering prescriber for Class II controlled substances must sign all verbal orders within 5 days.
- b. All orders written prior to surgery will be canceled at the time the surgery is performed.
- c. Only practitioners holding a currently valid DEA (Drug Enforcement Agency) Controlled Substances Registration Certificate may write orders for narcotics or drugs classified in the DEA Controlled Substances Category
- d. Abbreviations and chemical symbols used in order writing (Reference Book, "Medical Abbreviations – 9th Edition" by Neil M. Davis).
- e. All preprinted orders require approval by appropriate Hospital and Medical Staff committees prior to use.
- f. Orders for restraints shall be per Hospital policy.

9. Consultations:

- a. Any practitioner with privileges in the Hospital may be called upon for consultation within his/her area of privileges as sanctioned by the respective Departments and the Credentials Committee. It is preferable for consultation requests to occur through physician-to-physician contact.
- b. Emergencies excepted, consultation is required when: (1) the diagnosis is obscure; (2) a questions exists as to whether or not a specific surgical procedure or proposed method of therapy is appropriate, or (3) the patient has failed to respond to therapeutic measures over an extended period of time.
- c. It is recommended that physicians admitting patients to the NICU or ICU/CCU consult with the appropriate specialist (cardiologist, neonatologist/ARNP or intensivist/hospitalist) when there is any question as to the appropriate diagnosis or treatment.
- d. Consultations should be conducted within 24 hours of request. Following evaluation of patient and dictation of consultation note, the consultant should continue to follow the patient. The decision to discontinue consultative services should be reached by agreement between the primary attending and the consultant.

Signature

Date

«Firstname» «Lastname», «Degree»

Print Name

AGREEMENT TO ABIDE

Applicant's Responsibility:

1. I understand and agree that I, as an applicant for initial appointment/reappointment to medical staff membership, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications for resolving any doubts about such qualification.
2. I intend to be legally bound by the terms of this Agreement to Abide and Release and Immunity.
3. I understand that it is my responsibility to produce adequate information so the hospital can perform a proper evaluation of my application.
4. I agree to provide the hospital with updated information regarding all questions on this application form as new information becomes available. Failure to produce any information will prevent my application from being processed.
5. As part of this application I agree to purchase and maintain professional liability (malpractice) insurance, covering all of my professional conduct and activities while a member of the medical staff, and "tail" coverage (an indefinite extended reporting period endorsement) or "nose" coverage (prior acts) if such coverage is made on a "claims made" basis, to cover any claims which may be made following the termination of my medical staff membership or if I should change malpractice carriers during my membership on the Medical Staff of Providence Regional Medical Center Everett. I agree to provide satisfactory evidence of such "tail" or "nose" coverage or ongoing professional liability insurance coverage with the same carrier, and if I fail to do so, I realize my privileges may be suspended (current staff member) or any recommendations for staff privileges at another hospital will note lack of compliance with medical staff bylaws (past staff members).

Terms and Conditions of Initial appointment/reappointment: By applying for initial appointment/reappointment and clinical privileges to practice at Providence Regional Medical Center Everett, I accept the terms and conditions set forth below and intend to be legally bound thereby:

1. Medical staff initial appointment/reappointment and clinical privileges at this hospital are not a right of every licensed professional who makes application for the same;
2. My request will be evaluated in accordance with prescribed procedures defined in the hospital/medical staff bylaws, policies, rules and regulations and directives;
3. All medical staff recommendations relative to my application are subject to the ultimate action of the hospital's board, whose decisions shall be final;
4. I have the responsibility to keep this application current by informing the hospital, through the Administrator or his/her designee, of any changes, including but not limited to any change in the following:
 - a. any sanction, restriction, suspension, probation, termination or other change in licensure,
 - b. any change in professional liability insurance coverage,
 - c. any sanction, restriction, denial or surrender of the practitioner's hospital privileges or medical staff membership in another hospital,
 - d. any professional liability claim or suit filed, or any settlement or judgment,
 - e. any felony criminal conviction,
 - f. any conviction of drug or alcohol offense,
 - g. any change in health status,
 - h. any entry or participation in a rehabilitation program,
 - i. any revocation, suspension of voluntary relinquishment of practitioner's license or DEA certificate,
 - j. any adverse determination by a medical professional review organization, or
 - k. the commencement of a formal investigation or the filing of charges by any federal or state agency against the practitioner, unless such information is exempt from disclosure by law,
 - l. any exclusion from Medicare, Medicaid or other federal Healthcare Programs
5. Initial appointment/reappointment and continued clinical privileges remain contingent upon my:
 - a. continued demonstration of professional competence and cooperation,
 - b. acceptable performance of all related responsibilities.

Name of at least one Medical Staff member or group who will serve as your alternate to care for your patients if urgent problems arise and you cannot be reached within a reasonable period of time: _____

Undertakings:

1. I have received and have had an opportunity to read a copy of the Bylaws, Rules and Regulations of the Medical Staff of Providence Regional Medical Center Everett and such policies and directives as are applicable to appointees to the medical staff, including the Credentialing Policy and the Physician Orientation Handbook of Essential Information.
2. I specifically agree to abide by the Bylaws, Rules and Regulations, Policies and directives that are in force during the time I am appointed to the medical staff.
3. I agree to the inspection of records and documents pertinent to my licensure, specific training, experience, current competence, ability to perform the privileges requested, qualifications for Medical Staff membership, and I agree to appear for an interview.
4. If reappointed and/or granted clinical privileges, I specifically agree to:
 - a. Refrain from fee splitting or other inducements relating to patient referral;
 - b. Refrain from delegating responsibility for diagnoses or care of hospitalized patients to any other practitioner who is not qualified to undertake this responsibility or who is not adequately supervised;
 - c. Refrain from deceiving patients as to the identity of any practitioner providing treatment or services;
 - d. Seek consultation whenever necessary or required;
 - e. Abide by generally recognized ethical principles applicable to my profession;
 - f. Provide continuous care and supervision as needed to all patients in the hospital for whom I have responsibility; and
 - g. Accept committee assignments and such other duties and responsibilities as shall be assigned to me by the hospital's board and medical staff.

RELEASE AND IMMUNITY

By applying for initial appointment/reappointment and clinical privileges, I accept the following conditions regardless of whether or not I am granted initial appointment/reappointment or privileges and intend to be legally bound thereby. These conditions shall remain in effect for the duration of any term of appointment I may be granted:

1. I authorize the release of all information necessary for an evaluation of my qualifications for initial appointment/reappointment and/or clinical privileges - health, malpractice, etc., and I release from liability any organization or individual that provides such information in good faith to the hospital, and I understand I will not have access to the information provided;
2. I agree that no representative of the hospital or Medical Staff shall be liable for damages or other relief for any action, statement or recommendation made within the scope of the person's duties as a representative, if such representative acts in good faith, makes a reasonable effort to ascertain the truthfulness of the facts, and reasonably believes that the action, statement, or recommendation is warranted by such facts;
3. I agree not to sue the hospital, the medical staff or anyone acting by and/or for the hospital and its medical staff for any matter relating to this application for initial appointment/reappointment or clinical privileges, the evaluation of my qualifications or any matter related to initial appointment/reappointment or clinical privileges until all remedies with respect to those subjects pursuant to the Medical Staff Bylaws have been finally exhausted; and
4. I hereby further authorize and consent to the release of information by the hospital or its medical staff to other hospitals, medical associates and other interested persons on request regarding any information the hospital and the medical staff may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability the hospital and its staff for so doing;

Photocopies of this release and immunity form will suffice as the original.

AFFIRMATION

I represent that information provided in or attached to this application is accurate. I understand that a condition of this application is that any misrepresentation, mis-statement, or omission from this application, whether intentional or not, is cause of automatic and immediate rejection of this application and may result in the denial of initial appointment/reappointment and clinical privileges. In the event of my termination for this reason, I will not be entitled to any hearing, appeal or other due process rights as may be provided in the Bylaws, Rules and Regulations, Policies or Procedures of the hospital or its medical staff. Upon subsequent discovery of such misrepresentation, misstatement or omission, the hospital may immediately terminate my appointment and privileges.

Signature: _____ Date: _____

Practitioner is Qualified/Unqualified for all/some of the requested privileges

Division Chief or Designee

Date

Practitioner is Qualified/Unqualified for all/some of the requested privileges

Division Chief or Designee

Date

*1. List excepted privileges: _____

*2. List excepted privileges: _____

Practitioner is Qualified/Unqualified for all/some of the requested privileges

Chairperson, Credentials Committee

Date

Recommendation of Executive Committee if different from recommendation of Credentials Committee. (See minutes of Executive Committee) _____

For the Executive Committee

**THIS PRACTITIONER IS HEREBY APPOINTED TO
THE MEDICAL STAFF OF PROVIDENCE REGIONAL MEDICAL CENTER
EVERETT**

With Privileges As Noted Above

DIVISION _____

STAFF STATUS _____

Chairperson, Board of Directors
(mdappgmc.fm)

Date