

**GREATER BALTIMORE MEDICAL CENTER ACADEMIC AFFAIRS  
AUTHORIZATION AND RELEASE**

I hereby authorize Greater Baltimore Medical Center, Inc's ("GBMC") Department of Academic Affairs and its health system affiliates, including respective individual employees, officers, representatives and agents, ("GBMC Academic Affairs") to verify to all sources and all information in any form from my graduate medical education file that GBMC Academic Affairs deems relevant to my verification of my postgraduate training that occurred at a GBMC facility. I understand and agree that such information may include, without limitation, information relating to my education and training, character and professional competence (including quality assurance and other privileged information). I hereby authorize GBMC Academic Affairs for this purpose to provide all such information to the verifying agent, and I acknowledge that GBMC Academic Affairs may rely upon my authorization contained in this document and need seek no further authorization from me for this purpose. I further understand and acknowledge that all such disclosures made in good faith shall be subject to immunity provisions of federal, state and local laws (including without limitation the Health Care Quality Improvement Act).

I hereby release from all liability GBMC Academic Affairs, and such other individuals, institutions or organizations, and their respective heirs and assignees, for all acts performed and statements made in good faith and without malice in connection with the request.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_