



150 East Ponce de Leon Avenue  
Suite 120  
Decatur, GA 30030  
ph: 800.998.5859  
fax: 404.836.2003  
www.cancercarepoint.com

## RELEASE & AUTHORIZATION

To whom it may concern:

I hereby affirm that the information that I have provided on my Cancer CarePoint application, including my curriculum vitae, is true and correct, can be used by Cancer CarePoint for evaluating my potential as an independent contractor/provider, and that Cancer CarePoint will rely on the truthfulness of my statement(s).

By my signature below, I authorize release of any information (written or oral) regarding my background to Cancer CarePoint, Inc., its clients, hospital medical staff offices, state licensing boards and professional associations.

I release any organization and individuals, including Cancer CarePoint, from all liability for release of this information.

Upon my request, Cancer CarePoint will disclose the nature and scope of information contained in my file in accordance with federal law. A request for disclosure of information contained in my file must be made in writing and directed to Cancer CarePoint.

A copy of this document shall operate as full proof of authority and release.

---

Applicant's Signature

---

Social Security Number

---

Print or Type Name Clearly

---

Date