

West Virginia Board of Risk & Insurance Management



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the West Virginia Board of Risk and Insurance Management (BRIM) to make inquiries and consult with all persons, places of employment, educational institutions, malpractice insurance carriers, State licensing boards, or other similar government and non-governmental entities who may have information bearing on my moral, ethical and professional qualifications and competence to carry out the practice of medicine. I authorize release of such information and copies of related records and/or documents to BRIM representatives.

I authorize BRIM to disclose to such persons, employers, institutions, boards or agencies any other information about me sufficient to enable BRIM to make such inquiries.

I release from liability all persons or entities who provide information to BRIM in good faith and without malice in response to such inquiries.

I agree that a photocopy of this authorization shall serve as if it were the original.

Signature

Date

Printed Name

West Virginia Board of Risk and Insurance Management

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