

Kaleida Health Medical and Dental Staff

Statement of Practitioner's Rights

Credentialing and Recredentialing Application Information

By applying for membership on the Kaleida Health Medical and Dental Staff, I am in receipt of notice that I have a right to the following:

1. To review the information obtained from any outside primary source that is presented to the Credentials Committee in support of my credentialing and/or recredentialing application, such as malpractice insurance carrier, state licensing boards and hospital dates and time of service/employment/residency. Please note that letters of reference and National Practitioner Data Bank documentation **are not** subject to this disclosure. Disclosure of National Practitioner Data Bank documentation is a Federal violation.
 - a. Upon receipt in the Kaleida Health Central Verification Office of a written, signed and dated request from an applicant, the Central Verification Office will release under **confidential** cover to the applicant by Certified Mail, Return Receipt Requested the information that is present to the Credentials Committee in support of his/her credentialing/recredentialing application.
2. To correct erroneous information submitted by another party.
 - a. The applicant may submit corrections to the Kaleida Health Central Verification Office within thirty (30) days of the day that he/she first becomes aware of the problem. The practitioner must submit all changes in writing, and the notification from the practitioner must be signed, dated and addressed to the attention of the Kaleida Health Central Verification Office. The Central Verification Office will document receipt of the corrections in correlation with the specified section(s) of the practitioner's application. The Credentials Committee will review all correspondence received of this type.
3. The Kaleida Health Central Verification Office will notify the practitioner of any information obtained during the credentialing and/or recredentialing process that varies substantially from the information provided to the Kaleida Health Central Verification Office by the practitioner. The practitioner will have thirty (30) days from the date of notification by the Central Verification Office to clarify and/or correct these discrepancies. The Credentials Committee will review all applicant information explanations.
4. To inquire about the status of a credentialing or recredentialing application.
 - a. The Kaleida Health Central Verification Office will accept inquiries via telephone and/or written requests to the Central Verification Office. Subsequent to issues addressed with the applicant described in Paragraphs 2 and 3 above, the Central Verification Office may advise the application of his/her application status. For example, the anticipated schedule of review of the application, specific discussions regarding the completeness or incomplete documented required to finalize the

application to prepare it for review by the appropriate Chief of Service and the Credentials Committee Chairperson.