

Caterpillar Inc. HealthCare NetWork

Release of Information

I, _____, hereby authorize Caterpillar, Inc. or it's designee to conduct an investigation into my background and activities to ascertain and determine the question of my qualifications and eligibility for the participation or continued participation in the Caterpillar Healthcare NetWork.

I hereby authorize all schools, medical/dental societies, associations, current and former professional liabilities insurance companies, examining board of the state(s) in which I have been licensed, members of such examining boards, all professionals with whom I have worked, hospitals, surgery centers and clinics in which I have trained and worked and the medical staff members of such hospitals, surgery centers and clinics to:

- a) Furnish to Caterpillar, Inc. or it's designee all information in their possession that might have any bearing upon my professional ability, qualifications, training background, ethics, physical and mental health, emotional stability, and any other matter relevant to my eligibility in the NetWork;
- b) Notify Caterpillar, Inc. or it's designee in the event of a suspension, change, reduction, termination or revocation of any license, privilege or membership granted to me by such organization and to furnish to Caterpillar, Inc. or it's designee any and all information in their possession concerning such change.

I hereby release:

- a) All schools, medical/dental societies, associations, insurance companies, boards, hospitals, surgery centers, clinics, and individuals enumerated above from any and all liabilities they may have to me for the release of information, records and other documents enumerated above, including any opinions, favorable or unfavorable, expressed by any such individual or organization, and any liabilities that might result there from; and
- b) Caterpillar, Inc. or it's designee, and their representatives from any and all liabilities they may have to me for their acts performed in good faith and without malice in connection with their evaluation of me and my credentials.

I authorize Caterpillar Inc.'s or it's designee to provide Caterpillar Inc. with a copy of any information collected pursuant to this release. I further authorize Caterpillar Inc. to (1) release information collected pursuant to this release to its claims processing vendor, provided such information is necessary for the proper adjudication or payment of claims and (2) release information collected pursuant to this release to selected third parties as Caterpillar Inc. determines appropriate in furtherance of Caterpillar Inc.'s quality standards and initiatives. I understand that such information may include, but is not limited to, my Tax I.D. number, Social Security number, DEA, UPIN, and/or NPI number. I authorize Caterpillar Inc. to post information collected pursuant to this release on a Caterpillar Inc. internet website. I understand that Caterpillar currently posts the following information on the Internet

- Name
- Gender
- Age
- Date Into Network
- Specialties
- Languages Spoken
- Board Certifications
- Address
- Telephone Number
- Facsimile Number
- Network Area
- Accepting New Patients

I acknowledge that Caterpillar has the right to modify the above list at any time. I understand that I may revoke my authorization to allow Caterpillar Inc. to post my information on the Internet by providing Caterpillar Inc. with thirty (30) days written notice. Notice shall be provided to the Manager, Plan Design. I agree that my authorization to allow Caterpillar Inc. to post my information on the Internet survives the termination of this authorization or any other agreement with Caterpillar Inc. I agree that my authorization to allow Caterpillar Inc. to post my information on the Internet is valid until properly revoked as described above.

A copy of the signed original of this Release of Information shall have the same force and effect as the signed original.

PRINT OR TYPE APPLICANT'S NAME

APPLICANT'S SOCIAL SECURITY #

APPLICANT'S SIGNATURE

DATE