

Dear Doctor:

Thank you for your inquiry indicating your interest in applying for medical staff appointment and clinical privileges at Placentia Linda Hospital.

The following are threshold eligibility criteria for appointment to the Medical Staff:

- (1) A current, active professional license to practice in CA, which is without restriction or limitation and no record of revocation, suspension or probation, restriction or limitation (of licensure in any state) within the past ten years. Exception is permissible for administrative reasons not related to crimes or professional competence or conduct.*
- (2) Current, unrestricted federal DEA registration (if applicable).
- (3) Satisfactory completion of, or current enrollment in, an accredited postgraduate residency training program in the specialty in which you are seeking clinical privileges.
- (4) Board certification by the appropriate specialty Board (*American Board of Medical Specialties, the American Osteopathic Association Board of Specialists, the American Board of Oral and Maxillofacial Surgery, the American Board of Podiatric Surgery, or the American Board of Podiatric Orthopedic and Primary Podiatric Medicine*) or proof that you have met/or will meet the requirements for examination for certification by the appropriate specialty Board.
- (5) Current, valid professional liability insurance coverage with a qualified *California* carrier in the following form and amounts \$1,000,000/\$3,000,000 and which covers all clinical privileges that you may request.
- (6) Practitioner is not currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs.
- (7) No history of felony conviction for or withhold of felony adjudication for a crime against a person (includes a no contest plea).
- (8) Any felony conviction within the past ten years.*
- (9) No pending charges and no record of convictions within the past ten years, or, withhold of adjudication for, or plea of guilty or no contest, deferred prosecution or pre-trial

intervention arrangement to, a felony, or misdemeanor related to (a) the practice of your profession; (b) other health care matters; (c) third-party reimbursement; (d) violence; or (e) the use, prescription distribution, or furnishing of DEA scheduled drugs (Schedules I through V) *.

- (10) Within past ten years, medical staff membership and clinical privileges have been granted and maintained in good standing without any adverse action of any kind, whether voluntary or involuntary, including but not limited to (11):
- (11) No record of denial, revocation, termination, suspension not related to administrative issues, reduction, loss, condition, restriction, limitation, involuntary resignation or relinquishment, voluntary resignation, relinquishment, or leave of absence after notice of investigation or discipline regarding appointment, membership, or clinical privileges in the same or similar specialty at this or any other hospital or healthcare facility or entity. This restriction does not apply to adverse actions for administrative reasons. Reinstatement of unrestricted privileges or appointment within past ten years does not negate criteria. *

**Occurrences greater than 10 years past require practitioner to submit written explanatory summary and authorization for hospital to obtain further information from involved entities in addition to a completed application for appointment.*

Please be advised that the hospital has entered into exclusive arrangements for the following services and is not accepting applications in these specialties: **Radiology, Pathology, and Emergency Medicine**, unless you are affiliated with the contracted group.

Please complete the enclosed Request for Application documents in their entirety and return them with copies of all required supporting documentation within thirty (30) days from receipt of "Request for Application." Upon receipt of the complete and accurate Request for Application, a determination will be made as to whether an Application for Medical Staff Appointment and Clinical Privileges may be extended to you. You will be notified of that determination, and if eligible, you will receive an application form as well as other specific information required for appointment and clinical privileges.

Thank you for your interest in Placentia Linda Hospital. If I can be of any further assistance, please contact me at 714-524-4252.

Sincerely,
Devang Savani, MD
Chief of Staff



PRACTITIONER INFORMATION		
Name:		
Date of Birth:	SSN:	NPI:
Name of Group/Practice		
Current Office Address:		
City:	State:	ZIP:
Telephone:	Fax:	Other Phone:
Email		
Gender:	CA Lic. #:	DEA #:
Primary Specialty:		
Sub Specialty:		
Medical School (name/date of graduation):		
Internship/Residency (name/date(s)of graduation/specialty):		

All questions must be completely and truthfully answered. If the answer is 'no' or if not applicable, please indicate.

Are you currently licensed in the state of CA? Yes No

If no, please provide documentation that you have applied for licensure.
List other states in which you are currently or were previously licensed.

Are you certified by a Board which is a member of the American Board of Medical Specialties, the American Osteopathic Association Board of Specialists, the American Board of Oral and Maxillofacial Surgery, the American Board of Podiatric Surgery, or the American Board of Podiatric Orthopedic and Primary Podiatric Medicine? Yes No

If not currently Board Certified, have you completed training requirements which render you admissible for Board Certification by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association Board of Specialists, the American Board of Oral and Maxillofacial Surgery, the American Board of Podiatric Surgery, or the American Board of Podiatric Orthopedic and Primary Podiatric Medicine? Yes No

If "no", indicate when you will be considered admissible (month/year): _____

Do you have professional liability insurance coverage with limits of liability of a minimum of **\$1,000,000/\$3,000,000** from an insurance company licensed or approved to do business in California? Yes No

Are you currently or have you ever been excluded, suspended, debarred, sanctioned or otherwise restricted from participating in any private, federal, state health insurance program (for example, Medicare, Medicaid), or is such action pending or in

process?*

Do you plan to practice within the geographic service area of the hospital, i.e., close enough to fulfill your responsibilities and to provide timely and continuous care for your patients in the hospital? Yes No

Has your license to practice any profession in any jurisdiction ever been voluntarily or involuntarily denied, restricted, limited, suspended, revoked, terminated, placed on probation or is any such action pending or in process? * Yes No

Have you ever been investigated by any of the State professional licensure boards? * Yes No

Are there currently any pending challenges to any licensure, registration or certification? * Yes No

Has your medical staff membership and/or clinical privileges ever been voluntarily or involuntarily denied, restricted, suspended, revoked, relinquished, terminated or is any such action pending or in process? * Yes No

Have you ever resigned from a professional position or appointment or allowed any professional license or certificate or appointment to lapse under threat of dismissal, discipline, non-renewal, investigation or other similar actions? * Yes No

Have you had any conviction of, withhold of adjudication for, or plea of guilty or no contest to, any felony, or any misdemeanor related to the crime against a person; practice of your profession; other health care related matters; third-party reimbursement; violence; or the use, prescription, distribution or furnishing of DEA scheduled drugs (Schedules I through V); or is any such action pending or in process? * Yes No

Do you have any pending or final felony or misdemeanor complaints, charges, restraining orders or proceedings filed against you, or convictions of any felony or misdemeanors, in any jurisdiction? * Yes No

** If you respond "yes" to any of these questions, please attach detailed explanation.*

This form must be returned with copies of the following documents:

- Current professional license (s) numbers and expiration dates (all states)
- Narcotics registration certification (DEA) (Federal and State, if applicable)
- Certificate of coverage from professional liability insurance carrier
- Evidence of ECFMG certification (if foreign medical graduate)
- Evidence of Board Certification or admissibility status
- Curriculum vitae which includes specific dates of your training and work history, as well as documentation of all time spans from completion of your Medical/Dental education through the present time.
- Description of your intended scope of practice, including areas of specialty focus, and documentation of your specialty and experience.

I certify that I meet the criteria for membership as outlined in this REQUEST FOR APPLICATION. I understand that completing this questionnaire in no way obligates the hospital and/or medical staff to afford me Medical Staff membership or privileges.

I understand that I have the burden of producing adequate information for a proper evaluation of my current competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications. To

accomplish this, I have provided the information requested within this document and agree to provide such other information as may be requested by Placentia Linda Hospital or the Medical Staff at any time during the Request for Application process.

I understand that if I do not submit this completed Request for Application along with the required supporting documents within 30 days of my receipt of it, or if any information determined by Medical Staff as necessary to deem this Request for Application complete is not received within 30 days of a request for such additional information, this request for application shall be considered void, no further processing shall take place, and this Request for Application shall be deemed withdrawn.

To the maximum extent permitted by law, I hereby release from liability the Hospital, the Medical Staff and any representatives of the Hospital and its Medical Staff for their acts performed in connection with evaluating my request for Medical Staff membership and privileges at Placentia-Linda Hospital. To the maximum extent permitted by law, I hereby release from liability any and all individuals and organizations who provide information to representatives of Placentia-Linda Hospital or its Medical Staff concerning my professional competence, ethics, character, and other qualifications, and I hereby consent to the release of such information.

I acknowledge that, if I am granted an application and ultimately Medical Staff membership and privileges at Placentia-Linda Hospital, all members may be required, among other requirements, (i) to participate in Emergency On-Call Roster as determined by the Member's Department(s) and the Medical Executive Committee; (ii) to treat the other physicians as well as employees, patients and visitors at Placentia Linda Hospital in a professional and courteous manner and to refrain from disruptive conduct that adversely affects patient care and operations; (iii) to participate in mandatory clinical practice guidelines or evidence-based order sets when such guidelines or order sets have been determined by the Member's Department(s) or the Medical Executive Committee to enhance patient outcomes and overall performance; and (iv) otherwise to abide by the Bylaws, Rules and Regulations and policies of the Medical Staff and Hospital policies of Placentia-Linda Hospital.

With my signature, I affirm that all information and documentation submitted in this Request for Application is truthful and accurate. I understand that providing any false or misleading information in this request for application shall be grounds for rejection of the request for application without any rights to further process.

Signature:	Date:
Print Name:	



BACKGROUND CHECK DISCLOSURES

A consumer report is a type of background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency ("CRA") to a Tenet Healthcare facility, and/or their respective parents, subsidiaries, affiliates, other related entities, successors, and/or assigns("the "Company"), as applicable.

The Company may obtain a consumer report on you to be used for "employment purposes" (i.e. hospital privileges, hospital affiliation, etc.).

Signature _____ Date _____

ADDITIONAL DISCLOSURES

In addition to the disclosure set forth in the separate Background Check Disclosure, below please find additional—disclosures/notices that may pertain to you. Please note: state disclosures that overlap with the disclosure set forth in the separate Background Check Disclosure form are not repeated in these Additional Disclosures.

All applicants: A Tenet Healthcare facility and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”), may obtain an investigative consumer report on you to be used for “employment purposes,” including your application for “hospital privileges” and/or “hospital affiliation.” Under federal law, an investigative consumer report is a special type of consumer report in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you may be obtained by personal (including telephonic) interviews with neighbors, friends, associates, acquaintances, or others. (In California, the term “investigative consumer report” has a slightly different meaning, as explained in the separate California State Law Disclosures (non-credit) (if applicable).) A copy of “A Summary of Your Rights under the Fair Credit Reporting Act” is included below.

Minnesota applicants/affiliates only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, 2500 East T.C. Jester, Suite 600, Houston, TX 77008; telephone # 800-999-9861.

Montana applicants/affiliates only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants/affiliates only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, 2500 East T.C. Jester, Suite 600, Houston, TX 77008; telephone # 800-999-9861.

New York applicants/affiliates only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company at Tenet Healthcare, Attn: HR Operations Department, 1445 Ross Avenue, Suite 1400, Dallas, TX 75202 or emailing hrservices@tenethealth.com. You may also contact the company at 1-469-893-2668 Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency.

NEW YORK CORRECTION LAW

ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§750. Definitions.

For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability.

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

- (1) In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
 - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
 - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
 - (f) The seriousness of the offense or offenses.
 - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
 - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
- (2) In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment.

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

- (1) In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
- (2) In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

[PLEASE SEE BELOW FOR ADDITIONAL DISCLOSURES THAT MAY APPLY TO YOU]

Washington State applicants/affiliates only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any “investigative” consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph to the CRA should be made to PreCheck, 2500 East T.C. Jester, Suite 600, Houston, TX 77008; telephone # 800-999-9861.

[PLEASE SEE BELOW FOR ADDITIONAL DISCLOSURES THAT MAY APPLY TO YOU]



Post where readily accessible to job applicants and employees.

CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE, MAYOR

NOTICE TO JOB APPLICANTS AND EMPLOYEES

San Francisco Fair Chance Ordinance

Police Code, Article 49

Starting August 13, 2014, the Fair Chance Ordinance (San Francisco Police Code, Article 49) requires employers to follow strict rules regarding the use of arrest and conviction records in hiring and employment decisions. The ordinance covers job applicants and employees who would be or are performing work in whole, or in substantial part, in San Francisco and applies to employers who have 20 or more employees (regardless of the employees' locations).

Certain matters are off-limits. An employer may *never* ask about, require disclosure of, or consider: an arrest not leading to a conviction (other than an unresolved arrest that is still undergoing criminal investigation or trial); participation in a diversion or deferral of judgment program; a conviction that has been expunged or made inoperative; any determination in the juvenile justice system; a conviction more than 7 years old; and a criminal offense other than a felony/misdemeanor. Matters that are off-limits cannot be used by the employer for any reason at any stage of the hiring process.

An employer cannot ask about an individual's conviction history or unresolved arrests at the start of the hiring process. This includes through a job application form, informal conversation, or otherwise.

A mandatory interactive process for matters not off-limits. Only after a live interview has been conducted, or a conditional offer of employment made, is the employer allowed to ask about an individual's conviction history (except as to matters that are off-limits) and unresolved arrests. Only those convictions and unresolved arrests that *directly relate* to the individual's ability to do the job may be considered in making an employment decision.

Before the employer may take an adverse action such as failing/refusing to hire, discharging, or not promoting an individual based on a conviction history or unresolved arrest, the employer must give the individual an opportunity to present evidence that the information is inaccurate, the individual has been rehabilitated, or other mitigating factors. The individual has seven days to respond, at which point the employer must delay any adverse action for a reasonable time and reconsider the adverse action. The employer must notify the individual of any final adverse action.

Evidence of rehabilitation include satisfying parole/probation; receiving education/training; participating in alcohol/drug treatment programs; letters of recommendation; and age at which the individual was convicted. *Mitigating factors* include coercion, physical or emotional abuse, and untreated substance abuse/mental illness, that contributed to the conviction.

Preemption. Where federal or state law imposes a criminal history requirement that conflicts with a requirement of the Fair Chance Ordinance, the federal or state law will apply.

No Retaliation. An employer may not take an adverse action against an applicant or employee for exercising their rights under the ordinance or cooperating with the Office of Labor Standards Enforcement OLSE.

If you need more information, or wish to report an employer that you believe has violated this ordinance, please contact the OLSE at 415-554-5192 or email FCE@sfgov.org.

9/14

OFFICE OF LABOR STANDARDS ENFORCEMENT

City Hall, Room 430 1 Dr. Carlton B. Goodlett Place San Francisco CA 94102-4685 Tel. (415) 554-6235 Fax (415) 554-4791

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Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

You must be told if information in your file has been used against you.

Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free.

You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPT-OUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau; 1700 G Street, N.W.; Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA; Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency; Customer Assistance Group 1301 McKinney Street, Suite 3450; Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center; P.O. Box. 1200; Minneapolis, MN 55480 c. FDIC Consumer Response Center; 1100 Walnut Street, Box #11; Kansas City, MO 64106 d. National Credit Union Administration; Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO); 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings; Aviation Consumer Protection Division; Department of Transportation; 1200 New Jersey Avenue, S.E.; Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board; Department of Transportation; 395 E Street, S.W.; Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor

6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access; United States Small Business Administration 409 Third Street, SW, 8 th Floor; Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission; 100 F Street, N.E.; Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration; 1501 Farm Credit Drive; McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA; Washington, DC 20580; (877) 382-4357

CALIFORNIA
STATE LAW DISCLOSURES
(Non-Credit)

*In addition to the disclosures set forth in the separate **Background Check Disclosures** document, below please find California disclosures/notices that may pertain to you.*

For California applicants/affiliates only: Under California law, an “investigative consumer report” is a consumer report in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through any lawful means. In connection with your application “for employment” (i.e. hospital privileges, hospital affiliation, etc.) with Tenet Healthcare facility, and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”), Company intends to procure, as defined under California law, an investigative consumer report. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), Company may investigate the information contained in your medical staff membership application and other background information about you, including but not limited to obtaining a criminal record report, obtaining information about your character, general reputation, personal characteristics and mode of living, verifying references, work history, your social security number, your educational achievements, licensure, certifications, driving records, and other information about you, including interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making “employment” (i.e. hospital privileges, hospital affiliation, etc.) decisions. The source of any investigative consumer report (as this term is defined under California law and as explained more fully above) will be PreCheck, 2500 East T.C. Jester, Suite 600, Houston, TX 77008; telephone # 800-999-9861. Information regarding Pre-Check’s privacy practices can be found at <http://www.precheck.com/privacy-notice>. The Company will provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows: (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided; (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. An ICRA complying with requests for certified mailings under the California Code shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA; (3) A summary of all information contained in your files and required to be provided by the California Code shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

“Proper Identification” means information generally deemed sufficient to identify you, which includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

BACKGROUND CHECK AUTHORIZATION

(Please Print)

Name: First _____ Middle _____ Last _____

List any other names used (nickname, maiden/married last names): _____

Social Security Number _____ Date of Birth _____ Sex M F

Street Address _____

City _____ State _____ Zip _____

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize a Tenet Healthcare facility, and/or their respective parents, subsidiaries, affiliates, other related entities, successors, and/or assigns (“the “Company”), to procure consumer report(s), criminal background check(s), and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency (“CRA”) or from an investigative consumer reporting agency (“ICRA”), as described in the **Background Check Disclosures**, the **Additional Disclosures**, and the **California State Law Disclosures** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosures**, the **Additional Disclosures**, and the **California State Law Disclosures**, as well as this **Background Check Authorization**. My authorization remains valid throughout my affiliation with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s) and criminal background check(s) during my affiliation without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable federal and/or state law, I consent to and authorize the Company to provide this information to the medical staffs (e.g. to determine if I meet criteria to receive an application and if I meet qualifications for membership and clinical privileges), and to share with medical staffs and peer review bodies in order for the medical staffs to fulfill their credentialing and peer review obligations (i.e. to use, maintain and to protect it as confidential peer review information and/or report to regulatory and quality review agencies as required and/or permitted by applicable law).

For California, Minnesota, or Oklahoma applicants/employees only: If you would like to receive from (as applicable) the CRA, the ICRA, or the Company, a copy of the background check report that Company may procure, please check this box.

Signature _____

Date _____