Baystate Health
Background Release Form
Disclosure and Consent

In connection with my application for a rotation with Baystate Health, I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for screening purposes. I understand that the nature and scope of this investigation may include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle driving report, e-verify for federal contractors and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if Baystate Health accepts me as a medical student intern, it may request a consumer report or an investigative consumer report about me for screening purposes during the course of my rotation. The scope of this investigation will be the same as the scope of a investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for a rotation at Baystate Health. I understand that my consent will apply throughout my clinical experience, unless I revoke or cancel my consent by sending a signed letter or statement to Baystate Health at any time, stating that I revoke my consent and no longer allow Baystate Health to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by Baystate Health.

I authorize without reservation any party or agency contacted by Baystate Health to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Accurate Background, Inc. (and/or any of their licensed agents) located at 20988 Bake Pkwy, Suite 104, Lake Forest, CA 92630, (800) 784-3911. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Last Name _____ First Name _____ Middle Intial_____

Other Names Known By (Maiden Name) _____

Street Address _____

City _____ State _____ ZIP _____

Social Security Number _____-_____-_____ Date of Birth _____/_____/_____

Signature _____ Date_____

Title: Medical Student Cost Center: 629

Originals must be sent to:

Jodi-Lyn Manning
Undergraduate Medical Education
Baystate Health
280 Chestnut Street
Springfield, MA 01199
Phone: 413-794-4280

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