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**HOSPITAL SERVICES CORPORATION  
CREDENTIALS VERIFICATION SERVICE  
STANDARD AUTHORIZATION, ATTESTATION AND RELEASE  
DISCLOSURES AND DEFINITIONS**

**DEFINITIONS** of terms used in the Standard Authorization, Attestation and Release of information.

“Health Care Entity” is the Health Care Entity to which the practitioner has applied for privileges or panel membership.

The “Health Care Entity’s Authorized Representatives” include any management or quality assurance companies hired by the Health Care Entity or HSC; the Health Care Entity’s Board, staffs, committees, CEO, administrator medical director or other employees of the Health Care Entity whose performance of duties requires access to information about the practitioner’s qualifications; consultants whose contract with the Health Care Entity requires access to information about the practitioner’s qualifications; any independent credentialing services including HSC; and the Health Care Entity’s attorneys and insurers.

“Credentials and Privileges” means all information regarding the practitioner’s qualifications and standing with the Health Care Entity, and the practitioner’s right to provide healthcare services at or through the Healthcare Entity. It also includes any limitations imposed upon the practitioner’s right to provide healthcare services and any final disciplinary action taken by the Health Care Entity with regard to the practitioner’s provision of healthcare services at or through the Healthcare Entity.

“Credentialing Verification Service” is the service operated by Hospital Services Corporation. HSC may be required as a condition of certification by the National Committee for Quality Assurance (NCQA) to permit audits of HSC’s system. The person providing this Release acknowledges that these audits are conducted solely for the purpose of certifying the credentialing verification service, and all information utilized by the NCQA is treated as confidential.

“Claimant” means any person, guardian, or personal representative who is asserting an administrative or legal claim against the person providing this release based in whole or in part upon allegations that the person providing this release has violated any state or federal law or regulation or has committed medical malpractice.

“Medical Staff or Provider Panel” is to be interpreted broadly to include any group of healthcare providers howsoever designated, who are authorized to provide healthcare services to patients, insureds, beneficiaries, members, or enrollees of a healthcare plan.

“Third Parties who have a need to know” include, but are not limited to governmental agencies and boards; organizations, associations, partnerships, corporations; other hospitals and clinics; managed care organizations (“MCO’s”), Independent Practice Associations (“IPA’s”), Managed Service Organizations (“MSO’s”), Physician Hospital Organizations (“PHO’s”), Preferred Provider Organizations (“PPO’s”), Health Maintenance Organizations (“HMO’s”), medical foundations, insurance underwriters, employer or employee sponsored ERISA health plans, health care alliances, or others with whom the practitioner has applied to or is applying to for privileges or panel membership.

“Common Recredentials Program” means the program that has been developed to allow this application to be utilized for multiple requesting customers to both expedite processing and reduce practitioner paperwork.

All applicants have the right to be informed of their application status. Application status inquiries should be directed to the appropriate health care organization.

Hospital Services Corporation, a subsidiary of the New Mexico Hospital Association, maintains this form. If you have any questions about this form, please contact our credentialing Support Desk at (505) 346-0222 or toll-free (866) 908-0070 x2006 or by e-mail at [credentialing@nmhsc.com](mailto:credentialing@nmhsc.com). This application has been copyrighted and is intended for the sole use of our customers and approved users.