



Guidelines for Responding to Requests for Information about Residents' Training

Graduate Medical Education Committee - Policies and Procedures

Requests for Information Related to a Resident's Training

Records relating to residents' employment at the University of Arizona are personnel records and are subject to the provisions of Arizona Board of Regents Policy 6-912.

See <http://azregents.asu.edu/rrc/Policy%20Manual/6-912-Access%20to%20or%20Disclosure%20of%20Personnel%20Records%20or%20Information.pdf>.

If a program receives a request for information related to a former resident's training:

1. The program will ensure that the resident has signed a release either at the time of hire or at the time the program receives the request for information.
2. The program will document all such requests and responses to such requests in the resident's file.
3. If the resident has signed a release as set forth above, the program may provide a copy of the summative evaluation and such other information as requested. The program need not provide a copy of such response(s) to the resident.

Requests for Public Records

Certain disciplinary information maintained in University records is subject to disclosure under Arizona's public records laws. The University will comply with requests for public records related to a resident's disciplinary history only in accordance with ABOR Policy 6-912(C)(4) and (D) and Arizona public records statutes.

Arizona Medical Board and Board of Osteopathic Medical Examiners' Inquiries

A.R.S. § 32-1401, *et seq.*, and A.R.S. § 32-1800, *et seq.*, require physicians and other health care providers to report evidence that a physician is unable safely to engage in the practice of medicine or is guilty of unprofessional conduct to the appropriate medical board. The University will comply with such requests. A release of information is not required to respond to requests by a medical board.



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, M.D./D.O., understand that members of the faculty or staff of the University of Arizona College of Medicine may receive requests for information regarding my education, training, experience, qualifications and job performance for purposes of evaluating me for employment, licensure, privileges or credentials. I agree that, should such requests for information be made either at my request or for any other reason, the _____ Residency Program may provide a copy of the summative evaluation and any other requested information related to my training to the requesting party without obtaining a further authorization for release. This release is valid until otherwise revoked and constitutes continuing permission to the College of Medicine to provide a copy of the summative evaluation and other information relevant to my training to individuals requesting such information. I agree that it will not be necessary for the College of Medicine to send me a copy of such requests or the responses to such requests.

I understand that, if I refuse to sign this authorization to release information, such refusal will be noted below, and the College of Medicine may only provide information regarding my training that is permitted to be disclosed in accordance with Arizona Board of Regents Policy 6-912.

I hereby release the Arizona Board of Regents, the University of Arizona, its College of Medicine and any other person authorized by this release to disclose information about my employment, from any and all liability and claims, causes of action and damages arising out of the disclosure of the information either contained in any files maintained by the University of Arizona, or for disclosing any other information in good faith and without actual malice in accordance with this Authorization.

Dated this ____ day of _____, 20__.

Resident's Signature

Printed Name

Refused to sign release