ADDENDUM TO PARTICIPATING PHYSICIAN APPLICATION NOTICE TO

PRACTITIONERS OF CREDENTIALING RIGHTS/RESPONSIBILITIES

I. Right of Review

As an applicant for credentialing/recredentialing, you have a right to review non-privileged information obtained for the purpose of evaluating your application. This includes information obtained from outside sources such as liability insurance carriers, Medical Boards, and National Practitioner Data Bank. It does not include review of information that is privileged, such as references or recommendations which are protected by law from disclosure.

You may request to review such information at any time by sending a written request via fax or letter to the Credentialing Department at 1712 Liliha St. Ste 102, Honolulu, HI 96817 or call 808-646-7500. Following receipt of your request, you will be contacted by the Manager or his/her designee, within thirty (30) working days in order to arrange a date and time for review of the information in the Credentialing Department of the Medical Group.

II. Notification of Discrepancy

You will be notified in writing, by fax or letter, when information obtained by primary sources varies significantly from information provided on your application. Sources will not be revealed if information obtained is not intended for verification of credentialing elements or is protected from disclosure by law.

III. Correction of Erroneous Information

If you believe that erroneous information has been supplied to the Medical Group by primary sources, you may correct such information by submitting written notification to the Credentialing Department at the above cited address/fax number. Your notification, via letter or fax, must include a detailed explanation of the discrepancy and must be returned to the address above within thirty (30) days of notification of discrepancy.

Upon receipt of your notification, the Medical Group will re-verify the primary source information under consideration. If the primary source information has changed, an immediate correction will be made to your credentials file. You will be notified of this action. If the primary source information remains inconsistent with your notification, you will be advised of same through letter, fax, or phone. If you do not respond within the designated time frame, the original credentialing information that was received by the Credentialing Department will be forwarded to the Credentialing Committee for evaluation, recommendation, and decision.

(Signature)

(Date)