



Consent for Release of Information

St. Joseph's Villa

I, the undersigned individual, understand St. Joseph's Villa ("the Villa") is bound by federal regulations to ensure those involved in a decision making capacity for the agency are screened against names and entities listed in the Excluded Individuals database which is maintained by the U.S. Health and Human Services' Office of Inspector General.

I understand individuals and entities who, as a result of convictions for program-related fraud, patient abuse, licensing board actions or default on Health Education Assistance Loans, are prohibited from being involved in these decision making capacities and are listed on the List of Excluded Individuals and Entities ("the List") maintained by the U.S. Health and Human Services' Office of Inspector General.

I affirm that I have NOT been convicted for program-related fraud, patient abuse, licensing board actions or default on Health Education Assistance Loans, and am currently NOT prohibited from being involved in the delivery of Medicaid-reimbursed services.

With my signature, I hereby give consent and authorize the Villa to search the List as necessary to validate my eligibility to participate in covered services.

Board Member Signature

Date

Printed Name