



NOTICE OF PRACTITIONER RIGHTS TO CREDENTIALING
Addendum A

I. Right of Review

As an applicant for credentialing/re-credentialing, you have a right to review non-privileged information obtained for the purpose of evaluating your application. This includes information obtained from the 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 view such information at any time by sending a written request via fax or letter to the Manager of Credentialing to the following address:

Calibrated Health Care Network
3633 Inland Empire Blvd, Suite 301
Ontario, California 91764
(909) 242-8194 Ext. 8124
Credentialing@calibratedhealthcare.org

Following receipt of your request, you will be contacted by the Manager or his/her designee, within three (3) working days in order to arrange a date and time for review of the information in the Credentialing Department.

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 Calibrated Health Care Network by primary sources, you may correct such information by submitting written notification to the Credentialing at the above cited address/email. Your notification, via letter or fax, must include a detailed explanation of the discrepancy and must be returned to the address above within fifteen (15) days of notification of discrepancy.

Upon receipt of your notification, Calibrated Health Care Network 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 the through letter, fax or phone. You will be requested to provide proof of correction by the primary source to the Credentialing Department via letter or fax as cite above within ten (10) days. Subsequently, a second re-verification of primary source information will be performed by the Credentialing Department.

Print Name: _____

Signature (Stamped signatures Not Acceptable) _____ Date: _____

