

CERTIFICATION AND AUTHORIZATION

The State of Connecticut Judicial Branch (Judicial Branch) has contracted with Advanced Behavioral Health, Inc. (ABH) and the Council for Affordable Quality Health Care (CAQH) as the credentialing vendors for the Judicial Branch Credentialing Program. ABH and CAQH will assist the Judicial Branch in facilitating the provider application process. For purposes of making this application to become a participating Judicial Branch provider, the Applicant certifies that all information provided to the Judicial Branch, ABH and/or CAQH is true and correct to the best of the Applicant's knowledge and belief. The Applicant agrees to notify the Judicial Branch, ABH and CAQH promptly if there is any material change in the information provided, whether prior to or after acceptance as a provider. The Applicant understands and agrees that if the Judicial Branch, ABH or CAQH determines that this application contains any significant misstatement, misrepresentation or omission, acceptance of this application for participation and any subsequent participating provider agreement which the Judicial Branch enters into with the Applicant may be void at the sole discretion of the Judicial Branch

The Applicant hereby authorizes the release to the Judicial Branch, ABH and/or CAQH of any information held by any person, entity or governmental agency which the Judicial Branch, ABH or CAQH determines may have relevant information, including but not limited to professional practice, criminal background and child protective services child abuse registry information, provided to or collected by the State of Connecticut Judicial Branch for purposes of evaluating this original application or any re-credentialing information. The Applicant agrees to hold any such person, entity or governmental agency providing information to Judicial Branch, ABH or CAQH harmless from any liability for providing such information.

The Applicant hereby further authorizes Judicial Branch, ABH or CAQH to release any and all information related in any way to the Applicant's professional practice, criminal background and/or child protective services child abuse registry information to any person, entity or governmental agency which: (a) provides Judicial Branch, ABH or CAQH with an authorization signed by the Organization; or (b) has a legal right to know under any state or federal law. The Applicant agrees to hold Judicial Branch, ABH or CAQH harmless from any liability for providing such information as specified herein.

The Applicant understands and agrees that the certifications, authorizations, and other provisions contained herein shall remain in force for as long as this application is pending and, if accepted for participation, for as long as the Applicant's provider agreement with the Judicial Branch remains in force.

The Applicant further understands and agrees that (a) the Applicant has the burden of producing all information required or requested by Judicial Branch, ABH or CAQH in connection with this application; (b) Judicial Branch, ABH or CAQH are under no obligation to complete the processing of this application until such information is provided by the Applicant; and (c) this Certification and Authorization is subject to, and shall be deemed to incorporate, the Freedom of Information Acknowledgment Regarding Provider Credentialing Information that Applicant is required to execute in connection with this application.

Name of Applicant (Please type or print)

Authorized Signature Date

Name (Please type or print) Title (Please type or print)