

NORTH COUNTRY COMMUNITY MENTAL HEALTH SERVICES

**CONTRACT PROVIDER
CRIMINAL BACKGROUND CHECK AUTHORIZATION AND DISCLOSURE**

I hereby give my permission to North Country Community Mental Health (NCCMH) to verify information given on my provider application and do hereby release NCCMH, Michigan State Police and their assigns or successors from all liability or claims and authorize the Michigan State Police to release to NCCMH my conviction criminal history information. I hereby give my permission to NCCMH to check with the Michigan Department of State, to verify my driving record. I have read and understand the attached Disclosure, and authorize NCCMH to obtain and rely upon consumer reports or investigative consumer reports in determining my eligibility as a NCCMH contract provider, and if contracted, in considering subsequent contract renewal, contract continuation, and credentialing. By my signature below, I authorize NCCMH to obtain any such reports and to share the information received with any person involved in decisions regarding the status of my contract.

North Country Community Mental Health agrees to only use the information obtained for verification of your eligibility to participate as a NCCMH contract provider.

PLEASE PRINT CLEARLY

LAST, MIDDLE, FIRST NAME: _____

PREVIOUS MARRIED, MAIDEN NAMES, OR ALIAS: _____

CURRENT STREET ADDRESS, CITY, STATE, ZIP: _____

List states lived or worked in outside of Michigan in the past five years: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

SEX: _____ RACE: _____

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of NCCMH.

APPLICANT: _____ DATE: _____

(Signature)

PLEASE INCLUDE A COPY OF DRIVER'S LICENSE/STATE ID.

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering your eligibility to be a contract provider and, if you are contracted, in considering subsequent contract renewal, contract continuation, and credentialing, North Country Community Mental Health (NCCMH) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, the Company must have your written authorization. Before the Company takes adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

You may request a copy of any consumer report from the consumer reporting agency that compiled the report upon proper identification.

You certify that all of elements of the personal data you have provided are true, accurate and complete. You understand and agree that any omission, false statement, misleading statement, or answer made by you on an application or any supplements to it and in any interviews will be sufficient grounds for denial of a contract and/or termination of your contract.