



### Relinquishing Privilege Request Form

Please use the following checklist to ensure the appropriate documents are submitted in order to Relinquish Privileges within Deaconess Health System.

**Provider Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Locations:**    \_\_\_ Deaconess Hospital (Midtown, Gateway, The Women's Hospital & Cross Pointe)  
                     \_\_\_ Deaconess Henderson Hospital    \_\_\_ Deaconess Union County Hospital  
                     \_\_\_ Deaconess Gibson Hospital

#### Relinquishing Privileges

1. I wish to maintain privileges with Deaconess Health System.	<input type="checkbox"/>
2. I wish to relinquish my privileges with Deaconess Health System.	<input type="checkbox"/>

**If provider wishes to maintain privileges with Deaconess Health System.**  
**Please answer and attach appropriate documents.**

A. Relinquishing Privilege Request Form	(This Document)
B. Will Provider be transferring to another department within Deaconess Health System	Yes <input type="checkbox"/> NO <input type="checkbox"/>
C. If transferring to a Department of the Hospital, does the transferring department bill as a department of the Hospital?	Yes <input type="checkbox"/> NO <input type="checkbox"/>
D. Will the provider be practicing outside of Deaconess Health System?	Yes <input type="checkbox"/> NO <input type="checkbox"/>
E. Name of dept., group, agency, organization, etc.:	

**If provider wishes to relinquish privileges with Deaconess Health System.**  
**Please answer and attach the appropriate documents.**

A. Relinquishing Privilege Request Form	(This Document)
B. Last day of seeing patients	Date:
C. A letter signed by provider with term date	Relinquishing Date:

- If relinquishing privilege form or the appropriate documents are not obtained with the provider's request, the provider will continue to have privileges with Deaconess Health System as long as requirements are maintained.

#### **Deaconess Employed Providers:**

- Only Deaconess Health System Employed Providers that have access to a Deaconess email account, please continue to email documents to: \_CredentialedProviderStatusChange

**Providers may send completed documents via email @ [medicalstaffoffice@deaconess.com](mailto:medicalstaffoffice@deaconess.com)**

If you have any questions or concerns, Deaconess Medical Staff Office can be reached by phone at 812-450-2300.