



Medserv

Service Company of the Harris County Medical Society
1515 Hermann Drive Houston Texas 77004-7126
713-526-7378

Criminal Background Check Agreement

To assist Harris County Medical Society members with hiring decisions, Medserv, the service company of HCMS, offers criminal background checks solely for employment purposes.

Services and Charges

3 layers of background checks are included in each investigation:

1. Local (Harris County) criminal convictions (not including Class C misdemeanors).
2. National local and state offences (excluding Wyoming and North Dakota. Does not include Federal offenses.)
3. Medicare fraud checks (Individuals excluded from participation, including claim filing, in Medicare, Medicaid and all other Federal health care programs).

The cost per applicant is \$40.00.

Barring extenuating circumstances, results will be returned within one business day.

Physician agreement:

I have read and do understand "Services and Charges." I also understand this service is designed to assist me in the hiring decision. My accountability includes compliance with all applicable employment laws and guidelines. It is my responsibility to determine the appropriate use of all information received and I acknowledge my responsibility to choose the correct individual for my practice.

I agree to the \$40.00 charge.

My responsibilities:

1. Required to submit (via email) a signed and completed Fair Credit Reporting Act (FCRA) form, included in the Criminal Background Check Authorization ([form attached](#)).
2. Required to include in the email request to Medserv, the correct spelling of the candidate's name/s (typed). This is in case the candidate handwriting on the FCRA form is illegible.
3. Responsible for ensuring the accuracy of the information provided on the FCRA form.

I authorize the following individual(s) to submit requests on my behalf:

Print name

Individual's signature

Print name

Individual's signature

Print name

Individual's signature

Practice information:

Practice Name: _____

Address: _____

City, State, Zip code: _____

Authorization:

Print HCMS member name

HCMS member signature