



HEALTHCARE ASSOCIATE AUTHORIZATION TO RELEASE ENUMERATED CONTENTS OF PERSONNEL FILE

I. _____ requires that copies of certain documents in your personnel file
(*Facility Name*)
be available at the work site (*see Section II below*). Your written authorization and signature are required before Staff Today Inc.(STI) can release these documents. Staff Today Inc. (STI) has a contractual agreement with the above named facility to maintain the information indicated in Section II confidential and secure, with access being limited to authorized individuals named by title and need to know, in a manner consistent with facility policy on handling similar documents for its own employees. However, we will not release such information without your written authorization.

II. If you would like to be considered for assignment at the facility named above, the following items are required to be released and available at the work-site. Please place your initials in the box next to the items you consent to being released:

- Copy of criminal background check
- Copy of drug screen report
- Copy of physical statement, stating fitness to perform duties assigned

III. Please indicate your choice by signing the appropriate box below.

Authorization to Release Enumerated Contents of Personnel File

■ I hereby authorize Staff Today Inc. (STI) to release all information indicated under Section II above to _____.
(*Please write in name facility.*)

■ This Authorization shall remain in force until I revoke it in writing.

Healthcare Associate Signature: _____

STI Representative Signature: _____

Date: _____

Date: _____

Declination to Authorize Release of Enumerated Contents of Personnel File

■ I hereby decline (do not give permission) to have the documents named under Section II above released to _____ . I understand that I will not be eligible to accept assignment at this facility.

Healthcare Associate Signature: _____

Date: _____

STI Representative Signature: _____

Date: _____