



AUTHORIZATION AND RELEASE

To the employee:

From time to time 24/7 Staffing Solutions' client facilities will request to audit the employee files of employees who have worked in their facility. These audits are intended only to verify that 24/7 Staffing Solutions and consequently their employees are, and have been, in compliance with Regulations and Accepted Industry Standards with regard to, but not limited to, Annual In-Services and Health Exams. In order for 24/7 Staffing Solutions to comply with these hospital audits the employee (you) must sign an Authorization allowing these facilities access to your Personnel file. Since compliance by 24/7 Staffing Solutions with these audit requests are mandatory, it is necessary for 24/7 Staffing Solutions to require that ALL EMPLOYEES sign this Authorization and Consent as a condition of employment. This Authorization is required due to the "AMERICAN DISABILITY ACT" which prohibits employers from disclosing medical information about their employees without their knowledge and consent.

AUTHORIZATION AND RELEASE

I hereby authorize 24/7 Staffing Solutions, and its' employees and representatives to provide any information it deems appropriate regarding me to all hospitals and any of their employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information, I hereby fully waive any rights or claims I have against 24/7 Staffing Solutions, its' employees, or representatives from any and all liability, claims, or damages that may directly or indirectly result from the disclosure or release of any information, whether such information is favorable or unfavorable.

Date

Signature

Print Name