AUTHORIZATION TO RELEASE INFORMATION

I, _____(Technologist) hereby authorize DiagnosTemps to release certain personal healthcare information as required by clients and/or the results of my background check. I understand and am aware that my placement as a Technologist at clients' facility can be dependent upon such release. Furthermore, I completely hold DiagnosTemps harmless of any and all claims related to the release of my personal healthcare information and/or background check to client and acknowledge that once released to client that DiagnosTemps cannot control any reproduction and or distribution of such information by client and or employees of client thereafter.

_____
Signed

_____
Printed

_____
Date