

# Hawaii Senior Care

## Authorization to Release Information

I hereby authorize Hawaii Senior Care to release to Outside Entities documents related to my employment with Hawaii Senior Care. These documents include, but are not limited to, my:

- 1) 2-Step TB Test (original)
- 2) 1-Step TB Test (current)
- 3) TB Chest X-Ray (if applicable)
- 4) CPR & First Aid certification (current)
- 5) Physical Exam

I understand that my authorization will remain effective from the date of my signature and that the information will be handled confidentially with both Hawaii Senior Care and the Outside Entities.

I understand that I may see the information that is to be released to the Outside Entities, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Employee Printed Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_