

Therapeutic Resources
19130 Klippel Rd.
Bend, OR 97701
Phone: 541-389-7499
Fax: 888-394-2351



Authorization for Release of Confidential Information

I _____ authorize Therapeutic Resources, Inc., to release any and all confidential employment and medical information contained in my employment file to any medical facility or entity with whom Therapeutic Resources, Inc., has a staffing agreement, and to any other governmental or regulatory agency at such agency's request. For all other purposes, Therapeutic Resources, Inc., shall keep my employment and medical records confidential and shall advise any medical facility or other entity to which records have been provided to also keep such records confidential. I hereby hold Therapeutic Resources, Inc., harmless for any result(s) that arise with regards to the release of this confidential information by Therapeutic Resources, Inc.

I understand that I may revoke this release at any time otherwise this release will automatically expire one year from today's date, or by _____. No information released under the terms of this authorization may be re-disclosed without the written permission of the client. I request that the following information be released:

- PPD Tests
- Vaccination Records
- Physical Statement of Health
- Drug Screen
- Criminal Background Checks
- Social Security Checks
- Employment Records and References
- Other _____

The Purpose of this Disclosure is to supply potential Clients of Therapeutic Resources with the information necessary to ensure that credentials have been met and that applicable conditions of employment are met.

Name: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip _____