

I, the undersigned, understand that I may be performing services for Dr. \_\_\_\_\_ (“Employer”) at various medical facilities. I understand that, for business purposes, it may be necessary for my Employer to maintain and exchange certain personal information about me, including my social security number, date of birth, and the items listed below with the medical facility I am performing services at as well as RightSourcing, LLC, as an agent of the medical facility. RightSourcing, LLC and the medical facility will use this information for verification purposes only.

Therefore, I authorize my Employer, RightSourcing, LLC and any medical facility I perform services for my Employer at to maintain and exchange personal information about me, including but not limited to, my social security number, date of birth, and the items listed below. I further authorize the transfer from my Employer such personal information to RightSourcing, LLC and any medical facility I will be performing services for my Employer at. I understand and agree that such information may be used for business purposes relating to my performing services for my Employer. I waive any claims I may have relating to the exchange or use of such information by RightSourcing, LLC or any medical facility. I understand such information will be stored in RightSourcing, LLC’s vendor management system.

Below is a list of items that may be required, but it is not an exhaustive list. I voluntarily give authorization to share with the aforementioned parties:

<b>(Privacy)</b>	<b>(Medical Documents)</b>
Valid Photo Identification	Annual Tuberculosis Skin Test (TST) Results / Chest X-R-ray results with medical evaluation of active vs. non-active tuberculosis/Tuberculosis Questionnaire (for those with positive TSTs), Quantiferon test results
Government Background Items (OIG / EPLS/NSO/OFAC/GSA)	Annual Physical Results
Criminal Background Check – may include: felony and misdemeanor search in each county lived and worked, education/employment verification. National criminal database search, NHDB or FACIS Sanction Report, social security trace	Color Blind Test, Latex allergy
Drug Screen Result – may include: Amphetamine, Barbiturates, Opiates, Benzodiazepines, Cannabinoids, Cocaine, Metabolites, Phencyclidine (PCP), Methadone, Oxycodone, Propoxyphene, Metaqualone, Fentanyl, Meperidine	Measles, Mumps, Rubella Vaccination information/Varicella (chickenpox) history/vaccination
	Hepatitis B vaccination/status
	Flu Shot information/shot or declinations
	Tetanus, Diphtheria, Pertussis (TDAP) vaccination status
	N-95 Mask Fit Test

**AUTHORIZATION:**

I certify that this request has been made freely, voluntarily and without duress or coercion of any kind or nature whatsoever. I understand that I may request a copy of this form after I sign it. I understand and agree that I have had the right and opportunity to consult with legal counsel of my choice in connection with my execution of this Authorization. I understand that I may revoke this authorization, in writing, at any time except to the extent in reliance of my authorization and my information has already been released to RightSourcing, LLC or a medical facility. Written revocation is effective upon receipt by my below listed Employer.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer (“Employer”): \_\_\_\_\_