

# SurgiStaff

Subsidiary of HiTech Searches, Inc.

## Authorization to Release Employee Information and Consent for Background Investigation and Random Drug Screening

I, the undersigned, authorize SurgiStaff, division of HiTech Searches, Inc. to release any or all information contained within my employment file, including my professional and medical information to any medical facility or entity with whom the company has contracted to receive SurgiStaff services and any regulatory or governmental agency upon that agency's request.

I agree to submit to random alcohol and/or drug screens required by hospitals for the purpose of employment or continued employment, and I hereby authorize SurgiStaff to conduct background investigations of my activities, education and employment.

I agree that SurgiStaff may make the decision to release any and all information at its discretion, providing such release is made to authorized representatives of appropriate entities as described. I understand that in all other cases, my employment records will remain confidential and will only be released with my written authorization.

*My signature hereunder indicates that I have read this release form in its entirety and understand its contents.*

Employee Name \_\_\_\_\_  
(please print)

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