

AUTHORIZATION TO DISCLOSE
EMPLOYEE INFORMATION AND RELEASE OF LIABILITY
OFFICE OF RECIPIENT RIGHTS CHECK

I, _____, authorize Shiawassee Health and Wellness (SHW) and the SHW
(Print full name)
Office of Recipient Rights to disclose to the Provider/Consumer listed below any and all information in your possession regarding any violation of recipients' rights committed by me. I recognize that any disclosure cannot include confidential client information protected by any Federal, State, or common law.

I, _____, release SHW and SHW Office of Recipient Rights, its officers,
(Print full name)
its agents, and its employees from any and all liability claims, suits and actions of any nature brought against SHW and the SHW Office of Recipient Rights, its officers, its agents and its employees, etc. for disclosing information requested by me and I shall indemnify and hold harmless should any claim, suits or actions be filed against them.

PREVIOUS PLACES OF EMPLOYMENT

1. _____ Dates employed _____ to _____
2. _____ Dates employed _____ to _____
3. _____ Dates employed _____ to _____

Please check the appropriate box below

I acknowledge that I have worked in the Mental Health field prior to my application for employment. I have worked in the following counties and give my permission for you to check with their county's Office of Recipient Rights: _____

I have not worked in the Mental Health field prior to my application for employment.

Applicant's Signature

Date

Previous/Maiden Names Used (Print)

Witness Signature

Date

Title

INFORMATION TO BE SENT TO:

Provider/Consumer

Street Address

City

State

Zip Code

FAX #

RIGHTS OFFICE USE ONLY

The Above applicant has the following substantiated recipient rights violation(s) according to SHW records:

Abuse or Neglect:

SHW YES No _____

Name of Other County worked: YES NO _____

The Above Applicant has the following substantiated recipient rights violation(s) according to SHW records:

SHW Yes No _____

Name of Other County worked: YES NO _____

By: _____

Date _____

SHW Office of Recipient Rights

Fax# (989)723-0761