AUTHORIZATION RELEASE FORM

I_____, the undersigned, understand that I may be assigned to perform services for RightSourcing's client as identified in my Employee Services Agreement and listed below Empath ("Client"). I further understand that, for business purposes, it may be necessary for my Employer (PSI Staffing Solutions), Client (Empath) and RightSourcing, LLC ("RightSourcing") to maintain and exchange certain personal information about me, including my social security number, date of birth, and the items listed below. RightSourcing and Client will use this information for verification purposes only. RightSourcing is requesting this information as an agent of Client. This completed form must be sent directly to my Employer, who will forward it to RightSourcing.

Therefore, I authorize Client and RightSourcing 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, prior to the performance of my assignment at Client, such personal information to RightSourcing and Client. I understand and agree that such information may be used for business purposes relating to my assignment to perform services for Client. I waive any claims I may have relating to the exchange or use of such information by Client and RightSourcing. I understand such information will be stored in RightSourcing'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:

(Privacy)	**(Medical Documents)**
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 or Client. Written revocation is effective upon receipt by the below listed Employer of record.

Print Name:_____ Signature: _____

Date:_____

Employer ("Employer"): PSI Staffing_____

Client: Empath