

**Employee Authorization to Release
Employee Information and Consent for Background Investigation and
Employment/Random Drug Screening**

My signature below signifies my authorization for SJHS to release any or all information contained within my employment file to any medical facility or entity with whom the company has contracted to receive SJHS services and any regulatory or governmental agency upon the agency's request. My signature further allows SJHS to request any additional necessary medical information from my care provider(s) to complete SJHS medical history for my employee file.

I agree to submit to random alcohol and/or drug screens used for the purpose of determining my fitness for employment or continued employment, I hereby authorize SJHS to conduct background investigations of my activities, education and employment.

I agree that SJHS may make the decision to release any or 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 **Employee Authorization to Release Employee Information and Consent for Background Investigation and Employment/Random Drug Screening** in its entirety and understand its contents.

Employee Signature _____ Date _____