



WESTWAYS STAFFING SERVICES, INC.

Authorization and Release

To the employee:

From time to time Westways Staffing Services' client facilities will request to audit the employee files of employees who have worked in their facility. These audits are intended only to verify that Westways Staffing Services and consequently their employees are, and have been, in compliance with Regulations and Accepted Industry Standards with regard to, but not limited to, annual in-services and health exams. In order for Westways Staffing Services to comply with these hospital audits the employee (you) must sign an Authorization allowing these facilities access to your Personnel file. Since compliance by Westways Staffing Services with these audit requests are mandatory, it is necessary for Westways Staffing Services to require that ALL EMPLOYEES sign this Authorization and Consent as a condition of employment. This Authorization is required due to the "AMERICAN DISABILITY ACT" which prohibits employers from disclosing medical information about their employees without their knowledge and consent.

I hereby authorize Westways Staffing Services, and its employees and representatives to provide any information it deems appropriate regarding me to all hospitals and any of their employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information, I hereby fully waive any rights or claims I have against Westways Staffing Services, its employees, or representatives from any and all liability, claims, or damages that may directly or indirectly result from the disclosure or release of any information, whether such information is favorable or unfavorable.

Date

Signature

Print Name