

**EMPLOYEE RELEASE OF INFORMATION**

I, \_\_\_\_\_, give Compass Home Health Care permission to **receive** information that pertains to my employment with Compass Home Health Care.

\_\_\_\_\_ Health Information (TB, Physical, etc.)

\_\_\_\_\_ Wage Information

\_\_\_\_\_ Employment Information

\*Mark all that apply

I, \_\_\_\_\_, give Compass Home Health Care permission to **give** information that pertains to my employment with Compass Home Health Care.

\_\_\_\_\_ Health Information (TB, Physical, etc.)

\_\_\_\_\_ Wage Information

\_\_\_\_\_ Employment Information

\*Mark all that apply

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**