



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

Please fill in all information

EMPLOYEE, POTENTIAL EMPLOYEE, OR CONTRACTED EMPLOYEE INFORMATION
FULL LEGAL NAME:
MAIDEN NAME OR PREVIOUS NAME(S) USED (IF ANY):

EMPLOYMENT HISTORY		
EMPLOYER	BEGINNING DATE OF EMPLOYMENT	END DATE OF EMPLOYMENT

By signing/typing below, I authorize the BMHA – Riverwood Center Office of Recipient Rights to disclose to the individual or agency listed below all information regarding any violation of recipient rights committed by me. I recognize that any such disclosure will not include confidential information protected by Federal, State, or common law.

I release BMHA Riverwood Center and BMHA – Riverwood Center Office of Recipient Rights, its officers, its agents, and its employees from any and all liability claims, suits and actions of any nature brought against BMHA Riverwood Center and BMHA – Riverwood Center Office of Recipient Rights, its officers, its agents and its employees for disclosing information requested by me and I shall indemnify and hold harmless should any claim, suits or actions be filed against them.

_____ *Signature*

_____ *Date*

Email this completed form to rights@riverwoodcenter.org