

CONSENT FOR RELEASE OF RECORDS CONTAINING CONFIDENTIAL INFORMATION

I, _____, authorize Rusk County, a body politic, d/b/a Rusk County Memorial Hospital ("RCMH") to furnish copies of records that RCMH maintains regarding my employment with it, including but not limited to my personnel file, to Marshfield Clinic Health System ("Marshfield") and any person employed by, associated with or acting on behalf of Marshfield. Specifically, I authorize RCMH to release records regarding my employment including, but not limited to the following:

- Job Application/Employment History
- Background checks and consumer reports
- Performance evaluations
- Disciplinary records
- Acknowledgment forms
- Compensation forms and documents
- Agreements between me and RCMH
- Offer letters
- Immigration records
- Direct deposit forms

I understand that these records may contain confidential or personal information such as:

- Personally identifiable information (e.g. social security number, driver's license number, date of birth)
- Contact information (e.g. address, phone number, e-mail)
- Personal financial information
- Personal medical information related to my employment with RCMH

I consent to RCMH providing these records to Marshfield without redaction of confidential or personal information. I also understand that this consent is revocable at any time by providing notice of revocation to RCMH, except to the extent that action has been taken in reliance thereon, and that this consent will remain in effect, unless sooner expressly revoked by me in writing, for a period of one year from the date of its execution, and includes all records created prior to this revocation/expiration date.

I understand that any information released prior to revocation/expiration cannot be retrieved and agree that RCMH will not be held responsible for such release. I hereby release RCMH from all legal responsibility or liability that may arise from actions taken in reliance on this authorization.

I have carefully read this consent form and fully understand and voluntarily agree to its terms.

Signature

Print Name

Date