



RELEASE OF RECORDS

I, _____, hereby authorize Samaritan Health Services, or other applicable entity, to release copies of my records to Northwest Clinical Registry held by the Employee Health, Human Resources, and Professional Development Department.

These records should include my evaluation, CPR, BLS, ACLS, NRP, PALS, ENPC, TEAM, TNCC, criminal background check, drug screen, MMR and HepB immunizations, TB screen, and any competencies held in the file.

Please fax these documents to: Northwest Clinical Registry 928-7303 or mail to Northwest Clinical Registry, P.O. Box 772, Albany, OR 97321.

Signature

Date

SHS Facility Currently Employed

Employee Number (if applicable)

Office Use		
Fax to:	Facility:	Date Faxed:
Employee Health		
Human Resources		
Professional Development		