INTEGRA HEALTH CARE

20730 Holyoke Ave. #125
P.O. Box 565
Lakeville, MN 55044

Phone: 952-985-0672
Fax: 952-985-0675
www.integrahc.com

General Release of Information

I,_____, living at,_____,
consent to the release of the following information by **Integra Health Care, 20730 Holyoke Ave, Lakeville, MN 55044**:

☐ All requested pertinent information related to my employment with Integra Health Care, Inc.

Or

☐ Personnel
☐ Worker's Compensation/FMLA
☐ Payroll
☐ Health Information
☐ Other:_____

Person/People I am allowing to receive my confidential information:

Name: _____

Relationship: _____

Address: _____

Phone Number: _____ Email: _____

This authorization remains valid until it is withdrawn in writing by the employee.

Employee Signature_____Date_____