



Training Participant Consent to Release Information

I, _____, hereby give written consent for _____ to disclose, make accessible, and furnish my training records, as described below:

Milestones

Evaluations

Record of Completed Rotations

Other* (describe below)

***(Other description):** _____)

for the purpose of _____
(Specify purpose of the release)

to _____
(Identify the party or class of parties to whom this release is made; this may include self in circumstances where electronic trainee access to records or electronic confirmation of identity is no longer possible)

I understand that this written consent is in effect for the request indicated above only. I understand that the specific information being released at my request. MVHS is hereby released from all legal responsibility and liability pertaining to the release of the above mentioned information.

Signature: _____

Date: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____