Criminal Background Check Authorization Form <u>Do not provide any services prior to authorization.</u> You will not be paid for any time worked prior to a clear criminal background check and the completion of required trainings.				
Employee Full Name:				
Previous Names Used (Include ma	iden name):			
		Race:		
Driver's License #:				
Social Security #:	Phon	e #:		
You MUST include a copy of your	Driver's License or State	ID with this form.		
		ing record to my employer, to be run ongoing, and t al Intermediary" which serves as my employer's		
Furthermore, I acknowledge that I am re next business day, if I have been convicte		on CPA, PC as soon as possible, but no later than the		
Signature		Date		
Results ar	e released to the participant/gua	rdian or case manager.		
For results contact:				
Participant/Guardian Name:				
Phone #:				
Case Manager	or			
Case Mallagel.				

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY

I, ______, authorize Lapeer County Community Mental Health (LCCMH) and the (print full name) LCCMH Office of Recipient Rights to disclose to the Provider/Consumer listed below any and all information in your possession regarding any violation of recipients' rights committed by me. I recognize that any disclosure cannot include confidential client information protected by any Federal, State, or common law.

I, ______, release LCCMH and the LCCMH Office of Recipient Rights, its officers, its agents (print full name) and it's employees for disclosing the information requested by me and I shall indemnify and hold harmless should any claims, suits, or actions be filed against them.

PREVIOUS PLACES OF EMPLOYMENT:

1	Dates en	mployed: to
2	Dates en	mployed: to
3	Dates en	mployed: to
4	Dates en	mployed:to
5	Dates er	mployed:to
Annligent's Signature	Dota	Applicant's Meiden Neme
Applicant's Signature	Date	Applicant's Maiden Name
	INFORMATION TO BE SENT	T TO:
	Stuart T. Wilson CPA, PC	
	Provider	
	Fax: 989-832-5404 brittany@stua	
	Fax # AND E-Mail Address	S

RIGHTS OFFICE USE ONLY

The above applicant does \Box does not \Box have a substantiated recipient rights violation(s) according to LCCMH records.