

EXHIBIT C

CONSENT TO RELEASE HEALTH INFORMATION

I, _____(Program Participant) hereby consent to the release of the documents listed below from my file held by _____(Agency) to HCA-HealthONE LLC for the purposes of demonstrating my qualifications to participate in clinical rotations at the hospital facilities owned or managed by HCA-HealthONE LLC.

Drug Screen Test Results
Immunization records
TB Tests

Signed: _____

Name: _____
(printed)

Date: _____