

ISANTI COUNTY FAMILY SERVICES
Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547
763-689-1711

CONSENT FOR RELEASE OF INFORMATION

I, _____, D.O.B. _____, authorize Isanti County Family Services, during the term indicated on this Consent, to:

- Disclose to _____
- Obtain from _____
- Exchange with the following individual(s) or entity(ies): _____

The following information about me:

- Social History
- Social/Psychological/Psychiatric Evaluation and Treatment
- Medical History and Treatment
- Chemical Dependency Records and Reports
- Probation Records
- Educational/School Records
- Juvenile Court Records
- Financial Records and Reports
- Isanti County Court and Court Administrator's Records
- Vocational Records
- Other _____

The purpose for disclosing/obtaining/exchanging information about me is: _____

I understand that: (1) I may revoke this consent at anytime, except pursuant to Court Order, not retroactively, and that such revocation must be in writing. (2) The information to be exchanged will be treated as private or confidential as governed by Minnesota Government Data Practices Act MS 13.01 - 13.88 and the Health Insurance Portability and Accountability Act (HIPAA). (3) This authorization will permit two-way telephone communication between the agencies or individuals listed above. (4) I understand that in accordance with 45 CFR part 164.509, subd. c (2) (iii), we are informing you that the individual(s) or entity(ies) whom we are authorized to disclose your information to may not be subject to the same privacy rules as Isanti County and there may be the potential of redisclosure of the private information. (5) I understand that my ability to receive services from Isanti County Family Services will not be affected if I refuse to consent. However, if I refuse to sign this consent, it could affect the County's ability to determine what services I need or am qualified to receive. (6) A photocopy of this release will be treated the same as the original.

I understand this consent expires after: (check one)

- Fulfillment of the above stated purpose
- When I am no longer receiving services from this agency, but no longer than one year from signature date.

Client Signature

Date

Address

Parent Signature (Legal Representative if Client is a Minor or under legal guardianship)