

**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
- Child Support Information
- Income Maintenance Information
- Specific Identifying Information: Address, Phone, DOB, SS #
- 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, fax and electronic disclosure 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. Not to exceed \_\_\_\_\_ days.  
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)

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

10000-1000-1000

ADAS (12-12)

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.