# Authorization for Release of Information - Medical

Blue Earth County Human Services
410 S. Fifth Street, Mankato, MN 56001

Blue Earth County Sheriff's Office
401 Carver Road, Mankato, MN 56001

| CLIENT | |
|---|---|
| **Name:** | **Date of Birth:** |
| **Address:** | **Phone:** |

| | | |
|---|---|---|
| **I Authorize Blue Earth County - Human Services - Yellow Line Project to Exchange With:** | ☐ Blue Earth County Human Services and Mental Health Center<br>☐ Horizon Homes<br>☐ Brown County Evaluation Center<br>☐ Mayo Clinic Health Systems | |
| **Information to be Exchanged:** | ☐ Admission/Intake<br>☐ Behavioral Health Notes<br>☐ Charges<br>☐ Chemical Health Programming Records<br>☐ Chemical Use Assessment/Recommendations<br>☐ Court Records<br>☐ Criminal Complaint<br>☐ Diagnostic Assessment<br>☐ Discharge Summary<br>☐ Other: _____<br>☐ Other: _____ | ☐ Emergency Room Reports<br>☐ Human Service Records<br>☐ Laboratory Reports<br>☐ Medical History/Physical Exam<br>☐ Medication Records<br>☐ PBT Results<br>☐ Progress Notes/Case Notes<br>☐ Psychiatric Evaluation<br>☐ Psychological Testing/Evaluation<br>☐ Treatment/Community Support Plan<br>☐ Other: _____ |
| **Purpose of Release:** | ☐ To coordinate services<br>☐ To continue evaluation or treatment<br>☐ Other: _____ | |

I have been instructed as to what information will be released, the purpose and intended use of the released information, who will receive the information, and any known consequences of this release. The information to be released is private, and any subsequent use and release is controlled under the Minnesota Government Data Practices Act (Minn. Stat. 1982 Chap. 13).

I understand that State and Federal privacy laws protect my records. My records can be released only if I give my written permission or if the law allows it. If I refuse to sign or cancel this release, I may not be eligible to receive the service I am requesting. I may cancel this consent with written notice at any time, but that this written notice will not affect information the agency has already requested or released. I understand that those who receive my records under this release may share it with others. I also understand that once the information is shared with others, it is no longer protected by this authorization.

I have been informed of my right to refuse to release this information. I received and reviewed a Notice of Privacy Practices/Rights.

I understand that I may revoke this consent upon written notice (not retroactive) and that the consent will automatically expire within one (1) year after the date of my signature.

Date, event or condition upon which this consent expires: _____

Executed this _____ day of _____ 20_____.

_____ _____
Signature of Individual Authorizing Release — Date

_____ _____
Signature of Legal Guardian, if applicable — Date

_____ _____
Signature of Witness, if applicable — Date



White Copy-Office

YELLOW LINE PROJECT