AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200
Fax: 218-927-7210/7293

Consent for Release and Exchange of Information

1. I authorize ______________________________ to disclose or exchange the following information:

Chemical Dependency	Psychiatric Eval/Treatment	Public Health	Court Services
Financial Information	On-Going Case Data	Educational/School	Social History
Child/Adult Protection	District Court	Rehabilitation Services	Medical
Other:			

2. This information may be exchanged or disclosed with the following agency or individuals:
____
3. I also authorize re-release of information about me or my family, contained in the Department's records, from other organizations as follows:
____
4. I realize that this information is being exchanged or disclosed for the following purpose:
____
5. I further realize that the conditions and date or event upon which this **Consent** expires are as follows:
____

Understanding
I understand the following conditions relate to this **Consent.**

- That the information will be used for the purpose specified and will not be disclosed to other sources unless specifically authorized by law.
- That I may refuse to release this information and the consequences of refusal have been explained to me.
- That I may revoke this **Consent** at any time, not retroactively however, and that such revocation must be made in writing.
- That any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.
- That the information to be exchanged will be treated as "private" or "confidential" as governed by the Minnesota Government Data Practices Act, M.S. 13.01 to 13.88.
- That this **Consent** will permit two-way telephone communication, faxes, and electronic mail (e-mail) between the agencies or individuals listed.
- That this information may not be disclosed to anyone else other than those agencies or individuals listed above unless written permission is provided.

Execution
This **Consent** will automatically expire one year from the date of my signature unless other conditions for expiration as stated above have been met at an earlier date.

Client Name: ______________________________ DOB: ______________
Client Address: ______________________________
Client or Legal Representative Signature: ______________________________ Date: ______________
Witness Signature: ______________________________ Date: ______________