

SHERBURNE COUNTY HEALTH & HUMAN SERVICES

Request for Release of Private Information

HHS Staff Initials _____

CONSENT FOR THE RELEASE OF PRIVATE INFORMATION OF (include D.O.B.): _____

- I authorize Sherburne County Health & Human Services, it's designee and/or its legal counsel to:
- Give information to;
 - Obtain information from;
 - Exchange Information with :

(Name of individual or entity to receive the information; **phone number** or contact information.)

INFORMATION REQUEST FROM WHICH CASE RECORD:

- Financial Child Support Social Service Public Health

SPECIFIC DESCRIPTION OF ITEMS REQUESTED: _____

FOR PURPOSES OF: _____

For Agency use only:

Type of Information

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Accumulative School Record, i.e., IEP, behavioral | <input type="checkbox"/> Therapy Summary | <input type="checkbox"/> Discharge Summaries | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Chemical Dependency Reports | <input type="checkbox"/> Diagnostic Summaries | <input type="checkbox"/> History & Physicals | <input type="checkbox"/> Day Care Summary |
| <input type="checkbox"/> Child Protection Investigations | <input type="checkbox"/> Assessment/Emotional | <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Physical Reports |
| <input type="checkbox"/> Custody/Foster Home Study | <input type="checkbox"/> Rule 25 Evaluation & recommendations | <input type="checkbox"/> PSI | |
| | <input type="checkbox"/> In Home Services | <input type="checkbox"/> Other: _____ | |

I specifically authorize the use and disclosure of the above and following information to court either by written report or testimony: (Please provide a detailed description of the particular data and period of time you are requesting)

I understand I may revoke this authorization at any time by notifying Sherburne County in writing to Sherburne County Privacy Official, 13880 Business Center Dr, Elk River, MN 55330-4601. However, I also understand that such a revocation will not have any effect on any information already used or disclosed by Sherburne County before Sherburne County received my written notice of revocation. I may inspect and receive a copy (Minnesota law allows Sherburne County to collect fees for copying) of the information to be used and disclosed pursuant to this Release form.

I understand that these records are protected under state and federal privacy laws and cannot be disclosed without my written consent unless otherwise provided for by state or federal law. If neither federal nor Minnesota privacy law apply to the recipient of the information, I understand that the information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by federal or Minnesota privacy law. I understand that the county will use my data in accordance with Minnesota Government Data Practices Act (MGDPA), and the federal Health Insurance Portability and Accountability Act (HIPAA). These laws protect your privacy, but also allow us to share information about you with others if a law requires it. These laws require us to keep your health information private and to give you notice of our legal duties and practices to protect private and confidential information. Sherburne County is required to abide by the terms of the Privacy Notice currently in effect.

Unless earlier revoked, this Release will expire one (1) year from the date of signing.

I understand this Authorization is voluntary and I may refuse to sign this Release form.

Date

Signature of Individual Authorizing Release of Information - Relationship

Printed Name

Date

Signature of Individual Authorizing Release of Information – Relationship

Printed Name

INSTRUCTIONS TO COMPLETE DATA RELEASE REQUESTS

Consent for the Release of Private Information of: **Enter name of individual who the information is about.**

Enter name of individual, entity, or person who is to **receive** the information along with their **phone number** to contact them at once the information is ready for release.

Check which case file the information you are requesting is in if known.

Indicate the purpose of your request (ie. appeal, court hearing, own purpose).

Indicate the specific information you are requesting (ie. child protection/ maltreatment reports, psych evals., etc.) and/or a date range. To expedite your request, please be as specific as possible. Health and Human Service case files contain much information that is generated through computer processes and State generated reports, along with collection of required verifications; requests for entire case will take longer to comply with and will generate much unnecessary paperwork for your request.

Signature of person authorizing release should be at the bottom of the Request. If there are two parents requesting release of a child's information (who have legal rights to that information) both parents will need to sign the form, otherwise redaction of the other parent's identifying information will be done (ie. If mom requests child's information, she and child's name(s) and identifying information will be released, however all of dad's identifying information such as name and reference to names will need to be crossed out through the entire documents unless dad also signs release of his private information).

Private data can only be released to the individual of the data or a parent or guardian who has legal rights to that individual's data or upon signed consent. All other's private data will be redacted before releasing unless proper authorization for release is received. All identifying information of reporters is confidential under MN Statute 626.556 and not releasable without signed consent by the reporter or by court order.

Return Request To:

**Sherburne County Health & Human Services
13880 Business Center Drive
Elk River, MN 55330**

Fax #: 763-765-4096