

CONSENT FOR RELEASE OF INFORMATION

Name:	Social Security Number:	Date of Birth:
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Agency Maintaining Information:
 Name:
 Address:
 Responsible Authority:

Agency or individual information may be released to: <i>Pathways Counseling Center, Inc.</i> 1919 University Avenue, Suite 6 St. Paul, MN 55104 Office: 651-641-1555 / Fax: 651-641-0340	Date release expires (not to exceed one year):
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I consent to the release of the following information (checked items only) contained in my medical records:

<input type="checkbox"/> Hospital / Medical Records	<input type="checkbox"/> Psychological Testing Results
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Chemical Testing / Evaluation
<input type="checkbox"/> Brief summary of my record	<input type="checkbox"/> Verbal Communication (two way)
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Progress / Evaluation Reports
<input type="checkbox"/> Therapy / Rehabilitative Services	<input type="checkbox"/> Other (specify) / Billing consultant

This information may be released to accomplish the following purpose(s):

<input type="checkbox"/> Therapy / Rehabilitative Services	<input type="checkbox"/> Training Services	<input type="checkbox"/> Billing / Accounting
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Individual Program Planning	<input type="checkbox"/> Legal Processes

I have been informed of the following:

- *what information will be released*
- *the purpose and intended use of the release of information*
- *who will receive the information*
- *any known consequences of this release*

The information to be released is private. Any subsequent use and release is controlled under Minnesota Government Data Practices Act (Minn. Stat. 1982, Chapter 13)

Revocation Clauses:

*I understand that I may revoke this consent upon **written notice** (not retroactive). The consent will automatically expire within one (1) year after the date of my signature if an earlier date is not specified.*

Instructions for signing:

- Parents or guardian may sign for their minor children, but children may also sign the consent for themselves. Signatures of minors should be witnessed. Minors must be notified if a parent or guardian has signed for them. NOTE: A minor is defined as a person under the age of 18 years.
- A guardian or witness signature should be obtained if it is questionable that the client understands the purpose and/or consequences of the release.
- When applicable, indicate the reason why the client could not sign this form.
- Agency staff explaining the client/participant's data practices rights must also sign and date the form.

Client/Participant Signature:	Date:
Street Address:	City, State, Zip Code:
Parent or guardian signature (if applicable)	Date:
Relationship to client/participant:	Reason client/participant is unable to sign:
Signature of Witness:	Date:
Signature of person informing client/participant of rights:	Date: