



### AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION/RECORDS

#### HSPHD Contact Person

All Fields/Sections marked with an asterisk (\*) are required.

* Full Name Human Services and Public Health - Homeless to Housing Program	* Phone Number *
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#### Client Information

* Client Full Name	Phone Number		
SMI Number	Maiden, Previous Names or Aliases	* Date of Birth	
* Street Address	* City	* State MN	* ZIP Code
Email Address			

#### \* Obtain/Release Statement

<b>I authorize Hennepin County Human Services and Public Health Department</b>
<input type="radio"/> To obtain and release information / records on the above named client with: <input type="radio"/> To release information / records on the above-named client to: <input type="radio"/> To obtain information / records on the above-named client from:

#### Contact Person / Organization

<input type="checkbox"/> Organization <input type="checkbox"/> Person			
Organization Name			
Name	Phone Number		
Street Address	City	State MN	ZIP Code

#### Record(s) Requested

* The record(s) will be used:
<input type="checkbox"/> To continue evaluation or treatment. <input type="checkbox"/> To determine eligibility for assistance/service.
<input type="checkbox"/> To coordinate services. <input type="checkbox"/> For court proceedings
<input type="checkbox"/> Other: _____



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Grid of checkboxes for various record types including Admission/Intake Summary, Child and Family Identifying Info, Chemical Dependency Assessment, etc.

Expiration

Radio buttons for expiration options: 'This authorization applies to an open HSPHD case...' and 'This authorization expires:'. Includes text: 'If no event or date is specified, this authorization expires after 1 year.'

Client Authorization and Signature

Text: 'The information may be shared unless otherwise indicated, orally, in writing, or electronically.' followed by a bulleted list of terms and conditions.

Text: 'If not signed by subject of disclosure, specify basis for authority to sign:' followed by checkboxes for 'Parent of Minor', 'Guardian', and 'Other personal representative'.

Signature fields: 'Printed Name of Person Signing', 'Client Signature', and 'Date Signed'.

The information is available in other forms to people with disabilities. Call the county worker or contact the worker through the Minnesota Relay Service at 1-800-627-3529 - TTY