



CONSENT FOR THE RELEASE OF INFORMATION

Client Name: [] [Previous Name(S) []] Birth Date: []

I am requesting that my health information be: [] Verbal and Written [] Verbal [] Written

Name: [] Relationship to client: []

Facility name []

Facility Phone [] Facility Fax []

Please check information to be released and indicate the dates of service to be included: From: [] To: []

Purpose: Coordination of Care

- Discharge Summary
Evaluations/Assessments including Diagnostic, Psychiatric, Psychological, Medical, Chemical Dependency, Emergency
Psychotherapy Notes
Treatment Plan/Rehabilitation Plan/Community Support Plan
Laboratory reports
Court/Corrections Information
School or Educational Information (may include academic progress; behavioral issues; Special Education data)
Social Services Agency Information
Other (specify): []

I UNDERSTAND THAT:

- 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.
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.
I have the right to revoke this authorization at any time by giving written notice to SMNBH.
I need not sign this authorization to receive services unless the services are court-ordered or are being created solely for a third party.
This authorization will permit two-way telephone communication and exchange of information by electronic methods.
I am entitled to a copy of this authorization once I have signed it, and I may review/request copies of information disclosed.
I have been informed of my right to refuse to release this information.

Date, event, or condition upon which this consent expires: Click or tap to enter a date. (one year maximum)

[]

Client/Parent/Guardian Signature

[]

Date

[]

Relationship to Client if Client isn't signing

Information released to Southern Minnesota Behavioral Health should be sent to:
1407 S State St., New Ulm, MN 56073 Phone 507-354-3181 Fax 507-388-3199