Authorization to Release Information to and from Clinic/Hospital/Other Health Department

I, _____, _____/_____/_____, authorize staff
(Name) (Birth Date)

of **Lakes and Pines Community Action Council, Inc.** to obtain information from and disclose information to the following entity about me and other household members, who are my dependents. The information disclosed or obtained is for the purpose of determining eligibility, providing support, and coordinating services with local agencies to meet client needs. **Releases are valid for one (1) year from the date you sign**.

I authorize **Lakes and Pines Community Action Council, Inc.** to exchange the following information for coordination of services (check all that apply):

☐ Name ☐ Address

☐ Phone Number ☐ Rental/Deposit/Utility Amount(s)

☐ Income/Benefits ☐ Current Housing Status

☐ Other: _____

Please **initial** before the agency or provider listed to indicate your agreement and provide contact information.

Initial here _____ _____
(Name of Clinic/Hospital here)

Contact Information: _____
(Phone and/or email information here)

I understand that my records are protected under State and Federal privacy regulations and cannot be disclosed without consent unless otherwise provided by law. I understand that I have the right to refuse to supply the information being requested; however, without this information, the agency/agencies may not be able to provide me with the service I am requesting. I also understand that I may cancel this consent at any time prior to the information being released and that in any event, this form expires one year from the date listed below. I understand that this information will be shared only with the staff or their consultants who need my information to assist in the administration of their program.

NOTICE TO THIRD PARTIES: Minnesota Statue 15.1611-15.17 allows clients to access certain data recorded in their files. Be informed that upon request by client or his/her legal representative, this agency may be required by law to provide access to the information requested by this form.

_____ _____
Participant Signature Date