



General Consent/Authorization for Release of Information

Office Use Only

CASE NUMBER

To be completed by the person giving consent/authorization (please print): This information is being requested solely to verify the identity of the person giving consent/authorization.

NAME
ADDRESS CITY STATE ZIP CODE
BIRTH DATE (mm/dd/yyyy) SOCIAL SECURITY NUMBER

If you are receiving SNAP, cash assistance, health care or child support services, or are a license holder, please provide at least one of the following numbers:

MEDICAID IDENTIFIER (PMI) NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER SINGLE MEMBER INDEX (SMI) NUMBER
FAMILY DAY CARE LICENSE NUMBER FOSTER CARE LICENSE NUMBER

Authorization/Consent: I authorize the Minnesota Department of Human Services ("DHS") to release the following information about me: (Must be completed)

The information will be released to: (Must be completed)

NAME COMPANY/AGENCY
ADDRESS CITY STATE ZIP CODE

This information will be used for: (Must be completed)

Consequences: I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information
I do not have to consent to the release of this information
That, generally, I must give my written consent for DHS to give out the information
If I do not consent, the information will not be released unless the law otherwise allows it
I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released
The person or agency who gets my information may be able to pass it on to others
If my information is passed on to others by DHS, it may no longer be protected by this authorization
This consent will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE
DATE:

OR SIGNATURE OF PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE
DATE:

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

This information is available in accessible formats for individuals with disabilities by calling local 651-431-3600, toll-free 800-657-3510, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.