



**ANOKA COUNTY DIVISION OF HUMAN SERVICES
AUTHORIZATION TO RELEASE
CHEMICAL DEPENDENCY OR MENTAL HEALTH INFORMATION**

ID# _____

I, FULL NAME/printed _____, DOB: _____, give my consent for Anoka County Community Corrections and/or Anoka County Behavioral Health to release data about me:

- I also agree the agencies/persons checked below can release data about the named individuals to Anoka County.
- I also agree the agencies/persons checked below may have ongoing shared communication about the named individuals with Anoka County.

To: Rule 31 and 245G Treatment Facilities and Providers

The data authorized to be released consists of the following records, however this authorization excludes "psychotherapy notes" as defined in 45 CFR 164.501:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Hospital Records/Medical Treatment | <input checked="" type="checkbox"/> School Records |
| <input checked="" type="checkbox"/> Chemical Health Assessment/Consultation | <input checked="" type="checkbox"/> Police/Case Records |
| <input checked="" type="checkbox"/> Service/Treatment Plans | <input checked="" type="checkbox"/> Court Records/Reports |
| <input checked="" type="checkbox"/> Discharge Summary/Aftercare Plan | <input checked="" type="checkbox"/> Residential Care Records |
| <input checked="" type="checkbox"/> Psychiatric Evaluation/Assessment/Consultation | <input checked="" type="checkbox"/> Psychological Progress Notes |
| <input checked="" type="checkbox"/> Psychological Evaluation/Assessment/Consultation | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Psychiatric Progress Notes | |
| <input checked="" type="checkbox"/> Any Mental Health/Chemical Health data necessary to coordinate services | |

Specific Description of mental and/or chemical health records to be released if needed: _____

The records to be released are necessary for the purpose of determining eligibility for, planning and coordination of services and general program administration.

I understand that the Minnesota Government Data Practices Act and other laws require that this data remain private. This data cannot be released without my consent except as provided by law. I understand why I am being asked for this information. With my consent, this information could be shared with agencies and businesses that may not be covered by these laws. They could share this information with others. I was told of my right to refuse to release this data. I understand that if I refuse to release information the information will not be released unless the law otherwise allows its release. If I do not release information, services may not be available or I may not receive all appropriate services. If I consent, this information will be used in arranging or providing services. My consent will expire one year from the date of my signature. A photocopy of this consent may be treated in the same manner as the original. I may cancel this consent by written request to Anoka County Corrections, Anoka County Courthouse, 2100 3rd Avenue, Suite C100, Anoka, MN 55303.

Date: _____

Signature _____

Please return requested information to: Anoka County Rule 25
Anoka County Community Government Center
2100 3rd Avenue, Suite 500, Anoka, MN 55303
Phone: 763-324-1270 Fax: 763-324-1044

This institution is an equal opportunity provider



**ANOKA COUNTY DIVISION OF HUMAN SERVICES
AUTHORIZATION TO RELEASE
CHEMICAL DEPENDENCY OR MENTAL HEALTH INFORMATION**

I, FULL NAME/printed _____, DOB: _____, give my consent for Anoka County Human Services to release data about me:

- I also agree the agencies/persons checked below can release data about the named individuals to Anoka County.
- I also agree the agencies/persons checked below may have ongoing shared communication about the named individuals with Anoka County.

- To: Probation Officer (name) _____
- Parole Officer (name) _____
- Social Worker (name) _____
- Attorney (name) _____

The data authorized to be released consists of the following records, however **this authorization excludes "psychotherapy notes" as defined in 45 CFR 164.501:**

- Chemical Health Consultation
- Chemical Health Data Needed to Coordinate Services
- Mental Health Data Needed to Coordinate Services
- Medical Treatment
- Police/Case Records
- Court Records/Reports
- Other _____

Specific Description of records to be released if needed: _____

The records to be released are necessary for the purpose of determining eligibility for, planning and coordination of services and general program administration.

I understand that the Minnesota Government Data Practices Act and other laws require that this data remain private. This data cannot be released without my consent except as provided by law. I understand why I am being asked for this information. With my consent, this information could be shared with agencies and businesses that may not be covered by these laws. They could share this information with others. I was told of my right to refuse to release this data. I understand that if I refuse to release information the information will not be released unless the law otherwise allows its release. If I do not release information, services may not be available or I may not receive all appropriate services. If I consent, this information will be used in arranging or providing services. My consent will expire one year from the date of my signature. A photocopy of this consent may be treated in the same manner as the original. I may cancel this consent by written request to Anoka County Corrections, Anoka County Courthouse, 2100 3rd Avenue, Suite C100, Anoka, MN 55303.

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