



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. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທຫາຕາມເລກໂທ 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)

ADA1 (12-12)

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.