



Mental Health Systems, PC
 6600 France Ave S, #230
 Edina, MN 55435
 952-835-2002
 952-835-9889 fax

CONSENT FOR RELEASE OF PRIVATE INFORMATION FOR:

CLIENT NAME:	DOB:	SS#:
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Team Member Type	Full Name	Company	Phone Number	Fax Number

INFORMATION TO BE RELEASED INCLUDES THE FOLLOWING ITEMS. PLEASE CHECK EACH BOX APPLICABLE AND INCLUDE SPECIFIC ITEMS OR TEST RESULTS REQUESTED AND ESTIMATED DATES OF THOSE ITEMS REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> Verbal information related to treatment | <input type="checkbox"/> Psychological testing |
| <input type="checkbox"/> A copy of my entire record | <input type="checkbox"/> Diagnostic Assessment |
| <input type="checkbox"/> Mental health discharge summary/after care planning | <input type="checkbox"/> Treatment Plan/Quarterly Reports: |
| <input type="checkbox"/> Chemical health assessment and treatment records | <input type="checkbox"/> Other: _____ |

THIS INFORMATION WILL BE RELEASED FOR THE FOLLOWING PURPOSES:

- | | |
|---|---|
| <input type="checkbox"/> Coordination with treatment team | <input type="checkbox"/> Planning and/or continuing my care and treatment |
| <input type="checkbox"/> Determining eligibility for insurance benefits | <input type="checkbox"/> Other: (Specify) _____ |

The information to be released is private and cannot be released without my consent unless the law provides for the release of the information.

This release allows the mutual exchange of specified information between Mental Health Systems, PC and the party named above.

I have been told why I am asked to consent to the release of the above information and how the information will be used. I understand that I am not required by law to consent to the release of the information but if I do not consent, it may interfere with or prevent achievement of my treatment goals.

This release of information is good for one year from the date it was signed.

REVOCAION CLAUSE: I understand that I may revoke this consent upon written notice.

 Signature of person consenting to release of information Date

 Legally required parent or guardian Date

 Signature of person informing you of your rights