Clear Form

Client Name: _____

Client #: _____

DOB: _____

Authorization for Release of Information

Washburn Center for Children 1100 Glenwood Ave., Minneapolis, MN, 55405
Phone: 612-871-1454, Fax: 612-871-1505

I give permission for:
- ☐ Washburn Center Staff
- ☐ Other: _____

To:
- ☐ Exchange information with
- ☐ Release information to
- ☐ Obtain information from

Name of Agency/Person:

Phone:

Fax/Email:

Address:

I give my permission to share: ☐ Entire Record **-OR-** Only the following:

- ☐ Assessment, Evaluation, Testing
- ☐ Diagnosis
- ☐ Treatment Plans/General Information about Treatment
- ☐ Discharge Summary/Recommendations
- ☐ Other:
- ☐ Psychiatry/Medical Records
- ☐ Medical Records
- ☐ School Info/IEP/Education Eval
- ☐ Psychotherapy Notes

For the purpose of:
- ☐ Care Coordination/Continuing Care
- ☐ Insurance/Benefits
- ☐ Legal
- ☐ Other

Information can be exchanged (choose only 1):
- ☐ Written & Verbal Communication
- ☐ Written Communication Only
- ☐ Verbal Communication Only

I understand:

- The release of records may include information about treatment for mental health, chemical dependency, HIV/AIDs, or other medical conditions. If my child or a family member has received treatment for any of these and you **do not want** this information released, check here: ☐ do not release:_____
- If I change my mind and do not want records released, I can notify Washburn in writing. This will not apply to records that have already been released. Once records are released to the person/agency listed above, information may no longer be protected by federal and state privacy laws. If I am giving permission for my records to be given to a government agency (ex: Hennepin County), I understand all departments may be able to access my information.
- If I do not sign this form, I will still get needed treatment.
- This release expires **one year** from the date I sign it, unless I stop the release before that time.

_____ _____

Signature of Legal Guardian (or Client if over 18) | **Relationship to Client**

_____ _____

Print Name | **Date**

A photocopy of this Release is as valid as the original