Aanjibimaadizing Authorization to Release or Obtain Information

Any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of benefits, services, or case management to me or on my behalf. Access to this information will be limited to persons whose work assignments reasonably require access to accomplish the purpose stated above. Any information obtained may be released to a proper governmental agency, court or law enforcement agency for purposes of legal and investigative action concerning fraud.

Client Information

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH

MAIDEN NAME(S), PREVIOUS NAME(S), ALIASES OR ANY OTHER NAME(S) USED OR KNOWN BY	PHONE

ADDRESS	EMAIL

CITY	STATE	ZIP CODE

Reason for Disclosure

☐Coordination of Services ☐Establish Eligibility ☐Ongoing Case Management ☐Family Request
☐Client Request/Personal ☐Other (please specify): _____

Exchange Method

Exchange via: ☐ Pickup ☐Fax ☐Email ☐Mail ☐Verbal Only

Authorization From (Return Documents To)

BUSINESS NAME	PHONE	FAX
Mille Lacs Band of Ojibwe Aanjibimaadizing	**320-362-7407**	**320-532-3785**

CONTACT NAME	EMAIL

ADDRESS	CITY	STATE	ZIP CODE
43408 Oodena Drive	**Onamia**	**MN**	**56359**

Recipient of Authorization

Recipient to do the following: ☐Release info to ☐Receive info from

BUSINESS NAME	PHONE	FAX

CONTACT NAME	EMAIL

ADDRESS	CITY	STATE	ZIP CODE

Please Specify Dates of Service From Date: _____ To Date: _____
If dates are not specified, only the most recent visit will be released.

☐Social Services Info ☐Proof of residence ☐Income Verification ☐Education Records
☐Employment Records ☐Proof of enrollment ☐Child Support ☐Legal/Court/PO
☐Other (please specify): _____

SPECIAL CONSENTS For Chemical Dependency Records Only
Prohibition on Re-Disclosure (42 CFR, Pt. 2)

The law requires a Special Consent for Chemical Dependency Program Information.
Please Specify Dates of Service From Date: _____ To Date: _____
If dates are not specified, only the most recent visit will be released.

☐CD Assessment Summary ☐CD Weekly Summary Notes ☐CD Discharge Summary ☐Rule 25
☐Verbal Only (NO records) ☐Other (please specify): _____

Each disclosure made with the client's written consent must be accompanied by the following written statement:
This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Re-Disclosure

Aanjibimaadizing cannot prevent the re-disclosure of records released as a result of this request, and after the information is released from Aanjibimaadizing, the records may not be subject to the Federal Privacy Rule Laws. A photocopy, facsimile, or digital copy of this authorization is valid as original.

Expiration & Revocation

This consent will end one year from the date of signature unless I indicate an earlier date here: _____, or I request in writing to revoke this authorization. I have the right to revoke this authorization at any time by giving written notice to Aanjibimaadizing. I understand that this does not include any information that has been shared between the time I gave this consent to share information, and the time the consent was canceled.

Authorization

PRINTED OR TYPED NAME OF APPLICANT OR CLIENT

APPLICANT/CLIENT SIGNATURE DATE

PARENT OR GUARDIAN SIGNATURE ON BEHALF OF MINOR APPLICANT (PRINT NAME OF MINOR ABOVE) DATE