

ISANTI COUNTY PROBATION DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION
(FORM IS NOT VALID UNLESS COMPLETED IN FULL)

I, _____, D.O.B. _____, authorize the Isanti County Probation Department during the term indicated on this Authorization to:

- ☐ Disclose to _____
- ☐ Obtain from _____
- X Exchange with the following individual(s) or entity (ies) _____

The following information about me:

- | | |
|--|---------------------------------------|
| X School Achievement, Attendance, & Behavior Report(s) | X Diagnosis |
| X Psychological Evaluation Results | ☐ MMPI Profile |
| X Discharge/Treatment Summary | X Summary of Social History |
| X Other <u>case consultation</u> | |

The purpose for disclosing or obtaining the information about me is: case management and to monitor compliance with the court's order

This Authorization expires automatically:

- | | |
|--|-------------------------------------|
| ☐ one month | ☐ six months |
| ☐ three months | X twelve months |
| ☐ upon my written request (not to exceed 12 months) | |
| ☐ upon receipt/submission of requested data | |

I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME BY EXPRESS WRITTEN NOTICE TO ISANTI COUNTY PROBATION DEPARTMENT. NOTE THAT MY REVOCATION WILL NOT APPLY TO ACTIONS TAKEN IN RELIANCE ON MY AUTHORIZATION PRIOR TO RECEIPT OF THE WRITTEN REVOCATION NOTICE.

I understand that my records are protected under State and Federal privacy laws. I understand that this information cannot be released without my authorization and that I am under NO OBLIGATION to release it. I understand that I may release all, some or none of the requested information. I understand that if there is a child protection hearing, the information collected from me will become public if submitted in a report to the court or if introduced at court pursuant to Minnesota Rule 44.01 of the Rules of Juvenile Procedure except for the data specifically listed in Rule 44.04 of the Minnesota Rules of Juvenile Procedure. I understand that I have a right to see the information except for the data listed in Rule 44.04, and have a copy of it. I understand that in accordance with 45 CFR part 164.509, subd. c (2) (iii), we are informing you that the individual(s) or entities whom we are authorized to disclose your information to may not be subject to the same privacy rules as Isanti County Court Services will not be affected if I refuse to consent. However, if I refuse to sign this Authorization, it could affect the County's ability to determine what services I need or am qualified to receive.

DATE: _____

OFFENDER _____
ADDRESS _____

Person Requesting Release:



Isanti County Probation Officer

PARENT/GUARDIAN
(If offender under 18 or under legal Guardianship)