

**BLUE EARTH COUNTY COMMUNITY CORRECTIONS  
CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ (client), (DOB \_\_\_\_/\_\_\_\_/\_\_\_\_), authorize Blue Earth County Community Corrections to:

- ☐ Disclose to \_\_\_\_\_
- ☐ Obtain from \_\_\_\_\_
- ☐ Disclose, obtain, and exchange with the following individual(s) or entity(ies)  
\_\_\_\_\_

The following information about me listed below, until the end of probation:

- ☐ Chemical dependency/psychological, or domestic abuse treatment records and evaluations
- ☐ Medical history
- ☐ Educational Records and Reports
- ☐ Progress Reports/Discharge Summary
- ☐ Case Records and Information
- ☐ Court Records/Reports
- ☐ Financial Reports
- ☐ Collateral Interviews
- ☐ Other

For the purpose and use:      ☐ Court Ordered Investigations      ☐ Providing Supervision

☐ Other: \_\_\_\_\_

I understand that I may authorize the release of all, some, or none of the above-mentioned information. I understand that I may choose not to sign this authorization and the consequence of my choice has been explained to me. I agree that I understand what information about me will be disclosed or obtained from the above-mentioned individual(s) or entities.

I understand that my records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. This release authorizes the disclosure of information concerning me which may be classified as private data under Minn. Stat. 13.84 or 13.85, to the individual or organization specified above. I also understand that the information disclosed to the recipient may no longer be protected by the privacy rules and subject to re-disclosure. I understand I may revoke this consent in writing at any time; however, revocation will not pertain to data released or obtained prior to the County's receipt of my written revocation notice at the address listed below. Unless I revoke my consent sooner, my permission to allow the release of information about me will automatically expire at the end of my supervision.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Parent/Guardian Signature if client is under 18  
Or under legal guardianship

Please forward to: \_\_\_\_\_

(Probation Officer)  
Blue Earth County Community Corrections  
PO Box 3245  
Mankato, MN 56002-3245