

Mills Consulting & Psychotherapy

12100 Singletree Lane, Suite 116, Eden Prairie, MN 55344
P: 612-226-3600/F: 952-920-8095

Consent for Release of Information

Client Name: _____ DOB: _____

Client Address: _____

City: _____ State: _____ Zip Code: _____

Individual or Agency that information will be released to or exchanged with: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____
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Client's therapist at Mills Consulting & Psychotherapy: Thomas P. Mills, MA, LP

Information to be released:

Medical Information Discharge Summary Progress Reports
Social History Psychological Testing Data Home Study
Academic Information Referral and Consultation Court Decisions and Mandates
Other (please specify): _____

To Third Parties—Upon request by the data subject, Mills Consulting and Psychotherapy is required by MN state statutes 13.04, subd.3 to provide access to the information obtained or supplied as a result of this request form. If the data you are requested to provide is subject to the restricted access procedures specified in MN statutes 144.335, subd. 2, please so indicate on all copies of the information you provide in accordance with this request.

To Data Subject—The private and confidential information this agency maintains about you is subject to restricted access under state and federal privacy laws and regulations. It cannot be released to other individuals or agencies without your expressed consent, unless provided by law. You are not legally required to sign this consent. However, you may not be able to receive the services you request without consenting to the release of the information requested.

I give consent to the release of private information about me between the agencies or individuals named above for the purposes designated above. I understand that I may revoke this consent at any time. This consent expires one year from the date of my signature. Photocopies of consent are to be treated as the original.

Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____