TODD-WADENA COMMUNITY CORRECTIONS

☐ 221 1st Ave S, Suite 200
Long Prairie, MN 56347
(320) 732-6165
(320) 732-6197 (Fax)

☐ 415 South Jefferson, Courthouse
Wadena, MN 56482
(218) 631-7618
(218) 631-7620 (Fax)

☐ 200 1st St NE, Ste 1
Staples, MN 56479
(218) 894-6300
(218) 894-2878 (Fax)

CONSENT FOR RELEASE OF INFORMATION

I, _____, _____ authorize Todd-Wadena
(Name) (DOB)
Community Corrections to release/receive information to/from:

_____

1. The information to be released/received is as follows:
   _____ ____
   _____ ____

2. Purpose for releasing/receiving information:
   ☐ Court-Ordered Investigation
   ☐ Supervision
   ☐ Other:_____

3. I understand that my records are protected under the Minnesota Government Data Practices Act, Minnesota Statute Chapter 13, and cannot be disclosed without my written consent or unless otherwise provided by law.

4. This release also authorizes disclosure of information from files concerning me which may have been received from third party sources, including but not limited to psychological, health, chemical dependency, and treatment data.

5. I understand that if the person or organization I authorize to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and could be re-disclosed.

6. The consent expires upon completion of the above stated purpose(s) or after one year, whichever comes first. However, if the above-stated purpose is not fulfilled after one year, I may renew this consent.

7. I understand that I may revoke this consent at any time by written notice to Todd-Wadena Community Corrections.

_____ _____
SIGNATURE OF SUBJECT DATE

_____ _____
SIGNATURE OF PARENT/GUARDIAN (if applicable) DATE

_____ _____
SIGNATURE OF WITNESS DATE