FRASER
Special needs ★ Bright futures

CONSENT FOR RELEASE/REQUEST/EXCHANGE OF INFORMATION

(Please complete this form in Black or Blue ink)

Client Name: _____ Date of Birth: _____

I/We, the undersigned, hereby authorize **Fraser** to (check all that apply):

☐ Exchange Information with: ☐ Release Information to: ☐ Obtain Information from:

Name of Person or Agency	Phone ( )	Fax ( )
Attention (Specific person desired if not noted above) Title	Phone ( )	e-mail
Street Address	City	State Zip Code

PLEASE DRAW A LINE THROUGH ANY INFORMATION/PURPOSES LISTED BELOW WHICH YOU DO NOT WANT RELEASED

Information Requested from Agency:

- Family Information
- Immunization Records
- Medical History
- Individual Education Plans
- Evaluation and/or Progress Reports
- Assessment Data
- Psychological/Standardized Testing
- Discharge Summary
- Therapy Authorization
- Transportation Authorizations
- Phone Contact
- Other: _____

Information to be Released by Fraser:

- Enrollment/Discharge
- Family Information/Update
- Individual Education Plans
- Evaluation Reports
- Consultation Reports
- Progress Reports
- Phone, e-mail or other direct Contact
- Other: _____

The purpose of this Request:

- Continuing Care/Ongoing Treatment
- Educational Planning and Service Provision
- Application for Insurance
- Evaluation/Assessment Consultation
- Disability Determination
- Other, please describe: _____

I/We understand that my/our records are protected under State and Federal confidentiality and data privacy regulations and cannot be disclosed without my/our written consent unless otherwise provided for in the regulations. I/We understand that I/We may revoke this consent at any time and that in any event this consent expires automatically as noted below. I/We understand that information exchanged is limited to staff whose work assignments reasonably require access to my/our data within the purpose specified in the services provided.

Date*: _____ *Consent expires 1 year from Date (unless otherwise noted).

X_____ _____

Signature of Client/Parent/Guardian Relationship to Client

Please return form to:

Attention: _Home & Community Supports_____

☐ Fraser Residential, 2400 W 64th Street, Minneapolis, MN 55423, fax 612-861-6050
☐ Fraser at Hennepin Square, 2021 E. Hennepin Ave, Suite 402, Minneapolis, MN 55413, fax 612-767-5176
☐ Fraser Child & Family Center, 3333 University Ave, Minneapolis, MN 55414, fax 612-728-5301
☐ Fraser Anoka, 2829 Verndale Ave, Suite 3, Anoka, MN 55303, fax 612-861-6050
☐ Fraser STAR Program, 4530 Lyndale Ave S, Minneapolis, MN 55419, fax 612-861-8603
☐ Fraser School, 2400 W 64th Street, Minneapolis, MN 55423, fax 612-861-6050