Mino-B Mental Health- Red Lake Nation
2115 Cedar Ave S
Minneapolis MN, 55404

Fax: 612-315-3951
Phone: 612-767-7892
Client #

Release of Information

Client name: _____ Date of Birth: _____

I authorize Tribal Health Service- Red Lake Nation to:

- Receive information from: Name/Credentials: _____
- Release information to: Name/Credentials: _____
- Release and receive information to/from Name/Credentials: _____

Agency: Relationship:

Address: Phone:

City/State/Zip: Fax:

Check all types of information that may be released and/or obtained to/from above party:

- Treatment/Discharge Summary
- Mental Health Assessment
- Progress Notes and Continuing Care
- Psychological Testing/Evaluation
- Psychiatric Records
- Verbal (in-person, phone and email)
- School Reports/Records
- Social History
- Family History
- Legal History
- Medical History
- Laboratory Reports
- Physical examination and doctor notes
- Other:_____

This release is limited as follows:

This information is to be disclosed for the following purposes:

Treatment Planning, Coordination of Services, and Continuity of Care

- My health information is protected by federal regulations (Alcohol and Drug Abuse Patient Records, 42 CFR Part 2; and/or HIPAA, 45 CFR) and state privacy laws, and disclosure is allowed only with my authorization except in limited circumstances described in Tribal Health Services' Privacy Notice. I understand that I have a right to inspect and receive a copy of my treatment records that may be disclosed to others, as provided under applicable state of federal laws.

- I can revoke this authorization at any time except to the extent that action has been taken in reliance on it. Tribal Health Services' Red Lake Nation privacy policy outlines the procedure for revocation. This authorization will expire in one year from the date I sign it unless I request an earlier expiration in writing.

- For disclosures other than for treatment, payment and health care operations purposes, treatment may not be conditioned on my agreement to sign an authorization (unless I am receiving care solely to create protected health information for disclosure to a third party [42 CFR ; 164.508(b)(4)(iii)].

- Communications resulting from this authorization will reveal that I received services at Tribal Health Services-Red Lake Nation.

- Federal confidentiality regulations (42 CFR Part 2) prohibit redisclosure of information from alcohol and drug abuse patient records. However, HIPAA requires Tribal Health Services- Red Lake Nation to notify me of the potential that information disclosed pursuant to this authorization might be redisclosed by the recipient and is no longer protected by HIPAA rules.

Signature of client: _____Date: _____

Staff/Witness signature: _____Date: _____