

Return to:

The Community Circle
3000 County Road 42 W., Suite 210,
Burnsville, MN 55337

CONSENT TO RELEASE INFORMATION

Regarding: _____

DOB: _____

I, _____ hereby authorize _____

to disclose or release to personnel associated with The Community Circle Consultation team any information regarding medical history, social history, program history, behavioral history, current medications in order to provide consultation.

Unauthorized duplication or re-disclosure of this information not associated with The Community Circle is prohibited.

All employees and volunteers associated with The Community Circle are bound by an agreement of maintenance of strict confidentiality.

The Community Circle sometimes functions as a teaching clinic. Students and other trainees are also bound by these re-disclosure limitations.

signature _____
date

printed name

relationship (e.g., self, guardian, parent...)

Thank you very much