

Return to:

The Community Circle
1609 County Rd 42west, #395,
Burnsville, MN 55306

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

name printed

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

Thank you very much