

TRANSITIONAL SUPPORTED EMPLOYMENT OF MINNESOTA

A CARF ACCREDITED PROVIDER

BECKER COUNTY 801 ROOSEVELT AVE. DETROIT LAKES, MN 56501 PHONE: (218) 233-7438	CLAY COUNTY 810 4 TH AVE. S, #206 MOORHEAD, MN 56560 PHONE: (218) 233-7438 FAX: (218) 233-5665	OTTERTAIL COUNTY 125 WEST LINCOLN AVE. FERGUS FALLS, MN 56537 PHONE: (218) 736-7100 FAX:(218) 736-7081	WILKIN COUNTY PHONE (218) 233-7438
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AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Participant	Date of Birth	SS#
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I, the undersigned, hereby authorize TRANSEM to release and exchange information to all that are checked and initialed below:

<ul style="list-style-type: none"> <input type="checkbox"/> -----Family Member <input type="checkbox"/> -----Churches United <input type="checkbox"/> -----Psychiatrist <input type="checkbox"/> -----Social Worker/Case Manager <input type="checkbox"/> -----DRS vocational counselor <input type="checkbox"/> -----IRTS facility <input type="checkbox"/> -----Dorothy Day <input type="checkbox"/> -----Prairie St John's <input type="checkbox"/> -----Law Offices or Attorneys <input type="checkbox"/> -----Midwest TTW Partnership 	<ul style="list-style-type: none"> <input type="checkbox"/> -----Physician _____ <input type="checkbox"/> -----Financial Worker <input type="checkbox"/> -----Lakeland Mental Health Center Moorhead, Fergus Falls and DL <input type="checkbox"/> -----CEP <input type="checkbox"/> -----CCRI <input type="checkbox"/> -----Solutions Behavioral Health <input type="checkbox"/> -----County Case Manager <input type="checkbox"/> -----TICKET TO WORK <input type="checkbox"/> -----Other _____
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_____ I also authorize TranSEm to open communication on my behalf

_____ I also authorize TranSEm the right to request copies of medical records pertaining to My Mental Health as needed and can be received in the following format:
 -----Written -----Fax -----Verbal -----Photocopy ----- Email

Revocation Clauses: I understand that I may withdraw my consent by giving written notice (not retroactive). My consent will expire one (1) year from the date I signed if I do not revoke my consent earlier. _____

 Signature of Person for whom consent is being granted Date

 Signature of Parent or Guardian granting consent Date

 Signature of person informing participant of rights: Date