State of South Dakota

CONSENT FOR RELEASE OF INFORMATION

I hereby give my consent to release the information described below **about**:

| Thereby give my consent to release the information described below t | ubout. |
|---|--|
| Patient/Participant Name: | |
| Address: | |
| City: State: | Zip: |
| Date of Birth: Phone # | # |
| To the following person(s)/entities: | |
| Name: Organization: | |
| Address: | |
| City: State: | Zip: |
| From the following person(s)/entities: | |
| Name: Organization: | |
| Address: | |
| | Zip: |
| | |
| INFORMATION REQUESTED AND PUR | RPOSE OF DISCLOSURE |
| | s/Proprietary Adult Juvenile Other |
| Other Specific Information Requested: | |
| Specific dates for Information Requested: to | |
| Purpose for Disclosure: | |
| I understand the information received may include information relating South Dakota State Agencies, their employees, officers, and medical proliability for release of the above information to the extent indicated and au As stated in State Agency Notice of Privacy Policies, this consent form r | oviders are hereby released from any legal responsibility outhorized herein. |
| have taken action upon it. If not cancelled, this consent to release information specified date: | ormation will terminate in one year or upon the following |
| I understand if this information is released to a third party, the information information and may no longer be protected by federal or other application information may not be redisclosed without consent. | |
| I understand that my eligibility for, or enrollment in, State Agency consent form. Consent form complies with HIPAA provisions and | |
| Signature of Participant/Patient or Parent/Guardian Giving Consent | Date |
| Print Name | Relationship to Participant/Patient |
| Witness Signature | Witness Name (print) and Relationship to Participant/Patient |
| Telephone number of the participant/patient for verification of the request for information | n |
| I cancel this request to release information effective immediate | ıly: |
| Signature | Date |