Nexus-FACTS
FAMILY HEALING

Family, Adolescents, and Children Therapy Services

1385 Mendota Heights Rd, Suite 200, Mendota Heights, MN 55120 | Office: (651) 379-9800 Fax: (651) 405-0358 | facts-mn.org

Consent for the Release of Private Information including Private Health Information (PHI)

Name of Client: _____ DOB: _____

Street Address: _____

authorize **the release and/or exchange** of the following information from my records: ***(please check all that apply)***

- ☐ School Achievement, Behavior, and Educational Records
- ☐ Court Documents/Investigations/Letters and Reports/Affidavits
- ☐ Legal/Police Records & Incidents Reports
- ☐ Child Abuse/Neglect Assessment Reports
- ☐ Summary of Social History
- ☐ Discharge Treatment Summaries
- ☐ Verbal Communication
- ☐ Chemical Dependency Treatment/Evaluation Records
- ☐ Psychiatric Evaluation and Medication Management Records
- ☐ Psychological Test Scores/Profiles
- ☐ Diagnosis
- ☐ Progress Reports and Treatment Plans
- ☐ Medical Records (including info on HIV/AIDS & Sickle Cell Anemia)
- ☐ All of the above Materials in Record

Other: _____

This information is needed for treatment planning and case coordination.

This consent will expire within one year from the date of signature unless earlier expiration is noted here:__ _____

This information will be exchanged between (to/from):
Nexus-FACTS, Families, Adolescents, and Children Therapy Services, 1385 Mendota Heights Road Suite 200, Mendota Heights, MN 55120 and:

_____

Person and / or Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

I understand that I may revoke this authorization at any time with written notification, but that the revocation will not have any effect on the information released prior to notification of revocation. Please see your Notice of Privacy Practices for information on how to revoke this authorization. Nexus-FACTS will not refuse or restrict my treatment if I choose not to sign this authorization. A photocopy/fax of this authorization will be treated in the same manner as the original.

Further, I realize that Nexus-FACTS cannot prevent the re-disclosure of records released as a result of this request and that the records may not be subject to privacy rule protections; therefore Nexus-FACTS is released from any and all liability resulting from re-disclosure from 3rd party sources.

My signature also means I have read this form and/or have had it read to me and explained in a language that I can understand.

Client Signature: (Parent or guardian if client is minor or incompetent) _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____