



Metropolitan Center for Independent Living PERSONAL ASSISTANT SERVICES

General Consent/Authorization for Release of Information

This information is available in other forms to people with disabilities by contacting us at (651) 646-8342 (voice), or TTY users can call (651) 603-2001. For the Speech-to-Speech Relay, call 1-877-627-3848.

To be completed by the person giving consent/authorization (please print):
(This information is being requested solely to verify the identity of the person giving consent/authorization.)

NAME			
ADDRESS	CITY	STATE	ZIP CODE

Authorization/Consent: I authorize the Metropolitan Center for Independent Living (MCIL) to release the following information about me:

(Please initial the items you are authorizing)

- Personal Information necessary to complete an intake
- Health Care Plan
- PCA Service Authorizations
- Contact information for my PCA's

The information will be released to: Minnesota DHS, County Case Worker.

Other: _____
(to be filled in and initialed by consumer)

This information will be used for: Delivery of PCA services.

Consequences: I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information.
- I do not have to consent to the release of this information.
- That, generally, I must give my written consent for MCIL to give out the information.
- If I do not consent, the information will not be released unless the law otherwise allows it.
- I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released.
- The person or agency who gets my information may be able to pass it on to others.
- If my information is passed on to others by MCIL, it may no longer be protected by this authorization.

**This consent will end one year from the date I sign it,
unless I indicate "until revoked by consumer"**

Consumer Signature or Signature of Responsible Party:	Date:
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