



### Consent for Release of Information

I/we \_\_\_\_\_, do hereby authorize the exchange of information described below. I have been informed of the intended purpose and the use of this exchange, and that this information will not be further released without my written consent.

I understand that The Arc Minnesota Housing Access staff are required, by law, to report any suspected abuse that I share with them. I understand that I can also request other resources to support me.

The following parties:

<b>Name</b>	Individual/Family Support & Housing Access Services Staff	Individual/Family Support & Housing Access Services Staff
<b>Agency</b>	The Arc Minnesota	Arc Northland
<b>Address</b>	2446 University Avenue West Suite 110	424 W Superior St #500
<b>City/Zip</b>	Saint Paul, MN 55114	Duluth, MN 55802
<b>Phone</b>	952-920-0855	218-726-4725
<b>Fax</b>	952-920-1480	218-726-4732

Have my express permission to exchange the following information:

- This form authorizes oral, email, fax communications
- Notice of Eligibility for Medicaid Home Care or a Waiver Service
- Household Budget Information
- Photo and journal of Housing Access Services provided for reporting to the MN Department of Human Services and marketing/promotional purposes for the Arc Minnesota

Other, please specify \_\_\_\_\_.

I believe this exchange of information to be in my best interests. I understand that I may cancel this consent, not retroactive, upon written notice. I understand this consent will automatically expire two years after the date of my signature.

\_\_\_\_\_  
Individual Date

\_\_\_\_\_  
Parent/Guardian Date