



WALKING ALONGSIDE YOUNG PEOPLE

Acknowledging and Honoring their Individual Journeys

StreetWorks Authorization to Disclose Confidential Information

I _____
(name of individual) (date of birth)

Hereby authorize:

to ☐ disclose ☐ request my information to/from:

The StreetWorks Collaborative
1605 Eustis Street
St Paul, MN 55108
612-354-3345
Street.Works@lssmn.org
www.streetworksmn.org

Agency or Person Name:
Address:
City, State, Zip:
Phone:
Email:

For the purpose of:

I understand that I may revoke my consent to allow StreetWorks to release/receive this information, at any time, except to the extent that action will have been taken on information released prior to the revocation of my consent. I understand that my Protected Health Information (PHI) records are protected under State and Federal confidentiality regulations. I understand that information at StreetWorks is limited to staff whose work assignments reasonably require access to my data within the purpose specified in the services provided. I recognize that the Confidential Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected.

THIS AUTHORIZATION EXPIRES:

☐ One year from signature date or upon closure of file,
whichever occurs first **OR**
☐

(enter date, event or condition upon which consent will expire without express revocation not to exceed 90 days for a one-time authorization or one-year when part of an ongoing service plan.)

Acknowledged and agreed to by the individual to whom the Confidential Information pertains:

Individual Signature: _____

Individual Name (printed): _____

Date of signing this consent form:
(also effective date unless noted): _____

Phone: 612-354-3345

Web: www.streetworksmn.org

Email: street.works@lssmn.org



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Lutheran
Social Service
of Minnesota