



Orion ISO Intermediary Service Organization

CONSENT FOR THE RELEASE OF INFORMATION

I, _____, hereby authorize
(Common Law Employer)

Orion ISO, Incorporated to exchange information with the following persons or agencies:

- County (please list) _____
- Department of Human Services
- Support Planner
(list name and/or agency) _____
- Other Providers (please list) _____
- Other (please list) _____

The following information may be exchanged:

- County ISP/Community Support Plan
- Physical and Medical History
- Physician's Orders
- Waiver funding and budget information
- Information from other Providers
- Other: Please List: _____

I understand that my records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime and that in any event this consent expires automatically as described below. I understand that information at Orion ISO, Inc. is limited to staff whose work assignments reasonably require access to my data within the purposes specified in the services provided.

Date, event, or condition upon which this consent expires: _____ (max 1 year)

Executed this _____ day of _____.

Signature of Common Law Employer: _____

**Metropolitan Office
9400 Golden Valley Road
Golden Valley, MN 55427
763-450-5040**

1-877-677-3314 (FAX)

Please complete and return to Orion ISO

763-450-5005 (FAX)