



Data Privacy Notice | Rule 25

Before you give any information about yourself, data privacy laws in Minnesota require that you receive an explanation of who can have the information and how it will be used. This information you give will be used by our staff and other agencies that we may work with in order to help you. You are not required to give us information, but we cannot help you unless you do so. The information you provide will be kept confidential, no information will be released unless you provide written consent to do so.

I understand the Data Privacy Notice.*

Yes

****Indicates required field***

Client Name: _____

Date of Birth: _____

Please indicate your relationship:

- Self
- Parent
- Legal Guardian
- Conservator Health Care Agent/Health Care Power of Attorney

Signature: _____

My signature indicates that I am legally authorized to sign.

Date: _____