



**New Applicant
Star of the North Maternity Home Resident
Release of Information**

Name: _____ D.O.B. _____

Last 4 of SS.# _____

Baby Name: _____ Baby's D.O.B. _____

Last 4 of Baby's SS# _____

I authorize the following individuals or agencies to release information to Star of the North Maternity Home: Very Important: Please include the following contact information.

First & Last Name

Title:

Email:

Phone Number:

⊗ Including records of Mom and/or Baby. for the following reasons.

Yes No Family History ⊗ Other, listed:

Yes No Employment/Unemployment

Yes No Educational Reports that include both behavioral and academic progress:

Yes No Alcohol/Drug Treatment that records include all aspects of diagnosis, treatment and prognosis

Yes No Mental Health Services records including all aspects of diagnosis, treatment and prognosis and full Diagnostic Assessment (DA):

Yes No Medical/Psychiatric Treatment records include all aspects of diagnosis, treatment and prognosis :

Yes No Educational Institution records that include both behavioral and academic progress:

Purpose: The information received will be used to evaluate my situation and to plan for and coordinate services for me and my family, or for other purposes as specified:

I agree that the agencies and individuals listed above may share and exchange information about me and my family and circumstances Yes No

This permission is good for the admission process only beginning _____ I can cancel at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Client Signature Date

Son Staff Name (print) SON Signature Date

To those receiving information under this authorization: This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

This is a true copy of the original authorization document for Star of the North Maternity Home.
Contact Information:
Program Manager at
House Phone: 218-340-1645
Email: starofthenorthmh@gmail.com