

**P.A.T.H. Prevention Services**  
*A Scott County Truancy Prevention Initiative*

**AUTHORIZATION FOR RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_, (authorized parent or guardian) DOB: \_\_\_\_\_  
now authorize and give my permission to the P.A.T.H. Prevention Team (The Katallasso Group & TreeHouse of Scott County) to exchange, release, disclose, or obtain information and/or copies of all reports, records, and documents about myself and \_\_\_\_\_ (*student receiving services*) within, to, or from the following agencies:  
(Please check all that apply)

- Scott County Health & Human Services
- Scott County Attorney's Office
- Scott County Mental Health Center
- The Katallasso Group
- TreeHouse of Scott County
- School District \_\_\_\_\_
- Other: \_\_\_\_\_

***Purpose of Release: Acceptance for services at The Katalasso Group and TreeHouse Scott County***

**I understand that** my records are protected under the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, and cannot be disclosed without my written consent or unless otherwise provided by law.

I understand that the information disclosed to the recipient(s) may no longer be protected by the privacy rules and may be subject to re-disclosure. After release to The P.A.T.H. Prevention Team, the data may be defined as Court Services Data (Minnesota Statutes Section 13.84, subd. 1) and/or Corrections and Detention Data (Minnesota Statutes, Section 13.85, subd. 1) and, as a result, may be classified as either public, private or confidential data as defined by the provisions of Minnesota Statutes, Section 13.02.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., probation, parole, supervised release, work release, etc.) I also understand that if I do revoke this consent before the expiration date, the revocation must be made in writing by me and delivered to the agency listed above.

This consent automatically expires upon discharge from supervision or one year from the most recent update shown below, whichever comes first. I also understand that I may not sign this authorization to release information, and the consequence has been explained to me.

\_\_\_\_\_  
(Signature of Parent/Guardian if under 18)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Signature of PATH PREVENTION Team Member)

Date: \_\_\_\_\_