



LEECH LAKE TRIBAL ASSISTANCE
Consent For Release of Confidential Information

Client Name _____ D.O.B. _____

I, _____ Authorize _____ to
disclose to _____ the following information.
(Person/Organization requiring disclosure)

Nature of Information

The purpose of this request is _____

I understand that my records are protected under the appropriate Privacy Laws and cannot be disclosed to any other party without my written consent. I further understand this consent expires automatically three (3) months to the date below.

Client Signature _____ Date _____

Intake Signature _____ Date _____