

Print, Sign or Send the Minnesota Standard Consent Form

The form must first be saved in Complete or Approved status. Then tap Save and Sign. You may also open the form direct using the View link in the table of Authorizations, Consents and Releases in the client file.

This will work for any form for which there is a corresponding PDF.

Client: Tean, Tess

Minnesota Standard Consent Form to Release Health Information version 2

Custom Label:

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Page Name	Edit	Status
	Edit	APPROVED

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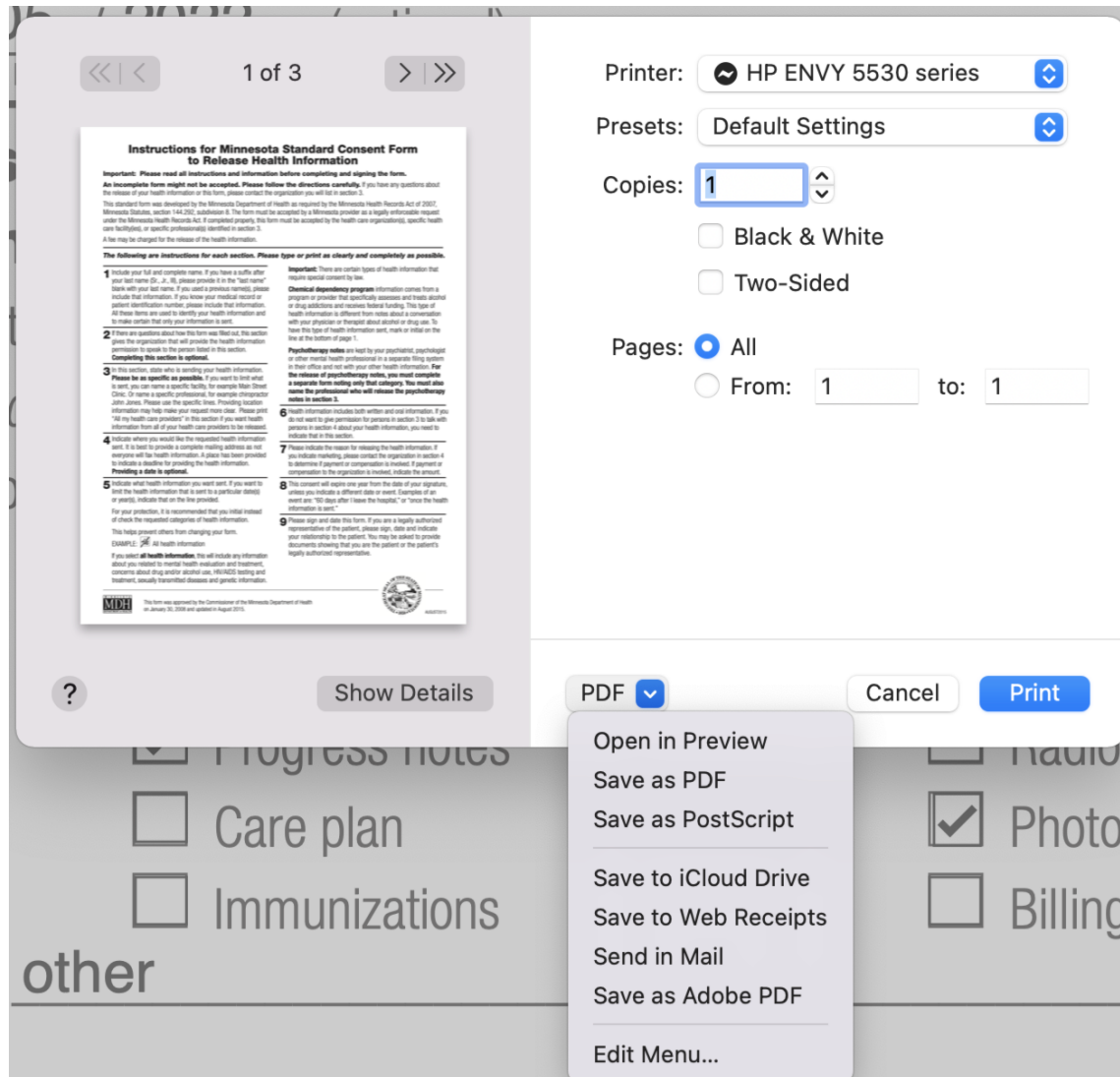
Once the form is open, scroll to the bottom and tap Print to PDF.

Add Signature

Print To PDF

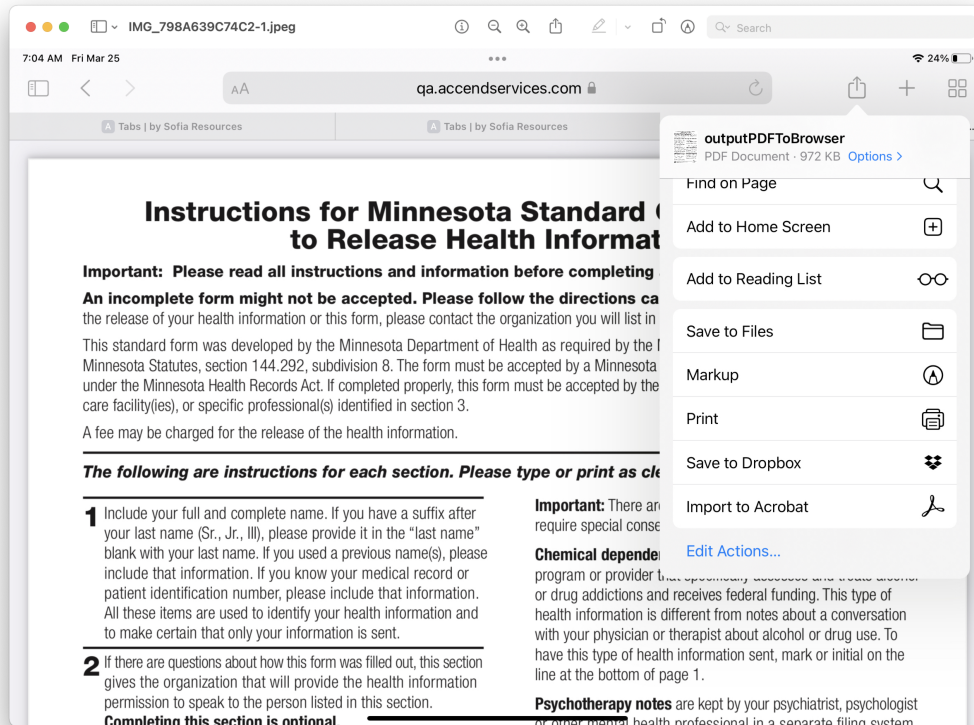
Back to List

Now, tap Command+P. Notice the PDF button with a down arrow. From there you may open it as a PDF in Preview, save as a PDF for a later signature, or send it by mail to medical records.

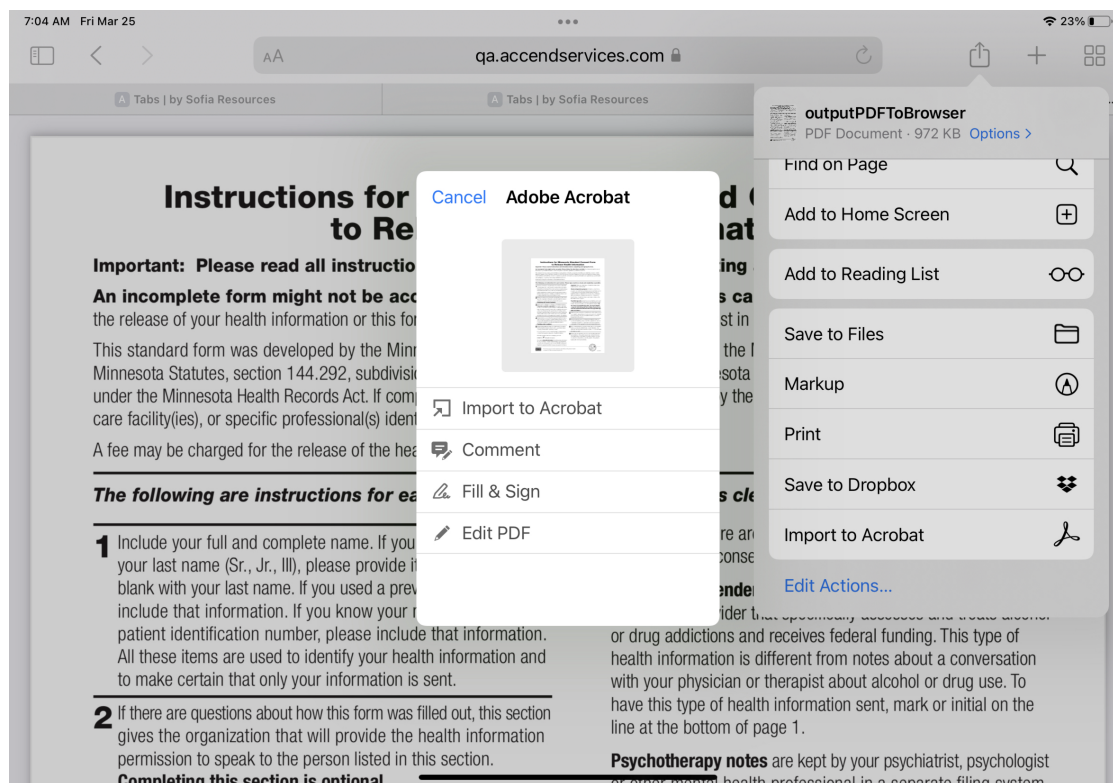


On an iPad Using Adobe

Tap the export button. Select Import to Acrobat.



Select Edit PDF



Tap the pen icon on (upper right left of the export button) to turn it off momentarily.
 Scroll to the signature areas (don't forget the initial on page 2).
 Tap the pen icon again to select a pen to sign.

7:22 AM Fri Mar 25 20%

Done **119852_StateROI6.generated** 🔍 📄

in section 4.

I may stop this consent at any time by writing to the organization(s), facility(ies) and/or professional(s) named in section 3.

If the organization, facility or professional named in section 3 has already released health information based on my consent, my request to stop will not work for that health information.

I understand that when the health information specified in section 5 is sent to the third party named in section 4, the information could be re-disclosed by the third party that receives it and may no longer be protected by federal or state privacy laws.

I understand that if the organization named in section 4 is a health care provider they will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign the consent form.

If I choose not to sign this form and the organization named in section 4 is an insurance company, my failure to sign will not impact my treatment; I may not be able to get new or different insurance; and/or I may not be able to get insurance payment for my care.

This consent will end one year from the date the form is signed unless I indicate an earlier date or event here:

Date 03 / 24 / 2023 Or specific event specific event

9 Patient's signature _____ Date / /



OR legally authorized representative's signature _____ Date / /

Representative's relationship to patient (parent, guardian, etc.) person signing

PRINT FORM

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of any individual or family member who has provided to the entity any information from which it is highly likely that the individual or family member's genetic information could be determined.

This form was app

AUGUST2015