

**Authorization for Release of Information** Household ID \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

The undersigned hereby authorizes Saint Paul – Ramsey County Public Health WIC, 90 Plato Blvd W, Ste 200, St. Paul, MN, to release and exchange information that I have provided to the WIC program, measurements and assessments made by the WIC program, appointment dates and times, and whether I participate in the WIC program with:

\_\_\_\_\_ My medical providers \_\_\_\_\_ Minnesota Food Helpline \_\_\_\_\_ My child's school district  
\_\_\_\_\_ My Team 1, LLC dba One Call Now \_\_\_\_\_ Child and Teen Checkups (CTC)  
\_\_\_\_\_ City of Saint Paul-Office of Financial Empowerment, College Bound \_\_\_\_\_ Family Health Nurses

**How this information will be used:**

- My medical providers will use the information to provide health care to my family members on WIC.
- My Team 1 will use the information to contact me about WIC appointments or provide other WIC information by text, phone call, or email. I understand that depending on my phone plan, there may be charges I will be responsible for.
- My child's school district will use the information to contact me by phone, text, mail, and/or email about free services for my child including an Early Childhood Screening. I understand that depending on my phone plan, there may be charges I will be responsible for.
- CTC and Family Health Nurses will use the information to provide services if I am eligible and wish to participate.
- College Bound will use the information to contact me by phone, text, mail and/or email about enrolling my child in the City of Saint Paul's College Bound program. I understand that depending on my phone plan, there may be charges I will be responsible for.
- Your signature gives consent for the Minnesota Food HelpLine to contact you with information about nutrition resources in your area.

**How my privacy will be protected:** Information about me that WIC has is private and is protected by federal and state privacy law. WIC will not release identifying information to any unauthorized person without my permission. WIC Program regulations require my consent to release WIC data to any third parties not listed here. This information will be protected by the MN Government Data Practices Act. Under that Act, health information about me is private. The staff of the public health programs will have access to the information to the extent needed to perform their jobs. Medical providers must protect the privacy of my health information under federal and state data privacy laws.

**Whether I need to sign:** I understand that I do not have to agree to the release of information described in this document. Refusing to sign will not affect my eligibility or participation in WIC or any other public health program and will not cause any penalty or loss of benefits to which I am otherwise eligible.

**Cancelling my permission:** I may cancel my permission at any time but not retroactive to the release of information made in good faith. To cancel my permission, I need to send a letter to WIC requesting that my permission be cancelled. I must include in my letter the names and dates of birth of my family members on WIC, and my signature.

This authorization expires 5 years from the date of my signature, unless I revoke it at an earlier date. The facility and its employees and officers are released from legal responsibility or liability for release of the above information to the extent indicated and authorized therein.

\_\_\_\_\_  
Date Electronic Signature of Participant or Parent/Guardian

**This institution is an equal opportunity provider**

<https://Ramseycounty.us/sendtowic>



**WIC**  
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