

Minnesota Standard Consent Form to Release Health Information

[Location]
[Date]

[Name, affiliation]



Background

★ In 2007, revisions to the Minnesota Health Records Act, (Minnesota Statutes 144.291 - 144.298) were passed by the Legislature and signed into law by Governor Pawlenty. A key provision was a mandate for the Commissioner of the Minnesota Department of Health to develop a standard consent form to access health records (Minnesota Statutes 144.292, subd. 8).



Background

★ The Privacy and Security Workgroup of the Minnesota e-Health Initiative helped develop the form. The workgroup membership consists of provider organizations, legal experts and privacy advocates. The form was developed based on workgroup expertise and existing consent forms.



Standard Consent Form to Release Health Information

Q - What does Minnesota law say about the need for consent to release health records?

A - The Minnesota Health Records Act generally requires a patient's consent to release health records.



Standard Consent Form to Release Health Information

Q - *What is the purpose of the form?*

A - To have a standard form for patients or their legal representative to provide consent to release patient's health records and send them to who they choose for whatever purpose they choose.



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Q - *Who can use this new form?*

A - Any patient or legal representative of a patient, health care provider or organization can use the form.



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Q - *Are organizations required to replace their own consent form with this new consent to release health records form?*

A - The new consent form does not replace organizations' existing consent forms to release health records. If an organization chooses to replace their existing forms they can adopt this form in whole or in part.



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Q - *Are organizations required to accept this form?*

A - If a person elects to use this form to request the release of their health records and completes it properly, it is believed to be a legally enforceable request and organizations must honor it.



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Q - Does this form consider consent requirements other than Minnesota law?

A - Yes, when the form was created all current state and federal consent requirements to release health records were considered, such as HIPAA 45 CFR section 164.508, 42 CFR and Minnesota Statutes sections 144.291-.298, 13.05, 13.386 and 72A.501.



Standard Consent Form to Release Health Information

Q - What are some advantages of using a standard form?

A - The form will be accepted by any provider in Minnesota, health records staff will have fewer forms to process, and the form is believed to be compliant with current state and federal laws.



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Q - What is the reading level of the form and instructions?

A - Currently, the form and instructions are at a 10th grade reading level according to the Flesch Kincaid readability test.



Standard Consent Form to Release Health Information

Q - Is the form available in other languages?

A - Yes, it is translated into Spanish and will be available online with the English version.



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Q - Are the form and instructions available in an electronic format?

A - Yes, the form is currently available online at: www.health.state.mn.us/e-health/privacy/index
The form is available as a writable pdf or can be downloaded.



Sample Section

The use of corresponding numbers on the form and the instructions allow the person filling out the form to move easily between the two.

Instructions

1) Include your full and complete name. If you have a suffix after your last name (Sr., Jr., III), please provide it in the "last name" blank with your last name. If you used a previous name(s), please include that information. If you know your medical record or patient identification number, please include that information. All these items are used to identify your health information and to make certain that only your information is sent.

Form

1) Patient information
First name _____ Middle name _____ Last name _____
Patient date of birth MM / DD / YYYY Previous name(s) _____
Home address _____
City _____ State _____ Zip code _____
Daytime phone _____ E-mail address (optional) _____
Medical Record/patient ID number (optional) _____



Thank You!

The form can be found at:

www.health.state.mn.us/e-health/privacy/index

For more information, please contact:

Michael Hawton, Project Manager
Minnesota Department of Health
651-201-3598, MNeHealth@health.state.mn.us

