



DHS-5510-ENG

12-14

# Authorization for Release of Child Support Information to a Third Party

Date:

Re: 

CLIENT NAME (Print)	MCI NUMBER
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**Purpose:** I give permission to a third party to discuss my child support case with the Child Support Division of the Minnesota Department of Human Services (DHS) and the \_\_\_\_\_ County child support office(s). I authorize DHS and the county child support office(s) to release private information regarding my child support case to a third party.

**This is a:**

**Full release** – These agencies may release all of the private information in my child support file that would be available to me. I understand that this may include data on payment information, arrears, interest, employer information, wage information, medical insurance or assistance, public assistance, and other private data about me.

**Partial release** – These agencies may release only the following type(s) of private information.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This information may be released to the following person(s) or agencies/entities:**

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## Authorization for Release of Information

**Giving Permission:** I give permission for DHS and the county child support office to discuss private information concerning my child support case with the person or entity/agency listed above who would not otherwise be entitled to the information. This information is used to allow a third party access to assist in resolving any issues involving my child support case. I understand that I am not required to have a third party look at my case.

**Consequences:** State and Federal privacy laws protect my records. I know:

- Why I am being asked to share/release this information
- I do not have to consent to this authorization, but it may affect my child support services if I do not give my consent
- If I am releasing information to an elected official, staff members of the elected official may review this information
- Generally, I must give my written consent for the listed agencies to give out my private information, but if I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agencies have already shared/requested
- The person or agency/entity who gets my information may be able to pass it on to others
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE	DATE	Original copy for agency Provide copy to client
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Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທໂປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1-0001 (3-13)

ADA5 (12-12)

**This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.**