# **Informed Consent for Release of Information, LMC Model Form**

*League staff thoughtfully develops models for a city’s consideration. This model is based on the State of Minnesota’s model data practices form, ‘Request (to release) from an Individual’. Models should be customized as appropriate for an individual city’s circumstances in consultation with the city’s attorney. Helpful background information on this model may be found in the information memo [“Data Practices: Analyze, Classify, Respond.”](https://www.lmc.org/resources/data-practices-analyze-classify-and-respond/)*

**Exclamation point in a circle marking instructions for using the model.This icon marks places where the city must customize the model. They offer additional provisions, optional language, or comments for your consideration. The icon, and language you do not wish to include, should be deleted from this model before use. Make other changes, as needed, to customize the model for your city.**

## CONSENT FOR THE RELEASE OF INFORMATION

If you have a question or would like more explanation about anything on this form, before you sign, please talk to:

*Explamation point in a circle marking instructions for using the model.Insert here the name of your Responsible Authority or his/her Designee and that person’s contact information.*

I, \_\_\_\_\_, authorize \_\_\_\_\_ to release data about me to \_\_\_\_\_ as described on this form.

*Explamation point in a circle marking instructions for using the model.Insert the name of the individual data subject in the first blank. In the second blank insert the city’s name if the city is asked to provide private information, or the name of the organization or person holding a private record the city is seeking (such as medical information or information from a previous employer). In the last blank insert the name of the individual or entity that will receive the information.*

The specific data I want \_\_\_\_\_ to release is:

Exclamation point in a circle marking instructions for using the model.*Insert the organization authorized to release the data in the blank. Then describe the data in the space below. Cities request a release of information from employment applicants and employees for a variety of reasons. Some common examples, and additional language for you to consider are:*

1. *Personnel information*

*Requests for city data about former employees require written authorization. Cities may also request personnel data to screen applicants for city positions. Possible language to describe the request includes:*

*“Any and all personnel information kept by \_\_\_\_\_ with regard to my employment at \_\_\_\_\_, that may be relevant in making a hiring decision.”*

*Insert the city name, or the name of the applicant’s previous employer, in the blanks.*

1. *Medical information*

*Cities may seek a release to receive medical information for fitness for duty determinations, reasonable accommodation request evaluations, return to duty authorization and other legitimate reasons. It is important to work with a city HR professional or attorney in drafting specific language for such requests because the law is strict in the limitations it places on medical information lawfully accessible depending on the situation. In addition, the Equal Employment Opportunity Commission (EEOC) suggests employers include the following language in all lawful requests for medical information in case genetic information is inadvertently shared with an employer from an employee’s medical provider:*

*“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 an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”*

1. *Different use*

*You must also seek permission to use an individual’s private data in ways that are different from those you stated when you collected the data. The individual may let you use all, some, or none of the data. The permission section should list specific data that the city may use in a different way, the reason the city wants to use it differently, and the privacy status or other consequences of the additional use.*

I understand that my records are protected under state and/or federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

I understand that I have asked \_\_\_\_\_ to release the data.

*Exclamation point in a circle marking instructions for using the model.* *Insert the name of the entity asked to release the information.*

I understand that although the data is classified as private at \_\_\_\_\_, the classification or treatment of the data at \_\_\_\_\_ may not be the same and is dependent on laws or policies that apply to \_\_\_\_\_.

*Exclamation point in a circle marking instructions for using the model.Insert the name of the city or entity providing the information in the first blank. Insert the city name or entity to receive the information in the last two blanks.*

*Exclamation point in a circle marking instructions for using the model.For requests to release medical information add this statement:“I understand that I may inspect or copy the information used or disclosed.”*

I also understand that I may cancel this consent at any time prior to the information being released by notifying \_\_\_\_\_ in writing and that, in any event, this consent form expires automatically \_\_\_\_\_ days after signing.

*Exclamation point in a circle marking instructions for using the model.Insert the name of your Responsible Authority or Designee in the first blank. Insert an appropriate amount of time in the second blank. For example, for employment reference-checking 60 days may be sufficient, while longer time periods may be needed for other purposes.*

*Exclamation point in a circle marking instructions for using the model.The consequences of giving informed consent must be communicated to the individual prior to affixing his or her signature. In particular, where the city is seeking an individual’s private or confidential information (as opposed to releasing information) state law requires you to provide the following information: (1) the purpose and intended use of the requested data within the collecting government entity; (2) whether the individual may refuse or is legally required to supply the requested data; (3) any known consequence arising from supplying or refusing to supply private or confidential data; and (4) the identity of other persons or entities authorized by state or federal law to receive the data.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of data subject)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent/Guardian’s Signature, if needed)*