domestic abuse project
DAP

AUTHORIZATION AND CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION VIA EMAIL

Contact Information		
Last Name:	**First Name:**	**Today's Date:**
Street Address:	**City, State:**	**ZIP:**
Billing Street Address (if different):	**Billing City, State:**	**Billing ZIP**
Home Phone:	**Work Phone:**	**Cell Phone:**
Email:		

We understand contact information and phone numbers may change. It is your responsibility to always keep DAP aware of your update information. If we cannot reach you, it may be grounds for dismissal. If your contact information changes again, please contact DAP and have us update your information using the information below.

612-874-7063 x232 / firstcall@mndap.org

I understand that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. Please do not include personal identifying information such as your birth date, or personal medical information in any emails you send to us. By signing this I am authorizing DAP staff to send and respond to emails from me which may include the sharing and releasing of private health care information. I am stating that I understand and am releasing DAP from any financial or legal obligation associated with the sharing and release of my private healthcare information. I understand that DAP is unable to protect any information that is shared via email.

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Participant Signature **Date**