





**MADINA WELLNESS CENTER**

5194 Central Avenue NE  
Columbia Heights, MN 55421  
Phone: 763-710-7296  
Fax: 763-710-7475

**Consent for Release of Confidential Information**

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

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

I hereby give my informed consent for the following individual/entity:

\_\_\_\_\_

to release and exchange the following information with Madina Wellness Center for the sole purpose of care coordination and treatment planning services.

**The information being requested includes (please circle):**

- Psychological reports and testing
- Diagnostic Assessment(s)
- Medical Record/Most recent well-child check
- Transition and Discharge Summary
- Initial Individual Education Plan and updates
- Comprehensive Multidisciplinary Evaluations (CMDE)
- Individual Treatment Plans (ITP)
- Consumer Support Plans/CSP
- Other (specify): \_\_\_\_\_

***This consent expires one year from the date signed unless consent is withdrawn before that date.***

By signing I acknowledge that I have been informed as to who will receive the information, what information will be released/exchanged, and what the information will be used for. I understand that information will not and cannot be released without my consent. The information that will be released is private and confidential. All information being released/exchanged is governed by the Minnesota Government Data Privacy Act (Minn. Stat. Chap 13, as amended) and the Health Insurance Portability and Accountability Act (HIPPA). I understand that I may withdraw my consent at any time by giving written notice.

\_\_\_\_\_  
(Parent/guardian/caregiver Signature)

\_\_\_\_\_  
Date



## Parental Consent Form

February 15, 2018

Parent/Guardian of:  
Street Address:  
City, State, Zip Code:

Subject: Giving a ride to a child without an adult escort

Your child/children can get rides to their Medicaid related healthcare visits if they don't have any other way to get there. This is part of their Medicaid coverage. When they need a ride, call us. We are Medical Transportation Management, Inc. (MTM).

If your child needs to ride without a parent or guardian present, you must fill out the Parental Consent Form. The form came with this letter. The form allows us to give rides to your child/children without an adult riding along.

You, the parent or guardian of the child, must fill out, sign, and send us the Parental Consent Form before we can set up rides for your child/children to ride alone. Once you have filled out the form and signed it, you can send it to us by mail or fax.

**Mail the Parental Consent Form to:**

MTM  
Attention: Contact Center  
16 Hawk Ridge Drive  
Lake St. Louis, MO 63367

**Fax the Parental Consent Form to:**

1-844-879-7347 (toll-free)

Please call 1-877-503-1261 (toll-free) if you have any questions or concerns.



# Parental Consent Form

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's Medicaid Number: \_\_\_\_\_

My name is \_\_\_\_\_. I am the parent, guardian or legal custodian of \_\_\_\_\_, who is under 18 years old.

I give MTM permission to set up rides for, and provide rides to my son/daughter/minor dependent whose name I have written in this form. I understand these rides will carry my son/daughter/minor dependent to and from their Medicaid related healthcare visits. I further understand MTM may set up and provide these rides when I am not able to ride along and no other adult is able to make the trip.

This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect until I write to MTM and ask that this agreement is canceled or until someone else with authority writes and asks that the agreement is canceled.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
How are you related to the child?

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

**Mail this form to:**

MTM  
Attention: Contact Center  
16 Hawk Ridge Drive  
Lake St. Louis, MO 63367

**Fax this form to:**

1-844-879-7347 (toll-free)

If you, or someone you're helping, has questions about MTM, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888-561-8747.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-569-1746 (TTY: 7-1-1).

Non-discrimination. The client has a right to receive services in compliance with Title VI of the Civil Rights Act of 1964, 42 U.S.C.A., 2000d, et seq; 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. 794; the Americans with Disabilities Act of 1990, 42 U.S.C.A. 12101, et seq; and all amendments to each, and all requirements imposed by the regulations issued pursuant to these Acts, in particular 45 C.F.R. Part 80 (relating to race, color, national origin), 45 C.F.R. Part 84 (relating to handicap), 45 C.F.R. Part 86 (relating to sex), and 45 C.F.R. Part 91 (relating to age).

