

GENERAL AUTHORIZATION TO RELEASE

To: _____

I hereby authorize and grant my informed consent to permit you, _____, to release to and make available to the State of Minnesota and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released concerns the relationship between psychotherapists and patients and/or former patients as defined by Minnesota Statutes Chapter 148A. I understand that the purpose of permitting the State of Minnesota and/or its agents and/or representatives to have access to this information is to comply with Minnesota Statutes Chapter 148A and to determine by suitability for employment.

This authorization shall be valid for a period of one year but I reserve the right to, at any time prior to the expiration, cancel the written authorization by providing written notice to the State or to you of the fact. A photocopy of this authorization will be treated in the same manner as would the original release form.

Applicant's Full Name (Please Print)

Social Security Number

Applicant's Signature

Date

Applicant's Telephone Number **

C Your social security number is requested only to further identify you and you are not obliged to provide it.

** Your telephone number is requested in order to provide former employers a way to contact you regarding this release of information and you are not legally obliged to provide it.

Date

Current/Former Employer
Address

Dear _____:

(Applicant's Name) has applied for a counseling position with (Name of College/University). Because this position may fall within the definition of "psychotherapist" under Minnesota Statutes Chapter 148A, we are required to make inquiries of all those by whom an applicant has been employed in the past five years as to whether the applicant has had sexual contact with patients during treatment, or within two years of providing treatment to a patient. This also may include requests by the psychotherapist for such contact.

Enclosed please find a release of information signed by this applicant, requesting that you release to us any information you have regarding this issue. Please provide us with any information you have with respect to sexual contacts or requests for sexual contact between this applicant and any patient which may have occurred while the applicant was employed by you. For your information, we have attached a blank copy of the advisory signed by the applicant concerning Chapter 148A.

We are hoping to complete our hiring process for this position in the very near future. Your immediate response to this request will be very much appreciated.

Very truly yours,

Encl: Advisory (Form A)
Signed authorization (Form C)