



**MNSure and the Minnesota Department of Human Services
Request to Release Private Information for Public Purposes**

Explanation of Your Rights

This form only pertains to data collected by MNSure and the Minnesota Department of Human Services (DHS).

- You have the right to choose what data we release. However, by signing this form, you are authorizing the disclosure of the data described below. Signature on this form is voluntary.
- You have the right to ask us to explain the consequences for giving your permission to use the data in a different way.
- You may withdraw your permission at any time. Withdrawing your permission will not affect the data that we have already released because we had your permission to release the data.
- If you have a question about anything on this form, or would like more explanation, please contact communications@mnsure.org before you sign it.

I, [_____], **being of legal capacity, give my permission for MNSure and DHS to**
(insert first and last name)

use data about me in the way described on this form. I understand that my decision to allow release of the data to the public for promotional purposes is voluntary.

The data that MNSure and DHS may use are (please strike any listed data or information that you do not want shared):

My name and the fact that I am an individual participating in MNSure or Medical Assistance or MinnesotaCare.

A still or recorded image of myself (e.g., photo, still from video).

Information MNSure and/or DHS collect from me for public promotional purposes, including my words, comments, quotations, and/or anecdotes regarding my experiences with health care, health insurance, health care reform, my doctor, my health insurance plan, or any similar topic.

You can ask us to explain the consequences for giving MNSure and DHS permission to use your data. I understand the following consequences:

- Information will be used in promotional materials for MNSure and/or DHS, including the MNSure and/or DHS websites and in print and electronic communications.
- I understand that MNSure and DHS want to use examples and stories of individuals in promotional materials to encourage the Minnesota public to visit the MNSure website and explore their health insurance options.
- I understand that these data are private at MNSure and DHS, and the data I choose to release will be released to the public.
- MNSure and DHS promotional materials will be released to the public and may be used outside of MNSure and DHS's control in the world wide web, news media, and other print and electronic communications.
- I understand that I do not have to provide consent to use this information for promotional use, and not consenting will not affect the enrollment or eligibility of benefits or services I may receive through MNSure and DHS.
- I do not have the right to review and approve the product created from the information released in this authorization.
- I will not receive compensation of any form for the use of this information.
- I may be contacted by the media or other such persons seeking additional information.
- The information released in this consent form will be released to the public. People who see this information will be able to pass this information along to others.
- I may revoke this consent at any time by requesting the revocation in writing to MNSure. Any written revocation will not affect any information that has already been released. Contact MNSure at communications@mnsure.org.
- This consent will expire upon the termination of the website, www.mnsure.org or mn.gov/dhs/, unless the law allows for a longer period of time.

I state that I, being of legal capacity, am at least 18 years of age. I give this consent voluntarily.

Individual data subject's signature _____ **Date** _____

Parent/guardian's signature *[if needed]* _____ **Date** _____



General Consent/Authorization for Release of Information

MNSure and DHS may collect data from me for public promotional purposes. This data includes my words, comments, quotations, and/or anecdotes regarding my experiences with health care, health insurance, health care reform, my doctor, my health insurance plan, or any similar topic. This also may include a still or recorded image of myself (e.g., photo, still from video).

I understand the data will be public, and may be released or used for any reason. I also understand that:

- That, unless authorized by law, generally, I must give my written consent for MNSure and DHS to release my private information.
- Not providing information for promotional purposes will not affect the enrollment or eligibility of benefits or services I may receive through MNSure and DHS.
- I do not have the right to review and approve the product created from the information released in this authorization.
- I am being asked to release this information for the purpose of public dissemination, including for publication on the website: www.mnsure.org or <http://mn.gov/dhs/>
- I will not receive compensation of any form for the use of this information.
- I may be contacted by the media or other such persons seeking additional information.
- The information released in this authorization is public. People who see this information in the public publications will be able to pass this information along to others.

I state that I, being of legal capacity, am at least 18 years of age. I give this consent voluntarily.

Signature _____ Date _____

This information is being requested solely to verify the identity of the person giving consent/authorization.

Name _____

Address _____

City _____ State _____ Zip _____