



Request to Release Information
From Minnesota Department of Human Services and MNSure

Explanation of Your Rights

- 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 release the data.
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.

Consent

I, _____, give my permission to the navigator entity, _____,
(insert first and last name) (name of entity)

to release data about me, on behalf of DHS and MNSure, as described on this form to the following entities:

- (name of entity)
(name of entity)
(name of entity)

I understand that the entities listed above may contact me to seek my permission for using my MNSure experience in public promotional or marketing purposes.

I understand that my decision to allow release of the data is voluntary. Refusal to release the data will not affect the enrollment or eligibility of benefits or services I may receive through MNSure or DHS.

The specific data that the navigator entity may release on behalf of MNSure and DHS is as follows

- The fact that I am a participant of MNSure.
My contact information including name, telephone number and email address.



I understand that the specific data listed above are classified as private data collected, created, received, maintained or disseminated by the navigators on behalf of DHS and MNSure; and that after the specific data has been released to the entities listed above the classification and treatment of the data depends on the applicable laws or policies that apply to those entities, and may no longer be private information.

I understand the navigator entity or DHS or MNSure may seek additional information from me to verify my identity before releasing the data to the entities listed above.

This authorization to release expires _____. If left blank, the expiration will be one year from the date of signature.

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

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