MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

General Authorization and Release

Pursuant to Minnesota Statutes 13.05, subdivision (4)(d) and 13.41
Minnesota Government Data Practices Act

I _____, authorize and provide my informed consent for the Minnesota Office of Emergency Medical Services ("OEMS") and its representatives to release private data concerning me maintained by OEMS to the person or organization identified below.

This authorization includes private data reasonably necessary to respond to a request concerning my EMS certification, registration, licensure, credentialing, disciplinary history, investigative history, or eligibility for certification, registration, licensure, or reciprocity in another jurisdiction.

As applicable, the information released may include:

- The status and history of my Minnesota EMS credentials;
- Inactive investigative data concerning complaints or investigations;
- Disciplinary, corrective, or other regulatory actions involving my credentials;
- Restrictions, limitations, conditions, suspensions, revocations, denials, surrenders, reprimands, warnings, probation, or other actions affecting my credentials;
- Criminal history or criminal-history information maintained by OEMS;
- Information or documentation related to the matters identified above; and
- Other private data maintained by OEMS that is reasonably necessary to respond to the receiving entity's request.

I understand that some information maintained by OEMS may be classified as confidential under Minnesota law and is not subject to release based upon my consent. This includes active investigative data relating to the investigation of complaints against a licensee, as provided in Minn. Stat. § 13.41, subd. 4. **OEMS will not confirm or deny the existence of confidential investigative data unless disclosure is otherwise authorized by law.**

I understand that information released pursuant to this authorization may be considered by the receiving person or organization in determining my eligibility for certification, registration, licensure, reciprocity, or another professional credential.

Purpose of Release

☐ Certification Reciprocity Verification

☐ Other: _____

Recipient Information

Name of Person/Organization: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

I authorize OEMS to respond to questions from the person or organization identified above regarding the subjects covered by this authorization and to provide supporting information or documentation, as appropriate and permitted by law.

This authorization is valid for one year from the date signed. I may revoke this authorization at any time before it expires by providing written notice to OEMS. Revocation will not affect information released before OEMS receives my written notice.

Signature: _____ **Date:** _____

Printed Name: _____