STEVENS COUNTY HUMAN SERVICES AUTHORIZATION FOR BACKGROUND STUDY

400 Colorado Ave. Suite 104, Morris, MN 56267

☒ **Day care** ☐ **Legal non licensed Daycare** ☐ **Other** _____ Stevens County Worker: Elisa Ettesvold

PLEASE SEE BACK OF THIS FORM FOR DESCRIPTION OF INFORMATION REQUIRED AND PURPOSES FOR USE.

Name, Address and Phone Number of License Holder / Applicant if different from Subject completing this form:

Name		Phone Number	
Address	City	State	Zip

I hereby authorize the following agencies to release information regarding all records check (specific data/records, type of information, appropriate dates) of **criminal or non-criminal type activity including that which reflects violence and drug and alcohol use or abuse:** County, District and Municipal Courts, County Court Services, County Human Services agencies, County or State Attorney's Offices, County Sheriff's offices, City Attorney's offices, Police Departments, all Chiefs of Police for municipalities in which I have resided, the State and County Department of Corrections, Federal Bureau of Investigations, other states, the Commissioner of Health, the Bureau of Criminal Apprehension (BCA) and the National Crime Information Center (NCIC). These agencies as required by Minnesota Statute 245A.04, Subdivision 3, are required to release the following types of data contained in their investigation results available from local, state and national criminal records repositories, including the Criminal Justice Data Communications Network: criminal conviction data; reports about the maltreatment of adults substantiated under MN Statute section 626.557 and the maltreatment of minors in licensed programs substantiated under MN Statute section 626.556; juvenile court records relating to delinquency proceedings held within either the five years immediately preceding the application or the five years immediately preceding the individual's 18TH birthday, whichever time period is longer.

Where applicable: Stevens County Human Services is hereby requesting the juvenile court records if the study subject is a juvenile. This information will be released to the **Minnesota Department of Human Services** and the **Stevens County Human Services Department.**

Date: _____

_____
Signature of Subject

This consent form expires one year from the date of signature

_____
Signature of Parent/Guardian if Subject is under 18

SUBJECT OF THIS STUDY:

READ AND SIGN BACK PAGE

NOTICE OF PRIVACY RIGHTS IS FOR YOUR RECORDS

SUBJECT DATA. *(Please print information clearly)* *****A PHOTOCOPY OF THIS FORM SHALL BE ACCEPTED IN PLACE OF ORIGINAL*****

Name (Last, First, Full Middle)	**Maiden Name**	**Former Married Name**	**Other names you're known as** 1. 2.	
Current Street Address	**City**	**State**	**County**	**ZIP**
Phone Number	**Date of Birth**	**Sex**	**Race** (Optional)	
Social Security Number (Optional)	**Driver's License Number**	**Check one:** ☐License Holder/Applicant ☐Spouse ☐Child ☐Family / Frequent Visitor ☐Adult Caregiver ☐Helper ☐Substitute		

I have continuously resided at the above address for 5 or more years. ☐**Yes** ☐**No**

If no, please list city, county and state where you maintained residence during the last 5 years.

Address	City	County	State	Dates residing at address
1.				
2.				
3.				
4.				
5.				

NOTICE TO LAW ENFORCEMENT/COURT and/or SOCIAL SERVICE AGENCIES:

Please review your records and indicate your findings on the back of this form. Attach records as appropriate.

TO THE LICENSE APPLICANT: You are hereby notified that the individuals required to complete a background study pertaining to your license include: (1) the applicant; (2) persons age 13 and over living in the household where the license program will be provided; (3) employees or contractors of the applicant who will have direct contact with persons served by the program; (4) volunteers who have direct contact with persons served by the program, if the contact is not directly supervised by the individuals listed in (1) or (3) above, and when the commissioner has reasonable cause; 5) persons age 10 to 12 living in the household where the licensed program will be provided; and (6) persons who, without providing direct contact services at a licensed program, may have unsupervised access to persons receiving services from the licensed program.

Each of the individuals falling within the above listed categories must complete a separate AUTHORIZATION FOR BACKGROUND STUDY form. You are further instructed that each individual is to sign on the line provided above their name and by such signature is acknowledging receipt of this notice and further is acknowledging consent to release the above described types of information by the agencies listed.

Statutory authority for licensing day care providers is found in Minnesota Statutes, section 245A. Minnesota Rule 9502 specifies the requirements that must be met in order to obtain a family day care license. Failure or refusal to cooperate in the completion of this form or provision of information required constitutes reasonable cause to disqualify a subject, deny a license application, or immediately suspend, suspend, or revoke a license. Failure or refusal of an individual to cooperate with the study is just cause for denying or terminating employment of the individual if the individual's failure or refusal to cooperate could cause the applicant's application to be denied or the license holder's license to be immediately suspended, suspended, or revoked.

The information we collect about you may be shared with employees of this agency or other agencies who need the information to do their jobs and which statute authorizes to be shared. Information may be shared with other Human Services agencies. The information may be shared if you move and apply to be licensed by one of these agencies. Information collected about you will be classified as public data, private data, or confidential data under the Act.

Notice of Consequences: **I know and understand that state and federal privacy laws protect my records. I know:**

- Why I am being asked to release this information;
- I do not have to consent to the release if this information, however if I do not consent, my background study will not be completed, and thus, I may not be granted a family or group family daycare license;
- The Minnesota Department of Human Services may be able to pass along my information to the county or private agency that initiated my background study;
- I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released;
- This consent will end one year from the date I sign it, unless the law allows for a longer period.

NOTICE: **You are hereby notified that, in accordance with Minnesota Statute § 245C.17, that if you do not receive the results of the background study within 15 working days, be advised that more time is needed to conduct your study. Stevens County Licensing and/or the Minnesota Department of Human Services will notify you once the study is complete.**

_____ **I hereby acknowledge the receipt of the above stated notices.**
Initial

_____ **I hereby acknowledge the receipt of the MN Department of Human Services Notice of Privacy Practices**
Initial

Signature of Study Subject	Date	Parent/Guardian if under 18

*****THIS SECTION TO BE COMPLETED BY THE BELOW LISTED AGENCY*****

Request for: ☐ **Adult Records** ☐ **Juvenile Records**

AGENCY	CITY, COUNTY, STATE	CHECK ONE	SIGNATURE	DATE
Stevens County Sheriff's Office		☐We have no information ☐Information is attached		
Stevens County Human Services		☐We have no information ☐Information is attached		
Stevens County Juvenile Court Services		☐We have no information ☐Information is attached		
Minnesota BCA		☐We have no information ☐Information is attached		
Other Office, Department, or Court Services		☐We have no information ☐Information is attached		
Out of State request		☐We have no information ☐Information is attached		

Comments:

Minnesota Department of Human Services

Notice of Privacy Practices

(Effective Date: February 2011)

For your records, do not return

This notice tells how medical and other private information about you may be used and disclosed and how you can get this information. Please review it carefully.

Why do we ask for this information?

- To tell you apart from other people with the same or similar name
- To decide what you are eligible for
- To help you get medical, mental health, financial or social services and decide if you can pay for some services
- To make reports, do research, do audits, and evaluate our programs
- To investigate reports of people who may lie about the help they need
- To decide about out-of-home care and in-home care for you or your children
- To collect money from other agencies, like insurance companies, if they should pay for your care
- To decide if you or your family need protective services
- To collect money from the state or federal government for help we give you.

Why do we ask you for your Social Security number?

We need your Social Security number (SSN) to give you medical assistance, some kinds of financial help, or child support enforcement services (42 CFR 435.910 [2006]; Minn. Stat. 256D.03, subd.3(h); Minn. Stat.256L.04, subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your SSN to verify identity and prevent duplication of state and federal benefits. Additionally, your SSN is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/or benefits.

You do not have to give us the SSN:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a U.S. citizen and are applying for Emergency Medical Assistance only
- If you are from another country, in the U.S. on a temporary basis and do not have permission from the U.S. Citizenship and Immigration Services (USCIS) to live in the U.S. permanently
- If you are living in the U.S. without the knowledge or approval of the USCIS.

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs.
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care
- Guardians, conservators or persons with power of attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

We may disclose your health information to a record locator service. This can help health care providers find health plans and other health care providers that have health information about you. The health care provider can then get that information to help make better decisions about your treatment. If you prefer not to be included in the record locator service, you may "opt out" by contacting the Minnesota Health Information Exchange service desk at (888) 329-5270 (voice), (888) 303-1012 (fax), or (888) 341-4487 (TTY).

What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy medical or other private information we have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us in writing to share health information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to get a record of some of the people or organizations with whom we have shared your information. This record was started on April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your medical and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at: http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3979-ENG

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing
the information would risk your health. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either to the county agency, the organization or to the federal civil rights office at:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice) or
toll free (800) 368-1019 or (866) 282-0659 (312) 353-5693 (TTY)
(312) 886-1807 (Fax)

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above or to:

Minnesota Department of Human Services
Attn: Privacy Official
PO Box 64998
St. Paul, MN 55164-0998