



Authorization to Release and Exchange Information Methods of Contact and Communications

Blue Earth County WIC Program – (507) 304-4163

I give my consent to the Blue Earth County WIC Program to release and exchange information about myself and/or all my minor children enrolled in the WIC Program.

Initial the entities you agree to release and exchange information:

One Call Now Automated Messages: By signing this form, I agree that the information listed above will be sent to My Team 1, LLC (d/b/a One Call Now) so they can send these automated messages.

Initial the methods you agree to exchange information with the WIC Program:

Phone Call/Voice Message Text Message Email

I understand that sending information electronically may not be secure. I assume the risk that persons other than the intended recipient may observe information sent by these media. Depending on my phone plan, there may be charges I will be responsible for, and I can ask to stop receiving these types of communication at any time.

Initial the information you agree to release and exchange:

All Information that I have provided to the WIC Program, measurements and assessments made by the WIC Program, appointment dates and times, and whether I participate in the WIC program.

My participation in the WIC Program, my contact information, and my appointment dates and times.

This information will be used to:

- Contact me about WIC appointments or provide information by phone, email or text.
- Provide services that I am eligible for and wish to participate.

How will my privacy be protected? The information about me is private and protected by federal and state privacy laws. The Minnesota WIC Program will not release identifying information to any unauthorized person without my permission. After the information is disclosed to other public health programs, the information will be protected by the Minnesota Government Data Practices Act. Under that Act, health information about me is private. The staff of the public health programs will have access to the information to the extent needed to perform their job duties for the programs. My medical doctor must protect the privacy of my health information under federal and state privacy laws.

Whether I need to sign? I understand that I do not have to agree to the release of information described in this document. I also understand that refusing to sign this authorization will not affect my eligibility or participation in the WIC Program or any other public health program, will not affect the current or future care I receive from any health care provider, and will not cause any penalty or loss of benefits to which I am otherwise eligible. However, if I do not sign this authorization and participate in more than one program, I may be asked the same health questions or take the same measurements more than once.

Cancelling my permission: I may cancel my permission at any time. In order to cancel my permission, I need to send or deliver a letter to Blue Earth County WIC program, 410 South Fifth Street, PO Box 3526, Mankato, Minnesota, 56002; and include in the letter my request that my permission be cancelled, my name and date of birth, and my signature. This authorization expires five years from the date of my signature, unless it is revoked at an earlier date by me.

Signature of Participant, Parent or Guardian	Printed Name	Date of Signature
--	--------------	-------------------

ONE CALL NOW LANGUAGE PREFERENCE AND CONTACT METHOD: (WIC STAFF ONLY)

English (voice) English (text) English (email) Somali (voice)