

DEPARTMENT OF SOCIAL SERVICES

OFFICE OF THE SECRETARY

700 GOVERNORS DRIVE

PIERRE, SD 57501-2291

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Authorization to Release Information

Name: _____ Date of Birth: _____

1. I authorize the use or disclosure of confidential information regarding the above named individual. This is intended as a general release and does not include the release of the individual's Protected Health Information (PHI).

2. The type of information to be used or disclosed is as follows (please describe):

3. The information identified above may be used by or disclosed to the following individuals or organization(s):

Name: _____

Address: _____

Name: _____

Address: _____

4. This information for which I'm authorizing disclosure will be used for the following purpose: (please describe): _____

5. I understand that I have a right to revoke this authorization at any time and that it will remain in effect until revoked.

6. I understand authorizing the use or disclosure of the information identified above is voluntary.

Signature of Individual or
Individual's Authorized Representative

Date