

**SPECIFIC RELEASE OF INFORMATION**

MN Statutes, section 13.05, subdivision 4: Private or confidential data on an individual shall not be collected, stored, used, or disseminated by government entities for any purposes other than those stated to the individual at the time of collection in accordance with section 13.04, except as provided in this subdivision.

Date: 11/18/2020

I, hereby, authorize: JEC Miller, Inc.  
(person(s) or agencies the data subject is authorizing to disclose information)

to disclose the information described below regarding: \_\_\_\_\_  
(specific nature of the information to be disclosed) – Name of the individual

which has been requested by Bluestone Physician  
(person(s) or entities to whom the subject is authorizing information to be disclosed)

Describe the requested information completely:

This information is being provided for purpose of COVID Testing and COVID - Immunization  
Describe the purpose(s) for which the information will be used, both at the time of the disclosure and at any time in the future:

I understand that only the information described above will be released, and that it will be used solely for the purpose described above. It will not be disclosed to any other source unless specifically authorized by me. I have been informed that I may refuse to authorize the release of this information and the consequences of such a refusal have been explained to me.

This authorization will expire upon receipt of the information specified herein      or      This authorization will remain in full force and effect subject to my right to revoke it at any time, until: 11/2020 to 11/2021  
(date of termination; not to exceed one year)

I understand that I may revoke this authorization at any time and that I may review the information before authorizing its release, subject to my right to review this information under the controlling State and Federal law.

\_\_\_\_\_  
Person served and/or legal representative signature

\_\_\_\_\_  
Date

