

Name: CONBOY, ANDREW THOMAS

Form Date: 12/24/2022

DOB: 5/16/1988

Dakota County Sheriff's Office

Booking: 2208228

Jacket: 537047

CHN: 0144200

Dakota County Jail Intake Authorization for Disclosure of Health and Mental Health Data Upon Incapacitation

Inmate Information

CONBOY, ANDREW THOMAS

Inmate Name

5/16/1988

2208228

D.O.B.

Booking Number

This facility is required to offer you the choice to designate a person the Dakota County Sheriff's Office ("DCSO") will attempt to contact and share information about your health and mental health condition with if you become incapacitated or are unable to direct the sharing of that information. Please review this entire authorization.

- You have the right decide if you want your health or mental health condition shared by DCSO upon incapacitation or if you are unable to communicate or direct the sharing of that information. This information is classified as private data about me at the DCSO, as well as potentially protected health information (PHI) if maintained by the DCSO's contracted medical provider. The disclosure of my information to the person listed on this form may result in further release of that information over which the DCSO has no control.
- This means your decision to designate a person is voluntary and the DCSO will not condition any medical or mental health treatment on your decision to sign this authorization
- If you do not sign this authorization or provide a designated person, the DCSO will not share information about your health or mental health conditions upon your incapacitation or inability to communicate, unless otherwise allowed or required by law.
- You may withdraw your authorization at any time. Withdrawing your authorization will not affect the information already released. To withdraw your authorization, you must submit the request in writing to Jail Administration.

By signing this form (select only one option):

True I hereby authorize the DCSO to attempt to contact the following person and disclose medical and mental health data in the event I become incapacitated or am unable to communicate while in the custody of this facility. I understand that I may not designate a person for which there is a court order prohibiting me from having contact such as an Order for Protection (OFP), Domestic Abuse No Contact Order (DANCO), or Harassment Restraining Order (HRO), and if I designate such a person, the DCSO will not attempt contact on my behalf.

Designated Person

TIM

First Name

Middle Initial

Phone #

Address

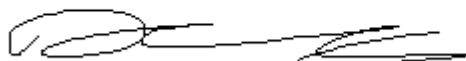
OR

False I do not authorize the DCSO to attempt to contact a designated person upon my incapacitation or inability to communicate or share information about my health or mental health condition with a person of my choosing.

This authorization will expire upon my release from custody or two (2) years from the date of my signature, whichever event occurs first.

Inmate Signature:

OR



Date:

12/24/2022

Jail Officer:

DENEVE 275

4066 151ST STREET WEST ROSEMOUNT MN 55068

Last Name

Email

Refused to sign: False