Form for Data Subject Requests

Data requests – Data subjects

Purpose: This form can be used to make a request to the Minnesota Department of Health for private data about you, your minor child, or a person for whom you are legal guardian, and to verify your identity as the data subject or as parent or guardian of the data subject.

Instructions: Complete this form and email to Health.DataPracticesRequest@state.mn.us or mail to ATTN: Data Request, C/O General Counsel's Office, PO Box 64975, St. Paul, MN 55164-0975.

Date of Request:_____

Data subject/requester information

Data Subject Name:_____

Parent/Guardian (if applicable):_____

Address:_____ City: _____State: _____Zip: _____

Phone Number:_____

Email Address:_____

Signature of Data Subject or Parent/Guardian:_____

Data that you are requesting

Describe the data you are requesting as specifically as possible. If you need more room, attach an additional page.

Format

I am requesting access to my data in the following way:

☐ In-person inspection ☐ Copies of my data ☐ Inspection and Copies

Note: Inspection of data is free, but MDH may charge for copies as allowed by Minnesota Statutes, section 13.04, subdivision 3.

If I am requesting copies of my data, I would like them to be sent to me the following way (for example, by email to the email address listed above, by mail to a certain address): _____

Verification of identity

If you are the data subject: *one way to verify your identity as the data subject is to provide a notarized signature, using the section below.*

If you are the parent or guardian of the data subject, you must verify both:

- *your identity, and*
- *your relationship as parent or guardian of the data subject.*

One way to verify your identity is to provide a notarized signature, using the section below. To verify your relationship to the data subject, include an official document that shows you are the parent or guardian of the data subject (for example: certified birth certificate, court order showing custody or appointment as guardian).

If you have questions about other ways to verify your identity and/or your relationship to the data subject, send to MDH using the contact information at this top of this form.

STATE OF _____

COUNTY OF_____

This instrument was acknowledged before me on _____ (date)

by_____ (name(s) of individual(s)).

SEAL:

_____

Notary Public Signature

_____

Title (and Rank)

My commission expires: _____

For internal MDH use only: *If this form does not include a notarized signature or include official documentation verifying the requester's relationship to the data subject, please provide a brief explanation of how the requester's identity and/or relationship to the data subject was verified:*

APPENDIX A: FORM FOR DATA SUBJECT REQUESTS

Minnesota Department of Health
General Counsel's Office
625 Robert St. N.
P.O. Box 64975
St. Paul, MN 55164-0975
Health.DataPracticesRequest@state.mn.us
www.health.state.mn.us

To obtain this information in a different format, email: health.datapracticesrequest@state.mn.us