

Consent to Release Private Data – Parent or Legal Guardian

If you have a question about this form or would like more explanation before your sign it, please send an email to the following inbox: Health.DataPracticesRequest@state.mn.us;

U.S. Mail: ATTN: Data Practices
 C/O General Counsel's Office
 625 Robert St. N.
 P.O. Box 64975
 St. Paul, MN 55164-0975

Explanation of rights and permission to release private data

I, _____ *[name of parent or guardian]*, give my permission for the Minnesota Department of Health ("MDH") to release data about _____ *[name of minor child or individual under guardianship]* to _____ *[name of the person or organization data receiving the data]* as described in this consent form.

1. The specific data I want MDH to release is: *(describe the data to be released – MUST FILL OUT)*

2. I want MDH to release the data to _____ *[name of the person or organization data receiving the data]* in the following way: *[explain how you want the data to be sent to/provided to this person or organization and provide necessary contact information, for example mailing address or email address]*

3. I understand that I have asked MDH to release the data to the organization named above.

4. I understand that some or all of the data I have asked MDH to release may be classified as private under the Minnesota Government Data Practices Act (Minnesota Statutes, chapter 13). Private data may only be accessed by the data subject and persons authorized by the data subject, except as allowed by law.

5. I understand that although some or all of the data are private at MDH, the way these data are classified or treated by _____ *[name of the person or organization receiving the data]* will depend on the laws and policies or policies that apply to _____ *[name of the person or organization receiving the data]*.

CONSENT TO RELEASE PRIVATE DATA – PARENT OR LEGAL GUARDIAN

This permission to release expires _____ (date/time of expiration).

A photocopy is as valid as an original.

Name of minor child or person under guardianship: _____

Signature of Parent/Guardian: _____

Date: _____

Verification of identity

MDH needs to verify that you are a person who has the right to authorize release of this data. To do this, you must both:

- **verify your identity, and**
- **Verify 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 or relationship to the data subject, please email Health.DataPracticesRequest@state.mn.us

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:*

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