

Consent Form to Release Your Private Data

If you want MDH to release private data about you to another person or organization, MDH needs written permission (informed consent) from you to authorize that release. The forms on the following pages can be used to provide informed consent for MDH to release your private data to another person or organization.

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 your rights and permission to release private data

I, _____ [*name of individual data subject*], give my permission for the Minnesota Department of Health ("MDH") to release data about me 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 my 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*].

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

A photocopy is as valid as an original.

Individual Data Subject Signature: _____

Date: _____

Verification of identity

MDH needs to verify that you are the data subject and person who has the right to authorize release of this data. One way to do this is to provide a notarized signature using the section below.

If you have questions about other ways to verify your identity, 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, please provide a brief explanation of how the requester's identity was verified:*

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www.health.state.mn.us

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