

# 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 <u>Health.DataPracticesRequest@state.mn.us</u> or mail to ATTN: Data Request, Legal Unit, PO Box 64975, St. Paul, MN 55164-0975.

Date of Request:		
Data subject/requeste	r information	
Data Subject Name:		
		State:Zip:
Email Address:		
Signature of Data Subject or P	arent/Guardian:	
Data that you are required Describe the data you are required an additional page.	_	ssible. If you need more room, attach
Format		
I am requesting access to my	data in the following way:	
☐ In-person inspection	$\square$ Copies of my data	☐ Inspection and Copies
Note: Inspection of data is free Statutes, section 13.04, subdiv	, ,	copies as allowed by Minnesota
If I am requesting copies of meaning to the email to the		be sent to me the following way (for mail to a certain address):

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## 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 or contact the MDH Data Practices Compliance Official, Mindy Hexum: Mindy.Hexum@state.mn.us, 651-201-5741.

STATE OF	)	
	) ss	
COUNTY OF	)	
On	_, 20, before me, a notary public for said state, persona	
	, personally known to me or proved to be such person by pr	oper proof,
and acknowledged that	he executed this Verification of Identity.	
Notary Public Signature		
SFAL:		

**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:

#### FORM FOR DATA SUBJECT REQUESTS

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

### 10/21/22

To obtain this information in a different format, call: 651-201-5741.