

# 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 contact the MDH Data Practices Compliance Official, Mindy Hexum:

[Mindy.Hexum@state.mn.us](mailto:Mindy.Hexum@state.mn.us)

651-201-5741

PO Box 64975, St. Paul, MN 55165-0975

## 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)*
  
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]*.

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

A photocopy is as valid as an original.

CONSENT TO RELEASE PRIVATE DATA – PARENT OR LEGAL GUARDIAN

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 verify 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 or relationship to the data subject, please email [Health.DataPracticesRequest@state.mn.us](mailto:Health.DataPracticesRequest@state.mn.us) or contact the Data Practices Compliance Official using the contact information listed at the top of this form.*

STATE OF \_\_\_\_\_ )  
 ) ss

COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, 20\_\_\_\_, before me, a notary public for said state, personally appeared \_\_\_\_\_, personally known to me or proved to be such person by proper proof, and acknowledged that s/he executed this Verification of Identity.

\_\_\_\_\_  
Notary Public Signature

SEAL:

**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:*

CONSENT TO RELEASE PRIVATE DATA – PARENT OR LEGAL GUARDIAN

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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.*