

Requests for Data About You and Your Rights as a Data Subject

UPDATED JULY 2025

When state government agencies have information recorded in any form, that information is called “government data” under the Minnesota Government Data Practices Act, [Minnesota Statutes, Chapter 13](#) (MGDPA). When we can identify you in government data, you are the “data subject” of that data. The MGDPA gives you, as a data subject, certain rights. This document explains your rights as a data subject and tells you how to request data that the Minnesota Department of Health (MDH) has about you, your minor child, or someone for whom you are the legal guardian. The purpose of this document is, in part, to fulfill the requirements of [Minnesota Statutes, section 13.025](#), subdivision 3.

When MDH has data about you

MDH has data on many people, such as employees, job applicants, and licensees. We can only collect and keep data about you when we have a legal purpose to do so.

Government data about an individual have one of three “classifications” that determine who is legally allowed to see the data: public, private, or confidential. Here are some examples:

Public data

The Minnesota Government Data Practices Act presumes that government data are public unless a state or federal law says otherwise.

We must give public data to anyone who asks. It does not matter who is asking for the data or why the person wants the data. The following are examples of public data we might have about you:

- Your name as the holder of an MDH-issued license or certification.
- Your name and salary if you are an MDH employee.

Private data

We cannot give private data to the general public. We can share your private data with you, with someone who has your permission, with MDH staff whose job requires them to see the data, and with others as allowed by law or court order. The following are examples of private data we might have about you:

- Information about your health.
- Your Social Security number.

Confidential data

Confidential data have the most protection. Neither the public nor you can access confidential data even when the confidential data are about you. We can share confidential data about you with MDH staff whose job requires them to see the data, and with others as allowed by law or court order. The following are examples of confidential data we might have about you:

- Information about you that is part of an active civil investigation.
- Certain birth record data.

Your rights as a data subject under the Minnesota Government Data Practices Act

The following sections describe rights that you have as a data subject under the MGDPA.

Access to your data

You have the right to look at (inspect), free of charge, public and private data that we keep about you. You also have the right to copies of public and private data about you. The MGDPA allows us to charge you the actual cost for copies, including materials. You have the right to look at data, free of charge, before deciding to request copies.

Also, if you ask, we will tell you whether we keep data about you and whether the data are public, private, or confidential.

Refer to the section below [How to Make a Request for Your Data](#) for instructions on how to request your data from MDH.

Parents and legal guardians

As a parent, you have the right to look at and get copies of public and private data about your minor children (under the age of 18), unless a court order has taken these rights away, or a state or federal law prohibits the release of the information about your minor children.

As a legally appointed guardian, you have the right to look at and get copies of public and private data about an individual for whom you are appointed guardian.

Minors

If you are a minor (meaning you are not yet eighteen years old), your parents or your guardian usually have the same rights as you do. This means that each of your parents or your guardian usually can look at and have copies of private and public information we keep about you, unless there is a court order that takes these rights away from them or a law that says we cannot let them see information about you.

If you are a minor, you have the right to ask us not to let your parent or guardian see or get copies of private data about you. If you do not want us to let your parent or guardian see or get copies of information about you, you must write to MDH and send your request one of two ways:

REQUESTS FOR DATA ABOUT YOU AND YOUR RIGHTS AS A DATA SUBJECT

- By US mail at:

ATTN: Data Practices Compliance Official
C/O General Counsel's Office
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975

- By email at: Health.DataPracticesRequest@state.mn.us.

Tell us in your letter why you do not want MDH to release private data about you to your parent or guardian and sign the letter.

After you make your request, we have to decide if we will let your parent or guardian see the data. When we make this decision, we have to consider:

- Whether there is a law that says we either have to or cannot give the data to your parent or guardian.
- Whether you have a good reason for asking us not to release the data.
- Whether you would be harmed in any way if we give your parent or guardian the data.
- Whether you understand what will happen if we don't release the data.
- Whether it is in your best interest for us not to give the data to your parent or guardian.

Collecting and releasing not public data about you

When we ask you to provide data about yourself that are private or confidential, we must give you a notice called a Tennesen warning. The notice controls what we do with the data that we collect from you. Usually, we can only use and release private or confidential data collected from you in the ways described in the notice.

We only have to give you the Tennesen warning when we are asking you to give us private or confidential data about yourself. We *do not* have to give you the notice when you give us information we have not asked for or the information we are asking for is about someone else.

We will ask for your written permission (informed consent) to use or release private or confidential data about you in the following circumstances:

- If you provided the data to MDH and MDH needs to use or release the data in a different way than was described in the Tennesen warning;
- If MDH is not authorized or required by law to use or release the data; or
- If you have asked MDH to release the data about you to another person or organization.

If you want MDH to release private or confidential data about you to another person or organization, you may use one of the forms in [Appendix B: Consent Forms to Release Your Information to Another Person or Organization](#) to authorize the release.

When your data are inaccurate or incomplete

You have the right to challenge the accuracy and/or completeness of public and private data about you. You also have the right to appeal our decision. If you are a minor, your parent or guardian has the right to challenge data about you.

- *Accurate* means the data are reasonably correct and do not contain any errors.
- *Complete* means that the data describe the history of your contacts with us in a complete way.

If you want to challenge the accuracy and/or completeness of data about you, your challenge must be made in writing. Your written notice of your challenge should clearly state:

- That you are challenging the accuracy or completeness of data about you under Minnesota Statutes, section 13.04, subdivision 4.
- What data you are challenging as inaccurate or incomplete. If possible, include a copy of the document or data that you are challenging;
- Why or how the data is inaccurate or incomplete; and
- What you think should be done to make the data accurate or complete.

Submit your written challenge to MDH one of two ways:

- By US mail to the following address:
ATTN: Data Accuracy & Completeness Challenge
C/O General Counsel's Office
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
- By email to Health.DataPracticesRequest@state.mn.us.

When we receive your letter, the law says we have 30 days to review it and the data you are challenging, to decide whether all, some, or none of the data are inaccurate or incomplete and respond to your challenge.

If we agree with all or part of your challenge, we will correct the inaccurate or incomplete data and try to notify anyone who has received the data in the past. This includes anyone you tell us has received the data.

If we don't agree with all or part of your challenge, we will tell you we believe that the data you are challenging are accurate and/or complete.

If you don't agree with our decision about your challenge, you may appeal the decision to the Commissioner of the Minnesota Department of Administration. When we respond to your challenge letter, we will tell you that you have the right to appeal our decision. You then have 60 days to file your appeal. If we do not tell you about your right to appeal our decision, you have 180 days to file your appeal. Instructions on how to appeal a decision about a data challenge are available on the Minnesota Department of Administration's website: [Appealing a Decision \(https://mn.gov/admin/data-practices/data/appeals/howto/\)](https://mn.gov/admin/data-practices/data/appeals/howto/).

How to make a request for your data

You can ask to look at (inspect) data or ask for copies of public or private data that we have about you, your minor child, or an individual for whom you have been appointed legal guardian.

Your request must be in writing and submitted one of two ways:

- By US mail, to the following address:
ATTN: Data Request
C/O General Counsel's Office
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
- By email to Health.DataPracticesRequest@state.mn.us.

Your request must:

- Say that you are making a request as a data subject, for data about you (or your child, or person for whom you are the legal guardian), under the Minnesota Government Data Practices Act (Minnesota Statutes, Chapter 13).
- Explain whether you would like to inspect the data, have copies of the data, or both.
- Provide a clear description of the data you would like to inspect or have copied.
- Provide proof that you are the data subject or data subject's parent/legal guardian.

The law says that MDH must protect private data about you. For this reason, we require proof of your identity before we can respond to your request for data. If you are requesting data about your minor child, you must show proof that you are the minor's parent. If you are a legal guardian, you must show legal documentation of your guardianship.

Please see [Appendix A: Form for Data Subject Requests](#) for a form that can be used to submit to MDH your request for data about you (or your child, or person for whom you are legal guardian) and that can be used to verify that you are the data subject or the parent or legal guardian of the data subject.

**NOTE: You may contact the MDH Data Compliance Official (DPCO) at Health.DataPracticesRequest@state.mn.us or using the contact information for the DPCO listed in the [Data Practices Contacts](#) section below about other ways of providing proof that you are the data subject or the parent/guardian of the data subject.*

If you do not provide proof that you are the data subject, are the parent of the minor data subject, or the legal guardian of the data subject, we cannot respond to your request.

How we respond to a data request

Upon receiving your request, we will review it.

- We may ask you to clarify what data you are requesting.
- We will ask you to confirm your identity as the data subject, or as the parent or legal guardian of the data subject.

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- If we have the data but cannot provide the data to you under the law, we will notify you within 10 business days and identify the law that prevents us from providing the data.
- If we have the data, and the data are public or private data about you, we will respond to your request by doing one of the following:
 1. Arrange a date, time, and place to inspect data in our office free of charge, ensuring you have a meaningful opportunity to inspect data within 10 business days of your request.
 2. Tell you how much the copies cost, and then provide you with copies of the data within 10 business days and upon payment of charges for the copies. We will work with you to determine how the copies will be provided to you. We will provide electronic copies upon request if we keep the data in electronic format and we can reasonably provide copies.
- If we contact you to make arrangements to inspect the data, to clarify what data you are requesting, or to provide verification of your identity as the data subject and you do not respond within three weeks, we will conclude that you no longer want the data and will consider your request closed.
- After we have provided you with your requested data, we do not have to show you the same data again for 6 months unless there is a dispute about the data.

If you do not understand some of the data (technical terminology, abbreviations, or acronyms), please ask the MDH employee who provided the data to you for clarification.

The Data Practices Act does not require us to create or collect new data in response to a data request, or to provide data in a specific form or arrangement we do not keep. For example, if the data you request are on paper only, we are not required to create electronic documents to respond to your request. In addition, we are not required to respond to questions that are not about your data requests, or that are not requests for government data.

Copy costs – data subjects

Minnesota Statutes, section 13.04, subdivision 3 allows MDH to charge for copies. Whether or not we charge you for costs may depend on our costs for providing the copies compared to our costs for collecting and recording a fee. If the costs are large, we may require that the costs be paid before we make copies. If possible, and upon request, we will provide you with an estimate of costs in advance.

When MDH charges for copies, it can charge for the actual cost of making copies for data about you. In determining the actual cost, we include the employee-time to create and send the copies, the cost of the materials onto which we are copying the data (paper, CD, DVD, etc.), and mailing costs such as postage (if any). MDH uses hourly staff pay rates determined by MDH Human Resources to calculate the actual costs related to employee time for a request. If your request is for copies of data that we cannot copy ourselves, we will charge you the actual cost we must pay an outside vendor for the copies.

NOTE: costs for some MDH data, such as birth and death certificates, are not covered by this information because fees for these data are set in state law.

Data practices contacts

The MDH Responsible Authority for data practices is Commissioner Brooke Cunningham, PO Box 64975, Saint Paul, Minnesota, 55164-0975.

Questions or complaints about request for or access to data under the MGDPA may be emailed to Health.DataPracticesRequest@state.mn.us, or directed to: the Data Practices Compliance Official, Mindy Hexum. You can contact Mindy Hexum at Health.DataPracticesRequest@state.mn.us or by mail at the following address: P.O. Box 64975, Saint Paul, Minnesota 55164-0975.

Minnesota Department of Health
General Counsel's Office
PO 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

Appendix A: 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, Legal Unit, 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 B: Consent Forms to Release Your Information to Another Person or Organization

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.

Consent to release private data – data about yourself

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; or send via

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 my: *(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 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]*.

APPENDIX B: CONSENT FORMS TO RELEASE YOUR INFORMATION TO ANOTHER
PERSON OR ORGANIZATION

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:*

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; or send via

U.S. Mail: ATTN: Data Practices
 C/O General Counsel's Office
 Minnesota Department of Health
 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)*

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.

Name of minor child or person under guardianship: _____

Signature of Parent/Guardian: _____

Date: _____

APPENDIX B: CONSENT FORMS TO RELEASE YOUR INFORMATION TO ANOTHER
PERSON OR ORGANIZATION

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 or contact the Data Practices Compliance Official using the contact information listed at the 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:*

