

DES MOINES VALLEY HEALTH AND HUMAN SERVICES DATA/INFORMATION DISCLOSURE REQUEST

A. Requester Complete

Note: Request Frequency – Private Data on individuals. After you have been shown the data and informed of its meaning, the data need not be disclosed to you until six months thereafter unless a dispute or action is pending or additional data on you has been collected.

1. Requester Name (Last, First, MI)	2. Company Name (if applicable)	3. Date of Request
4. Parent/Guardian Name (if applicable – for request for data about minor)	5. Description of Requested Information	
6. Mailing Address		
7. City, State, ZIP code		
8. Phone (if required to advise when data is ready)		
9. e-mail address (if required for electronic delivery of data)	10. I am requesting access to the data in the following way: <input type="checkbox"/> Inspection <input type="checkbox"/> Copies <input type="checkbox"/> Both Inspection and Copies Note: Inspection is free, but there is a charge for copies	
11. Requester Signature (If required to prove identity – for requests for private data)		

Note: You are not required to complete the name & contact information requested. However, if we do not understand your request & need clarification, we may not be able to begin processing it until you contact us. Also, we will need contact information if you want us to mail or email data to you.

B. Agency Complete

12. Division:	13. Request Handled By:
14. Request Type: <input type="checkbox"/> In-Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	15. Requested by: <input type="checkbox"/> Subject of Data <input type="checkbox"/> Not the Subject of Data
16. The Information Requested is Classified: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public <input type="checkbox"/> Private <input type="checkbox"/> Protected Non-Public <input type="checkbox"/> Confidential	17. Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (explain in #20) <input type="checkbox"/> Approved in Part (explain in #20)
18. Identification provided (if request for private data ONLY – see Page 2 for Standard for Verifying Identity) Indicate form of identification provided:	
19. Authorized Signature:	
20. Remarks/Comments: (If requested data is classified so as to deny access to the requester, cite authority or reason. Also enter any other remarks or comments that are appropriate:	
21. Date Completed:	22. Date Notified & by Whom:

C. Complete when Fees are assessed

(A receipted copy of this form is to be provided to the requester each time money is received.)

23. <input type="checkbox"/> Fees: Flat Rate	24. <input type="checkbox"/> Fees: Special Rate $\frac{\text{_____}}{\text{(\# of items)}} \times \frac{\text{_____}}{\text{(Rate Amt.)}} = \text{_____}$
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I have received from the above named, the amount(s) indicated below opposite my signature(s) for providing the information requested.

25. Total Amount Due	\$ _____	Received By:	Today's Date:
25a. Amount to be Prepaid (50% of est. totals over \$50.00)	\$ _____	Received By:	Today's Date:
25b. Balance Due (Upon completion of copying)	\$ _____	Received By:	Today's Date:

D. Requester, Please Note Items Checked

- Make check/money order payable to:
Des Moines Valley Health and Human Services
- If mailed, return entire form and any fees to:

Des Moines Valley Health and Human Services

Standards for Verifying Identity - required for private data ONLY

The following constitute proof of identity.

- An **adult individual** must provide a valid photo ID, such as
 - a state driver's license
 - a military ID
 - a passport
 - a Minnesota ID
 - a Minnesota tribal ID
- A **minor individual** must provide a valid photo ID, such as
 - a state driver's license
 - a military ID
 - a passport
 - a Minnesota ID
 - a Minnesota Tribal ID
 - a Minnesota school ID
- The **parent or guardian of a minor** must provide a valid photo ID *and either*
 - a certified copy of the minor's birth certificate *or*
 - a certified copy of documents that establish the parent or guardian's relationship to the child, such as
 - ❖ a court order relating to divorce, separation, custody, foster care
 - ❖ a foster care contract
 - ❖ an affidavit of parentage
- The **legal guardian for an individual** must provide a valid photo ID *and* a certified copy of appropriate documentation of formal or informal appointment as guardian, such as
 - court order(s)
 - valid power of attorney

Note: Individuals who do not exercise their data practices rights in person must provide *either* notarized or certified copies of the documents that are required *or* an affidavit of ID.