

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):

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.