❒ **Faribault County Health and Human Services Center**
PO Box 217, 412 N Nicollet St, Blue Earth, MN 56013
PH: 507-526-3265 FAX 507-526-2039

❒ **Martin County Health and Human Services Center**
115 West First Street, Fairmont, MN 56031
PH: 507-238-4757 FAX 507-238-1574

"An Equal Opportunity Employer"

INFORMATION DISCLOSURE REQUEST – **DATA SUBJECT**
Minnesota Data Practices Act
Public Health/Community Health

Date of Request	
Requesting party's information	
Full Name	
Date of Birth	
Phone Number	
Address	

Health & Human Services of Faribault & Martin Counties (HHSFMC) keeps many different records, across several program areas. To find your information quickly and accurately, we need you to tell us exactly what you are asking for.

HHSFMC is required to provide existing data, but we are not required to search indefinitely or collect data from every program area when the request is unclear.

Providing specific details helps us locate the correct data and ensures you receive the information you need as quickly as possible.

Below are areas within the Public Health/Community Health Program. Please check the areas you want included:

- ☐ WIC
- ☐ Immunizations
- ☐ Healthy Families America Home Visiting
- ☐ Maternal Child Health
- ☐ Elevated Blood Lead
- ☐ Car Seats
- ☐ Tuberculosis
- ☐ Refugee Health
- ☐ MSHO (Minnesota Senior Health Options)
- ☐ EW (Elderly Waiver)
- ☐ AC (Alternative Care)
- ☐ MnCHOICES

HHSFMC only keeps data for programs you have participated in. If you request information from all programs, your request may be delayed because multiple programs must be searched. Being specific lets us gather the correct documents and avoids overwhelming you with paperwork you do not want/need. Please note we cannot re-release records from other sources.

Types of Records you want:

☐ Case file

☐ Applications submitted

☐ Verifications you provided (pay stubs, birth certificates, etc.)

☐ Assessments or evaluations

☐ Referral information

☐ Communications such as health plan letters or notices

Date Range

Start Date _____ End Date _____

You must include a start date and end date for your request. Without a date range, your request cannot be logged or processed. *Example: June 2022 through July 2023.*

Whose records?

☐ I am requesting my own records.

☐ I am requesting records about someone else (Complete page 3).

I am requesting access to the data in the following way:

☐ I would like to review my records in the HHSFMC office after they are prepared.

☐ I would like to pick up my records at HHSFMC after they are prepared.

☐ I would like my records saved on a USB flash drive that I will pick up in the HHSFMC office ($10.00 cost).

I am asking for access to information on the following **minor child(ren)/individuals** maintained at Health & Human Services of Faribault & Martin Counties.

You are required to provide proof of your relationship to the person you are requesting records for. Refer to "How Do I Ask for Information" to determine the necessary proofs to submit with this request.

CHILD(REN)

Child 1	Full Name	
	Date of Birth	
	Parent(s)/Guardian	
	Address	
	Relationship to You	

Child 2	Full Name	
	Date of Birth	
	Parent(s)/Guardian	
	Address	
	Relationship to You	

Child 3	Full Name	
	Date of Birth	
	Parent(s)/Guardian	
	Address	
	Relationship to You	

Child 4	Full Name	
	Date of Birth	
	Parent(s)/Guardian	
	Address	
	Relationship to You	

Child 5	Full Name	
	Date of Birth	
	Parent(s)/Guardian	
	Address	
	Relationship to You	

(Use blank page for additional children.)

I am Legal Mother	I am Legal Father	I am Guardian
☐ I gave birth to the children	☐ I am married to my children's legal mother	☐ I am the individual's guardian appointed by the court
☐ I have legal custody of the children established by a court order	☐ I was married to my children's legal mother at the time of the children's birth	
☐ I have physical custody of the children established by a court order	☐ I have physical custody established by a court order	
	☐ I have legal custody established by a court order	

I have read and reviewed this form and verify under penalty of perjury that the information provided is accurate and truthful. I understand I may be required to pay for paper copies depending upon my request.

_____ Date: _____

Signature

For Office Use Only	
How was requestors' ID verified? By whom?	
How was relationship verified?	
Case number to use for data pull.	
Cost to the requestor?	
Date data request completed.	