

MEEKER COUNTY HEALTH AND HUMAN SERVICES PRIVATE DATA REQUEST POLICY

Data about you

The Minnesota Government Data Practices Act (MGDPA), Minnesota Statutes, Chapter 13, states data subjects have certain rights related to a government entity accessing, collecting, creating, transmitting, and keeping government data about them. You are the subject of data when you can be identified from the data.

Government data is a term that means all recorded information a government entity has, including paper, electronic, DVDs, photographs, etc.

Classification of data about you

The MGDPA presumes that all government data are public unless a state or federal law says that the data are not public. Data about you is classified by state law as public, private, or confidential. See below for some examples.

1. **Public Data:** We must give public data to anyone who asks; it does not matter who is asking for the data or why.

The following is an example of public data: The names of Minnesota government employees.

2. **Private data:** We cannot give private data to the general public, but you have access when the data is about you. We can share your private data with you, with someone who has your permission (with proper written consent) with our Meeker County Health and Human Services' staff who need the data to do their work, and as permitted by law or court order.

The following is an example of private data about you: Your social security number.

3. **Confidential data:** Confidential data has the most restrictive access. Neither the public nor you can get access even when the confidential data is about you. We can share confidential data about you with our government entity staff who need the data to do their work and to others as permitted by law or court order. We cannot give you access to confidential data.

The following is an example of confidential data about you: Investigative details in an active investigation.

Your rights under the Minnesota Government Data Practices Act

Meeker County Health and Human Services must keep all government data in a way that makes it accessible. We can generally only collect and keep data about you that we need for administering and managing programs and providing services that are permitted by law. We are required to keep certain information according to a record retention schedule. As a data subject, you have the following rights:

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 get copies of public and private data about you, but there could be a charge. We may need to review the data and redact to ensure you do not get access to private data about someone else or confidential information. The MGDPA allows us to charge for copies. You have the right to look at the data, free of charge, before deciding to request copies.

Parent rights to access data

If you are a parent, you generally have the right to look at and get copies of public and private data about your minor children (under the age of 18) although there are certain exceptions under the law. 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 the appointed guardian, although the same access to minor's data applies to guardians as it does to parent unless a court order directs otherwise.

Minors' rights to access data

Minors generally have the right to ask Meeker County not to give data about them to their parent or guardian. If you are a minor, we will make reasonable efforts to tell you that you have this right when appropriate [we are required to, prior to treatment, etc.]. Meeker County may ask you to put your request in writing and to include the reasons that we should deny your parents access to the data. Meeker County will make the final decision about your request based on your best interests.

Note: Minors do not have this right if the data in question are educational data maintained by an educational agency or institution.

Your rights when Meeker County Collects data from you

When Meeker County asks you to provide data about yourself that is not public, we must give you notice. The notice is sometimes called a "Tennessee Warning". The notice explains why we collect the data, what we do with the data, whether you may refuse or are legally required to supply the requested data, and who we share the data with, whether you may refuse or are legally required to supply the requested data, and who we share the data with. Usually, we can access, use, and disclose the data only in the ways described in the notice and consistent with the law or court order.

We will ask you for your written permission if we need to access, use or disclose private data about you in a different way, or if you ask us to release the data to another person. This permission is called authorization or consent. State and federal laws may also require your written authorization/consent at the time data is collected.

Protecting your data

The MGDPA requires us to protect your data. We are required to establish appropriate safeguards to ensure that your data is secure.

As part of protecting data, per state and federal laws, Meeker County must perform assessments and inform persons of data breaches.

When your data is inaccurate or incomplete

You have the right to challenge the accuracy and/or completeness of data about you. You also have the right to appeal any decision of Meeker County Health and Human Services. If you are a minor, your parent or guardian has the right to challenge data about you, on your behalf.

If you wish to file a data challenge, contact the appropriate person listed on page 6 . More information about filing a data challenge is available at: <https://mn.gov/admin/data-practices/data/appeals/about-you/>

How do I make a data request?

To look at data, or request copies of data that Meeker County Health and Human Services keeps about you, your minor children, or an individual for whom you have been appointed legal guardian or have consent or a court order for, you need to make a request in writing by completing the Meeker County Health and Human Services Private Data Request form.

Meeker County Health and Human Services requires proof of your identity before we can respond to your request for private 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 guardian, you must show legal documentation of your guardianship.

How do I verify my identity?

Before Meeker County discloses your data to you, Meeker County Health and Human Services will need to verify that you are who you say you are. If you are requesting data about yourself, you can complete the *Verification of Identity and Request for Information* and include it with a completed Private Data Request Form. You may verify your identity by providing an acceptable proof of identity, including any of these:

For adults, a valid photo ID, such as:

- State driver's license
- Military ID
- Passport
- Minnesota ID
- Minnesota Tribal ID

For minors, a valid photo ID, such as:

- State driver's license
- Military ID
- Passport
- Minnesota ID
- Minnesota tribal ID
- Minnesota School ID

For parents or guardians of a minor, requesting data on a minor must present 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

For the legal guardian for an individual, requesting data on the individual, must present 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

How does Meeker County Health and Human Services respond to a data request?

Once you make your request, we will work to process your request. If it is not clear what data you are requesting, we will ask you for clarification.

- If we do not have the data, we will notify you within ten (10) business days if you are the data subject.
- If we have the data, but the data is confidential data or private data that is not about you, we will notify you within ten (10) business days. and, at your request, state in writing which specific law says you cannot access the data.

- If we have the data, and the data is public or private data about you, we will respond to your request within ten (10) business days, by doing one of the following:
 - Arrange a date, time, and place, during normal business hours, to inspect the data, if your request is to look at the data; or
 - Provide you with copies of the data within ten (10) business days. You may choose to pick up your copies, or we will mail them to you.

After Meeker County Health and Human Services has provided you with access to data about you, we do not have to show you the data again for six months unless there is a dispute, or we collect or create new data about you. If repeat data is requested there will be a charge- see below.

If you do not understand some of the data (technical terminology, abbreviations, or acronyms), please let us know. We will give you an explanation if you ask.

The MGDPA does not require Meeker County Health and Human Services to create or collect new data in response to a data request if we do not already have the data, or to provide data in a specific form or arrangement if we do not keep the data in that form or arrangement. For example, if the data you request is on paper only, we are not required to create electronic documents to respond to your request. The MGDPA also does not require Meeker County to create new formats of the requested data. This means that Meeker County Health and Human Services is not required to disclose data in a particular electronic format. Meeker County Health and Human Services is also not required to scan data that is only in paper form to respond to a request that seeks the data in an electronic format.

Meeker County Health and Human Services may ask questions or request additional information to better process your request. If you do not respond to a request for clarification or other communication about your request, we may consider your request abandoned after a reasonable time passes.

Meeker County Health and Human Services is not required under the MGDPA to respond to questions that are not specific requests for data.

How much does it cost to look at or “inspect” data?

Meeker County Health and Human Services does not charge to inspect data. The inspection must take place at Meeker County at a time and place arranged by Meeker County, and you may not take data from Meeker County Health and Human Services without first paying the costs outlined below.

How much do the copies cost?

Meeker County Health and Human Services charges members of the public for copies of government data. These charges are authorized under Minnesota Statutes, section 13.03, subdivision 3(c). However, when a request under this subdivision involves any person’s receipt of copies of public government data that has commercial value and is substantial and discrete portion of or an entire formula, pattern, compilation, program, device, method, technique, process, database, or system developed with a significant expenditure of public funds by the government entity, the responsible authority may charge a reasonable fee for the information in addition to the costs of making, certifying, and compiling the copies. Any fee charged must be clearly demonstrated by the government entity to relate to the actual development costs of the information. The responsible authority, upon the request of any person, shall provide sufficient documentation to explain and justify the fee being charged. Minnesota Statutes, Section 13.03, Subdivision 3(d).

All copies on letter or legal-size paper copies cost 25 cents for a one-sided copy, or 50 cents for a two-sided copy. You must pay for the copies before we give them to you; Meeker County Health and Human Services only accepts

Payments as either a money order or exact cash payments. Pre-payment of copies is required unless other arrangements are approved by the Department Head or Data Practices Compliance Official for the responding department.

Private Data Practices Contacts Meeker County Health and Human Services			
Department	Responsible Authority	Data Practices Compliance Official	Designees
Children’s Services	Kirsten Langerman, Supervisor 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 (320) 693-4612 Fax (320) 693-5344 Kirsten.Langerman@co.meeker.mn.us	Paul Bukovich, Director 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5301 Fax (320) 693-5344 Paul.Bukovich@co.meeker.mn.us	Office Support Staff
Aging and Disabilities	Kristi Koelln, Supervisor 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5303 Fax (320) 693-5344 Kristi.Koelln@co.meeker.mn.us	Paul Bukovich, Director 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5301 Fax (320) 693-5344 Paul.Bukovich@co.meeker.mn.us	Office Support Staff
Behavioral Health	Tina Schenk, Supervisor 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5340 Fax (320) 693-5344 Tina.Schenk@co.meeker.mn.us	Paul Bukovich, Director 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5301 Fax (320) 693-5344 Paul.Bukovich@co.meeker.mn.us	Office Support Staff
Assessment and Community Social Services	Melissa Stonelake, Supervisor 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5318 Fax (320) 693-5344 Melissa.Stonelake@co.meeker.mn.us	Paul Bukovich, Director 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5301 Fax (320) 693-5344 Paul.Bukovich@co.meeker.mn.us	Office Support Staff
Child Support	Charlene Dale, Supervisor 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5327 Fax (320) 693-5344 Charlene.Dale@co.meeker.mn.us	Paul Bukovich, Director 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5301 Fax (320) 693-5344 Paul.Bukovich@co.meeker.mn.us	Office Support Staff
Financial Assistance	Mallie Dowdell, Supervisor 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5325 Fax (320) 693-5344 Mallie.Dowdell@co.meeker.mn.us	Paul Bukovich, Director 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5301 Fax (320) 693-5344 Paul.Bukovich@co.meeker.mn.us	Office Support Staff
Fiscal	Charlene Dale, Supervisor 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5327 Fax (320) 693-5344 Charlene.Dale@co.meeker.mn.us	Paul Bukovich, Director 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5301 Fax (320) 693-5344 Paul.Bukovich@co.meeker.mn.us	Office Support Staff
Public Health	Laurie Terning, Supervisor 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5381 Fax (320) 693-5399 Laurie.Terning@co.meeker.mn.us	Paul Bukovich, Director 114 N Holcombe Ave., Suite 180 Litchfield, MN 55355 320) 693-5301 Fax (320) 693-5344 Paul.Bukovich@co.meeker.mn.us	Office Support Staff

Verification of Identity and Request for Information

Purpose: The information below will assist Meeker County in verifying your identity and the identity of others whose private information you may be entitled to see. Completion of this form is voluntary. If you do not provide the information, Meeker County may not be able to provide access to the information you have requested. The information Provided will be sent for identity verification and information retrieval purposes only, unless otherwise required by law.

Requester's information:

DATE:			
REQUESTER FIRST NAME	MI	REQUESTER LAST NAME	HOME PHONE NUMBER
ALIAS NAME(S)			
STREET ADDRESS			E-MAIL ADDRESS
CITY	STATE	ZIP CODE	CELL PHONE NUMBER

Information requested for:

Provide as much of the following information as you know regarding the person or persons about whom you are requesting information. If you are requesting information about yourself, write "Self" in the Relationship field. Attach additional sheets if you are asking for information about more than one individual.

NAME	RELATIONSHIP	DATE OF BIRTH
SOCIAL SECURITY NUMBER	MAXIS/PMI/NPI CASE NUMBER	

Is the individual deceased? Yes No If yes, date of death (if known) _____

If information relates to a legal proceeding, provide the following information.

CASE CAPTION AND COURT FILE NUMBER	CLERK OF COURT'S TELEPHONE NUMBER	LOCATION OF COURT
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Do you have a signed authorization from the individual or individual’s legal representative allowing Meeker County to release the information to you?

Yes – (Please attach a copy)

No – If you are a parent or legal guardian, conservator, or representative, please include with your request a copy of court order (s) or other legal documents, if any, that establish legal custody or other legal authority to access the information. If you do not have a signed authorization, in the space below, please explain why you believe that you are entitled to look at information about this individual.

Acknowledgment

I have read and understand the attached Notice of Privacy Practices. I am providing the above information to Meeker County Health and Human Services to help identify the information I am requesting. The information that I am providing, including my legal authority to access the information that I am requesting, is, to the best of my knowledge, true, accurate and complete.

SIGNATURE OF SUBJECT OF INFORMATION OR INDIVIDUAL LEGALLY AUTHORIZED TO OBTAIN INFORMATION ABOUT THE SUBJECT	DATE
SIGNATURE OF AGENCY WITNESS	DATE

Agency Representative: Mark how identification was verified: Meeker County Health and Human Services reserves the right to request additional verification and clarification, as necessary.

For adults, a valid photo ID, such as:

- State driver’s license
- Military ID
- Passport
- Minnesota ID
- Minnesota Tribal ID

For minors, a valid photo ID, such as:

- State driver’s license
- Military ID
- Passport
- Minnesota ID
- Minnesota tribal ID
- Minnesota School ID

Agency Representative: Mark how identification was verified: For parents or guardians of a minor, requesting data on a minor must present 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

Agency Representative: Mark how identification was verified: For the legal guardian for an individual, requesting data on the individual, must present 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

Description of Data Being Requested

Mark the boxes below and fill in the spaces to help Meeker County Health and Human Services identify the data you want released. Use the space provided to describe what data you want Meeker County Health and Human Services to release. Be specific.

Time Period data is being requested from

I am requesting information for the individual(s) listed above about the following program(s). I would like informationn for the following time period: _____ to _____.

Program Areas: I am requesting Meeker County Health and Human Services release data related to my participation in the following programs:

Please check the box in the left column below to specify which Department you are requesting and then go to the next section to select the specific data you are requesting.

Aging and Disability

- | | |
|---|---|
| <input type="checkbox"/> Chronology/case notes | <input type="checkbox"/> Support Plans |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Releases of Information created by MCHHS |
| <input type="checkbox"/> Letters and Faxes from MCHHS | <input type="checkbox"/> Investigation Summaries |
| <input type="checkbox"/> Maltreatment Reports | <input type="checkbox"/> Other: _____ |

Assessment and Community Social Services

- Chronology
- Intake Summaries
- Letters and Faxes from MCHHS
- MnChoices Assessment Documents
- Maltreatment Reports
- Other: _____

Behavioral Health

- Chronology
- Case Plans
- Letters and Faxes from MCHHS
- Assessments
- Other: _____

Children's Services

- Chronology
- Case Plan
- Assessment/Investigation Summaries
- Letters and Faxes from MCHHS
- Child Maltreatment Report
- Drug Screen Test Results from Facility
- Releases of Information created by MCHHS
- Other: _____

Child Support

- Applications
- Employment Verifications
- Correspondence from MCHHS
- Payment Records
- Case Notes
- Address Verifications
- Genetic Test Results
- Other: _____

Fiscal

- Financial Information
- Payment Histories and ledgers
- Medical Assistance/collectible claims history
- Other: _____

Financial Assistance:

- Eligibility Notices
- Income/Assets
- Employment Services
- Household Report Form
- Case Notes
- Applications/Recertifications Forms
- Residency
- Other: _____

Public Health

- Home Visit documentation
- Environmental Health Visit documentation
- Other: _____
- Home Visit dates
- Immunization Records- MIIC
- Refugee Health Visit documentation

*For WIC records contact Meeker, McLeod, Sibley Community Health Services at 320-510-1319 or Kiza.Olson@mmspublichealth.org

Describe the information about you that you want to inspect or for which you want copies.

Format

I am requesting access to data in the following way:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> In Person Inspection | <input type="checkbox"/> Paper Copies-pickup | <input type="checkbox"/> Paper Copies-mail | <input type="checkbox"/> Electronic Copies Sent via Secure Email | <input type="checkbox"/> USB Drive-mailed |
|---|--|--|--|---|

OFFICE USE ONLY:

Agency Representative must:

- Review Private Data Policy Request with Requester. Ensure the information being requested is clearly described.
- Verify Identification and sign as Agency Witness.

Data Requested is: Public Private Confidential

Case Name and Number:
WorkGroup ID:

Agency Representative: Give Data Request to the appropriate supervisor. If more than one unit has data being requested, make a copy of the request, and give to each of the supervisors whom data is being requested from.

Responsible Authority: Data Request Review

DATE OF REVIEW
NAME OF PERSONS REVIEWING DATA
OTHERS PRESENT IN REVIEW, IF APPLICABLE

List the dates & times Requestor Called:

DATE	TIME	WHAT THE CALL ENTAILED

List any confidential data which cannot be accessed:

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With the exception noted above, request to access data is: Approved Denied; specify denial below.

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Copies and Payment

1st copy provided at no charge

Received requested copies at a rate of .25 per page Yes No

Total pages _____ @ .25 per page = \$ _____

Electronic File created of information provided to client Yes No Date: _____

Signatures

Responsible Authority's Signature acknowledges that they have reviewed and completed the data request per Meeker County Health and Human Services' policy and per The Minnesota Government Data Practices Act (MGDPA), Minnesota Statutes, Chapter 13.

RESPONSIBLE AUTHORITY'S SIGNATURE	DATE

Requestor's signature acknowledges that they have reviewed and/or received the records they have requested from Meeker County Health and Human Services.

REQUESTOR SIGNATURE	DATE

Agency Representative's signature acknowledges that they have verified the identity of the Requestor, collected the appropriate payment, and shared the requested data with the Requestor.

AGENCY REPRESENTATIVE	DATE