

# St. Louis County Public Health & Human Services Data Disclosure Request

## PLEASE COMPLETE

This form is used to request information under the Minnesota Data Practices Act. This form is used by clients of PHHS who are asking for access to their individual records.

You might be asked to pay the actual cost of gathering copies of information.

1. NAME (Last, First, Middle Initial):

2. DATE:

3. ADDRESS:

4. PHONE:

5. LIST INFORMATION BEING ASKED FOR (Please be specific):

6. SIGNATURE

**\*\*\*FOR OFFICE USE ONLY\*\*\***

7. OFFICE:

8. EMPLOYEE NAME:

9. HOW WAS REQUEST MADE:

In Person     By Mail     By Phone

10. THE INFORMATION REQUESTED IS CLASSIFIED:

Public                       Non-Public  
 Private                       Protected Non-Public  
 Confidential

11. REQUEST:

Approved  
 Denied  
 Approved in Part (Explain in #13)

12. SIGNATURE

13. COMMENTS: