



Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4877

**DATA DISCLOSURE REQUEST FOR PRIVATE, CONFIDENTIAL,
NONPUBLIC OR PROTECTED NONPUBLIC DATA**

I, _____
Print name: Last, first, full middle Street address

City, State, Zip Code

request that the following described information be released by Goodhue County Health and Human Services to me:

1. What information:

2. Adult(s) / children(s) names and birthdates:

This information will be redacted per State Statute.

Printed name of requestor

Signature of requestor

Date of request

Requestor's identity verified by Driver's License number: ____ Yes ____ No

Other identification used (describe) _____

Request received by: _____
Employee name Date

OFFICE USE ONLY:

Date completed: _____ Initials of Employee: _____

Copies requested and provided? ____ Yes ____ No Number of pages: _____

Cost of copies assessed: _____ PAID: _____ Date: _____

NOTE: This disclosure document is to be used when a subject asks for data other than public data. If the request is for other than public data about another person an **Informed Consent Authorization** is also required and a copy should be kept unless specific disclosure authority otherwise exists. **If disclosure is pursuant to court order a copy of the order should be kept.**
