Clay County	Responsible Authority - Brian Berg Clay County Administrator		Department/Division Public Health		Employee Work Access	
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)	
Inter-jurisdictional tuberculosis notification form	Client moves out of county - name and results/treatment to new county of residence	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses	
MDH tuberculosis contact investigation report	Demographics, names, and test results of household contacts in relation to index case	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
MDH tuberculosis case report	Initial case identification (name, tests and results, medical history, etc.) of suspected/confirmed case	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
MDH request for medications for suspect/case tuberculosis	Treatment regimen of case	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
Clay County TB referral and follow- up report	Authorization to share test results and medical history as well as perform tests and begin treatment of a case	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
Treatment of Latent Tuberculosis Infection (LTBI): monitoring flow sheet	Record of side effects and patient education regarding meds and treatment	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	

Clay County	Responsible Authority - Brian Berg Clay County Administrator		Department/Division Public Health		Employee Work Access	
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)	
Clay County mantoux forms	Date and results of mantoux skin test	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
MDH perinatal Hepatitis B immunization and follow-up report	Current demographics of mom and baby, hepatitis immunizations, post vaccination serology and results	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
MIIC software	Immunization history of individuals, including name, address, phone, primary medical provider	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Admin & Finance Director, Support Staff	
PH DOC System	Health info, care plan client assessment, visit notes, communication log, discharge summary	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Admin & Finance Director, Support Staff	
Immunization record card (used when multiple visits are expected)	Immunization data; including name, birth date, address, phone number, parent or guardian, primary medical provider, MNVFC qualification, date, manufacturer, lot number of vaccine and signatures of recipient, and vaccine administrator, VIS date	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	

Clay County	Responsible Authority - Brian Berg County Clay County Administrator		Department/Division Public Health Citation for		Employee Work Access
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)
Immunization record form	Immunization data; including name, birth date, address, phone number, parent or guardian, primary medical provider, MNVFC qualification, date, manufacturer, lot number of vaccine and signatures of recipient, and vaccine administrator, VIS date	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
Flu/pneumococcal form	Immunization data; including name, birth date, address, phone number, parent or guardian, primary medical provider, MNVFC qualification, date, manufacturer, lot number of vaccine and signatures of recipient, and vaccine administrator, VIS date	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
Medicare roster billing form	Name, birth date, Medicare number, and signature, address, sex	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Admin & Finance Director, Support Staff
Blue Cross/Blue Shield / Clay County Employee Roster Billing Form	Name, Blue Cross/Blue Shield number and group number, birth date and address	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Admin & Finance Director, Deputy Auditor, Support Staff
VAERS form (Vaccine Adverse Event Reporting System)	Name, address, phone number, birth date, vaccine data, administrator of vaccine, medical advisor, details of adverse event, including medical follow-up	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff

Clay County	Responsible Authority - Brian Berg Clay County Clay County Administrator		Department/Division Public Health		Employee Work Access
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)
Hepatitis B tracking forms	Name, employer, dates of HBVs	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
IPI immunization practices improvement questionnaire	Survey of MNVFC/immunization storage and handling of vaccines practices	Individual and clinic are Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
Communicable disease report investigation	Disease and medical history on individuals	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
Communicable disease outbreak interview form	Disease and medical history on individuals related to outbreak events	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses
Communicable disease investigation file notes	Disease investigation and follow-up case data on individuals - includes person, health, and medical history on individuals	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses
Communicable disease databases	Disease and medical history data on individuals (PH DOC)	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses
Perinatal Hepatitis B report forms	Disease investigation and follow-up data on individuals and their household contacts, including vaccination history	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff

Clay County	Responsible Authority - Brian B Clay County Administrator	Department/Division Public Health		Employee Work Access	
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)
MDH Pertussis Electronic Reporting Tool (MEDSS) (Minnesota Electronic Disease Surveillance System)	Results of pertussis investigations are reported here including specific contact information, community contacts, schools, places of work, details of diagnosis and treatment, etc.	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
MDH disease specific report form - Measles/Mumps/Pertussis/ Hepatitis	Name, address, phone, Birth date, disease and medical data on individuals	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
Notice of Rights (former Tennessean Warning)	Inform client of our intent to collect data	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
MN consent form to release health information	Consent to release information to another agency	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
Notice of Privacy Rights (acknowledgement of Receipt)	Name and signature	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
Information form for refugee program	Name/client number, birth date, anchor relative and volunteer agency	Private	M.S. 13.384	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff

Clay County	Responsible Authority - Brian Berg Clay County Administrator		Department/Division Public Health		Employee Work Access	
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)	
Medical examination form for immigrants or refugee applicant (overseas)	Physical examination information	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
MN initial refugee health assessment form (arrival in USA)	Physical examination, medical information	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
TB class: follow-up worksheet	Medical info-results from TB evaluations in US	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
International notification of TB cases	Client moves out of country, demographic info, plus treatment and test results	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
MDH request for medication to treat LTBI	Test result/treatment regimen for cases of TBI	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	
Perinatal Hepatitis B Status Board	Client names, DOB, vaccination status, address, provider	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff	

## 2016 INVENTORY OF NOT PUBLIC DATA ON INDIVIDUALS

Clay County	Responsible Authority - Brian E Clay County Administrator	Berg	Departm Publi	Employee Work Access	
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)
Infectious Disease Status Board	Client names, diagnosis, demographics,	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
Pertussis Status Board	Client names, diagnosis, demographics, contacts	Private	M.S 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Support Staff
Social security number on Environmental Health FB&L applications, other forms	Self-explanatory	Private	M.S. 13.355, subd. 1	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Environmental Health Specialists, Sanitarians, Support Staff
Report of food, beverage, and lodging complaint	Name of complainant, information related to nature of complaint	Confidential Public after closed	M.S. 13.03, subd. 3 M.S. 1339	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Environmental Health Specialists, Sanitarians, Support Staff
Foodborne illness form	Name of persons eating at establishment, food history, medical symptoms	Private		Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Environmental Health Specialists, Sanitarians, Support Staff

This document is a public record pursuant to Minnesota Statute 13.05

Clay County	Responsible Authority - Brian Berg Clay County Administrator		Department/Division Public Health		Employee Work Access	
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)	
Nuisance complaint form and database	Recording name, address, telephone number of complainant and complaint, nature and action taken on complaint	Confidential	M.S. 13.44, subd. 1 M.S. 13.39 M.S. 13.03, subd. 1	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses, Environmental Health Specialists	
Computerized documentation systems: HuBERT – Health Results Real Time (including scanned client rights, lost voucher report, letters, and requests)	Pregnancy nutrition risk and high risk care plans, summary of care plan, name of client, demographics, growth and percentile charts, client specific program data	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, WIC Staff	
WIC future appointment list	Records name and ID number	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, WIC Staff	
Printed clinic appointment schedule	Names, times of appointments	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, WIC Staff	
Client lists of breastfeeding clients	Name, ID number, WIC visit date	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, WIC Staff	
List of clients receiving medical formula	Name, ID number	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, WIC Staff	

-	Department/Division Public Health		Employee Work Access	
Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)
Name, ID number	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, WIC Staff
Standardized assessment tool includes client specific data	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Questionnaires regarding depression and anxiety	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Child development form	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Child development form	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Client name, information on safety of client's home	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
	Description (Purpose, what it collects, in terms understandable by general public)  Name, ID number  Standardized assessment tool includes client specific data  Questionnaires regarding depression and anxiety  Child development form  Child development form	(Purpose, what it collects, in terms understandable by general public)  Name, ID number  Standardized assessment tool includes client specific data  Questionnaires regarding depression and anxiety  Private  Child development form  Private	Clay County Administrator  Description (Purpose, what it collects, in terms understandable by general public)  Name, ID number  Private  Classification (Statute, Law, or Rule)  Private  M.S. 13.384, subd. 3  Standardized assessment tool includes client specific data  Questionnaires regarding depression and anxiety  Private  M.S. 13.384, subd. 3  Child development form  Private  M.S. 13.384, subd. 3  Child development form  Private  M.S. 13.384, subd. 3	Description (Purpose, what it collects, in terms understandable by general public)  Name, ID number  Private  Private  M.S. 13.384, subd. 3  Stathy McKay, Public Health Administrator  Classification (Statute, Law, or Rule)  Name, Title)  Name, ID number  Private  M.S. 13.384, subd. 3  Kathy McKay, Public Health Administrator  Rule  M.S. 13.384, subd. 3  Kathy McKay, Public Health Administrator  Private  M.S. 13.384, subd. 3  Kathy McKay, Public Health Administrator  Private  M.S. 13.384, subd. 3  Kathy McKay, Public Health Administrator  Child development form  Private  M.S. 13.384, subd. 3  Kathy McKay, Public Health Administrator  Child development form  Private  M.S. 13.384, subd. 3  Kathy McKay, Public Health Administrator  Child development form  Private  M.S. 13.384, subd. 3  Kathy McKay, Public Health Administrator  Client name, information on safety of client's home  Private  M.S. 13.384, subd. 3  Kathy McKay, Public Health Administrator

Clay County	Responsible Authority - Brian Berg Clay County Administrator		Department/Division Public Health		Employee Work Access
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)
Recipient release for car seat: Blue Plus, Health Partners, MNDOT	Sign off that car seat safety demonstrated	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
MDH birth records	Database containing birth certificate data for Clay County residents	Confidential	M.S. 144.225, subd 2	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Growth charts	Height and weight record, including client's name, address, and birth date	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
PH DOC system	Health information, care plan, client assessment, visit notes/communication log, discharge summary	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Referral forms, including Public Health nurse referral, pregnant/parenting teen referral, referral for child abuse/neglect	Client name, address, birth date, and pertinent personal medical information	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Lead exposure reports from MDH	Information on blood lead levels exceeding allowable limits in children	Private	M.S. 144.9502, subd. 9	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff

Clay County	Responsible Authority - Brian B Clay County Administrator	Responsible Authority - Brian Berg Clay County Administrator		Department/Division Public Health	
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)
Early hearing detection & identification referrals from MDH	DOB and health information on children who have failed hearing tests and need follow-up.	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Birth defect information system referrals	Health information on referrals from MCH for children with birth defects	Private	M.S. 144.225, subd. 2	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Ages and states developmental questionnaire/Minnesota developmental inventory	Standardized developmental inventory of children ages 1 to 60 months	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Brigance social/emotional	0-Kindergarten	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
Family home visiting data collection forms (paper, then spreadsheet)	Name, address, DOB, health information	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director or Nursing, Public Health Nurses, Support Staff
CATCH 3 database/system	Database for child and teen check-ups outreach - names and contact info for eligible children	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Child and Teen Check-up Staff

Clay County	Responsible Authority - Brian Berg Clay County Administrator		Department/Division Public Health		Employee Work Access	
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)	
Review/complaint form	Staff use for indoor air complaints - name of complainant, address, telephone number; name, address, telephone number of reported violator; and nature of complaint	Confidential Public after investigation is closed	M.S. 13.39 M.S. 13.0, subd. 1	Kathy McKay, Public Health Administrator	Administrator, Environmental Health Specialists	
Nutrition/referral and consultation records	Name, address, telephone number, family and personal medical information, nutritional concerns	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses	
Blood pressure screening form (employee only)	Name, address, telephone number, family and personal medical history	Private	M.S. 13.384, subd. 3	Kathy McKay, Public Health Administrator	Administrator, Director of Nursing, Public Health Nurses	
Compliance check form	Results of compliance check, business name, name of clerk, clerk's age and address, date and time of sale during course of investigation and appeal	Confidential Public after investigation	M.S. 13.39 M.S. 13.03, subd. 1	Kathy McKay, Public Health Administrator	Administration, Health Promotion Staff, Sheriff's Department Tobacco Officer	
Clerk violation	Name, address, telephone number, age during course of investigation and appeal	Confidential Public after investigation	M.S. 13.39 M.S. 13.03, subd. 1	Kathy McKay, Public Health Administrator	Administration, Health Promotion Staff, Sheriff's Department Tobacco Officer	
Clerk payment	Name of clerk and violation during course if investigation and appeal	Confidential Public after investigation	M.S. 13.39 M.S. 13.03, subd. 1	Kathy McKay, Public Health Administrator	Administration, Health Promotion Staff, Sheriff's Department Tobacco Officer	

Clay County	Responsible Authority - Brian Berg Clay County Administrator		Department/Division Public Health		Employee Work Access
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)
Vendor payment voucher form	Social security numbers	Private	M.S. 13,355, subd. 1	Kathy McKay, Public Health Administrator	Administration, Health Promotion Staff, Sheriff's Department Tobacco Officer
Tobacco database	Name of business, address, telephone number, compliance check results of all vendors in county during the course of investigation and appeal	Confidential Public after investigation is complete	M.S. 13.39 M.S. 13.03, subd. 1	Kathy McKay, Public Health Administrator	Administration, Health Promotion Staff, Sheriff's Department Tobacco Officer
Clay County Receiving Center files	Client Health Assessments, client care, CD assessments	Private	42 CFR M.S. 13.46, subd. 2	Kathy McKay, Public Health Administrator	Administration, Detox Staff, Support Staff