

APPENDIX II

FORM 6

REQUEST FOR DISCLOSURE OF INFORMATION

CLAY COUNTY REQUEST FOR INFORMATION
Minnesota Government Data Practices Act
(Pursuant to Clay County HIPAA Policy)



A. REQUESTOR COMPLETE (Items 1-4)

1. _____
Date and Time of Request
2. _____ Telephone Number
Requestor Name (last, first, MI)
3. Description of the Information Requested: _____

4. _____
Signature of Requestor (if needed)
5. Proof of Identity (if data is classified private): (Picture ID, Driver's License, State ID, Student ID)

B. DEPARTMENT USE (All requests for information shall be reviewed by the Designee of the Department)

6. Request type: ___In Person ___Mail ___Phone
7. Request handled by: _____
8. Request by: ___Subject of the Data ___Not Subject of Data
9. The information is classified: ___Public ___Private ___Confidential
___Non-Public ___Protected Non-Public
10. Request: ___Approved ___Denied ___Approved in Part
(Explain in 11)
11. Action Taken: (If requested data is classified so as to deny access to the requestor, cite any remarks, comments appropriate.)

12. Supervisor or Designee Signature: _____
13. I have been permitted to inspect the data described above.

Signature of Requestor Date
(Picture ID, Driver's License, State ID, Student ID)
