



Kandiyohi County Health and Humans Services HIPAA Data Disclosure Request

Date of request

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

City, state, zip code

request that the following described information be released by Kandiyohi County to me.

The specific data requested is described as follows:

Signature of requestor

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

Other identification used (describe): _____

Request received by: _____
Employee name **Date**

Request approved: Denied: Approved in part:

If denied or partial approval, state reason: _____

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.*