KANDIYOHI COUNTY DATA DISCLOSURE REQUEST FOR PRIVATE, CONFIDENTIAL, NONPUBLIC OR PROTECTED NONPUBLIC DATA

Date of request	
l,	
Print name: Last, first, full middle	Street address
City, state, zip code	
request that the following described information b	e released by Kandiyohi County to me.
The specific data requested is described as follows	 :
Printed Name of Requestor	Signature of requestor
The data information requested is classified as:	URUC
☐ PRIVATE ☐ NONPU ☐ CONFIDENTIAL ☐ PROTE	CTED NONPUBLIC
Requestor's identity verified by Driver's License nu	mber: Yes No
Other identification used (describe):	
Request received by:	
Employee name	Date
Request approved: Denied: Denied:	Approved in part:
If denied or partial approval, state reason:	
Copies requested and provided? Yes No	Number of pages:
Cost of copies assessed:	Date:
-	used when a subject asks for data other than public data. If

NOTE TO DEPARTMENTS: 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.

 $S: \ Shared \ HIPAA - Information-evaluation \ Policy - Procedure \ HIPAA policy forms \ Non-HIPAA \ Data forms and information \ 2018 \ NON-HIPAA \ Data \ Disclosure \ Request fillable. pdf$