

Workers' Compensation Program Information and Privacy Statement

The Minnesota Government Data Practices Act (MN Statutes, Chapter 13) requires you be informed of the following:

1. The information we collect from you about your injury is private. We need this information to help decide if your injury is related to work. We also use it to decide if you can get benefits, and how much money you may be owed if your injury is related to work. This information is also used to report to the Department of Labor and Industry if your injury keeps you from working for more than three days. We are required by law to do this.
2. You do NOT have to give us this information, but if you don't, we might not be able to decide if you can get benefits. If you don't share certain information, your claim might be delayed or even denied. Giving us your information will help us decide if you can get benefits and how much you may be owed.
3. The information you provide will be available to:
 - Those within your agency and the Department of Administration whose jobs reasonably require access, such as workers' compensation coordinators or claims management specialists.
 - Your medical provider(s).
 - The state's managed care vendor, and other vendors providing services for Admin the Workers' Compensation Reinsurance Association.
 - The Minnesota Department of Labor and Industry.
 - The Office of Administrative Hearings, Legislative Auditor, Attorney General's Office, Social Security Administration, applicable state retirement system, enforcement agencies with statutory authority to obtain the data, and any other person or entity authorized by law or court order.
 - Coordinate payment of claims with your health plan under the State Employee Group Insurance Plan when your condition is not covered by workers' compensation.
4. You may review all non-investigative claim information maintained by the Department of Administration, Workers' Compensation Program. There is no charge for reviewing this information; however, there is a small copy charge if you request copies.

I HAVE READ THIS NOTICE ABOUT INFORMATION AND PRIVACY.

Employee Signature _____ Date _____

CC: Employee