Data Practices Policy
for Data Subjects

Data About You

When government has information recorded in any form, that information is called “government data” under the Government Data Practices Act (Minnesota Statutes, Chapter 13). When we can identify you in government data, you are the “data subject” of that data. The Data Practices Act gives you, as a data subject, certain rights. This policy explains your rights as a data subject, and tells you how to request data about you, your minor child, or someone for whom you are the legal guardian.

Classification of Data About You

The Governor’s Office (“office”) has data on many people, such as employees, job applicants, and vendors. We can collect and keep data about you only when we have a legal purpose to have the data. The Governor’s Office must also keep all government data in a way that makes it easy for you to access data about you.

Government data about an individual have one of three “classifications.” These classifications determine who is legally allowed to see the data. Data about you are classified by state law as public, private, or confidential. Here are some examples:

Public Data

The Data Practices Act presumes that all government data are public unless a state or federal law says that the data are not public. We must give public data to anyone who asks. It does not matter who is asking for the data or why the person wants the data. An example of public data is the name and salary of a current employee in the Office.

Private data

We cannot give private data to the general public. We can share your private data with you, with someone who has your permission, with our government entity staff whose job requires or permits them to see the data, and with others as permitted by law or court order. An example of private data is an individual’s social security number.
Confidential Data

Confidential data have the most protection. Neither the public nor you can access confidential data even when the confidential data are about you. We can share confidential data about you with our government entity staff who have a work assignment to see the data, and to others as permitted by law or court order. An example of confidential data is the identity of the subject of an active criminal investigation.

Your Rights Under the Government Data Practices Act

As a data subject, you have the following rights:

Access to your data

- You have the right to inspect (look at), public and private data that we keep about you. You also have the right to get copies of public and private data about you. The Data Practices Act allows us to charge for copies.
- You may request whether we keep data about you and whether the data are public, private, or confidential.

When We Collect Data from You

- When we ask you to provide data about you that are not public, we must give you a notice called a Tennessen Warning. The notice controls what we do with the data that we collect from you. Usually, we can use and release the data only in the ways described in the notice.
- We only have to give you the Tennessen warning when we are asking you to give us not public data about yourself.
- We will ask for your written permission if we need to use or release private data about you in a different way, or if you ask us to release the data to another person. This permission is called informed consent.
- If you want the Governor’s Office to release not public data about you to another person or organization, you may use one of the forms in Appendix B: Consent Forms to Release Your Information to Another Person or Organization to authorize the release.

Protecting Your Data

- The Data Practices Act requires us to protect your data. We have established appropriate safeguards to ensure that your data are safe. In the unfortunate event that we determine a security breach has occurred and an unauthorized person has gained access to your data, we will notify you as required by law.
When Your Data are Inaccurate or Incomplete

- You have the right to challenge the accuracy or completeness of public and private data about you. You also have the right to appeal our decision. If you are a minor, your parent or guardian has the right to challenge data about you.

How to Make a Request for Your Data

You can ask to inspect data at our offices or ask for copies of data that we have about you, your minor child, or an individual for whom you have been appointed legal guardian. To inspect data or request copies of data that this office keeps, your request must be made in writing. Make your request for data to the appropriate individual listed as the Data Practices Contact. You may make your request for data by mail or email.

A request should include the following:

- Say that you are making a request as a data subject, for data about you (or your child, or person for whom you are the legal guardian), under the Government Data Practices Act (Minnesota Statutes, Chapter 13).
- Include whether you would like to inspect the data, have copies of the data, or both.
- Provide a clear description of the data you would like to inspect or have copied.
- Provide proof that you are the data subject or data subject’s parent/legal guardian.

To prevent improper disclosure of data, we require proof of your identity before we can respond to your request for data. If you are requesting data about your minor child, you must show proof that you are the minor’s parent. If you are a legal guardian, you must show legal documentation of your guardianship. Please see the Standards for Verifying Identity below. If you do not provide proof that you are the data subject, we cannot provide you with private data.

Please see Appendix A: Form for Data Subject Requests for a form that can be used to submit your request for data about you (or your child, or person for whom you are legal guardian) and that can be used to verify that you are the data subject or the parent or legal guardian of the data subject.
Standards For Verifying Identity

The following constitute proof of identity:

- An adult individual must provide a valid photo ID, such as:
  - a driver’s license
  - a state-issued ID
  - a tribal ID
  - a military ID
  - a passport
  - the foreign equivalent of any of the above
- A minor individual must provide a valid photo ID, such as:
  - a driver’s license
  - a state-issued ID (including a school/student ID)
  - a tribal ID
  - a military ID
  - a passport
  - the foreign equivalent of any of the above
- The parent or guardian of a minor must provide a valid photo ID and either:
  - a certified copy of the minor’s birth certificate or
  - a certified copy of documents that establish the parent or guardian’s relationship to the child, such as:
    - a court order relating to divorce, separation, custody, foster care
    - a foster care contract
    - an affidavit of parentage
- The legal guardian for an individual must provide a valid photo ID and a certified copy of appropriate documentation of formal or informal appointment as guardian, such as:
  - court order(s)
  - valid power of attorney

Note: Individuals who do not inspect data or pick up copies of data in person may be required to provide either notarized or certified copies of the documents that are required or an affidavit of identification.

How Our Office Responds to a Data Request from a Data Subject

Upon receiving your request, we will review it.

- We may ask you to clarify what data you are requesting.
- If we do not have the data, we will notify you in writing within 10 business days of receipt of the request by the Data Practices Compliance Official.
- If we have the data but the data are confidential or private data not about you, we
will notify you within 10 business days and identify the law that prevents us from providing the data.

▪ If we have the data, and the data are public or private data about you, we will respond to your request within 10 business days, by doing one of the following, depending on how you have specified your preference for receiving data:
  ▪ provide you with copies of the data via email or other electronic means, or
  ▪ arrange a date, time, and place to inspect data at our offices, or
  ▪ arrange a date and time for you to pick up physical copies, or
  ▪ send them to you via mail.

Our office will send notice to a requestor when their data is available. We will send two reminders after the initial notice, and the request will be cancelled if no response is received within one month of the second reminder. Additionally, our office will retain data responsive to your data practice request for 30 days after the data is provided or the request is cancelled.

After we have provided you with access to data about you, we do not have to show you the data again for six months unless there is a dispute as to the accuracy of the data, or we collect or create new data about you.

The Government Data Practices Act does not require us to create or collect new data in response to a data request, or to provide data in a specific form or arrangement if the requested form is not the original format. In addition, the Government Data Practices Act does not require us to answer questions that are not requests for data.

Costs related to data requests

Minnesota Statutes, section 13.04, subdivision 3 allows us to charge for copies. Copy costs for a request made by a data subject only include the actual cost of materials and the actual cost for an employee to make paper copies or to print copies of electronically stored data. Copies will be made in black and white unless the requestor specifies color copies. Costs must be paid in advance of receiving data.

Data Practices Contact

Contact: Jake Smith, Deputy General Counsel

Email: jake.smith@state.mn.us

Address: 75 Rev. Dr. Martin Luther King Jr. Blvd., Suite 130
          Saint Paul, Minnesota 55155
Appendix A: Form for Data Subject Requests

Data Requests – Data subjects

**Purpose:** This form can be used to make a request to the Minnesota Department of Health for private data about you, your minor child, or a person for whom you are legal guardian, and to verify your identity as the data subject or as parent or guardian of the data subject.

**Instructions:** Complete this form and email to jake.smith@state.mn.us or mail to 75 Rev. Dr. Martin Luther King Jr. Blvd., Suite 130 Saint Paul, Minnesota 55155.

Date of Request: _______________

**Data subject/Requester Information:**

Data Subject Name: __________________________________________________________

Parent/Guardian (if applicable): ______________________________________________

Address: __________________________ City: __________ State: _____ Zip: ______

Phone Number: __________________________________________________________________

Email Address: __________________________________________________________________

Signature of Data Subject or Parent/Guardian: ________________________________

**Data that you are requesting:**

Describe the data you are requesting as specifically as possible. If you need more room, attach an additional page.

**Format:**

I am requesting access to my data in the following way:

___ In-person inspection  ___ Copies of my data  ___ Inspection and Copies

*Note: Inspection of data is free, but we may charge for copies as allowed by Minnesota Statutes, section 13.04, subdivision 3.*

If I am requesting copies of my data, I would like them to be sent to me the following way (for example, by email to the email address listed above, by mail to a certain address): ____________________________________________
Verification of Identity:

If you are the data subject: one way to verify your identity as the data subject is to provide a notarized signature, using the section below.

If you are the parent or guardian of the data subject: you must verify both your identity and your relationship as parent or guardian of the data subject. One way to verify your identity is to provide a notarized signature, using the section below. To verify your relationship to the data subject, include an official document that shows you are the parent or guardian of the data subject (for example: certified birth certificate, court order showing custody or appointment as guardian).

If you have questions about other ways to verify your identity and/or your relationship to the data subject, send to the Governor’s Office using the contact information at this top of this form or contact the Governor’s Office Data Practices Compliance Official, Jake Smith: jake.smith@state.mn.us.

STATE OF _______________________
                      ) ss

COUNTY OF _________________

On ____________, 20____, before me, a notary public for said state, personally appeared _____________________________, personally known to me or proved to be such person by proper proof, and acknowledged that s/he executed this Verification of Identity.

_______________________________________

Notary Public Signature

SEAL:
Appendix B: Consent Forms to Release Your Information to Another Person or Organization

If you want the office to release private data about you to another person or organization, we need written permission (informed consent) from you to authorize that release. The forms on the following pages can be used to provide informed consent for the office to release your private data to another person or organization.

Consent to Release Private Data – Data About Yourself
If you have a question about this form or would like more explanation before you sign it, please contact the Governor’s Office Data Practices Compliance Official, Jake Smith:

Email: jake.smith@state.mn.us
Mailing Address: 75 Rev. Dr. Martin Luther King Jr. Blvd., Suite 130 Saint Paul, Minnesota 55155.

Explanation of your Rights and Permission to Release Private Data
I, ______________________________________ [name of individual data subject], give my permission for the Governor’s Office (the “office”) to release data about me to ______________________________________ [name of the person or organization data receiving the data] as described in this consent form.

1. The specific data I want the office to release is my: (describe the data to be released)

2. I want the office to release the data to ______________________________________ [name of the person or organization data receiving the data] in the following way: [explain how you want the data to be sent to/provided to this person or organization and provide necessary contact information, for example mailing address or email address]

3. I understand that I have asked the office to release my data to the organization named above.

4. I understand that some or all of the data I have asked the office to release may be classified as private under the Minnesota Government Data Practices Act (Minnesota Statutes, chapter 13). Private data may only be accessed by the data subject and persons authorized by the data subject, except as allowed by law.

5. I understand that although some or all of the data are private at the office, the way these data are classified or treated by ______________________________________ [name of the person or organization receiving the data] will depend on the laws and policies or policies that apply to ______________________________________ [name of the person or organization receiving the data].
This permission to release expires ____________________ (date/time of expiration).

A photocopy is as valid as an original.

Individual Data Subject Signature: _______________________________________________________

Date: ___________________________________

**Verification of Identity:**

*The office needs to verify that you are the data subject and person who has the right to authorize release of this data. One way to do this is to provide a notarized signature using the section below. If you have questions about other ways to verify your identity, please email jake.smith@state.mn.us or contact the Data Practices Compliance Official using the contact information listed at the top of this form.*

STATE OF ______________________)

) ss

COUNTY OF ________________________)

On ____________ , 20____, before me, a notary public for said state, personally appeared __________________________________________, personally known to me or proved to be such person by proper proof, and acknowledged that s/he executed this Verification of Identity.

_____________________________________

Notary Public Signature

SEAL:
Consent to Release Private Data – Parent or Legal Guardian

If you have a question about this form or would like more explanation before your sign it, please contact the Governor’s Office Data Practices Compliance Official, Jake Smith:

Email: jake.smith@state.mn.us

Mailing Address: 75 Rev. Dr. Martin Luther King Jr. Blvd., Suite 130 Saint Paul, Minnesota 55155.

Explanation of Rights and Permission to Release Private Data

I, ______________________________ [name of parent or guardian], give my permission for the Governor’s Office (the “office”) to release data about ______________________________ [name of minor child or individual under guardianship] to ______________________________ [name of the person or organization data receiving the data] as described in this consent form.

1. The specific data I want the office to release is: (describe the data to be released)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. I want the office to release the data to ______________________________ [name of the person or organization data receiving the data] in the following way: [explain how you want the data to be sent to/provided to this person or organization and provide necessary contact information, for example mailing address or email address]

____________________________________________________________________________
____________________________________________________________________________

3. I understand that I have asked the office to release the data to the organization named above.

4. I understand that some or all of the data I have asked the office to release may be classified as private under the Minnesota Government Data Practices Act (Minnesota Statutes, chapter 13). Private data may only be accessed by the data subject and persons authorized by the data subject, except as allowed by law.

5. I understand that although some or all of the data are private at the office, the way these data are classified or treated by ______________________________ [name of the person or organization receiving the data] will depend on the laws or policies that apply to ______________________________ [name of the person or organization receiving the data].

This permission to release expires ______________________________ (date/time of expiration).

A photocopy is as valid as an original.

Name of minor child or person under guardianship: ______________________________

Signature of Parent/Guardian: ______________________________

Date: ______________________________
Verification of Identity:
The office needs to verify that you are a person who has the right to authorize release of this data. To do this, you must verify your identity and your relationship as parent or guardian of the data subject. One way to verify your identity is to provide a notarized signature, using the section below. To verify your relationship to the data subject, include an official document that shows you are the parent or guardian of the data subject (for example: certified birth certificate, court order showing custody or appointment as guardian).

If you have questions about other ways to verify your identity or relationship to the data subject, please email jake.smith@state.mn.us or contact the Data Practices Compliance Official using the contact information listed at the top of this form.

STATE OF ________________

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COUNTY OF ________________

On ____________, 20___, before me, a notary public for said state, personally appeared __________________________________, personally known to me or proved to be such person by proper proof, and acknowledged that s/he executed this Verification of Identity.

________________________________
Notary Public Signature

SEAL: