HealthPartners Minnesota Data Practices Request Form

Date of request: _____

I am requesting access to data under the Minnesota Data Practices Act (MNDPA) in the following way:

☐ Inspection ☐ Copies* ☐ Both inspection and copies

Note: Onsite inspection is free but copying costs in excess of $10 will be invoiced and require prepayment.

These are the data I am requesting:
Describe the data you are requesting (including time period) as specifically as possible. If you need more space, please attach additional pages and include them with this form.

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*Please indicate if you want paper or electronic copies.

Contact Information

Name_____

HealthPartners Member/Patient Number (if applicable)_____

Parent/Guardian name and relationship (if applicable)_____

Organization (if applicable)_____

Address_____

Phone number_____ Email address_____

You do not have to provide any of the above contact information. However, if you want us to respond to your request, we will need contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request.

You may be required to provide proof of identity.

We will respond to your request as soon as reasonably possible.