

Verification of Identity and Request for Information

The Minnesota Department of Children, Youth, and Families (DCYF) is committed to protecting the privacy rights of individuals that we serve. We take numerous precautions to safeguard personal and protected information about our clients.

What is the Tennessee Warning? When DCYF asks an individual to provide private information about themselves, DCYF is required to provide the individual with a Tennessee Warning that explains:

- The reason DCYF is collecting the data,
- How DCYF plans to use the data,
- Whether the individual is legally required to provide the data or may refuse to do so,
- Consequences if the individual provides the data,
- Consequences if the individual does not provide the data, and
- The identities of people and entities that have access to the data by law.

When is an Authorization to Release Information needed? If DCYF is not legally authorized to share information without your permission, you must complete an Authorization/Consent for Release of Information Form if you want to share your protected information with another person, agency, or entity.

Sharing private information: DCYF cannot disclose information about a client to another individual without verifying that the individual who is seeking the information is authorized to receive the information. If you are asking for access to your records or for the records of a minor or another adult person, please consider the following:

- You may look at or receive copies of information about yourself once DCYF verifies your identity.
- If you are requesting information about someone other than yourself, DCYF will require that you have that individual's authorization/consent before the information can be released to you.
- If you are requesting information about minors, you can verify your authority to access the information by providing a copy of a birth certificate, or a court order establishing paternity, legal guardianship, or custody. Alternatively, you can obtain a written approval form from the minor who is the subject of the information.
- DCYF may not be able to provide access to psychotherapy notes or chemical dependency treatment records.
- You do not have to provide answers to the questions on page 3 and 4. However, DCYF may not be able to release private information to you if we are unable to verify your identity.
- You will not be charged a fee to look at information you are entitled to see. If you request a copy of any document that you are entitled to see, DCYF may charge a fee.

Directions: Please carefully read the Tennessee Warning on the next page before submitting information to DCYF. Submission of the information requested, including your social security number, is completely voluntary. If you decide to submit the requested verification and clarification information to DCYF, please complete pages 3 and 4, then detach these pages and return them to:

**Department of Children, Youth, and Families
Privacy Official
444 Lafayette Rd
Saint Paul, MN 55155**

Tennessee Warning

This notice is about how private information about you may be used and disclosed and how you can get this information. Please review it carefully.

Why do we ask you for your Social Security number?

We may need your Social Security number (SSN) to verify your identity and assist you in responding to your request for private data. In some circumstances, if you do not provide your SSN, DHS may not be able to verify your identity.

We need your Social Security number (SSN) to give you medical assistance, some kinds of financial help, or child support enforcement services (42 CFR § 435.910 [2006]; Minn. Stat. § 256D.03, subd.3(h); Minn. Stat. § 256L.04, subd. 1a; 45 CFR § 205.52 [2001]; 42 USC § 666; 45 CFR § 303.30 [2001]). We also need your SSN to verify identity and prevent duplication of state and federal benefits.

What are your rights regarding the information we have about you?

- **You and any person or entity you have given permission to** may see private information we have about you. You may have to pay for the copies.
- **You may question** if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information that you do not agree with.
- **You have the right to ask** us in writing to share the requested information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- **You have the right to ask** us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.

Do you have to answer the questions we ask?

You do not have to give us your private information.

However, without the information, we may not be able to help you. If you give us wrong information on purpose, you may be subject to criminal or civil penalties.

With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, nonprofit and private agencies.
- Researchers, auditors, and investigators.
- Court officials, county attorneys, attorneys general, other law enforcement officials, child support officials, and child protection and fraud investigators.
- Guardians, conservators, or persons with power of attorney.
- Credit bureaus, creditors, or collection agencies.
- Anyone else to whom the law says we must or can give the information.

What are our responsibilities?

- **We must protect the privacy** of your private information as described in this notice.
- **We may not use your information** for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.

What privacy rights do children have?

If you are under 18, parents may see information about you and let others see this information, unless you have asked DCYF that this information not be shared with your parents. You must ask for this in writing and say what information you do not want shared and why. If DCYF agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If DCYF does not agree, the information may be shared with your parents upon request.

Verification of Identity and Request for Information

Purpose: The information below will assist the Minnesota Department of Children, Youth, and Families in verifying your identity and the identity of others whose private information you may be entitled to see. Completion of this form is voluntary. If you do not provide the information, the Department may not be able to provide access to the information you have requested. The information you provide will only be used to verify your identity and retrieve your information, unless otherwise allowed or required by law.

Requester's information:

REQUESTER FIRST NAME	MI	REQUESTER LAST NAME	HOME PHONE NUMBER
STREET ADDRESS			WORK PHONE NUMBER
CITY	STATE	ZIP CODE	BEST TIME TO CALL
			CELL PHONE NUMBER

Information requested for:

Provide as much of the following information as you know regarding the person or persons about whom you are requesting information. If you are requesting information about yourself, write "Self" in the Relationship field. Attach additional sheets if you are asking for information about more than one individual.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MAXIS/PMI/NPI CASE NUMBER

Is individual deceased? Yes No If yes, date of death (if known) _____

If information relates to a legal proceeding provide the following information.

CASE CAPTION AND COURT FILE NUMBER	CLERK OF COURT'S TELEPHONE NUMBER	LOCATION OF COURT

Do you have a signed authorization from the individual or individual's legal representative allowing DCYF to release the information to you?

- Yes - (Please attach a copy)
- No - If you are a parent or legal guardian, conservator, or representative, please include with your request a copy of court order(s) or other legal documents, if any, that establish legal custody or other legal authority to access the information. If you do not have a signed authorization, in the space below, please explain why you believe that you are entitled to look at information about this individual.

Requested Information (Check all that apply)

I am requesting information for the individual(s) listed above about the following program(s). I would like this information for the following time period: _____ to _____.

Program(s):

Child Support Enforcement

Other programs (please specify): _____ Case number: _____

Other programs (please specify): _____ Case number: _____

Other programs (please specify): _____ Case number: _____

Acknowledgment

I have read or requested that someone read it to me, and I understand the attached Tennessee Warning Notice. I am providing the above information to the Minnesota Department of Children, Youth, and Families to help identify the information I am requesting. The information that I am providing, including my legal authority to access the information that I am requesting, is, to the best of my knowledge, true, accurate and complete.

SIGNATURE OF DATA SUBJECT OR INDIVIDUAL LEGALLY AUTHORIZED TO OBTAIN DATA ABOUT THE SUBJECT	DATE
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If you are seeking information about someone other than yourself, please sign in front of a notary public.

Signature X _____
Subscribed and sworn to before me on this _____ day of _____, 20 ____
Notary public signature/stamp
My commission expires: _____.

DCYF reserves the right to request additional verification and clarification, as necessary.

