Data Access Policy for Members of the Public
Right to Access Public Data

The Minnesota Government Data Practices Act (MGDPA @ Minn.Stat.Chap. 13) presumes that all government data are public unless a state or federal law says the data are not public. Government data is a term that means all recorded information a government entity has, including paper, CD-ROMs, photographs, etc.

The MGDPA also provides that Hennepin Healthcare System, Inc. (HHS) must keep all government data in a way that makes it easy for you, as a member of the public, to access public data. You have the right to look at (inspect), free of charge, all public data that we keep. You also have the right to get copies of public data. The MGDPA allows us to charge for copies. You have the right to look at data, free of charge, before deciding to request copies.

How to Make a Data Request

To look at data or request copies of data that HHS keeps, you must make a written request. You may make your written request for data by filling out the attached Request form and sending it by mail, email, or fax.

If you choose not to use the data request form, your written request should include:
   1. that you, as a member of the public, are making a request for data under the MGDPA;
   2. whether you would like to look at the data, get copies of the data, or both; and
   3. a clear description of the data you would like to inspect or have copied.

HHS cannot require you, as a member of the public, to identify yourself or explain the reason for your data request unless the data involves private or confidential data. However, depending on how you want us to process your request (if, for example, you want us to mail you copies of data), we may need some information about you. If you choose not to give us any identifying information, we will provide you with contact information so you may check on the status of your request; however, please keep in mind that if we do not understand your request and have no way to contact you, we will not be able to begin processing your request.

How We Respond to a Data Request

Upon receiving your written request, we will work to process it. If we do not have the data, we will notify you in writing as soon as reasonably possible. If we have the data, but the data are not public, we will notify you in writing as soon as reasonably possible and state which specific law says the data are not public. If we have the data, and the data are public, we will respond to your request appropriately and promptly, within a reasonable amount of time by doing one of the following:
   1. arrange a date, time, and place to inspect data, for free, if your request is to look at the data, or
   2. provide you with copies of the data as soon as reasonably possible. You may choose to pick up your copies, or we will mail or fax them to you. If you want us to send you the copies, you will need to provide us with an address or fax number. We will provide electronic copies (such as email or CD) upon request if we keep the data in electronic format.

If you do not understand some of the data please let us know. We will do our best to explain the data to you. The MGDPA does not require us to create or collect new data in response to a data request if we do not already have the data, or to provide data in a specific form or arrangement if we do not keep the data in that form or
arrangement (for example, if the data you request are on paper only, we are not required to create electronic documents to respond to your request). If we agree to create data in response to your request, we will work with you on the details of your request, including cost and response time.

The MGDPA does not require us to answer questions that are not requests for data.

Requests for Summary Data

Summary data are statistical records or reports that are prepared by removing all identifiers from private or confidential data on individuals. The preparation of summary data is not a means to gain access to private or confidential data. HHS may prepare summary data if you make your request in writing and prepay for the cost of creating the data.

Upon receiving your written request we will respond within a reasonable time frame with the data or details of when the data will be ready for viewing and how much we will charge.

Hennepin Healthcare System, Inc.
Responsible Authority & Data Practices Compliance Official:

Privacy Officer
701 Park Avenue, G2-205
Minneapolis, MN  55415
Phone number:  612.873.3737
Fax number:  612.904.4444
Email Address:  privacyofficer@hcmd.org
MINNESOTA GOVERNMENT DATA PRACTICES REQUEST FORM

A. Detailed description of the information requested (attach additional sheets if necessary). An employee from the Information Privacy and Security Office may need to contact you for clarification of your request, to let you know we do not have the data, that the request will be denied and why, or that your request is ready so please put down at least one way you may be contacted about your request (phone, email, address, etc.): __________________________

____________________________________________________________________________

____________________________________________________________________________

B. To be completed by requestor if data is to be mailed or is private data (please type or print):

____________________________________________________________________________

Name (Last, First, MI)

____________________________________________________________________________

Street Address Phone Number

____________________________________________________________________________

City, State, Zip

____________________________________________________________________________

Signature Date

C. Completed by Hennepin Healthcare System, Inc./Information Privacy & Security Office

Information classified as:
Public    Non-Public    Private    Protected Non-Public    Confidential    Copyrighted

Action:
Approved    Approved in part (Explain Below)    Denied (Explain Below)

Remarks or basis for denial including MN Statute if applicable:
____________________________________________________________________________

____________________________________________________________________________

Charges:
Photocopy:
___ Pages x _____ cents = __________
Special Rate: _______ Other ______________
Other (Disk, USB, etc.): ________________
Explanation _________________________
By: ________________________ Date: ________

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

2/2021