

**Renville County Public Health Services**  
**Data Practices / HIPAA**

**Request for Access to Designated Record Set**  
(Right to Inspect and Copy Record)

**A. Requester Information**

Name of Requester: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

**B. To Whom Should Information be Released:**

Name of Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**C. Description of Information Requested**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Signature of Requester, Parent, Guardian:** \_\_\_\_\_

Return to : Renville County Public Health Services  
410 East DePue Ave, Rm 245  
Olivia, MN 56277

320/ 523-2570  
Fax: 320/ 523-3749

**For Internal Departmental Use**

A. Request Type	Action on Request	Comments:
<input type="checkbox"/> In-person	<input type="checkbox"/> Approved	_____
<input type="checkbox"/> Mail-In	<input type="checkbox"/> Denied	_____
<input type="checkbox"/> Phone	<input type="checkbox"/> Denied In Part	_____

**B. Fee Charged**  
# of pages: \_\_\_\_\_ X \$1.00 / page = \$ \_\_\_\_\_  
Received by: \_\_\_\_\_

**C. Request handled by:** \_\_\_\_\_

**D. Accounting of Disclosure Entered?**     Yes     No