

Renville County Public Health Services
Data Practices / HIPAA

Request for Disclosure of Information

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 320/ 523-2570
410 East DePue Ave, Rm 245 Fax: 320/ 523-3749
Olivia, MN 56277

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. Master Log Entered? Yes No