



**Public Health Department**

*Partnering to build healthy families and healthy communities*

REPLY TO:

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**DATA PRIVACY NOTICE**  
◆TENNESSEN WARNING◆

Your participation in the Dakota County Public Health Asthma program is strictly voluntary. You are not required to furnish any of the information requested.

If you choose to participate, a public health nurse will ask for information about you and your family to ensure you receive appropriate services. This information is classified as private data under the Minnesota Government Data Practices Act, Minn. Stat. Chap. 13. Data related to you and the services you receive will be maintained in an electronic health record managed by Dakota County Public Health.

The information on this sheet applies to your current and future contacts with the Asthma program whether the contact is in person, or by mail, email, fax, or telephone.

**Purpose and Use of the Requested Data**

You will be asked for information to determine if you would benefit from the Asthma program services. A public health nurse will ask you for information about yourself and your child(ren) including health insurance status, race/ethnicity, the language your family speaks, home environment, school and work attendance, and health history. This program uses this information to determine your health care needs; to develop nursing interventions and care plans; provide information about alternative services available in your community; enable us to collect federal, state, county, or grant funds for the services, care, or assistance that you receive; prepare statistical reports and evaluation studies; evaluate and audit programs; and other purposes specifically authorized by you. If you choose to participate in the Asthma program, periodically you will be asked for updates to your information.

**Consequences of Providing or Not Providing Information**

You do not have to provide the requested information to the Asthma Public Health Nurse. If you choose not to provide information, the public health nurse may not be able to determine if you would benefit from participating in the Asthma program or accurately assess your needs so that we may best serve you. Please know if you decide not to participate in the Asthma program, your decision will not affect any services you may already be receiving.

## **Sharing Information**

Should you decide to participate, the information you provide to the public health nurse will not be released to anyone without your consent, unless otherwise authorized by law or court order. In addition, the private data about you and your children will be shared with funders for the purposes of creating summary and evaluation data (information that does not include any data that could identify an individual) on the Asthma program.

Access may also be available to: Dedicated staff for administrative purposes and to measure the overall effectiveness of the program, government or nongovernmental entities or vendors that legally contract to perform services related to the asthma program, persons or entities with your written consent, enforcement agencies with statutory authority, the Minnesota State Auditor, persons authorized under a court order and other entities and persons as required under state or federal law.