

Consent to Provide Private or Confidential Data

The Minnesota Government Data Practices Act, Minnesota Statute § 13.04 subd. 2, requires that an individual asked to supply private or confidential data concerning that individual be informed of: (a) the purpose and intended use of the data within the collecting government entity; (b) whether the individual may refuse or is legally required to supply the requested data; (c) any known consequence arising from supplying or refusing to supply private or confidential data; and (d) the identity of other persons or entities authorized by state or federal law to receive the data. You are therefore informed as follows:

PERSONAL INFORMATION: In order to obtain access to your assigned clinical rotation site (“clinic”) and/or its data systems, you will be asked to provide your Name/Name Change, Social Security Number (SSN), E-mail Address and Birthdate. This information will be used to verify your identity on the systems used by your clinic and to contact you for work-related matters and to send you work related documents. You are not legally required to provide this information. The consequences for refusing to supply this information may include denial or revocation of access to your clinic or its data systems. This may adversely affect your ability to do your job or complete your program. People who may have legal access to your data include: supervisors, management, administrators and other individuals within the University of Minnesota, school officials as defined in the University of Minnesota Board of Regents’ Policy on Student Education Records, and your clinic that have a need to know; attorneys representing any of the above individuals or entities; business associates of your clinic, and any other person or entity authorized by law or court order.

With your permission, the University of Minnesota will provide the required Name/Name Change, Social Security Number (SSN), E-mail Address and Birthdate information to your clinic where it will be used and stored in order to insure the integrity of your clinic rotation site and its data systems.

Print Name

Date

Signature