

**MINNESOTA GOVERNMENT DATA PRACTICES ACT
2017 INVENTORY OF NOT PUBLIC DATA ON INDIVIDUALS**

Brown County	Responsible Authority – Karen Moritz Brown County Public Health Director		Department/Division Public Health Adult Health	
Name of Form, Record, File, System or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)
Admission Consent, Authorization, and Receipt of Notice of Privacy Practices	Client name and signature, authorization to obtain reimbursement, notice to client of county privacy practices.	Private	M.S. 13.384	Karen Moritz, Director Kayla Jore, Supervisor
Nightingale Notes system	Health info, care plan, client assessment, visit notes, communication log, discharge summary	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor
Consent to Release and Exchange Personal Information	Client name, date of birth and signature. Allows exchange of personal information with other facilities, agencies or individuals with client consent.	Private	M.S. 13.384	Karen Moritz, Director Kayla Jore, Supervisor
Referral Forms	Client name, address, birth date and pertinent personal medical information	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor
Advance Beneficiary Notice	Client name and signature, reimbursement information	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor
Service Agreement	Client name and signature, reimbursement information, contact information	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor
Medication List	List of client medications	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor
History and Physical report	Client name, address, birthdate, problem list, medication list, personal medical history	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor
Home Health Aide Assignment sheet	Client name, address, pertinent medical information	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor
Plan of Care	Client name, address, date of birth, diagnosis, client assessment, orders for services	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor
OASIS data collection forms	Client name and demographic information, diagnosis codes, assessment information collected during visit	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor

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Application for reduced fee	Client name and financial information	Private	M.S. 13.384, subd. 3	Karen Moritz, Director Kayla Jore, Supervisor
Statement of Homecare Services	Client name and signature	Private	M.S. 13.384	Karen Moritz, Director Kayla Jore, Supervisor
Home Health Data Base	Client name, demographic information, diagnosis codes, pay source, physician/clinic information, contact names and phone numbers	Private	M.S. 13.384	Karen Moritz, Director Kayla Jore, Supervisor