

<h1>Columbia County Health System</h1>	
Administration	Ref. No.: 1256
Effective Date: 09/22/2017	Subject
Approval: Cheryl Skiffington (Chief Compliance Officer), Shane McGuire (CEO)	Public Records Request Form
	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol

Public Records Request

Requestor Information:

Date and Time of Request: _____

Name: _____

Address: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

Requested Information:

Title of Record(s) (if known): _____

Date of Record(s) (if known): _____

Location of Record (Department, if known): _____

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

Format for Records produced by CCHS (Please see CCHS's Public Records Act and Electronic Records Policies for a more complete description of the process of inspection of records and the cost/payment for producing records):

- I wish to make an appointment to review the records indicated above before copies are made.
- I wish to have copies/duplicates of the records indicated above. I understand there is a fee of \$10 per request and a charge of \$.25 per page that will be charged for duplication of these specific records. I agree to prepay all charges associated with my request.
- I wish to have Electronic Copies of the records indicated above. I understand there is a charge associated with my request for electronic copies: \$1.00 per CD; scanned from paper to .pdf charge of \$0.10 per page plus \$1.00 per CD. I understand there may be a fee when records are directly converted from their native format to .pdf without printing charged: \$0.05 per page, plus \$1.00 per CD. I also understand that there may be a fee of \$15/hr for cost of IT staff if a request involves customizing access.

Method by which I would like to receive the information I have requested:

- Mailed to me. I understand there is a charge associated with mailing my request to me.
- Call me and I will pick up in person
- E-mailed to me (If files are too large to e-mail, CCHS will contact you to make other arrangements.)

I certify that: 1) I will pay the charges/fees associated with responding to my request and 2) any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.56.070(9).

Signature	Date
For Staff Use Only:	

Date Received:	Comments:			
Request Denied: Yes No	Copies Provided: Yes No	Fee: \$	Total: \$	
Date Completed:	Request Completed By:			