




Northeast Tri County Health District

Title:	Public Records Request Policy	
References:	Chapter 42.56 RCW, Public Records Act Public Records Request Procedures Public Records Request Form NETCHD Fee Schedule	
Effective Date:	October 17, 2012	
Supersedes:	January 2003 Public Records Management Procedures	
NETCHD Administrator 		Date Approved <i>October 17, 2012</i>

Background/Policy Intent

Northeast Tri County Health District (NETCHD) is required to comply with the Washington State Public Records Act, Chapter 42.56 RCW. It is the intent of this policy to outline the methods utilized to achieve compliance with the Public Records Act. This policy updates prior management procedures pertaining to public records.

Policy

All NETCHD employees should be familiar with the general provisions of this policy. Staff responsible for processing public record requests must be familiar with Chapter 42.56 RCW. For additional information and interpretation of the Act, staff should also be familiar with the *Washington State Office of the Attorney General* guidance on public records (<http://www.atg.wa.gov/Records.aspx>). Specific questions about the Act or clarification requests can be directed to Public Records Officer, who is the Health District's Administrator.

The following actions should be taken by staff when a request for public records is received:

1. All requests to copy or view public records must be date stamped when received. The requestor should be encouraged to submit a written request and to use the NETCHD Request for Public Records form. If a request is submitted orally, the person receiving the request should immediately transfer it onto the form and, when possible, ask the requestor to sign the form acknowledging the accuracy of the requested information.

2. Check the request for completeness.
3. The request shall immediately be routed to the appropriate supervisor. The supervisor must then consult with his/her Division Director or the Public Records Officer (NETCHD Administrator.) If further clarification is needed, NETCHD's legal counsel will be consulted.
4. All inquiries will be assessed as to applicability to the Act and RCW 70.02 Medical Records –Health Care Information Access and Disclosure (requests for medical records.) In addition, the names of complainants will not be released.
5. A written response must be sent to the requestor within five business days of receipt of the request. NETCHD will respond by:
 - a. Acknowledging receipt of the request and providing an estimate of the time required to respond. Requests are completed in the order they are received. Additional processing time may also be necessary due to the size of the request, a need to clarify the request, or time required to review the documents and remove any information exempt from disclosure (RCW 42.56.210-42.56.480; RCW 70.02); or
 - b. Providing the records for inspection or copying after payment of any applicable fees; or
 - c. Indicating that we have no documents that meet the criteria of the request; or
 - d. Denial of the request. If a request for public records is denied, the specific sections within the Public Records Act justifying the denial will be provided.
6. After the information pertaining to the request is reviewed, redacted (when applicable), and copied, the requestor will be directly provided the appropriate information along with a request for payment for copy charges. Payment is required prior to release of the requested information.

7. No fee shall be charged for the inspection of public records or if the requested public records are provided in an electronic format. Likewise, no fee shall be charged for staff time locating and making public records available for copying. The following fee provisions shall apply to public records:
 - a. Photocopy cost as established by the most current NETCHD fee schedule for costs.
 - b. Actual cost of CDs and cases may be charged for information provided electronically.
 - c. Actual postage/shipping costs may be charged when the materials are mailed rather than picked up by the requestor.
8. A copy of all redacted documents and a list of non-redacted documents provided to the requestor will be maintained under the name of the requestor or the name of the facility when appropriate.



Public Records Request Procedure

Northeast Tri County Health District provides access to public records for review or copying in compliance with the Washington State Public Records Act, Chapter 42.56 RCW. The Public Records Act does not require agencies to provide or create records that do not exist at the time of the request, and it prohibits releasing lists of individuals for commercial purposes [RCW 42.56.070(9)].

The Public Records Act requires government agencies to make identifiable public records available for inspection and/or copying unless the record is exempt from disclosure. A public record is "any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics" [RCW 42.17.020(41)].

A writing is defined as "handwriting, typewriting, printing, photo stating, photographing, and every other means of recording any form of communication or representation, including, but not limited to, letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, motion picture, film and video recordings, magnetic or punched cards, discs, drums, diskettes, sound recordings, and other documents including existing data compilations from which information may be obtained or translated."

To request a public record, complete the Northeast Tri County Health District "Public Records Request" form. The more specific the request is, the more accurately and quickly Northeast Tri County Health District staff can respond.

Northeast Tri County Health District will respond to a request for public records within five (5) business days.

We will respond by:

1. Acknowledging receipt of the request and providing an estimate of the time required to respond.
Requests are completed in the order they are received. Additional processing time may also be necessary due to the size of the request, a need to clarify the request, or time required to review the documents and remove any information exempt from disclosure (RCW 42.56.210-42.56.480; RCW 70.02); or
2. Providing the records for inspection or copying after payment of any applicable fees; or
3. Indicating that we have no documents that meet the criteria of the request; or
4. Denial of the request. If a request for public records is denied, the specific sections within the Public Records Act justifying the denial will be provided.

Public Records Fee Schedule (An estimated copy deposit of 10% may be required.)

- Copies: \$ 0.15 per page
- Large maps/site plans: actual cost incurred by agency
- Postage: actual cost incurred by agency

Public records release requests can be directed to any Northeast Tri County Health District Office. Specific questions about Northeast Tri County Health District public records policies and procedures can be directed to the District's Public Records Officer, David Windom, Administrator, at 509-684-1301.

- Stevens County** - 240 E. Dominion, Colville, WA 99114
 - Administration:** 509-684-1301, Fax: 509-684-1002
 - Clinic:** 509-684-5048, Fax: 509-684-9878
 - Family Planning:** 509-684-6209, Fax: 509-684-9878

- Ferry County** - 147 N. Clark, PO Box 584, Republic, WA 99166
509-775-3111, Fax: 509-775-2858

- Pend Oreille County** - 605 Highway 20, Newport, WA 99156
509-447-3131, Fax: 509-447-5644

- Stevens County** - 240 E. Dominion, Colville, WA 99114
 - Environmental Health:** 509-684-2262, Fax: 509-684-8506

- Website:** www.netchd.org



Request for Public Records

Name of Requestor:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Send Public Records by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email			

Request Information - Please describe in detail the type of records requested.

<input type="checkbox"/> Request to review records	<input type="checkbox"/> Request for copies of records (copy charges may apply)
Type of records (specific names, addresses, site information, etc.):	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Specific date or time period for requested records:	
Additional information about the records you're seeking:	
<hr/> <hr/> <hr/>	

By signing this form, you certify that lists of individuals obtained through this request will not be used for commercial purposes.

Signature

Date

Internal Use Only		
Request forwarded to:	Division:	Date forwarded:
Request processed by:		Date processed:
<input type="checkbox"/> Request approved		
<input type="checkbox"/> Request denied. Reason:		
<input type="checkbox"/> Request not applicable. Reason:		
If approved:	Review-- The following records were released for review: _____	

	Copies-- We provided copies of the following records: _____	Invoice Amt.:
	_____	Receipt No.:
		Form-- January 2012