



Public Records Request Form

Island Health
1211 24th Street
Anacortes, WA 98221
Attn: Public Records Officer / Administration

Date of Request: _____

Requestor Name: _____

Requestor Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Records Requested:

(To expedite the request, please be as specific as possible in describing the records being requested, including dates.)

Choose one:

- ☐ I wish to **pick up** these records. I understand I will be notified when the copies are ready and their cost.
- ☐ Please **mail** these copies to me at the above address. If there is a charge for the copies, payment must be received before copies are mailed. When the copies are ready to mail, we will contact you to let you know the cost.
- ☐ Please send electronic copies of the record via email to: _____
- ☐ Inspect the records at no charge.

I understand that there may be charges for duplication of these records. The fees are \$0.15 per page for standard photocopies or the cost charged by a vendor when the copies are made by a vendor. DO NOT MAIL CASH. Cashier's checks, money orders or personal checks may be made payable to: Island Health, 1211 24th Street, Anacortes, WA 98221.

Requestor Signature: _____

If you have any questions or concerns about your Public Records request, please call the Public Records Officer at (360) 299-1327.

Title:	Public Records Request Form	Version Effective Date:	08/01/2020
Document Owner:	Medical Records	Page	1 of 3
<i>Printed copies are for reference only. Please refer to the electronic copy for the latest version</i>			

INTERNAL USE ONLY – To be completed by Public Records Officer

1. Request **received** by: _____ Date: _____
2. Request **forwarded** to: _____ Date: _____
3. If applicable, notification provided to affected employees/third persons. Date: _____
4. Action taken:
 - ☐ Request granted
 - ☐ Acknowledgement; estimated response date provided
 - ☐ Record denied
 - ☐ Record withheld in part
5. Request forwarded to attorney for review:
 - ☐ Yes – Date forwarded: _____
 - ☐ No
6. Notification to requester of action taken: _____ Date of notification: _____
 - ☐ Request granted
 - ☐ Need for additional time How long? _____
 - ☐ Request for clarification
 - ☐ Request denied
 - ☐ Record withheld in part
7. If additional time needed, explain why: _____

8. If request denied or record withheld in part, name the exemption contained in Chapter 42.56 RCW or elsewhere which authorizes withholding or denial:
 - ☐ 1. Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers and emergency contact information of employees or volunteers and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers. **RCW 42.56.250(3)**
 - ☐ 2. Attorney-client privileged communication(s) and/or attorney work product. **RCW 42.56.070(1); RCW 5.60.060**
 - ☐ 3. Personal information in files maintained for employees, appointees or elected officials to the extent disclosure would violate their right to privacy. **RCW 42.56.230(2)**
 - ☐ 4. Other: _____

9. If request denied or record withheld in part, explain how the exemption applies to this record: _____

FEES

Standard copy charge @ \$.15 per page \$ _____

Other (Vendor) \$ _____

TOTAL FEES DUE \$ _____

Date Paid: _____ Receipt No: _____

DOCUMENTS PROVIDED: DATE: _____ ☐ **USPS Mail** ☐ **Picked Up**