

Request for Public Records of Lewis County Hospital District No. 1, dba Arbor Health

Date:
Name:
Mailing Address:
Email:
Records Requested:

RCW 42.56.120 provides that the following fees Arbor Health may charge in response to Public Records Act requests:

1. Electronic Records: If the requested records are already in electronic format, there is no fee
2. Hard Copy Records: The fee is 15 cents a page for hard (paper) copy
3. Scanned Records: The fee is 10 cents a page for scanning (electronic) hard (paper) copy records
4. Electronic Uploads: The fee is 5 cents for each 4 (four) electronic files for records uploaded to email, cloud-based data storage service, or other electronic delivery
5. Electronic Transmission: The fee is 10 cents per gigabyte for records transmitted in electronic format
6. Digital Storage Media: The fee is the actual cost of storage media or devices (i.e. Thumb Drive, External Hard Drive, CD, etc.)
7. Shipping Materials: The fee is the actual cost of containers or envelopes used to mail copies
8. Postage: The fee is the actual cost of postage or delivery charges
9. Custom Service Fee: The fee is the actual cost of when the request would require the use of IT expertise or third-party customized access charges
10. Color Photographs: *Please contact us for fees associated with printed color copies of photographs*
11. Once the scope of a request has been determined, and research completed to identify all responsive records, requesters can expect an estimate of fees associated with their request, if any. LCHD No. 1 may require a 10 percent deposit.

The fee schedule above does not apply to individual Protected Health Information requests.

RCW 42.56.520 provides that a response to a request for public records must be made by the agency within five business days. Within five business days (excluding holidays) after receiving a request we will:

1. Acknowledge receipt of the request and provide a reasonable estimate for further response; or
2. Fulfill the request; or
3. Provide an internet address and link to the records on our website; or
4. Seek clarification; or
5. Deny the request with an accompanying written statement of the specific reasons.

Please return the completed form to the Public Records Officer in the Administrative Office via e-mail to sgarcia@myarborhealth.org or via fax at (360) 496-3511.

Signature: _____

Date: _____

