

CENTRAL STATE HOSPITAL  
PROCEDURE

SUBJECT: Open Records Request

ANNUAL REVIEW MONTH: February

RESPONSIBLE FOR REVIEW: Risk Manager

LAST REVIEW DATE: June 2007 (Reviewed 3/09)

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**Participants** Employee Receiving Open Records Requests  
Unit/Department/Office Manager  
Risk Management Office

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**Employee Receiving Open Records Request**

1. Complete Open Records Request Form (see Attachment #1).
2. Immediately inform the Supervisor/Manager of the request.

**Unit/Department/Office Manager**

1. Review the form for completeness. Note: If clarification or guidance is needed related to the request, contact the Risk Management Office.
2. If appropriate, inform the party making the request that the documents will be made available for copying or inspection within three (3) business days.
3. If the party making the request expressed intentions to have the documents copied, provide an estimate for the request. (Estimated total cost for number of pages copied x .25 + number of employee hours required to research, retrieve and copy the documents). **NOTE:** Employee time required to research, retrieve and copy documents must be

calculated by using the lowest available paid employee's rate, per hour. (Contact the CSH Risk Management Office if assistance is needed to create a billing invoice).

4. Explain to the party making the request the estimated total cost must be paid prior to documents being copied.
5. If appropriate, provide a written confirmation to the requesting party within three (3) business days if retrieval research or copying will be delayed.
6. On the first business day of each month, forward a copy of completed Open Record Request forms from the previous month, to the Risk Management Office.

**Risk Management Office**

1. When requested, provide guidance and/or clarification to any employee or supervisor that has received an Open Records Request.
2. On the second business day of each month, compile data from the previous month's Open Record Request forms and submit consolidated monthly report (see Attachment #2) to the Risk Management Section, Division of MHDDAD.

**APPROVED:**

**This procedure has been approved by the CEO and CMO on 06/09.**

**Attachments:**

**Attachment 1 -Open Records Act – Request Form**

**Attachment II-Central State Hospital Open Records Consolidated Reporting**

**OPEN RECORDS ACT - REQUEST FORM**

Return this form to your Legal Services Officer

1. Requester's  
Name  
Address  
  
Phone # \_\_\_\_\_ FAX # \_\_\_\_\_
2. Date Request Received:
3. Request Delivered by MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ PHONE:
4. CSH Employee Responding to Request:
5. Type of Records Requested:
6. Describe any Exempt Records:
7. Date Requester informed of availability/nonavailability of records:
8. Date records made available:
9. Number of documents (approximate # pages) made available:
10. Number of copies provided:
11. Man-hours required to respond to request:
12. Problems responding to request:
13. Comments:

\*NOTE Any possible exemptions must be approved in advance through your Legal Services Officer.

Central State Hospital  
Open Records  
Consolidated Reporting

1. Total number of requests received:
2. Types of requests and numbers of requests:
  1. Brochures, pamphlets, forms, fact sheets, etc.
  2. Personnel records
  3. Policies, procedures, regulations, etc.
  4. Contracts, financial records, etc.
  5. Computer database records
3. Total number of requests responded to and records made available (unless exempt) within 3 business days:
4. Total number of requests responded to and records made available (unless exempt) later than 3 business days:  
List Reasons for Delay
5. Total number of requests responded to be citing an exemption to disclosure:

NOTE: *If one request is handled by making some records available and citing an exemption to with others that request is reported as both making records available and as citing an exemption to disclosure.*