I. AUTHORITY

The Authority of the Secretary of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, 71 P.S. §§61, 66, 186, and 310-1, Act of April 9, 1929, P.L. 177, No. 175, as amended.

II. APPLICABILITY

This policy is applicable to all facilities operated under the jurisdiction of, or conducting business with the Department of Corrections, Department employees, volunteers, contract personnel, visitors, and inmates.1

III. POLICY

It is the policy of the Department to establish procedures governing responses to requests for information and to ensure that information is released in accordance with applicable laws and Department policy.2

IV. PROCEDURES

All applicable procedures are contained in the procedures manual that accompanies this policy document.

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1 4-4070
2 4-4019, 4-4396, 2-CO-1A-26, 2-CO-1E-08
A. Requests for Inmate Information

1. An inmate may seek access to inmate information maintained at the facility where incarcerated by submitting a **DC-135A, Inmate’s Request to Staff Member** to the appropriate individual noted in **Subsection A.2. below**. If an inmate is unsure who to send a request to for specific information, the request should be sent to the Corrections Superintendent’s Assistant (CSA) who will reply or forward the request to the appropriate individual.

2. The Facility Release of Information Coordinator or appropriate staff member shall respond based upon the type of information being requested as follows:
   a. Census Data – the facility’s Inmate Records Supervisor;
   b. Contact Data – the facility’s Inmate Record Supervisor;
   c. Disciplinary Records – the facility’s Inmate Records Supervisor;
   d. Educational Data – the CSA;
   e. Financial Data – the facility’s Business Manager;
   f. Housing Records – the CSA;
   g. Medical Records – the facility’s Medical Records Supervisor;
   h. Mental Health Records – the facility’s Medical Records Supervisor;
   i. Prescriptive Programming Data – the CSA;
   j. Property Data – the CSA;
   k. Sentencing Data – the facility’s Inmate Records Supervisor; and
   l. Work Records – the CSA.

3. A person other than an inmate may seek access to inmate information by submitting a written request to the facility’s Release of Information Coordinator.

4. All requests for inmate information must be accompanied by a **DC-108, Authorization for Release of Information (Attachment A)**, and signed by the inmate who is the subject of the information. The executor or administrator of a deceased inmate’s estate may sign a **DC-108** pertaining to the deceased inmate.
The furnishing of an appropriate release is a prerequisite to consideration of the request and does not determine whether the Department will actually release the information.

5. An inmate is prohibited from receiving inmate information pertaining to another inmate other than him/herself.

**B. Requests for Department Information**

1. Every request for Department information shall be made by submitting a written request to the Central Office Release of Information Coordinator. The Release of Information Coordinator will record the request, and forward it to the appropriate individual listed below for response.

   a. Financial data – the Director of the Bureau of Administration.

   b. Inmate Programming Information – the Director of the Bureau of Treatment Services (BTS).

   c. Medical/Mental Health Services – the Director of the Bureau of Health Care Services (BHCS).

   d. Personnel Data – The Director of the Bureau of Human Resources (BHR).

   e. Security Records – the Chief of the Department’s Security Division.


2. Requests for information not included above shall be directed to the appropriate Regional Deputy Secretary.

3. When an inmate’s location is not known to the requestor, the requestor may use the Inmate Locator on the Department’s website www.cor.pa.gov. Requests for information pertaining to an inmate’s crime or sentence may also be submitted to the Department’s Chief, BTS, Classification Division.

4. The **Freedom of Information Act, 5 U.S.C.S. §522** is a federal statute that governs access to information maintained by federal agencies. The Pennsylvania Department of Corrections is a Pennsylvania executive agency and not a federal agency. Accordingly, the Department is not subject to the Freedom of Information Act. Individuals requesting information under the Freedom of Information Act shall be sent a standard letter denying the request.

5. The **Right-to-Know Law, 65 P.S. §67.101 et seq.** permits access to “public records” maintained by the Department. All requests made pursuant to the “Right-to-Know Law (RTKL)” for “public records” (as the term is defined in the Right-to-Know Law) of the Department or of any correctional facility, Community Corrections
Center (CCC), Motivational Boot Camp, or any other facility or office under the jurisdiction of the Department must be made consistent with **Subsection E. below**.

6. **8 U.S.C. § 1373**, Communication between government agencies and the Immigration and Naturalization Service, addresses the exchange of information regarding citizenship and immigration status among federal, state, and local government entities and officials. The Pennsylvania Department of Corrections, as a state agency, may not prohibit, or in any way restrict, any government entity or official from sending to, or receiving from, the Immigration and Naturalization Service information regarding the citizenship or immigration status, lawful or unlawful, of any individual. In addition, the Department may not in any way restrict a federal, state, or local government entity from doing any of the following with respect to information regarding the immigration status, lawful or unlawful, of any individual:

   a. sending to, or requesting or receiving from, federal immigration officers information regarding an individual’s citizenship or immigration status;

   b. maintaining such information; or

   c. exchanging such information with any other federal, state, or local government entity.

C. **Print and Electronic Media Inquiries**

   All news media inquiries to a facility must be handled in accordance with Department policy **DC-ADM 009, “News Media Relations.”** Members of the print and electronic media seeking information pertaining to a specific inmate and/or about any aspect of the facility should be directed to the Public Information Officer (PIO). News media requests for information that deal with a Department-wide issue should be referred to the Department’s Press Office.

D. **Staff Responsibilities**

   1. All staff responding to requests for information shall inform the Release of Information Coordinator at the facility of the request.

   2. The Release of Information Coordinator is responsible for logging and tracking all requests for information.

   3. Specific staff responsibilities for the dissemination of information are contained in the procedures manual that accompanies this policy.

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7 4-021, 4-ACRS-7F-02
E. Requests Pursuant to the Right-to-Know Law (RTKL)

Pursuant to Section 504 of the Right-to-Know Law, 65 P.S. §67.101 et seq. (RTKL), the Department sets forth the following policies, process, and procedures regarding responses by the Department to requests made pursuant to the RTKL, in addition to complying with the policies set forth in Management Directive 205.36 (M.S. 205.36 is available from the Office of Administration’s website at www.oa.pa.gov.) To facilitate access to documents of public interest and reduce the need for RTKL requests, the Department makes many documents available through its public website at www.cor.pa.gov. Finally, the Department uploads contracts to the Department of Treasury website, pursuant to the requirements of Chapter 17 of the RTKL, 65 P.S. §§67.1701-1702.

1. RTKL Requests

   a. A written request to the Department under the RTKL must:

      (1) be addressed to the Department’s Agency Open Records Officer (AORO) at:

         Pennsylvania Department of Corrections
         Right-to-Know Office
         1920 Technology Parkway
         Mechanicsburg, PA 17050
         Telephone: (717) 728-7763
         Fax: (717) 728-0312
         Email: RA-docrighttoknow@pa.gov

      (2) identify the name and address to which the Department should address its response;

      (3) state that the request is being made pursuant to the RTKL;

      (4) be submitted in person or by mail, email, or facsimile;

      (5) be sufficiently specific so as to enable the Department to ascertain which records are being requested; and

      (6) be a legal resident of the United States.

   b. Verbal requests will not be accepted and such requests are not entitled to the relief and remedies provided under the RTKL.

   c. RTKL requests may be submitted on the Pennsylvania Office of Open Records Standard Right-to-Know Request Form (Attachment B).

   d. The regular business hours of the RTKL Office are 8:30 a.m. to 5:00 p.m., Monday through Friday (except for state holidays). Any RTKL request received
by the RTKL Office after the close of regular business hours shall be deemed to have been received on the following business day.

e. All RTKL requests received at any correctional facility, CCC, Motivational Boot Camp, or any other Bureau or Office of the Department shall immediately be forwarded to the AORO at the address above. The statutory time for the Department to respond to a request will not begin to run until such time as the AORO actually receives the request.

f. The Department’s Press Secretary shall be notified of all RTKL requests made by the media, and shall be provided a copy of all such initial requests and a copy of the final response.

g. RTKL requests received by the Department will be considered “public record” information by the Department and such requests may be made available for public access through its website.

2. RTKL Responses

a. The AORO may respond by providing a requestor with access to inspect a record maintained by the Department by: 1) providing access at the Department’s RTKL Office; 2) sending a copy to the requestor; or 3) notifying the requestor that the record is available through publicly accessible electronic means. Each of these options is a “response” for purposes of the RTKL, as is the Department’s written notice to the requestor granting, denying, or partially granting and partially denying access to a record. The Department may send written responses to requestors by United States mail, by hand (in person or by delivery service), by facsimile, or by email.

b. The RTKL requires that the Department respond to a RTKL request within five business days, unless a longer period of time is needed and communicated to the requestor by an “interim response” as indicated in Subsection E.2.a. above. For purposes of determining the end of the five business day period, the day that a RTKL request is received is not counted. The first day of the five business day period is the Department’s next business day after the request is received.

c. Interim Responses

(1) The Department must provide a final response to a RTKL request within five business days unless one or more specific conditions are satisfied and the AORO gives the requestor written notice that additional time will be required. That notice is referred to as an “interim response.” The AORO may send an interim response if any of the following applies:

(a) the RTKL request requires redaction of a record;

(b) the RTKL request requires retrieval of a record from a remote location;
(c) a response within the five business day period cannot be accomplished due to bona fide staffing limitations, and such limitations must be specified in the interim response;

(d) a legal review is necessary to determine whether the record requested is subject to access under the RTKL;

(e) the requestor has not complied with the Department’s policies regarding access to public records;

(f) the requestor has not complied with a demand for prepayment of fees, which are required to fulfill the RTKL request and which are estimated to exceed $100, further, if prepayment of fees is required by the Department, the time period for response shall be tolled from the time the demand for payment is made until such time as payment is actually received; or

(g) the extent or nature of the request precludes a response within the required time period.

(2) An interim response must be sent to the requestor on or before the last day of the five business day period, state that the request is being reviewed and the reason for the review, state a reasonable date that a response is expected to be provided, and provide an estimate of applicable fees for access when the record becomes available.

(3) If the date of an expected response is in excess of 30 days following the original five business day period, the request will be deemed denied unless the requestor has agreed in writing to the date specified in the notice.

d. Final Responses

(1) There are three possible final responses: granted, denied, or granted in part and denied in part. The failure to make a timely response is deemed to be a denial.

(2) If a written request is denied in whole or in part, the Department will issue a final written response that will include an explanation of the procedure for the requestor to appeal, if the requestor would choose to do so. The written denial will also set forth the specific reasons for the denial, including citations to applicable legal authority. If the denial is the result of a determination that the record is exempt from disclosure, the specific reasons for the Department’s determination shall be included.

(3) Non-production of records due to the fact that a good faith search by the Department does not produce any responsive documents is not a denial of access.
e. Redaction

The Department will not deny access to a record because portions of the record are not public records and not subject to disclosure. Rather, the Department will redact the portions that are not public records and produce the portions that are public records.

f. Access

(1) The Department may provide a requestor with access to inspect a record electronically or as otherwise maintained by the Department by means of any of the following: a) providing access at the Department’s RTKL Office; b) sending a copy to the requestor; or c) notifying the requestor that the record is available through publicly accessible electronic means and, if the requestor writes to the Department within 30 days and indicates that the requestor is unable or unwilling to access the information electronically, by then providing the records in paper format, upon payment for the same.

(2) The Department will provide a public record to a requestor in the medium requested if the record exists in that medium. Otherwise, the public record must be provided in the medium in which it exists. If a public record only exists in one medium, the Department is not required to convert that public record to another medium, except that if the public record is only available in an electronic form, the Department must print it out on paper upon request.

(3) The Department is not required to create a public record that does not already exist, nor is it required to compile, maintain, format, or organize a public record in a manner in which the Department does not currently do so.

g. Duplication of Public Records

The Department may either make copies of a public record itself or, in its discretion, allow the requestor to bring the necessary equipment to make its own copies. The Department may make its duplication equipment available to a requestor but require that the requestor operate the equipment; assign Agency staff to make the duplications; or contract for duplication services and require the requestor to pay the applicable rate.

3. RTKL Appeals

a. When a request is denied or deemed denied, whether in whole or in part, the requestor may file an appeal with the Office of Open Records, where it will be assigned to an Appeals Officer. The appeal must be filed within 15 business days of the denial or deemed denial. The appeal must state the grounds upon which the requestor asserts that the record is public, and should address any ground stated upon by the Department for delaying or denying the request. The appeal shall be sent to the Office of Open Records at the address set forth below
and simultaneously to the agency AORO, in the same manner as the appeal is sent to the Office of Open Records (email, fax, mail, hand-delivery) with: 1) the Department response; 2) the RTKL request; 3) the appeal form that is available on the Office of Open Records website at:

http://www.openrecords.pa.gov/Documents/Appeals/Appeal_Form.pdf. The form is also available to inmates at state correctional facility libraries.

Commonwealth of Pennsylvania
Office of Open Records
333 Market Street, 16th Floor
Harrisburg, PA 17101-2234
Phone: (717) 346-9903
Email: openrecords@pa.gov

b. A person other than the Department or the requestor, with a direct interest in the record that is subject to an appeal, has 15 days following actual knowledge of the appeal, but no later than the date that the Appeals Officer issues an order, to file a written request to provide information or to appear before the Appeals Officer in support of the requestor’s or the Department’s position on the appeal. The Appeals Officer may, but need not, grant the request.

c. For further information on appeals, it is suggested that the requestor review the website of the Office of Open Records.

4. RTKL Fees

Applicable fees to be charged by the Department under the RTKL are listed below.

a. Fees determined by the Office of Open Records

(1) Under the RTKL, the Office of Open Records has the authority to establish two fees for Commonwealth agencies: Duplication, 65 P.S. §67.1037(b) and enhanced electronic access (an agency may establish user fees, subject to approval by the Office of Open Records), 65 P.S. §65.1307(e).

(2) The fees for duplication are established by the Office of Open Records, as posted on its website at http://openrecords.pa.gov. Unless otherwise directed by statute, the Department will charge $.25 per page for duplication.

b. Specialized Fees

(1) The Department will charge $1.00 per copy for certified copies, when requested by the requestor.

(2) The Department will charge the actual cost for postage, facsimile/microfiche or other media, as well as for specialized documents.
(3) Special rules apply to fees for transcripts of administrative proceedings.

(a) Prior to an adjudication becoming “final, binding, and non-appealable,” transcripts may be requested through the Department, however, the stenographer or court reporter is permitted to charge the regular fee for this service.

(b) Following an adjudication becoming “final, binding, and non-appealable,” a request for the transcript shall be treated like any other request for a record and the usual duplication fee of $.25 per page will be applied.

c. Reasonable and Necessarily Incurred Costs

As expressly provided by the RTKL (65 P.S. §67.1307[g]), the Department has the authority to charge the requestor reasonable fees for necessarily incurred costs. The Department will determine and charge such fees on a case-by-case basis.

d. General

(1) No charge shall be made for agency or legal review of a record to determine whether the requested records are public records that are subject to access under the RTKL.

(2) If the estimated fees that are required to fulfill the RTKL request exceed $100, the requestor must pay the estimated amount in advance, either by certified check or by ordinary check, which must first have cleared to be considered received by the Department. The demand for prepayment will specify a reasonable period of time in which the requestor must make such prepayment. Failure to make the estimated payment by the date required by the Agency in its interim response will result in the request being deemed withdrawn.

(3) All applicable fees must be paid in order to receive access to the record requested, 65 P.S. §67.901. Any requestor who has unpaid amounts outstanding to the Agency or to any agency under the Governor’s jurisdiction, in relation to RTKL requests where production was made by any such agency, will not be granted access to records under other RTKL requests until such prior amounts due have been paid in full.

(4) When an estimated fee was not required to be paid because the estimate was $100 or less, but actual fees are over $100 or where the fee was under $100, an agency has the discretion to produce the records and invoice for an amount due or to require payment prior to production.
F. Copying Charges

1. The charge for copies of documents that the inmate has in his/her possession or for copies of materials available to all inmates (library materials, newspaper articles, etc.) is $.10 per page.

2. Copying charges for the reproduction of medical records are charged in accordance with the Medical Records Act (Act 26, 42 P.S. §6152) and are contained in the Copying Charges for Medical Records (Attachment C).

3. Fees pursuant to RTKL requests shall be governed by Subsection E.4. above. No other charges shall be applicable.

4. The following charges shall be imposed for reproduction of any other records:
   a. for records maintained on paper, a fee of $.25 per page; and
   b. for records maintained on microfiche, photographic records, or other non-paper records, a fee equal to the actual cost of reproducing the records.

V. SUSPENSION DURING AN EMERGENCY

In an emergency or extended disruption of normal facility operation, the Secretary/designee may suspend any provision or section of this policy for a specific period.

VI. RIGHTS UNDER THIS POLICY

This policy does not create rights in any person nor should it be interpreted or applied in such a manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility to be consistent with law and to permit the accomplishment of the purpose(s) of the policies of the Department of Corrections.

VII. RELEASE OF INFORMATION AND DISSEMINATION OF POLICY

A. Release of Information

1. Policy

   This policy document is public information and may be released upon request.

2. Confidential Procedures (if applicable)

   Confidential procedures for this document, if any, are not public information and may not be released in its entirety or in part, without the approval of the Secretary of Corrections/designee. Confidential procedures may be released to any Department of Corrections employee on an as needed basis.
B. Distribution of Policy

1. General Distribution

The Department of Corrections policy and procedures shall be distributed to the members of the Central Office Executive Staff, all Facility Managers, and Community Corrections Regional Directors on a routine basis. Distribution of confidential procedures to other individuals and/or agencies is subject to the approval of the Secretary of Corrections/designee.

2. Distribution to Staff

It is the responsibility of those individuals receiving policies and procedures, as indicated in the “General Distribution” section above, to ensure that each employee expected or required to perform the necessary procedures/duties is issued a copy of the policy and procedures either in hard copy or via email, whichever is most appropriate.

VIII. SUPERSEDED POLICY AND CROSS REFERENCE

A. Superseded Policy

1. Department Policy

DC-ADM 003, Release of Information, issued **August 16, 2017**, by Secretary John E. Wetzel.

2. Facility Policy and Procedures

This document supersedes all facility policy and procedures on this subject.

B. Cross Reference(s)

1. Administrative Manuals

   a. DC-ADM 009, News Media Relations

   b. 1.1.4, Centralized Clearances

2. ACA Standards

   a. Administration of Correctional Agencies: 2-CO-1A-26, 2-CO-1E-06, 2-CO-1E-07, 2-CO-1E-08

   b. Adult Correctional Institutions: 4-4019, 4-4021, 4-4070, 4-4095, 4-4098, 4-4099, 4-4347, 4-4396, 4-4415

   c. Adult Community Residential Services: 4-ACRS-7D-08, 4-ACRS-7D-11, 4-ACRS-7D-12, 4-ACRS-7F-02
NTER AUTHORIZATION FOR RELEASE OF INFORMATION
(THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

<table>
<thead>
<tr>
<th>Name (print)</th>
<th>Inmate/Employee #</th>
<th>Date of Birth</th>
<th>Inmate Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

I, the undersigned, hereby give my consent for: (name and address of facility/responder)
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period beginning _____________ and ending _________________.
The information being requested is: _______________________________________________________________
_________________________________________________________________________________________

Authorization for disclosure is being given for the purpose of:
_________________________________________________________________________________________
_________________________________________________________________________________________

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV). Authorizations for release of mental health records expire in 180 days.

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS. HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection.

Disclosure of general information is information contained in an inmate’s DC-15. Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances.

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (MHPA) 50 P.S. §7101 et seq., the Drug and Alcohol Abuse Control Act, 71 P.S. §1690.101 et seq. and the Confidentially of HIV-Related Information Act, 35 P.S. §7601 et seq.

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 180 days after the date signed, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information’s confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

Employee/Inmate Signature Date Signature of Witness Date

White Copy – Responder Yellow Copy – Requester Pink Copy - Inmate
La revelación de información médica y/o dental puede contener todos los aspectos de mi tratamiento y hospitalización, incluyendo información psicológica, psiquiátrica, drogas y/o alcohol, así como información al respecto en relación al Síndrome de Inmunodeficiencia Adquirida (SIDA) y tanto pruebas y/o tratamientos para el Virus de Inmunodeficiencia Humana (VIH).

Información de salud mental a revelar incluye tratamientos, hospitalización y/o tratamiento ambulatorio provisto para mi persona durante el periodo mencionado antes. Entiendo que mi expediente puede contener información acerca de todos los aspectos de mi tratamiento y hospitalización, incluyendo información psicológica, psiquiátrica, así como información con relación al uso de drogas y/o alcohol, como también información de resultados acerca de Síndrome de Inmunodeficiencia Adquirida (SIDA) y pruebas y/o tratamientos para el Virus de Inmunodeficiencia Humana (VIH). **Autorización para revelar información de salud mental expira en 180 días.**

La información a divulgar relacionada con el Virus de Inmunodeficiencia Humana (VIH) incluye si el paciente ha sido examinado con pruebas para detectar el virus de VIH, o si el paciente posee alguna enfermedad relacionada con el virus de VIH, o si es poseedor de la enfermedad del SIDA.

La revelación de información general es información contenida en el DC-15 del confinado. Generalmente, cualquier comunicación del confinado hacia el Departamento de Correcciones y respuestas hacia el mismo, mala conducta y causa de protestas.

En cuanto a la autorización de esta forma, explícitamente renuncio a cualquier o todos los derechos que yo pueda poseer en cuanto al mantenimiento de confidencialidad de mis expedientes, incluyendo cualquier tipo de derecho bajo las autoridades locales, de estado y federal de carácter legal y/o constitucional bajo la ley, regla u orden, incluyendo aquellas contenidas en el Acta de Procedimientos de Salud Mental de Pennsylvania, **(MHPA) 50 P.S. §7101 et seq.**, La Acta de Control de Abuso de Drogas y Alcohol, **71 P.S. §1690.101 et seq.**, y El Acta de Confidencialidad de Información Relacionada con el HIV, **35 P.S. §7601 et seq.**

Entiendo que no tengo ninguna obligación a permitir la revelación de cualquier tipo de información de mi expediente, y que tengo derecho a revocar esta autorización, excepto al grado que acciones ya hayan sido tomadas, en cualquier momento al notificar al Director/Técnico de Expedientes Médicos, administrador de seguro de salud o el gerente de la agencia facilitadora. En cualquier eventualidad, este documento expirará en 180 días desde la fecha que fue firmado, a menos que sea revocado antes de tal fecha.

Entiendo que estos expedientes son propiedad del Departamento de Correcciones y que mi autorización a revelar información no obliga al Departamento de Correcciones a proveer tal información. Es entendido por el peticionario que si la información es protegida por regulaciones de confidencialidad de información que regula segundas salidas o revelación de información por segunda vez, la agencia proveedora facilitará un comunicado para ese efecto.

En adición, indemnizo y libro de culpa al Departamento de Correcciones de Pennsylvania, sus empleados y agentes, por cualquier pérdida, costos, daños, o gastos incurridos a causa de la revelación de información de acuerdo con esta autorización.

<table>
<thead>
<tr>
<th>Nombre (letra de molde)</th>
<th># Confinado/Empleado</th>
<th>Fecha de Nacimiento</th>
<th># Seguro Social del Confinado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expediente Médico/Dental</td>
<td>Expediente Salud Mental</td>
<td>Expediente Tratamiento Drogas y Alcohol</td>
<td>Información VIH</td>
</tr>
</tbody>
</table>

Yo, el infrascrito, por este medio otorgo mi consentimiento: **A revelar información a:**

(Nombre y dirección de facilidad / demandado)

(Nombre y dirección del peticionario)

Por este medio autorizo al demandado de esta forma a proveer o divulgar información relacionada a los expedientes arriba mencionados al peticionario durante el periodo comenzando de ___________ y terminando en ______________. La información peticionada es la siguiente:

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Autorización para divulgar información ha sido dada con el propósito de:

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Copia Blanca – Demandado  Copia Amarilla – Peticionario  Copia Rosa - Confinado
STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: ____________________

REQUEST SUBMITTED BY: □ E-MAIL □ U.S. MAIL □ FAX □ IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): ____________________________________________

NAME OF REQUESTER: ________________________________________________________________

STREET ADDRESS: _________________________________________________________________

CITY/STATE/COUNTY/ZIP (Required): _________________________________________________

TELEPHONE (Optional): ___________ EMAIL (optional): ________________________________

RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary

DO YOU WANT COPIES? □ YES □ NO

DO YOU WANT TO INSPECT THE RECORDS? □ YES □ NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? □ YES □ NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS $100? □ YES □ NO

** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES **
** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL **

FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER:

□ I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

**Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)
Copying Charges for Medical Records

Fees imposed for the copying of medical records shall be in accordance with the **Medical Records Act (Act 26), 42 P.S. §6152**. Effective January 1, **2019**, the charges listed below shall be imposed for the reproduction of medical records.

1. A fee of **$1.55** per page for pages 1-20.
2. A fee of **$1.15** per page for pages 21-60.
3. A fee of **$0.39** per page for pages 61 to end.
4. Amount of First Class Postage shall be determined by weight.
5. Flat fee for production of records to support any claim under the Social Security Act or claims under other Federal or State financial need based benefit programs in Pennsylvania (reimbursement rates vary in other states) - **$29.19**.
6. Flat fee per request for supplying records requested by a District Attorney. A District Attorney is not charged if they are prosecuting a crime that occurred in a Department facility - **$23.04**.
7. The search and retrieval of records - **$23.04**.
8. The Disability Rights Network of Pennsylvania (formerly Pennsylvania Protection and Advocacy [PP&A]) shall be charged $.60 per page for the first 20 pages, $.45 per page for the next 40 pages, and $.18 per page for more than 61 pages for every 10 inmates. These fees are per facility. Beginning with the next set of 10 inmates (11 through 20 inmates, 21 through 30, etc.) the charges will start over again. PP&A will not be charged a search and retrieval fee.
9. The fees listed previously shall apply for paper copies or reproductions on electronic media whether the records are stored on paper or in electronic format.

All requests for medical records shall be mailed First Class. The person/group requesting the records is responsible for the actual cost of postage, shipping, and delivery. The business office of the facility reproducing the records and the Bureau of Administration for Central Office shall be responsible for producing an invoice for reproduction charges. The postage fee shall be included on the invoice provided to the requestor.

The charges listed in this notice do not apply to an x-ray film or any other portion of a medical record which is not susceptible to photostatic reproduction.