

NOTICE TO REQUESTER

I've cut off the top part of this because they included my entire name rather than the name I used. The first checked box is in front of an item that has been altered from the standard form. The 8-29-08 revision of the NTR actually says "Will be granted in its entirety". This is the HDOH's way of hiding the fact that they are actually DENYING the record I requested, which was VR-1, the original handwritten birth index.

FROM: Department of Health, Janice Okubo (808) 586-4442
(Agency/name & telephone number of contact person at agency)

DATE REQUEST RECEIVED: 4/8/10
DATE OF THIS NOTICE: 5/4/10

GOVERNMENT RECORDS YOU REQUESTED (attach copy of request or provide brief description below):

1. Copies of pages of the 1961 birth index
2. _____
3. _____
4. _____

NOTICE IS PROVIDED TO YOU THAT YOUR REQUEST:

- Will be granted in the form in which requested records data exists.
 Cannot be granted because
- Agency does not maintain the records. Agency believed to maintain records: _____
 - Agency needs a further description or clarification of the records requested. Please contact the agency and provide the following information: _____
 - Request requires agency to create a summary or compilation from records not readily retrievable.
- Is denied in its entirety Will be granted only as to certain parts
based upon the following exemption provided in HRS § 92F-13 and/or § 92F-22 and other laws cited below
(portions of records that agency will not disclose should be described in general terms).

<u>RECORDS OR INFORMATION WITHHELD</u>	<u>APPLICABLE STATUTES</u>	<u>AGENCY JUSTIFICATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees assessed; (2) make any necessary arrangements with the agency to inspect, copy or receive copies as instructed below; and (3) provide the agency any additional information requested. If you do not comply with the requirements set forth in this notice within 20 business days after the postmark date of this notice or the date the agency makes the records available, you will be presumed to have abandoned your request and the agency shall have no further duty to process your request. Once the agency begins to process your request, you may be liable for any fees incurred. If you wish to cancel or modify your request, you must advise the agency upon receipt of this notice.

METHOD & TIMING OF DISCLOSURE:

Records available for public access in their entireties must be disclosed within a reasonable time, not to exceed 10 business days, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days of this notice or after receipt of any prepayment required. If incremental disclosure is authorized by HAR § 2-71-15, the first increment must be disclosed within 5 business days of this notice or after receipt of any prepayment required.

Method of Disclosure:

- Inspection at the following location: _____.
- Copy will be provided in the following manner:
 - Available for pick-up at the following location: _____.
 - Will be mailed to you.
 - Will be transmitted to you by other means requested: _____.

Timing of Disclosure: All records, or first increment where applicable, will be made available or provided to you:

- On _____.
- After prepayment of fees and costs of \$ 98.75 (50% of estimated fees +100% of costs, as estimated below).
Payment may be made by: cash personal check other cashiers check, certified
check or money order payable to: State Department of Health.

Mail prepayment to:
State Department of Health
Office of Health Status Monitoring
Issuance/Vital Statistics Section/UIPA Request
P.O. Box 3378
Honolulu, HI 96801

For incremental disclosures, each subsequent increment will be disclosed within 20 business days after:

- The prior increment (if one prepayment of fees is required and received).
- Receipt of each incremental prepayment required.

Disclosure is being made in increments because the records are voluminous and the following extenuating circumstances exist:

- Agency must consult with another person to determine whether the record is exempt from disclosure under HRS chapter 92F.
- Request requires extensive agency efforts to search, review, or segregate the records or otherwise prepare the records for inspection or copying.
- Agency requires additional time to respond to the request in order to avoid an unreasonable interference with its other statutory duties and functions.
- A natural disaster or other situation beyond agency's control prevents agency from responding to the request within 10 business days.

ESTIMATED FEES & COSTS:

The agency is authorized to charge you certain fees and costs to process your request (even if no record is subsequently found to exist), but must waive the first \$30 in fees assessed for general requesters and the first \$60 in fees when the agency finds that the request made is in the public interest. See HAR §§ 2-71-19, -31 and -32. The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. The following is the estimate of the fees and costs that the agency will charge you, with the applicable waiver amount deducted:

Fees: Search	Estimate of time to be spent: <u>1 hour</u> (\$2.50 for each 15-minute period)	\$ <u>10.00</u>
Review & segregation	Estimate of time to be spent: <u>1 hours</u> (\$5.00 for each 15-minute period)	\$ <u>20.00</u>
Fees waived	<input checked="" type="checkbox"/> general (\$30) <input type="checkbox"/> public interest (\$60) (fee waiver was granted for first increment of records)	<\$ <u>30.00</u> >
Other	(Pursuant to HAR § 2-7-31(B))	
Total Estimated Fees:		\$ <u>0.00</u>
Costs: Copying	Estimate of # of pages to be copied: <u>367</u>	\$ <u>91.75</u>

Other	(@ \$.25 per page.) <u>Mailing and handling</u>	\$ <u>7.00</u>
Total Estimated Costs:		\$ <u>98.75</u>

For questions about this notice, please contact the person named above. Questions regarding compliance with the UIPA may be directed to the Office of Information Practices at 808-586-1400 or oip@hawaii.gov.