

PALOMAR HEALTH

APPLICATION FOR INSPECTION OF PUBLIC RECORDS

- 1) NAME OF APPLICANT: David Loy
- 2) COMPANY: ACLU of San Diego & Imperial Counties
- 3) ADDRESS: PO Box 87131, San Diego, CA 92138-7131
- 4) TELEPHONE NUMBER: 619.398.4496 (w) 619.701.3993 (c)
davidloy@aclusandiego.org
- 5) EMAIL ADDRESS: Original email sent 9/3/14; this form
- 6) DATE OF APPLICATION: sent 9/5/14
- 7) Please indicate on the attached page, for each public record desired:
- (a) an exact description of the record;
 - (b) whether you would like a hard copy of the record sent to you in the mail or whether you would prefer the record be emailed to you.
- 8) Once you have completed and signed the form, please scan and email it to janine.sarti@pph.org. You may also fax it to 858-675-5225. You may also mail it to:

Palomar Health
Attn: Janine Sarti, Legal Department
15255 Innovation Drive
San Diego, CA 92128

In the event copies are requested of any of the records you requested, you will be charged ten cents (10¢) per page for standard reproduction of documents 8 1/2" by 14" or less, and actual costs for reproduction of oversized documents or documents which require special processing. Additionally, clerical costs directly incurred in duplication, billed at the rate of \$16.00 per hour for a clerical person computed on the basis of \$4.00 per quarter hour or fraction thereof, will be charged. In the event copying cannot be done by the District for technical reasons, an estimate of the cost of copying shall be obtained by the District from an available source, and you will be required to deposit the amount of such estimate with the District prior to copying. The records shall be copied by the District (or an outside source, if necessary) as soon as possible without disruption of the normal business of the District.

IN WHATEVER FORM AVAILABLE, PLEASE PRODUCE RECORDS STATING OR CONTAINING THE FOLLOWING INFORMATION WITH RESPECT TO THE FORMER PALOMAR CONTINUING CARE CENTER (PCCC):

1) Description of Record Requested:

Dates on which PCCC first opened and finally closed.

Method of Delivery:

Indicate how you would like this record delivered: (check appropriate box)

via U.S. Mail

via email

2) Description of Record Requested:

Maximum number of patients PCCC was capable of accommodating and/or licensed to accommodate during its last 5 years of operation

Method of Delivery:

Indicate how you would like this record delivered: (check appropriate box)

via U.S. Mail

via email

3) Description of Record Requested:

Yearly average number of patients at PCCC during its last 5 years of operation

Method of Delivery:

Indicate how you would like this record delivered: (check appropriate box)

via U.S. Mail

via email

4) Description of Record Requested:

a. Number of staff members employed at PCCC during its last 5 years of operation.

b. Maximum number of staff onsite during any shift.

Method of Delivery:

Indicate how you would like this record delivered: (check appropriate box)

via U.S. Mail

via email

5) Description of Record Requested:

Average daily number of visitors to PCCC during its last 5 years of operation, including personal visitors to patients, vendors, clinicians & other caregivers/service providers.

Method of Delivery:

Indicate how you would like this record delivered: (check appropriate box)

via U.S. Mail

via email

6) Description of Record Requested:

Amount of property taxes, if any, paid by Palomar Health District with respect to PCCC during its last 5 years of operation.

Method of Delivery:

Indicate how you would like this record delivered: (check appropriate box)

via U.S. Mail

via email



Signature of Applicant