## USDC Utah State Developmental Center

## Records Fee

| Requestor's Name:  |             |         | Organization:  |             |                          |  |
|--|-------------|---------|--|-------------|--------------------------|--|
|  |             | ☐ Not   | applicable   |             |                          |  |
| Individual's Name:   |             |         |  | File #:     |                          |  |
| [ ] the Individual named above   |             |         |  |             |                          |  |
| [ ] the Individual named above Legally Authorized Representative   |             |         |  |             |                          |  |
| [ ] the Authorized third party   |             |         |  |             |                          |  |
| [ ] other:   |             |         |  |             |                          |  |
|  |             |         |  |             |                          |  |
| Date   | Description |         |  |             | Amount                   |  |
|  |             |         |  |             |                          |  |
|  |             |         |  |             |                          |  |
|  |             |         |  |             |                          |  |
|  |             |         |  | Tota        | al                       |  |
| Please obtain a receipt of payment from the Business Office in person  |             |         |  |             |                          |  |
|  |             |         |  |             |                          |  |
| Department of Human Services Established Fees  |             |         |  |             |                          |  |
| ·  |             |         |  |             |                          |  |
| Charges for Healthcare Providers are established to provide medical records to the patient, a patient's personal   |             |         |  |             |                          |  |
| representative, or approved third party within 30 days of request (Title 26-1-37 Amendment H.B.12)   |             |         |  |             |                          |  |
| GRAMA provides that "a governmental entity may charge a reasonable fee to cover the governmental entity's actual cost of providing a records" (Utah Code § 63G-2-203 (1)) See Utah code § 63G-2-203(3) for fee |             |         |  |             |                          |  |
| approval process. This charge covers the cost of time to retrieve, compile, format, manipulate, make copies,   |             |         |  |             |                          |  |
| summarize, tailor package and supply postage if necessary. (Utah Code § 63G-2-203(2))  |             |         |  |             |                          |  |
|  |             |         |  |             |                          |  |
| 00444  |             |         | I a  |             |                          |  |
| GRAMA fees   |             |         | Compiling and Reporting In another format (per hour) \$25.00 |             |                          |  |
| Paper (per side of sheet) \$ .25<br>Audio (per tape) \$5.00  |             |         | If programmer assistance is required \$50.00                 |             |                          |  |
| Video tape (per tape) \$5.00   |             |         | ii programm  | 161 0551516 | ince is required \$50.00 |  |
| Tides taps (ps.  |             | + 10.00 |  |             |                          |  |
| Notice of Appeals  |             |         |  |             |                          |  |
| Note: Utah Code § 63G-2-203(6) provides that a person may appeal an unreasonable denial of fee waiver in   |             |         |  |             |                          |  |
| the same manner as an appeal of a denial of access to a record. A notice of appeal must be submitted within  |             |         |  |             |                          |  |
| 30 days of the fee waiver denial and must include the requester's name, mailing address, daytime telephone   |             |         |  |             |                          |  |
| number and an explanation of the relief sought. Appeal of unreasonable denial of fee waiver should be directed to:   |             |         |  |             |                          |  |
| directed to.   |             |         |  |             |                          |  |
| Bonnie Hardy   |             |         |  |             |                          |  |
| 895 North 900 East   |             |         |  |             |                          |  |
| American Fork, UT 84003  |             |         |  |             |                          |  |

| Office Use Only                             | Fee Received Date: |  |  |  |  |  |
|---|--------------------|--|--|--|--|--|
| Name of the person processing this request: |                    |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·       |                    |  |  |  |  |  |
| Fee waived or partially waived:             |                    |  |  |  |  |  |
| Identification verified by what method:     |                    |  |  |  |  |  |
| <u>-</u>                                    |                    |  |  |  |  |  |
|   |                    |  |  |  |  |  |
|   |                    |  |  |  |  |  |