NOTICE TO REQUESTER							
TO:	R. Brian Black, Civil Beat Law Center for the Public Interest (Requester's name)						
FROM:	Hawaii Department of Health, Kaitlin Arita-Chang, 808-586-4400, kaitlin.arita-chang@doh.hawaii.gov  (Agency, and agency contact person's name, telephone number, & email address)						
DATE THAT THE RECORD REQUEST WAS RECEIVED BY AGENCY: Nov. 17, 2022							
DATE OF TH	HIS NOTICE: Dec. 2, 2022						
GOVERNME  1. See attached 2. 3. 4.	NT RECORDS YOU REQUESTED (attach copy of request or provide brief description below): list						
THIS NOTICE	E IS TO INFORM YOU THAT YOUR RECORD REQUEST:						
Will be g	ranted in its entirety.						
Cannot b	Agency does not maintain the records. (HRS § 92F-3)  Other agency that is believed to maintain records:  Agency needs further clarification or description of the records requested. Please contact the agency						
	and provide the following information:						
Althor on the	ranted in part and denied in part, $OR$ Is denied in its entirety ugh the agency maintains the requested records, it is not disclosing all or part of them based exemptions provided in HRS § 92F-13 and/or § 92F-22 or other laws cited below. ibe the portions of records that the agency will not disclose.)						
RECORDS OR INFORMATI	APPLICABLE AGENCY STATUTES JUSTIFICATION						

## REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees and costs 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 and costs 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 from the date the request was received, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days after this notice or after receipt of any prepayment required. HAR § 2-71-13(c). 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.

od of Disclosure:
Inspection at the following location:
ng of Disclosure: All records, or the first increment if applicable, will be made available or provided to you:
On Dec. 2 , $2022$ .  After prepayment of 50% of fees and 100% of costs, as estimated below.
ncremental disclosures, each subsequent increment will be disclosed within 20 business days after:  The prior increment (if one prepayment of fees is required and received), or  Receipt of each incremental prepayment, if prepayment for each increment is required.
Records will be disclosed 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

## ESTIMATED FEES & COSTS AND PAYMENT:

FEES: For personal record requests under Part III of chapter 92F, HRS, the agency may charge you for its costs only, and fee waivers do not apply.

For public record requests under Part II of chapter 92F, HRS, the agency is authorized to charge you fees to search for, review, and segregate your request (even if a record is subsequently found to not exist or will not be disclosed in its entirety). The agency must waive the first \$30 in fees assessed for general requesters, OR in the alternative, the first \$60 in fees when the agency finds that the request is made in the public interest. Only one waiver is provided for each request. See HAR §§ 2-71-19, -31 and -32.

COSTS: For either personal or public record requests, the agency may charge you for the costs of copying and delivering records in response to your request, and other lawful fees and costs.

PREPAYMENT: The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. If a prepayment is required, the agency may wait to start any search for or review of the records until the prepayment is received by the agency. Additionally, if you have outstanding fees or costs

_		abandoned requests, the agency may require prit begins any search or review for the records you				f the unpaid			
	_	of what you must pay, based on the estimated able waiver amount that will be deducted:	d fees an	d cos	ts that	the agency			
For pu	blic record requests onl	<u>y</u> :							
Fees:	Search	Estimate of time to be spent: 4 hours	\$ 40.00						
	Review & segregation	(\$2.50 for each 15-minute period)  Estimate of time to be spent: hours	\$						
	Fees waived	(\$5.00 for each 15-minute period)  general (\$30), <u>OR</u> public interest (\$60)	<\$ <u>60.00</u>	<u>)</u> >					
	Other	(Only one waiver per request)	\$						
		(Pursuant to HAR §§ 2-71-19 & 2-71-31)							
	Total Estimated Fees:			\$ (	0.00				
For pu	blic or personal record 1	requests:							
Costs:	Copying	Estimate of # of pages to be copied: (@ \$ per page, pursuant to HRS § 92-21)	\$						
	Delivery	Postage	\$						
	Other		\$						
	<b>Total Estimated Costs</b> :			<b>\$</b> 0	.00				
TOTAL ESTIMATED FEES AND COSTS from above:				\$	0.00				
	The estimated fees and costs above are for the first incremental disclosure only. Additional fees and costs, and no further fee waivers, will apply to future incremental disclosures.								
	PREPAYMENT IS REQU	JIRED (50% of fees + 100% of costs, as estimated	above)		\$				
	UNPAID BALANCE FROM PRIOR REQUESTS (100% must be paid before work begins) \$								
TOTAL AMOUNT DUE AT THIS TIME						0.00			
	Payment may be made by:	cash personal check payable to other							
beginn record the rec questi	ning of this form. Please s of other agencies, and a cords. If the agency deni- cons regarding complian	or the records being sought, please contact to note that the Office of Information Practice requester must seek records directly from the es or fails to respond to your written request nee with the UIPA, then you may contact lotel Street, Suite 107, Honolulu, Hawaii 96	es (OIP) ne agency for recor tact OII	does y it b ds or	not m pelieves r if you	aintain the s maintains have other			
				OIP In	ev. 12/1/	(2015)			