GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2 Peachtree Street, NW
Atlanta, GA 30303-3159
www.dch.georgia.gov

Nathan Deal, Governor

Clyde L. Reese, III, Esq., Commissioner

*Health Planning/Certificate of Need Open Records Request Form**

Date Request Filed:

Request made by: **Contact Name:**

Customer Number (if known): **Phone No:**

Email Address:

Mailing Address: **Billing Address (If different):**

**** Pursuant to O.C.G.A. § 50-18-70(e) records pertaining to pending administrative appeal proceedings must be made with the presiding administrative law judge and not with DCH.***

Certificate of Need/Regulatory Request Documents (One Form per Project):

Application/Request Name:

Project/Docket Number:

- ☐ CON Project - Entire file
- ☐ CON Project - Main application only
- ☐ CON Project - Appendices
- ☐ CON Project - Additional information
- ☐ CON Project - Completeness/incompleteness letter
- ☐ CON Project - Letters of Support/Opposition
- ☐ CON Project - Decision only
- ☐ CON other:
- ☐ DET Request - Entire file
- ☐ DET Request Letter
- ☐ DET Request - Decision only
- ☐ DET Request - Other:
- ☐ LNR Request - Entire file
- ☐ LNR Request Letter
- ☐ LNR Request - Decision only
- ☐ LNR Request - Other:

Health Planning Databases:

- ☐ Annual Hospital Questionnaire/Addenda Database
- ☐ Annual Hospital Financial Survey Database
- ☐ Annual Service-Specific Indigent/Charity Care Survey Database
- ☐ Annual Free-Standing Ambulatory Surgery Center Survey Database
- ☐ Annual Nursing Home Questionnaire Database
- ☐ Annual Home Health Agency Survey Database
- ☐ Annual Cardiac Catheterization Services Survey Database
- ☐ Annual Open Heart Surgery Services Survey Database
- ☐ Radiation Therapy Services Survey Database
- ☐ Positron Emission Tomography (PET) Services Database
- ☐ Personal Care Home Survey Database (SFY2001-2008)

- ☐ Resident Population Projections Database for 2008-2020 (4/11 Release)
- ☐ Hospital Marketshare Database - Contains hospital discharge data, requires signed data agreement.
- ☐ Other Database:

☐ **Other Documents, Products, Services or Special Instructions:**

Delivery Method Preferred:

- ☐ **Email:** ☐ **Fax:**
- ☐ **Pick-up/Courier Service:** ☐ **U.S. Postal Service**
- ☐ **FedEx/DHL/UPS/etc.:**

(Account Number)

Save Form

Email Form to: HealthPlanningInfo@dch.ga.gov

Fax Form to: 404-656-0442

For DCH Use Only:

Request Number: ***Customer Number:***