



Brian P. Kemp, Governor

Dean Burke, MD, 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: _____

- | | |
|---|--|
| <input type="checkbox"/> CON Project - Entire file | <input type="checkbox"/> DET Request - Entire file |
| <input type="checkbox"/> CON Project - Main application only | <input type="checkbox"/> DET Request Letter |
| <input type="checkbox"/> CON Project - Appendices | <input type="checkbox"/> DET Request - Decision only |
| <input type="checkbox"/> CON Project - Additional information | <input type="checkbox"/> DET Request - Other: _____ |
| <input type="checkbox"/> CON Project - Completeness/incompleteness letter | <input type="checkbox"/> LNR Request - Entire file |
| <input type="checkbox"/> CON Project - Letters of Support/Opposition | <input type="checkbox"/> LNR Request Letter |
| <input type="checkbox"/> CON Project - Decision only | <input type="checkbox"/> LNR Request - Decision only |
| <input type="checkbox"/> CON other: _____ | <input type="checkbox"/> LNR Request - Other: _____ |

Health Planning Databases:

- | | |
|--|--|
| <input type="checkbox"/> Annual Hospital Questionnaire/Addenda Database | <input type="checkbox"/> Annual Cardiac Catheterization Services Survey Database |
| <input type="checkbox"/> Annual Hospital Financial Survey Database | <input type="checkbox"/> Annual Open Heart Surgery Services Survey Database |
| <input type="checkbox"/> Annual Service-Specific Indigent/Charity Care Survey Database | <input type="checkbox"/> Radiation Therapy Services Survey Database |
| <input type="checkbox"/> Annual Free-Standing Ambulatory Surgery Center Survey Database | <input type="checkbox"/> Positron Emission Tomography (PET) Services Database |
| <input type="checkbox"/> Annual Nursing Home Questionnaire Database | <input type="checkbox"/> Personal Care Home Survey Database (SFY2001-2008) |
| <input type="checkbox"/> Annual Home Health Agency Survey Database | |
| <input type="checkbox"/> Resident Population Projections Database for 2018-2030 (4/21 Release) | |
| <input type="checkbox"/> Hospital Marketshare Database - Contains hospital discharge data, requires signed data agreement. | |
| <input type="checkbox"/> Other Database: _____ | |

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

Delivery Method Preferred:

- | | |
|--|--|
| <input type="checkbox"/> Email: _____ | <input type="checkbox"/> Fax: _____ |
| <input type="checkbox"/> Pick-up/Courier Service: _____ | <input type="checkbox"/> U.S. Postal Service |
| <input type="checkbox"/> FedEx/DHL/UPS/etc.: _____
(Account Number) | |

Email Form to: HealthPlanningInfo@dch.ga.gov

For DCH Use Only:

Request Number: _____ Customer Number: _____