



Brian P. Kemp, Governor

Caylee Noggle, 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 2018-2030 (4/21 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)

Email Form to: HealthPlanningInfo@dch.ga.gov

For DCH Use Only:

Request Number: Customer Number: