

# INFORMATION REQUEST

*(Complete this form when requesting access to personal or confidential information maintained by the Department of Social Services, Community Care Licensing Division.)*

DATE
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NAME (PLEASE PRINT)
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STREET (P.O. BOX)	CITY	STATE	ZIP CODE
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When requesting personal or confidential information, please complete the following:

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ (OR) Department of Motor Vehicles Identification Card Number \_\_\_\_\_ State \_\_\_\_\_

SIGNATURE	TELEPHONE NUMBER (     )     —
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FACILITY NAME	LICENSEE'S NAME, IF KNOWN
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ADDRESS	CITY	STATE
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INFORMATION REQUESTED:

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### OFFICE USE ONLY

Request has been:      Approved      Denied

REASON(S) FOR DENIAL:

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SIGNATURE (LICENSING OFFICE MANAGER OR DESIGNEE)	DATE
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## **I. Requesting Your Records**

### **A. Your Rights — Your Records**

The Information Practices Act, effective July 1, 1978, was enacted to protect your right of privacy. Under the Act, release by a state agency of personal or confidential information about you is restricted. You are allowed to see and receive copies of any personal information pertaining to you which is contained in files maintained by California State Agencies. You are not, however, permitted access to confidential information.

Requests for all items of information on the reverse side (except public information) of this form are made under the provisions of the Information Practices Act of 1977. (Civil Code 1798.32)

The information you provided on this form may be shared with the Office of Information Practices at the State Personnel Board.

### **B. How to See Your Personal Information Record**

You may request to see or receive copies of personal information pertaining to you in Department of Social Services (DSS) files by contacting the licensing office that maintains information on you.

Before DSS will release personal information to you, you must complete spaces on the reverse side of this form which relate to verification of your identity. Completing other spaces is not mandatory. However, other information you provide will be used to locate your records. If you do not provide enough information, DSS may be unable to locate the items you have requested. Few DSS records are maintained more than five years.

### **C. Penalties for False Requests**

Penalties under this Act provide that any person who willfully requests or obtains any record containing personal or confidential information from an agency under false pretenses shall be guilty of a misdemeanor and fined not more than five thousand dollars (\$5,000) or imprisoned not more than one year or both.

## **II. If You Think Your Records are Incorrect**

If you believe that personal information pertaining to you is incorrect, you have the right to request in writing that the record be amended. Include in your request for amendment all facts and documentation which support the request. Within 30 days of receipt of your amendment request, you will be informed that the corrections have been made or of the Department's refusal to amend the record and the reason for refusal.

If you disagree with the Department's refusal to amend the record, you may request a review by the Department's Office of the Chief Counsel. Within 30 days of receipt of such a request, unless extended for good cause, you will be notified of the final determination.

If the final review determination upholds the refusal to amend the record, you may file a statement of reasonable length setting forth your reasons for disagreement with the determination. The Department will then clearly note the disputed portion of the record and will make available, to any person or agency to whom the disputed record has been or is disclosed, copies of your statement and the Department's reasons for not amending the record.