

# **Morgan County Department of Human Services**

## **Records Request Policy**

The Morgan County Department of Human Services (“DHS”) maintains records related to the operations and services provided by DHS. These records are subject to the Colorado Open Records Act (“CORA”) and other applicable laws regarding disclosure of such records, including by not limited to, Title 19, and Title 26, C.R.S.

Any request for records made to DHS shall be made in writing on the form provided by DHS. Anyone making a verbal request will be asked to submit the request in writing, and no action related to the request will be taken until a completed and a signed form and all other required information is received.

The custodian is not required by the Open Records Act to construct or create a record that does not exist. For digital records, if a public record is stored in a sortable or searchable digital format, the custodian will provide the digital record in such a format. If the custodian cannot produce the record in either a sortable or searchable format, the custodian will notify the requester.

The cost for requested documents shall be \$.25 per standard page or, for documents in non-standard formats, the actual duplication costs. Audio records shall cost the amount of the drive on which the audio file(s) are provided. The hourly rate for any research or retrieval of records shall be charged at a rate of \$33.58 per hour, after the first hour. All fees must be paid before records are released. In the custodian’s sole discretion, the custodian may require a deposit of the estimated charges prior to the commencement of any research and retrieval of the requested records. All charges must be paid prior to any records are disclosed.

Requests to inspect records and/or documents will not take priority over the regular work activities of County employees and responses may take longer if staff is unavailable to retrieve the records and respond to the request.

**Submission of the requisite information is not a guarantee of access to records held by the Department of Human Services. All requests will be evaluated for disclosure under applicable law.**

### **Confidentiality Statement**

All Human Services information is to be treated as confidential. Whenever there is a question about the legality of releasing confidential information, the person seeking the information shall be advised to obtain an appropriate Court Order to produce information. The Department requires an Acknowledgment of Confidentiality (on the request form) to be signed prior to releasing any record.

C.R.S. § 19-1-307(4) states that: Any person who improperly releases or who willfully permits or encourages the release of data or information contained in the records and reports of child abuse or neglect to persons not permitted access to such information by this section or by section 19-1-

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303 commits a class 2 misdemeanor and shall be punished as provided in section 18-1.3-501. Please ensure that should you release records it is in accordance with legal confidentiality guidelines and privilege requirements.

C.R.S. § 26-3.1-102(c) states: (c) Any person who violates any provision of this C.R.S. § 26-3.1-102(b)(7) commits a civil infraction.

C.R.S. § 26-1-114(5) states: Any person who violates subsection (1) or (3) of C.R.S. § 26-1-114 commits a petty offense.

#### **Children, Youth and Family Records**

##### **Parents/Guardians/Legal Custodians:**

All records obtained through the Morgan County DHS are strictly confidential. Once you obtain records it is your responsibility to maintain confidentiality and privilege in accordance with legal parameters. Records may be picked up in person at our office or emailed to the requester after the Acknowledgment of Confidentiality and a proper, clear photo ID is received by the record custodian. Please also submit a copy of your driver's license, legal identification card to provide proof of identity. Requests will not be reviewed or processed until this is received.

##### **Professionals: Private Attorneys, CFI/Parental Evaluators, etc.**

May not obtain the records from their client(s) and are required to subpoena DHS or provide their court order of appointment (for CFIs and PREs only) and release of information signed by both legal parents/guardians. C.R.S. § 19-1-103 outlines the need to know regarding this information and DHS' authority to release such records. You may want to ensure that anyone to whom the information is released is informed that they have a legal obligation to maintain the confidentiality of that information. You or your agency could be held responsible for wrongful disclosure. Records will be processed in accordance with subpoena requirements and discovery rules. Otherwise, you will be notified when your records are ready for pick up and or release, we will request an appointment for pick-up be made unless the record is able to be electronically released.

#### **Adult Protective Services Records Requests**

The release of Adult Protective Services (APS) records will only be considered when the requestor provides an appropriate court order pursuant to C.R.S. § 26-3.1-102(7)(b) or disclosure is permitted by statute. If the requestor fails to attach the appropriate court order authorizing release, the request will automatically be denied.

#### **Benefits Assistance Records**

The release of benefit assistance records is governed by C.R.S. § 26-1-114. Determination of release of records will be made in accordance with Colorado Revised Statutes

**Morgan County Records Request Form**  
**Morgan County Department of Human Services**

Date: \_\_\_\_\_

Time: \_\_\_\_\_ a.m./p.m.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Case No. (if applicable): \_\_\_\_\_

**Persons Who are the Subject of the Request Records - Name & Birthdate:**

\_\_\_\_\_  
\_\_\_\_\_

**Relationship to Persons Named Above:**

\_\_\_\_\_

**Description of Records:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INCLUDE A CLEAR COPY OF YOUR PHOTO IDENTIFICATION. THE PICTURE AND SIGNATURE MUST BE CLEAR.**

**Acknowledgement of Confidentiality**

I have requested access to information in the Morgan County Department of Human Services records. I acknowledge that the information may not be disseminated or disclosed publicly for any reason and further dissemination of this information is in violation of state statute may be a criminal or civil offense and punishable by law.

By signing below, I acknowledge that I am aware of the confidentiality requirements concerning any information I have obtained from the Morgan County Department of Human Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Official Use Only**

Research time fee:

Time spent by staff - research and retrieval \_\_\_\_\_

Cost of research and assembly of request. \$ \_\_\_\_\_

Research Records requests received by:

\_\_\_\_\_  
Custodian

\_\_\_\_\_  
Date