Date:	March 8, 2011			Item No.	3	
			2	File No.	11004	

SUNSHINE ORDINANCE TASK FORCE

COMPLAINT COMMITTEE

AGENDA PACKET CONTENTS LIST*

	Tor	nas P	icarell	o agains	st the D)epartn	nent of	Public H	ealth	
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Completed	by:	Chri	is Rust	om		Date	: Ma	rch 4, 201	1	•

*This list reflects the explanatory documents provided

- ~ Late Agenda Items (documents received too late for distribution to the Task Force Members)
- ** The document this form replaces exceeds 25 pages and will therefore not be copied for the packet. The original document is in the file kept by the Administrator, and may be viewed in its entirety by the Task Force, or any member of the public upon request at City Hall, Room 244.



<complaints@sfgov.org> 02/17/2011 01:16 PM

To <sotf@sfgov.org>

CC

bcc

Subject Sunshine Complaint

To: sotf@sfgov.orgEmail: complaints@sfgov.orgDEPARTMENT: HSA

CONTACTED:PAM TEBO

PUBLIC RECORDS VIOLATION:Yes

PUBLIC MEETING VIOLATION:No

MEETING DATE:

SECTIONS_VIOLATED:NUMEROUS SUNSHINE AND PRA VIOLATIONS DESCRIPTION:ON JAN. 27, 2011, I MADE AN IMMEDIATE DISCLOSURE REQUEST FOR MY ENTIRE HSA FILE. AS OF TODAY'S DATE I HAVE RECEIVED ONLY A SMALL PORTION OF MY FILE. SUPPORTING EMAILS WILL BE PROVIDED TO THE TASK FORCE IN A TIMELY MANNER.

HEARING:Yes

PRE-HEARING:No

DATE:2-17-11

NAME: TOMAS PICARELLO

ADDRESS:

CITY:

ZIP:

PHONE:

CONTACT EMAIL:t picarello@yahoo.com

ANONYMOUS:

CONFIDENTIALITY REQUESTED:No

Pamela Tebo/DHS/CCSF@CCSF

03/03/2011 10:42 AM

To SOTF/SOTF/SFGOV@SFGOV

cc Trent Rhorer/DHS/CCSF@CCSF, t_picarello@yahoo.com, Chris Rustom/BOS/SFGOV@SFGOV

bcc

Subject Re: Sunshine Complaint Received:#11004_Thomas Picarello vs Human Services Agency

I am writing in response to the Sunshine Task Force's notification of a hearing set for March 8, 2011 pursuant to complaint #11004 filed by Tomas Picarello.

On January 27, 2011 Mr. Picarello contacted me for copies of documents. The documents he requested are considered confidential under Welfare and Institutions Code Section 17000 et seq. Additionally, local laws address the confidentiality of the documents that Mr. Picarello requested. San Francisco Admin Code section 20.220 states: "(such) records shall be confidential and shall not be opened to examination or inspection except by the Grand Jury of the County or by a board or an officer of the State or the County charged with the administration, supervision or direction of (the specific) Program, or upon written waiver by the applicant or recipient."

The information Mr. Picarello requested is confidential under these provisions thererfore (1) these documents are not considered public records; (2) requests for these documents are not processed through my office; and (3) release of these documents are not controlled by Sunshine Laws. However, on January 27, 2011, I immediately referred Mr. Picarello to staff in the department's County Adult Assistance Program who would be able to assist him in obtaining the documents he requested. On February 12, 2011 the documents were mailed to Mr. Picarello.

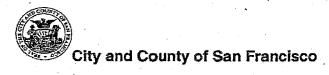
I reviewed the Human Services Agency policy for a person to access these documents and consulted with the Program Director of CAAP and we determined that documents were provided to Mr. Picarello in a timely fashion. Even though these documents **DO NOT fall under the jurisdiction of the Sunshine Task Force,** if Mr. Picarello signs the attached Authorization to Release Information and submits it to me, I can provide to the Task Force ONLY the email exchange between Mr. Picarello and our staff from January 27, 2011 through February 12, 2011 which show a good faith effort on our part to locate and provide the documents Mr. Picarello requested.



Release of information Form.pdf

Thank you,

Pamela Tebo
Office of the Executive Director
SF Human Services Agency
P.O. Box 7988
San Francisco, CA 94120
(415) 557-6540 - Phone
(415) 431-9270 - Fax
SOTF/SOTF/SFGOV@SFGOV



Human Services Agency

Authorization to Release Information

Case Name:	Case No
Date:	Worker No
Authorization for Release of Information to SFHSA	
*	residing at
do hereby authorize	to furnish
(name of individual, agen	cy, or institution)
information to the San Francisco Human Services Agency	for the following purposes:
This authorization was completed in its entirety and was re	ead by (or to) me prior to signing.
Signature:	Date:
Authorization for Release of Information by SFHSA	
7	residing at
or the following purposes:	
This authorization is valid for two (2) years or upon the writ naintained in confidence and is for the sole use of the purp entirety and was read by (or to) me prior to signing.	tten withdrawal of this consent. The information will be pose stated above. This form was completed in its
Signature:	Date:
INDENTIFY	ING INFORMATION
Birth Date: Birthplace;	Mother's Maiden Name:
Signature or Name of Spouse:	Date:
Birth Date of Spouse: Birthplace of Spous	e:
Spouse's Mother's Maiden Name:	,
	Policy Number:
MUCL:	Policy Number:
xner:	Policy Number: