

Date: March 8, 2011

Item No. 3  
File No. 11004

**SUNSHINE ORDINANCE TASK FORCE**  
**COMPLAINT COMMITTEE**  
**AGENDA PACKET CONTENTS LIST\***

- Tomas Picarello against the Department of Public Health**
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Completed by: Chris Rustom

Date: March 4, 2011

**\*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 <soft@sfgov.org>

cc

bcc

Subject Sunshine Complaint

To:soft@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

3/4/2011

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 therefore (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

3/4/2011



**Authorization to Release Information**

Case Name: \_\_\_\_\_

Case No. \_\_\_\_\_

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

Worker No. \_\_\_\_\_

**Authorization for Release of Information to SFHSA**

I, \_\_\_\_\_ residing at \_\_\_\_\_

do hereby authorize \_\_\_\_\_ to furnish  
(name of individual, agency, or institution)

information to the San Francisco Human Services Agency for the following purposes:

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

This authorization was completed in its entirety and was read by (or to) me prior to signing.

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

**Authorization for Release of Information by SFHSA**

I, \_\_\_\_\_ residing at \_\_\_\_\_

do hereby authorize the San Francisco Human Services Agency to furnish information to:

\_\_\_\_\_  including medical and social history, (name of  
individual, agency, or institution) and the results of any tests or exams.

for the following purposes: \_\_\_\_\_

\_\_\_\_\_

This authorization is valid for two (2) years or upon the written withdrawal of this consent. The information will be maintained in confidence and is for the sole use of the purpose stated above. This form was completed in its entirety and was read by (or to) me prior to signing.

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

**IDENTIFYING INFORMATION**

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Signature or Name of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date of Spouse: \_\_\_\_\_ Birthplace of Spouse: \_\_\_\_\_

Spouse's Mother's Maiden Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Other: \_\_\_\_\_