

LUZERNE COUNTY
OFFICE OF LAW
ROMILDA P. CROCAMO, ESQUIRE
CHIEF COUNTY SOLICITOR



LUZERNE COUNTY
COUNTY MANAGER
C. DAVID PEDRI, ESQUIRE

COUNTY of LUZERNE
P E N N S Y L V A N I A
ESTABLISHED 1786

August 28, 2017

Robert J. Altavilla
286 Pine St.
Larksville, PA 18651
Email: K3RD@aol.com
RE: RTK Request # 17-144

Dear Mr. Altavilla:

Thank you for writing to Luzerne County with your request for information pursuant to the Pennsylvania Right-To-Know law. My email is Jackie.Carroll@luzernecounty.org.

On August 28, 2017, the Luzerne County Office of Law received a request for documents from you described in the attached Right to Know request. Your request is denied for the following reasons pursuant to the Pennsylvania Right to Know Law ("RTKL").

It is denied since the following are exempt from access by a requestor under 65 P.S. § 67.708 (b)(5) which states: "A record of an individual's medical, psychiatric or psychological history or disability status, including an evaluation, consultation, prescription, diagnoses or treatment; results of tests, including drug tests; enrollment in a healthcare program or program designed for participation by persons with disabilities, including vocation rehabilitation, workers' compensation and unemployment compensation; or related information that would disclose individually identifiable health information."

You have a right to appeal this denial of information in writing to Office of Open Records, Commonwealth Keystone building, 400 North Street, 4th Floor, Harrisburg, PA 17120.

If you choose to file an appeal for any reason, you must do so within 15 business days of the mailing date of the agency's response. Section 1101. If you have further questions, please contact me. Please be advised this correspondence will serve to close this request with our office as permitted by law.

Very truly yours,


JACQUELINE MUSTO CARROLL, ESQUIRE
Luzerne County – Open Records Officer

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

FILED
PROTHONOTARY
LUZERNE COUNTY
2018 AUG 28 PM 1:08

NAME OF REQUESTER: Altavilla Robert
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 286 Pine St
STREET / P.O. BOX
Larksville PA 18651
CITY STATE ZIP CODE

PHONE # 570-709-7690 FAX#

EMAIL ADDRESS: K3RDa@aol.com

SIGNATURE: [Signature] DATE:

FILED
PROTHONOTARY
LUZERNE COUNTY
2018 AUG 28 PM 1:09

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.
request of info that Judge Pierton
had declared me mentally incompetent.
Please give me a copy of
such info.

PLEASE CHECK ONE OF THE FOLLOWING:
 I AM ONLY REQUESTING ACCESS TO THE DOCUMENT(S)
 I AM REQUESTING A HARD COPY OF THE DOCUMENT(S) (PAPER, CD, etc...)
 I AM REQUESTING AN E-FILE OF THE DOCUMENT(S) (IF AVAILABLE) (PDF, EXCEL SPRDSHT, etc...)

PLEASE NOTE: LUZERNE COUNTY IS NOT REQUIRED TO CREATE A RECORD WHICH DOES NOT CURRENTLY EXIST OR TO COMPILE, MAINTAIN, FORMAT OR ORGANIZE A RECORD IN A MANNER IN WHICH THE AGENCY DOES NOT CURRENTLY COMPILE, MAINTAIN, FORMAT OR ORGANIZE THE RECORD