
POLICY NO. _____

PUBLIC RECORDS REQUEST POLICY AND RESPONSE PROTOCOL

Purpose

West Ascension Parish Hospital District ("WAPH") recognizes the public's constitutional right to inspect public records and is committed to compliance with Louisiana Public Records Law, La. R.S. 44:1 et seq. and Article XII, Section 3 of the Louisiana Constitution.

Policy

WAPH shall provide access to public records unless a specific exemption exists under state or federal law. Public records requests shall be processed consistently, timely, and documented through a centralized Public Records Request Log.

Designated Custodian

The Chief Executive Officer shall designate a Public Records Custodian responsible for:

- Receiving requests
- Maintaining the request log
- Coordinating record collection
- Reviewing exemptions with legal counsel
- Issuing responses

Request Intake Procedure

Requests may be submitted:

- In person
- By mail
- By email
- Through the hospital website

Written requests are strongly encouraged.

Upon receipt, the Custodian shall:

1. Assign a Request Number.
2. Enter the request into the Public Records Request Log.
3. Date-stamp the request.
4. Acknowledge receipt.

Response Requirements

If records are immediately available, the Custodian shall provide access promptly.

If records are not immediately available, WAPH shall respond within the time required by Louisiana Public Records Law and provide notice regarding record availability, exemptions, or anticipated production dates. Louisiana law generally requires action within three business days.

Exemptions

No record may be withheld without:

- Citation to the applicable legal exemption;
- Review by legal counsel when appropriate;
- Written justification maintained in the file.

Records Retention

Copies of requests and responses shall be retained for a minimum of five (5) years.

PUBLIC RECORDS REQUEST LOG

Request No.	Date Received	Requestor	Records Requested	Department Assigned	Due Date	Date Responded	Status	Notes

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Required Status Categories:

- Open
 - Awaiting Department Response
 - Legal Review
 - Fulfilled
 - Partially Fulfilled
 - Denied
 - Closed
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POLICY NO. _____

OPEN MEETINGS AND EXECUTIVE SESSION PROTOCOL

Purpose

WAPH shall conduct all Board meetings in accordance with Louisiana Open Meetings Law, La. R.S. 42:11 et seq. Meetings shall remain open unless a lawful basis exists for executive session.

General Rule

All meetings of the Board shall be open to the public except as authorized by Louisiana law.

Entering Executive Session

Executive Session may occur only when:

Step 1

The agenda identifies the executive session topic.

Step 2

The Board Chair publicly states:

- The specific reason for executive session;
- The applicable statutory authority.

Step 3

A motion is made and seconded.

Step 4

Two-thirds (2/3) of members present vote affirmatively in open session.

Step 5

The vote of each member and reason for executive session are entered into the minutes.

Authorized Executive Session Topics

Examples include:

- Litigation strategy
- Threatened litigation
- Attorney-client discussions
- Certain personnel matters
- Security matters
- Other subjects specifically authorized by Louisiana law

Personnel Matters

When the executive session involves an employee:

- 24-hour written notice shall be provided where required by law.
- The employee may require the discussion to occur in open session when authorized by law.

Restrictions

The Board shall not:

- Take final action in executive session;

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- Vote in executive session;
 - Use executive session to avoid public disclosure requirements.

Returning to Open Session

Any final action must occur in open meeting following return from executive session.

POLICY NO. _____

DUAL EMPLOYMENT AND OUTSIDE GOVERNMENT EMPLOYMENT DISCLOSURE POLICY

Purpose

To identify actual, potential, or perceived conflicts of interest and ensure compliance with Louisiana ethics, payroll, timekeeping, and governance requirements.

Policy

All WAPH employees, officers, executives, directors, and medical staff leaders shall disclose any outside public-sector employment or compensated service.

Scope

Disclosure is required for:

- State government employment
- Parish government employment
- Municipal employment
- School boards
- Sheriff offices
- Fire districts
- Public hospital systems
- Public universities
- Public authorities
- Any governmental entity

Annual Certification Requirement

Every employee shall complete a Dual Employment Disclosure Form:

- At hire
- Annually during compliance training
- Within 30 days of any change

Required Information

Employees shall disclose:

- Employer name
- Position title
- Normal work schedule
- Compensation status
- Reporting relationship
- Potential overlap with WAPH duties

Review Process

Forms shall be reviewed by:

1. Human Resources
2. Compliance Officer
3. CEO (for directors and executives)
4. Board Chair (for CEO disclosures)

Prohibited Activities

Employees may not:

- Work simultaneously for WAPH and another employer during scheduled WAPH hours.
- Use WAPH resources for outside employment.
- Allow outside employment to interfere with WAPH responsibilities.
- Create conflicts involving contracts, procurement, referrals, or supervision.

Annual Certification Statement

I certify that all information provided is complete and accurate. I agree to notify WAPH within thirty (30) days of any change in outside employment or governmental service.

Employee Signature: _____

Date: _____

DUAL EMPLOYMENT DISCLOSURE FORM

Employee Information

Name: _____

Department: _____

Position: _____

Supervisor: _____

Government Employment Disclosure

Do you currently hold any other paid or unpaid government, public-sector, elected, appointed, or board position?

☐ Yes

☐ No

If Yes:

Entity: _____

Position: _____

Employment Type:

☐ Full-Time

☐ Part-Time

☐ Contract

☐ Elected

☐ Appointed

Work Schedule: _____

Annual Compensation: _____

Conflict Assessment

Does this position:

- Involve contracting with WAPH? ☐ Yes ☐ No
- Involve regulatory authority over WAPH? ☐ Yes ☐ No
- Involve referrals to WAPH? ☐ Yes ☐ No

- Create scheduling conflicts? ☐ Yes ☐ No

Certification

I certify the information above is true and complete.

Employee Signature: _____

Date: _____

HR Review: _____

Compliance Review: _____