

U.S. Department of Health & Human Services

Submit a FOIA Request

Please thoroughly research your topic before submitting a request. HHS Information is available on the internet. You can access and search electronically available HHS information on the [HHS Homepage](#) and in the [Electronic Reading Room](#).

Submission Instructions

You may complete the online form below or to make a request by mail or fax, please contact the relevant [FOIA Office](#). If you are unable to determine which Freedom Of Information Service Center has the information you are seeking you may submit your request to the HHS Headquarters Office.

* all fields marked with an asterisk are required and must be completed for submission.

Online Request Form

Title:

*First name:

Middle initial:

* Last name:

* Organization/Affiliation

* Address 1:

Address 2:

* City:

* State:

* Zip code:

* Daytime phone number:

Fax number:

FOIA Requester Service Centers

Each FOIA office in HHS has a FOIA Requester Service Center that processes relevant FOIA requests.

- [AoA](#) - Administration on Aging
- [ACF](#) - Administration for Children and Families
- [AHRQ](#) - Agency for Healthcare Research and Quality
- [CDC](#) - Centers for Disease Control and Prevention
- [CMS](#) - Centers for Medicare & Medicaid Services
- [FDA](#) - Food and Drug Administration
- [HRSA](#) - Health Resources and Services Administration
- [IHS](#) - Indian Health Service
- [NIH](#) - National Institutes of Health
- [OIG](#) - Office of Inspector General
- [PSC](#) - Program Support Center
- [PHS](#) - Public Health Service
- [SAMHSA](#) - Substance Abuse and Mental Health Services Administration

* Email address:

Description of the documents requested

Although you do not have to give a document's title, you should identify the documents that you want as specifically as possible to increase the likelihood that the agency will be able to locate them. Any facts you can furnish about the time, authors, events, subjects, and other details of the documents will be helpful to the agency in deciding where to search and in determining which records respond to your request, saving you and the government time and money. Please identify the HHS Operating/Staff Division(s) from whom you are seeking documents.

Operating Division(s):

Staff Division(s):

Please list, as clearly as possible, the name of the document(s), the type of document(s), and any other specifics you may have that will identify the documents you seek.

Identify the date range of the documents:

Start date: End date:

Expedited Processing

Designate only if your request meets one of these categories.

- An imminent threat to the life or physical safety of an individual exists.
- An urgency to inform the public concerning actual or alleged Federal Government activity exists (this option available ONLY for requestors primarily engaged in disseminating information).

Please describe your justification for expedited processing:

I am a journalist working to inform the public.

Payment of fees

Select the amount you are willing to reimburse the agency for fees incurred which exceed \$25.00.

- \$26.00 - \$100.00
 \$101.00 - \$250.00
 \$251.00 - \$500.00

Fee waiver/reduction in fees

The Freedom of Information Reform Act of 1986 provides that documents are to be furnished without any charge or at a charge reduced below the fees established if disclosure of the information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the Government and is not primarily in the commercial interest of the requestor.

To evaluate whether the statutory standard authorizing a fee waiver or reduction has been met, we will need additional information upon which to base our determination. If you would like to request a fee waiver, please provide additional information as justification for a fee waiver and/or reduction in fees:

I am a journalist working to educate the public and ask you please waive all fees associated with my request or notify me in advance if you intend to apply fees.

Submit

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