

OPEN RECORDS REQUEST

Office of Inspector General
Division of Healthcare

Date of Request: _____

Requestor Name _____

Name of Law Firm _____

Daytime Phone _____

Address _____

E-mail Address _____

City _____ State _____ Zip _____

Statement regarding the use of public records. KRS 61.870(4) defines "commercial purpose" as "the direct or indirect use of any part of a public record or records, in any form, for sale, resale, solicitation, rent, or lease of a service, or any use by which the user expects a profit either through commission, salary, or fee." However, "commercial purpose" does not include the publication or related use of the public record by a newspaper or periodical, by a radio or television station in its news or informational program, or by use in the prosecution or defense of litigation by the parties to such an action or their attorney.

This request is (choose one):

- NOT for a commercial purpose; or
- FOR a commercial purpose.

Statement regarding residency. I further state that I am a resident of Kentucky because I am (please check one):

- An individual residing in the Commonwealth; or
- A domestic business entity with a location in the Commonwealth; or
- A foreign business entity registered with the Kentucky Secretary of State; or
- An individual that is employed and works at a location within the Commonwealth; or
- An individual or business entity that owns real property within the Commonwealth; or
- An individual or business entity that has been authorized to act on behalf of an individual or business entity listed above; or
- A news-gathering organization as defined in KRS 189.635(8)(b)1a. to e.

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Requesting releasable information through the Open Records Act for the following facility:

Facility Name _____

Address _____

City _____ State _____ Zip _____

Date Range of Documents requested _____ to _____

The Office of Inspector General (OIG) is able to release the following information. Mark any and all that apply:

Statement of Deficiencies / Plan of Correction

Correspondence

Type A or B Citations

Applications

License

Other:

Format of documents requested, choose one:

Delivery or Pickup, choose one:

- CD \$10.00 per CD, plus postage
- Paper Copies, \$.10 per page, plus postage

- OIG to mail documents to requestor
- Requestor will pick up documents

Please Note:

- Documents dated **older than 3 years** are requested from archive storage. Additional time is required to retrieve those records.
- The OIG redacts protected information from documents, as required by law.
- Requestor's payment must be received prior to document release.
- Make checks or money orders payable to the Kentucky State Treasurer. **Please do not submit fee until you receive a fee request letter.**

Signature and Date

Mail, fax, or e-mail this Open Records Request form to:

Attn: Records Custodian
 Cabinet for Health and Family Services, Office of Inspector
 General 275 East Main Street, 5 E-A, Frankfort, KY 40621
DHCOpenRecords@ky.gov
 P: (502) 564-7963
 F: (502) 564-6546