

## Open Records Request

Office of Inspector General  
Division of Health Care

Date \_\_\_\_\_

Name of Requestor \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Email 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 commercial purposes; or

☐ **FOR** commercial purposes.

**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.

**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 all that apply:**

☐ Statement of Deficiencies / Plan of Correction

☐ Correspondence

☐ Type A or B Citations

☐ Applications

☐ License

☐ Other (please specify): \_\_\_\_\_

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

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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](mailto:DHCOpenRecords@ky.gov) | Phone: 502-564-7963 | Fax: 502-564-6546

**Or you may submit requests online in the [Open Records Center](#)**