

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 _____

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:

CD \$10.00 per CD, plus postage

Paper Copies, \$.10 per page, plus postage

Delivery or Pickup, choose one:

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 of Requestor (Required)

Date

Please mail or fax this Open Records Request form to:

Attn: Gail Huber
Cabinet for Health and Family Services, Office of Inspector General
275 East Main Street, 5 E-A, Frankfort, KY 40621

<http://chfs.ky.gov/os/oig/default.htm>

P: (502) 564-7963

F: (502) 564-6546

