

Newman Regional Health Kansas Open Records Act Request Form

Newman Regional Health complies with the Open Records Act, K.S.A. 45-215 et seq. Individuals may inspect and obtain copies of public records that are not exempt from disclosure by law. **To obtain public records, submit this completed form and a copy of your valid state photo identification (i.e. driver's license or state ID).** Requests can be mailed, emailed or delivered in person during regular business hours to:

Newman Regional Health
1201 W. 12th Avenue
Emporia, KS 66801
kora@newmanrh.org

Access to public records will be acted upon as soon as possible. Newman Regional Health has until the third business day following receipt of this signed form to respond to a request.

Requester Information

Last name:		First name:		Middle name:	
Organization, if requesting on its behalf:					
Street (mailing address):		City:		State:	Zip:
Email address:			Daytime telephone number:		
Specific description of records you are requesting. Make your request as specific as possible to expedite the process.					
Reason for the request:					
How the information will be used:					

Reasonable fees, not exceeding actual cost, will be charged for access to records, copies of records, and staff time for processing your request. An estimate of the cost will be provided to you prior to processing your request. NRH personnel will not provide information, analysis or explanation about public records.

I hereby certify I will not use the requested information for any of the following:

- Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or
- Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

I have reviewed and understand the information on this form and attest that the requestor information I provided is accurate and complete.

Requestor's signature

Date

For Newman Regional Health Use Only: Date responded/provided ____/____/____ by _____