



## Request for Non-Health Records

Name of individual or entity making request (first name, last name, and business name if applicable):

\_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Please provide a description of the records you would like to have access to, the method of delivery requested, and the basis for your request. Specificity in this request will assist in speeding up the search and potentially reduce the fees of this request. Please feel free to continue the request on a separate sheet of paper if needed:

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

Once a request is received, a timely response will be sent and may contain an estimated cost and timeframe for delivery. Please note that in estimating a cost, Gove County Medical Center may include actual staff time, copies, shipping, and any/all materials necessary to provide records in accordance with your request. Advance payment of estimated costs may be required, and once completed a refund of any overpayment will be provided.

By signing this request form, the requester certifies that they shall not use or distribute records that are defined in the Prohibited Use designation that is defined in K.S.A. 45-220.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Open Record Requests should be addressed to:  
Compliance Officer, Gove County Medical Center, 520 W. 5<sup>th</sup> Street, Quinter, KS 6775  
or emailed to [compliance@gcmc.org](mailto:compliance@gcmc.org).