

# Public Records Requests

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*HealthSource RI adheres to the Access to Public Records Act, R.I. General Laws §38-2-1, et seq., and has instituted the following procedures for the public to obtain public records.*

- We ask that you complete a Public Records Request Form. This is not a required step; however, it will help us document and respond to your request efficiently.
- You may access the Public Records Request Form below or by requesting it at our administrative office at 501 Wampanoag Trail, East Providence, RI 02915
- The regular business hours of HealthSource RI are 8:00 a.m. to 6:00p.m.
- If you choose not to use a Public Records Request Form, we ask that you make your request in writing.
- Public Records Request Forms or written requests for records must be directed to HealthSource RI's Public Records Officer, who has been authorized to process public records requests for our agency. You may leave your request at our reception desk (address above) or by contacting our Public Record's Officer in one of the following ways:
  - **Email:** [HBE.Records@exchange.ri.gov](mailto:HBE.Records@exchange.ri.gov)
  - **In Writing:** HealthSource RI ATTN: Public Records Officer, 501 Wampanoag Trail, Suite 400, East Providence, RI 02915
  - **By Phone:** To reach HealthSource RI by telephone please call (401) 383 7771.
- You are not required to provide identification or the reason you seek the information, and your right to access public records will not depend upon providing identification or reasons.
- Please be advised that the Access to Public Records Act allows a public body ten (10) business days to respond, which may be extended by an additional twenty (20) days for "good cause."
- If you feel that you have been denied access to public records, you have the right to file a review petition with the Attorney General. You may also file a lawsuit in Superior Court.

**PUBLIC RECORDS REQUEST FORM**

UNDER THE ACCESS TO PUBLIC RECORDS ACT, R.I.G.L. §38-2-1, *et seq.*

**Date:**

**Request Number** (if you have multiple requests pending):

**Name & Address\*** (*optional*):

**Telephone or preferred contact information** (*optional*):

**Records Requested:**

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*\*If you wish to pick up the requested records and prefer not to share your name and/or contact information on this form, when you arrive to pick up the records, please inform the receptionist at the front desk of the date you made the request and what records you requested.*

**HealthSource RI Use Only**

**Date & Time Request Received:**

**Records Must be made available by:**

**Records to be made available by:** Email\_\_ Pick Up at HSRI\_\_ U.S. Mail\_\_

**Cost Assessed:** Copies\_\_\_\_\_ Search & Retrieval\_\_\_\_\_

Records were delivered on \_\_/\_\_/\_\_

Please keep all Records Request Forms on file.