Guidance for

Public Records Requests

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.

- For your convenience and to facilitate your request for public records, a Public Records Request Form is appended to these instructions. You are not required to use this Public Records Request Form to make a public records request; however, it will help us document and respond to your request efficiently.
- If you choose not to use a Public Records Request Form, we ask that you make your request in writing.
- Public records requests must be directed to HealthSource RI's Public Records Unit:

  Email: HBE.Records@exchange.ri.gov

  Mailed or Hand-Delivered:

  HealthSource RI
  ATTN: Public Records Unit
  One Capitol Hill, 3rd Floor
  Providence, RI 02908

  By Phone: (401) 574 8211

- 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 HealthSource RI. If HealthSource RI denies your request for public records, you may file a complaint with the Attorney General or bring an action in Superior Court.

HealthSourceRI
WE WORK FOR YOU

PUBLIC RECORDS REQUEST FORM

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

Date:

Name* *(optional)*:

Address *(optional)*:

Telephone & Email *(optional)*:

Preferred Format of Response:

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.