

Subpoena No.: _____

KSBHA Case No.: _____

AFFIDAVIT OF CUSTODIAN OF RECORDS

Records of patient: _____

State of _____,

County of _____,

I, _____, being first duly sworn, on oath, depose and say that:
(TYPE OR PRINT NAME)

1. I am a duly authorized custodian of the records of _____ and have the authority to certify those records.
(NAME OF TREATMENT FACILITY AND DEPARTMENT)
2. The copy of the records attached to this affidavit is a true copy of the records described in the subpoena or otherwise requested by an authorized investigator of the Kansas State Board of Healing Arts.
3. The records were prepared by the personnel or staff of the business, or persons acting under their control, in the regular course of the business at or about the time of the act, condition or event recorded.

Signature of Custodian

Subscribed and sworn to before the undersigned on _____, _____.

Signature of Notary Public

My Appointment Expires: _____.

CERTIFICATE OF MAILING OR DELIVERY

I hereby certify that on _____, _____, I mailed **OR** _____ a copy of the above affidavit with the records to:
(SPECIFY DELIVERY METHOD, IF OTHER)

<p>Name: _____ Kansas State Board of Healing Arts 800 SW Jackson, Lower Level-Suite A Topeka, KS 66612-1216</p>
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by depositing it with the United States Postal Service **OR** _____ for delivery with postage prepaid.
(SPECIFY DELIVERY SERVICE USED, IF OTHER)

Signature of Custodian

Subscribed and sworn to before the undersigned on _____, _____.

Signature of Notary Public

My Appointment Expires: _____.