AFFIDAVIT OF CUSTODIAN OF RECORDS

Records of patient: ___________________________

State of _________________________________,
County of ______________________________,  

I, _________________________________, being first duly sworn, on oath, depose and say that:

1. I am a duly authorized custodian of the records of _________________________________ and have the authority to certify those records.

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:

______________________________
Signature of Custodian

Name: Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level–Suite A  
Topeka, KS  66612-1216

by depositing it with the United States Postal Service OR for delivery with postage prepaid.

______________________________
Signature of Custodian

Subscribed and sworn to before the undersigned on __________________________, __________.

______________________________
Signature of Notary Public

My Appointment Expires: __________________________.