

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><b>Name:</b> _____  <b>Kansas State Board of Healing Arts</b>  <b>800 SW Jackson St., Suite 700</b>  <b>Topeka, KS 66612-1216</b></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: \_\_\_\_\_.