

**FORREST HEALTH
CONTRACTS AND LEGAL SERVICES DEPARTMENT
REQUEST FOR PUBLIC RECORDS**

(This form is not for medical record requests)

Name of Person Requesting: _____

Company (or Firm) Name: _____

Street/Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Date of Request: _____

Email Address: _____

Material Requested (Please be as clear and concise as possible):

Type of Review Requested: _____ Personally Inspect _____ Copy of Material
(\$.15/per sheet)

Special Instructions (if any): _____

Please submit this request to one of the following:

(Please do not fax or email medical record requests)

By U.S. Mail:

Forrest General Hospital
6051 Hwy. 49
Hattiesburg, MS 39401-7201

Attn: Contracts and Legal Services Dept.

By Facsimile:

601-288-4360

By E-mail:

open.record@forrestgeneral.com

Note: Actual costs of gathering and reproducing requested materials will be the responsibility of the requesting party.

For Office Use Only:

Date Received: _____

Date of Initial Response: _____

Date of Approval/Denial: _____

Reason for Denial: _____

(Enter Miss. Code Exemption)