RTK REQUEST NUMBER	DATE RECEIVED	5 DAY RESPONSE DATE

COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Ratchford (LAST) Kimberly (FIRST) A (MI)
(PLEASE PRINT CLEARLY)

MAILING ADDRESS: 72 Glenmaura National Blvd. Floor 2
STREET / P.O. BOX

Moosic (CITY) PA (STATE) 18507 (ZIP CODE)

PHONE # (570) 496-1328 **FAX#** 1-866-284-9184

EMAIL ADDRESS: ratchfordka@ccbh.com

SIGNATURE: Kimberly Ratchford, MA **DATE:** March 2, 2018

RECORDS REQUESTED - **Requesters MUST specify the document(s) sought. Please use additional pages if necessary.**

As the behavioral/mental health insurer for HealthChoices members in your county, Community Care Behavioral Health Organization respectfully requests a copy of the Coroner's reports for our members listed (please see attachment). Information on the cause of death is essential to allow us to properly process these cases for closure. Thank you for your assistance.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ **I AM ONLY REQUESTING ACCESS TO THE DOCUMENT(S)**
_____ **I AM REQUESTING A HARD COPY OF THE DOCUMENT(S)** **(PAPER, CD, etc…)**
__✔__ **I AM REQUESTING AN E-FILE OF THE DOCUMENT(S)** **(IF AVAILABLE)** **(PDF, EXCEL SPRDSHT, etc…)**

PLEASE NOTE: LUZERNE COUNTY IS NOT REQUIRED TO CREATE A RECORD WHICH DOES NOT CURRENTLY EXIST OR TO COMPILE, MAINTAIN, FORMAT OR ORGANIZE A RECORD IN A MANNER IN WHICH THE AGENCY DOES NOT CURRENTLY COMPILE, MAINTAIN, FORMAT OR ORGANIZE THE RECORD