**Center for Health Information and Analysis**

**Public Records Request Form**

Email, fax or mail completed form to: Center for Health Information and Analysis

Public Records - Corine Peach

501 Boylston Street, Boston, MA 02116

[Email: public.records@state.ma.us](mailto:public.records@state.ma.us)

Fax: (617) 727-7662

**CHIA**

Phone: (617) 701-8105

Date:

**Please note:** CHIA fulfills public records requests by releasing data in the form in which it is currently held by CHIA. CHIA does not perform individualized analyses nor does CHIA tailor the format or presentation of data in response to specific inquiries.

**Please check the type of record(s) you are requesting:**

**Cost Report:**

Adult Day Health Community Health Center Hospital

Nursing Facility (HCF-1)

Nursing Facility Realty Company (HCF-2) Nursing Facility Management Company (HCF-3) Nursing Service Report

Resident Care Facility (HCF-4)

**Database:**

Nursing Facility Cost Report Data ($25.00)

Hospital and Other Provider Financial Statements

Charge Book (Hospital) Regulations/Public Hearings/Testimony

**Betsy Lehman Center Records**

**Other** (Please Specify)

**To request multiple records, please list records in alphabetical order and specify year**

**(attach additional sheet if necessary):**

1.

2.

3.

4.

5.

Contact Name Company Address City State Zip

E-mail Phone

Fax TIN

(Tax Identification No. for billing purposes)