



Risk Manager Change Notification Form

Please submit this form to kdhe.riskmanagement@ks.gov promptly after a change in Risk Manager to ensure that KDHE has current contact information for the Risk Manager.

Facility Name: _____

Date of Change:	
Interim or Permanent:	
Name of New Risk Manager:	
Title:	
Email Address:	
Phone Number:	

KSA 65-4921(g): "Risk manager" means the individual designated by a medical care facility to administer its internal risk management program and to receive reports of reportable incidents within the facility.

Notes:

If you have any questions, please contact:

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KDHE.RiskManagement@ks.gov

Risk Management Fax Line: 785-559-4285