Department of
ELDER AFFAIRS
STATE OF FLORIDA

Ron DeSantis
Governor

Richard Prudom
Secretary

MEMORANDUM

TO: AAA Executive Directors **NOTICE#: 031921-1-I-SWCBS**

FROM: Richard Prudom, Secretary

DATE: March 19, 2021

SUBJECT: Notice of Instruction: Public Records Request for 701S Screening Documentation and 701S Rank

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This Notice of Instruction provides guidance to the Aging and Disability Resource Centers (ADRCs) regarding the process for public records requests for copies and/or scores of the 701S screenings completed by the ADRC. The following paragraphs further instruct the ADRCs on requirements for compliance when responding to records requests as instructed in Section 10 of the standard contract between the Department and ADRCs. Nothing in this memorandum is intended to override Section 119.0701, Florida Statues (2020).

Upon request, the ADRC shall provide a copy of the 701S screening and/or rank to any client, his or her designated representative, his or her power of attorney, or the person who provided answers to the screening. However, if the ADRC staff receives a records request for the 701S screening and/or rank from a requestor who is not the client, the client's designated representative, the client's power of attorney, or the person who provided answers to the screening, the requestor must submit a valid HIPAA authorization to release records to the ADRC staff. It is the Department's intent for the requestor to receive the requested 701S screening and/or rank from the ADRC as quickly as possible. The ADRC shall keep a record of each request, including the date received, the details of the request, and the date the ADRC submitted the 701S screening to the requestor.

The requirement of a valid HIPAA authorization only applies to a public records request to receive a copy of the 701S screening and/or rank as stated above and enrollment in the Department's programs or eligibility for services will not be conditioned upon any authorization of this disclosure.

If you have any questions, please contact your ADRC contract manager.

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Authorization for Use and Disclosure of Protected Health Information

Information Identifying the Individual Whose Records Are Being Requested
Name of Individual: _____ Date of Birth: _____

Information May Be Disclosed By:
Health Provider or Entity: _____ Phone #: _____
Address: _____

Information May Be Disclosed To:
Person/Entity: _____ Phone #: _____

Specific Information to be Disclosed:

_____

_____

Provide the *specific* dates of service requested. From: _____ To: _____

This form specifically includes a release of documents related to sensitive health conditions including drug, alcohol or substance abuse, psychological or psychiatric treatment, sickle cell anemia, birth control or family planning, genetic diseases or testing, tuberculosis, and HIV/AIDS or STDs.

Reason for Release of Information:
___ At the request of the individual
___ Other:_____

Expiration Date: This authorization will expire (insert date or event) _____. I understand that if I fail to specify an expiration date or event, this authorization will expire twelve (12) months from the date it was signed.

Redisclosure: I understand that once the above information is disclosed, it might be redisclosed by the recipient and the information may no longer be protected by federal privacy laws or regulations.

Conditioning: I understand that signing this authorization form is voluntary. I realize that treatment, enrollment in a health plan, or eligibility for benefits, will not be conditioned upon my authorization of this disclosure.

Revocation: I understand that I have the right to revoke this authorization at any time by writing to the health provider or entity listed above. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

_____ _____
Client/Legal Representative's Signature Date

_____ _____
Printed Name Legal Representative's Relationship to Client

If you are a legal representative of the person whose information you are requesting, you must provide documentation proving your legal authority to request this information (for example: power of attorney, guardianship papers, health care surrogate form, Order Appointing Personal Representative, Letters of Administration).