Date:

To Whom It May Concern:

Re: Request for Information/Patient Medical Record

The Missouri Department of Health and Senior Services (Department), Division of Senior and Disability Services (Division) is responsible for investigating complaints of adult abuse, neglect, or exploitation pursuant to Sections 192.2400 – 192.2470, 192.2475, 192.2480, 208.912, 208.915, 565.184, and 565.188, RSMo. The Division is a covered entity as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As part of its adult abuse, neglect, or exploitation investigation and for the provision of adult protective services, the Division makes this request for medical records for the following individual:

Patient Name:

DOB:

SSN #:

Records:

Date of Service(s):

The records received as part of the Division’s investigation are subject to the confidentiality requirements of Sections 192.2435, 192.2505, 192.2500, RSMo and the HIPAA Privacy and Security Rules.

Records may be sent to:

\*\*APS Specialist\*\*

Email:

Fax:

The Division asks that fees related to the copying and production of the requested medical records be waived, as the documents are being requested as part of a statutorily mandated investigation of adult abuse, neglect, or exploitation.

Should you have any questions, please contact me at (\*\*\*) \*\*\*-\*\*\*\* or \*\*\*@health.mo.gov.