[Date]

[Requestor's Name] [Place of Business] [Requestor's Address] [City, State & Zip Code]

RE: Records Request

Dear [Requestor's Name],

The Missouri Department of Health and Senior Services’ Division of Senior and Disability Services is in receipt of your request for records regarding [Subject of Request].

Under sections 192.2435, 192.2500, and 192.2505, and HIPAA, the Department cannot disclose information about any specific individual without the individual’s Authorization. The Authorization you have enclosed must be reviewed to ensure it is fully HIPAA compliant; then I will research what, if any, records may exist and be available from the Division of Senior and Disability Services in response to your request. Please be advised that if there is information available, that some information in the record may be considered closed information under state or federal law or not available under the Authorization you have submitted. If that is the case, I will inform you of the reason the information is closed. I will notify you within 45 days if there is no information available or provide you with the information, if possible by that date.

If you have any questions, please contact our office at [APS Specialist Phone]. Thank you.

Sincerely,

[APS Specialist Name & Title]

Division of Senior and Disability Services