[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 section 192.2435, 192.2500 and 192.2505 and HIPAA, the Department cannot disclose information about a specific individual without the individual’s Authorization. Therefore, please have the individual reported adult or eligible adult, or his/her “personal representative” as defined by the HIPAA Privacy Rule, fill out and sign the enclosed HIPAA compliant Authorization form and return it to the Department. If someone other than the individual will be signing the Authorization, please review the enclosed Personal Representative Enclosure. Once the Department receives the Authorization and any required attachments, the Department will determine what, if any, records may exist and be available from the Division of Senior and Disability Services in response to your request and notify you within 45 days if there is no information available or provide you with the information, if possible by that date. 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. If that is the case, I will inform you of the reason the information is closed.

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

Sincerely,

[APCS Name & Title]

Division of Senior and Disability Services

Enclosure: Personal Representative Enclosure and Authorization form

PERSONAL REPRESENTATIVE ENCLOSURE

The records maintained by the Division of Senior and Disability Services (DSDS) are confidential under the Health Insurance Portability and Accountability Act (HIPAA), and Section 192.2435, 192.2500 and 192.2505, RSMo Cum Supp. 2008. In order for the Department to release any records maintained by DSDS, the requestor must have authority to make the request.

The subject of the records is the client, reported adult and/or eligible adult. A client, reported adult/eligible adult with the ability and capacity to make her/his own decisions has legal standing to request a copy of his/her own file. Otherwise, a valid HIPAA-compliant authorization signed by a person with legal standing is required for the Division to release copies of an individual’s records. Therefore, the requestor must have either the Authorization of the Individual or the Individual’s personal representative. The Authorization must be filled out completely and accurately. If the person who signs the authorization is not the reported adult, **proof of authority must be included with the request and Authorization**. Proof of authority is established by attaching a copy of the legal documents authorizing the signatory to act for the reported adult, as follows:

* If the reported adult is alive, examples of satisfactory proof of authority include:
	+ Guardianship letters with the Authorization and request signed by the guardian, or
	+ A durable power of attorney for health care with the Authorization and request signed by the attorney in fact.
* If the reported adult is deceased, examples of satisfactory proof of authority include:
	+ Letters testamentary and the Authorization and request signed by the personal representative,
	+ Letters of administration and the Authorization and request signed by the personal representative,
	+ Order of probate court refusing letters and the Authorization and request signed by the appropriate individual pursuant to Section 473.090.3, RSMo, or
	+ Order of court appointing requestor the plaintiff ad litem pursuant to Section 537.021.1(1), RSMo and the Authorization and request signed by the plaintiff ad litem.