1 A bill to be entitled 2 An act relating to patient access to records; amending 3 s. 394.4615, F.S.; requiring a service provider to furnish and provide access to clinical records within 4 5 a specified timeframe after receiving a request for 6 such records; requiring that such records be furnished 7 in the manner chosen by the requester; authorizing the 8 service provider to charge a reasonable cost 9 associated with reproducing such records; amending s. 10 395.3025, F.S.; removing provisions requiring a 11 licensed facility to furnish patient records only 12 after discharge to conform to changes made by the act; revising provisions relating to the appropriate 13 14 disclosure of patient records without consent; amending s. 397.501, F.S.; requiring a service 15 16 provider to furnish and provide access to records 17 within a specified timeframe after receiving a request from an individual or an individual's legal 18 19 representative; requiring that such records be 20 furnished in the manner chosen by the requester; 21 authorizing the service provider to charge a 22 reasonable cost associated with reproducing such 23 records; amending s. 400.145, F.S.; revising provisions relating to the records of a resident held 24 25 by a nursing home facility to conform to changes made

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by the act; requiring that a nursing home facility furnish such records within a specified timeframe after receiving a request from a representative of a deceased resident; creating s. 408.833, F.S.; providing a definition; requiring a provider to furnish and provide access to records within a specified timeframe after receiving a request from a former or current client or a client's legal representative; requiring that such records be furnished in the manner chosen by the requester; authorizing a provider to impose reasonable terms necessary to preserve such records; authorizing a provider to charge a reasonable cost associated with reproducing such records; authorizing a provider to refuse to furnish such records directly to a client under certain circumstances; providing limitations on the frequency of furnishing copies of records of a client of a nursing home facility; providing applicability; amending s. 456.057, F.S.; requiring certain licensed health care practitioners to furnish and provide access to copies of reports and records within a specified timeframe after receiving a request from a patient or a patient's legal representative; authorizing such licensed health care practitioners to impose reasonable terms necessary to preserve such

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reports and records; authorizing such licensed health care practitioners to charge a reasonable cost associated with reproducing such reports and records; amending ss. 316.1932, 316.1933, 395.4025, and 440.185, F.S.; conforming cross-references; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (3) through (11) of section 394.4615, Florida Statutes, are renumbered as subsections (5) through (13), respectively, and new subsections (3) and (4) are added to that section, to read:

64 394.4615 Clinical records; confidentiality.-

- (3) Within 14 working days after receiving a request made in accordance with paragraphs (2)(a)-(c), a service provider must furnish clinical records in its possession. A service provider may furnish the requested clinical records in paper form or, upon request, in an electronic format. A service provider shall furnish the requested records in the manner chosen by the requester which must include paper documents, electronic format, access through a web-based patient portal, or submission through a patient's electronic personal health record.
 - (4) The service provider may charge a requester no more

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than the reasonable costs of reproducing the clinical records, including reasonable staff time.

- (a) The reasonable costs of reproducing paper copies of written or typed documents or reports may not exceed \$1 per page for the first 25 pages and 25 cents per page for all pages thereafter.
- (b) The reasonable costs of reproducing X-rays and other forms of images shall be the actual costs. Actual costs shall be the cost of the material and supplies used to duplicate the record and the labor and overhead costs associated with the duplication.
- (c) The reasonable costs of producing electronic copies of records or electronic access to records may not exceed \$2. A service provider may charge up to \$1 for each year of records requested.

The charges shall apply to all records furnished, whether directly from a service provider or from a copy service providing such services on behalf of a service provider.

However, a patient whose records are copied or searched for the purpose of continuing to receive care is not required to pay a charge for copying or for the search.

Section 2. Subsections (4) through (11) of section 395.3025, Florida Statutes, are renumbered as subsections (1) through (8), respectively, and subsections (1), (2), and (3),

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paragraph (e) of present subsection (4), present subsection (5), paragraph (a) of present subsection (7), and present subsection (8) of that section, are amended to read:

395.3025 Patient and personnel records; copies; examination.—

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(1) Any licensed facility shall, upon written request, and only after discharge of the patient, furnish, in a timely manner, without delays for legal review, to any person admitted therein for care and treatment or treated thereat, or to any such person's guardian, curator, or personal representative, or in the absence of one of those persons, to the next of kin of a decedent or the parent of a minor, or to anyone designated by such person in writing, a true and correct copy of all patient records, including X rays, and insurance information concerning such person, which records are in the possession of the licensed facility, provided the person requesting such records agrees to pay a charge. The exclusive charge for copies of patient records may include sales tax and actual postage, and, except for nonpaper records that are subject to a charge not to exceed \$2, may not exceed \$1 per page. A fee of up to \$1 may be charged for each year of records requested. These charges shall apply to all records furnished, whether directly from the facility or from a copy service providing these services on behalf of the facility. However, a patient whose records are copied or searched for the purpose of continuing to receive medical care is not required to

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pay a charge for copying or for the search. The licensed facility shall further allow any such person to examine the original records in its possession, or microforms or other suitable reproductions of the records, upon such reasonable terms as shall be imposed to assure that the records will not be damaged, destroyed, or altered.

- (2) This section does not apply to records maintained at any licensed facility the primary function of which is to provide psychiatric care to its patients, or to records of treatment for any mental or emotional condition at any other licensed facility which are governed by the provisions of s. 394.4615.
- (3) This section does not apply to records of substance abuse impaired persons, which are governed by s. 397.501.
- (1)(4) Patient records are confidential and must not be disclosed without the consent of the patient or his or her legal representative, but appropriate disclosure may be made without such consent to:
- (e) The <u>Department of Health</u> agency upon subpoena issued pursuant to s. 456.071, but the records obtained thereby must be used solely for the purpose of the <u>department</u> agency and the appropriate professional board in its investigation, prosecution, and appeal of disciplinary proceedings. If the <u>department</u> agency requests copies of the records, the facility shall charge no more than its actual copying costs, including

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reasonable staff time. The records must be sealed and must not be available to the public pursuant to s. 119.07(1) or any other statute providing access to records, nor may they be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department agency or the appropriate regulatory board. However, the department agency must make available, upon written request by a practitioner against whom probable cause has been found, any such records that form the basis of the determination of probable cause.

(2)(5) The Department of Health may examine patient records of a licensed facility, whether held by the facility or the Agency for Health Care Administration, for the purpose of epidemiological investigations. The unauthorized release of information by agents of the department which would identify an individual patient is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(4)(7)(a) If the content of any record of patient treatment is provided under this section, the recipient, if other than the patient or the patient's representative, may use such information only for the purpose provided and may not further disclose any information to any other person or entity, unless expressly permitted by the written consent of the patient. A general authorization for the release of medical information is not sufficient for this purpose. The content of

such patient treatment record is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(5) (8) Patient records at hospitals and ambulatory surgical centers are exempt from disclosure under s. 119.07(1), except as provided by subsections (1) and (2) (1)-(5).

Section 3. Paragraphs (a) through (j) of subsection (7) of section 397.501, Florida Statutes, are redesignated as paragraphs (d) through (m), respectively, and new paragraphs (a), (b), and (c) are added to that subsection, to read:

397.501 Rights of individuals.—Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

- (7) RIGHT TO $\underline{\text{ACCESS AND}}$ CONFIDENTIALITY OF INDIVIDUAL RECORDS.—
- (a) Within 14 working days after receiving a written request from an individual or an individual's legal representative, a service provider shall furnish a true and correct copy of all records in the possession of the service provider. A service provider shall furnish the requested records in the manner chosen by the requester, which must include paper documents, electronic format, access through a web-based patient portal, or submission through an individual's electronic

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personal health record. For the purpose of this section, the term "legal representative" has the same meaning as provided in s. 408.833.

- (b) Within 10 working days after receiving such a request from an individual or an individual's legal representative, a service provider shall provide access to examine the original records in its possession, or microforms or other suitable reproductions of the records. A service provider may impose any reasonable terms necessary to ensure that the records will not be damaged, destroyed, or altered.
- (c) A service provider may charge the requester no more than the reasonable costs of reproducing the records, including reasonable staff time.
- 1. The reasonable costs of reproducing paper copies of written or typed documents or reports may not exceed \$1 per page for the first 25 pages and 25 cents per page for all pages thereafter.
- 2. The reasonable costs of reproducing X-rays and such other kinds of records shall be the actual costs. Actual costs shall be the cost of the material and supplies used to duplicate the records and the labor and overhead costs associated with the duplication.
- 3. The reasonable costs of producing electronic copies of records or electronic access to records may not exceed \$2. A service provider may charge up to \$1 for each year of records

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- The charges shall apply to all records furnished, whether
 directly from a service provider or from a copy service
 providing such services on behalf of the service provider.

 However, an individual whose records are copied or searched for
 the purpose of continuing to receive care is not required to pay
- 233 a charge for copying or for the search.
 - Section 4. Subsections (6), (8), and (9) of section 400.145, Florida Statutes, are renumbered as subsections (5), (6), and (7), respectively, and subsections (1), (4), (5), and (7) of that section are amended, to read:
 - 400.145 Copies of records of care and treatment of deceased resident.—
 - (1) Upon receipt of a written request that complies with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and this section, a nursing home facility shall furnish to a competent resident, or to a representative of a deceased that resident who is authorized to make requests for the resident's records under HIPAA or subsection (2), copies of the resident's paper and electronic records that are in possession of the facility. Such records must include any medical records and records concerning the care and treatment of the resident performed by the facility, except for progress notes and consultation report sections of a psychiatric nature.

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The facility shall provide the requested records within 14 working days after receipt of a request relating to a current resident or within 30 working days after receipt of a request relating to a deceased former resident.

- (4) A nursing home facility may charge a reasonable fee for the copying of resident records. Such fee may not exceed \$1 per page for the first 25 pages and 25 cents per page for each additional page for reproducing paper copies of reports or records. The reasonable costs of producing electronic copies of records or electronic access to records may not exceed \$2. The facility may charge up to \$1 for each year of records requested. The facility shall allow a person who is authorized to act on behalf of the resident to examine the original records, microfilms, or other suitable reproductions of the records in its possession upon any reasonable terms imposed by the facility to ensure that the records are not damaged, destroyed, or altered.
- (5) If a nursing home facility determines that disclosure of the records to the resident would be detrimental to the physical or mental health of the resident, the facility may refuse to furnish the record directly to the resident; however, upon such refusal, the resident's records shall, upon written request by the resident, be furnished to any other medical provider designated by the resident.
 - (7) A nursing home facility is not required to provide

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copies of a resident's records requested pursuant to this section more than once per month, except that copies of physician reports in the resident's records must be provided as often as necessary to allow the effective monitoring of the resident's condition.

Section 5. Section 408.833, Florida Statutes, is created to read:

408.833 Client access to medical records.-

- (1) For the purpose of this section, the term "legal representative" means a client's attorney who has been designated by a former or current client to receive copies of the client's medical, care and treatment, or interdisciplinary records; a legally recognized guardian of the client; a courtappointed representative of the client; or a person designated by the client or by a court of competent jurisdiction to receive copies of the client's medical, care and treatment, or interdisciplinary records.
- (2) Within 14 working days after receiving a written request from a former or current client or a client's legal representative, a provider shall furnish a true and correct copy of all records, including medical, care and treatment, and interdisciplinary records, as applicable, in the possession of the provider. A provider shall furnish the requested records in the manner chosen by the requester, which must include paper documents, electronic format, access through a web-based patient

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portal, or submission through a client's electronic personal
health record.

- (3) Within 10 working days after receiving such a request by a former or current client or a client's legal representative, a provider shall provide access to examine the original records in its possession, or microforms or other suitable reproductions of the records. A provider may impose any reasonable terms necessary to ensure that the records will not be damaged, destroyed, or altered.
- (4) A provider may charge the requester no more than the reasonable costs of reproducing the records, including reasonable staff time.
- (a) The reasonable costs of reproducing paper copies of written or typed documents or reports may not exceed \$1 per page for the first 25 pages and 25 cents per page for all pages thereafter.
- (b) The reasonable costs of reproducing X-rays and other forms of images shall be the actual costs. Actual costs shall be the cost of the material and supplies used to duplicate the records and the labor and overhead costs associated with the duplication.
- (c) The reasonable costs of producing electronic copies of records or electronic access to records may not exceed \$2. A provider may charge up to \$1 for each year of records requested.

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The charges shall apply to all records furnished, whether directly from a provider or from a copy service providing such services on behalf of the provider. However, a client whose records are copied or searched for the purpose of continuing to receive medical care is not required to pay a charge for copying or for the search.

- (5) A provider may refuse to furnish records directly to a client if the provider determines that disclosure of the records to the client would be detrimental to the physical or mental health of the client; however, upon such refusal, the client's records shall, upon written request by the client, be furnished to any other medical provider designated by the client.
- (6) A provider may refuse a request under this section if a client of a nursing home facility is not competent.

 Additionally, a provider is not required to provide copies of a nursing home facility client's records requested pursuant to this section more than once per month, except that copies of physician reports in the client's records must be provided as often as necessary to allow the effective monitoring of the client's condition.
 - (7) This section does not apply to:
- (a) Records maintained at any licensed facility, as defined in s. 395.002, the primary function of which is to provide psychiatric care to its patients, or to records of treatment for any mental or emotional condition at any other

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licensed facility which are governed by s. 394.4615;

- (b) Records of substance abuse impaired persons which are governed by s. 397.501; or
- (c) Requests for records of a deceased resident of a nursing home facility.

Section 6. Subsections (6) and (17) of section 456.057, Florida Statutes, are amended to read:

456.057 Ownership and control of patient records; report or copies of records to be furnished; disclosure of information.—

department or a board within the department who makes a physical or mental examination of, or administers treatment or dispenses legend drugs to, any person shall, upon written request of such person or the person's legal representative, furnish, within 14 working days after such request in a timely manner, without delays for legal review, copies of all reports and records relating to such examination or treatment, including X-rays * rays and insurance information. A health care practitioner may furnish the requested reports and records in paper form or, upon request, in an electronic format. A health care practitioner shall furnish the requested records in the manner chosen by the requester, which must include paper documents, electronic format, access through a web-based patient portal, or submission through a patient's electronic personal health record.

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(b) Within 10 working days after receiving a written
request by a patient or a patient's legal representative, a
healthcare practitioner must provide access to examine the
original reports and records, or microforms or other suitable
reproductions of the reports and records in the healthcare
practitioner's possession. The healthcare practitioner may
impose any reasonable terms necessary to ensure that the reports
and records will not be damaged, destroyed, or altered.

- (c) However, When a patient's psychiatric, chapter 490 psychological, or chapter 491 psychotherapeutic records are requested by the patient or the patient's legal representative, the health care practitioner may provide a report of examination and treatment in lieu of copies of records. Upon a patient's written request, complete copies of the patient's psychiatric records shall be provided directly to a subsequent treating psychiatrist. The furnishing of such report or copies may shall not be conditioned upon payment of a fee for services rendered.
- (17) A licensed healthcare practitioner may charge the requester no more than the reasonable costs of reproducing the reports and records, including reasonable staff time.
- (a) The reasonable costs of reproducing paper copies of written or typed documents or reports may not exceed \$1 per page for the first 25 pages and 25 cents per page for all pages thereafter.
 - (b) The reasonable costs of reproducing X-rays and such

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other kinds of records shall be the actual costs. Actual costs shall be the cost of the material and supplies used to duplicate the record and the labor and overhead costs associated with the duplication.

(c) The reasonable costs of producing electronic copies of reports and records or electronic access to reports and records may not exceed \$2. A licensed healthcare practitioner may charge up to \$1 for each year of records requested.

The charges shall apply to all reports and records furnished, whether directly from a healthcare practitioner or from a copy service providing such services on behalf of the healthcare practitioner. However, a patient whose reports and records are copied or searched for the purpose of continuing to receive medical care is not required to pay a charge for copying or for the search A health care practitioner or records owner furnishing copies of reports or records or making the reports or records available for digital scanning pursuant to this section shall charge no more than the actual cost of copying, including reasonable staff time, or the amount specified in administrative rule by the appropriate board, or the department when there is no board.

Section 7. Paragraph (f) of subsection (1) of section 316.1932, Florida Statutes, is amended to read: 316.1932 Tests for alcohol, chemical substances, or

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controlled substances; implied consent; refusal.-

(1)

- (f)1. The tests determining the weight of alcohol in the defendant's blood or breath shall be administered at the request of a law enforcement officer substantially in accordance with rules of the Department of Law Enforcement. Such rules must specify precisely the test or tests that are approved by the Department of Law Enforcement for reliability of result and ease of administration, and must provide an approved method of administration which must be followed in all such tests given under this section. However, the failure of a law enforcement officer to request the withdrawal of blood does not affect the admissibility of a test of blood withdrawn for medical purposes.
- 2.a. Only a physician, certified paramedic, registered nurse, licensed practical nurse, other personnel authorized by a hospital to draw blood, or duly licensed clinical laboratory director, supervisor, technologist, or technician, acting at the request of a law enforcement officer, may withdraw blood for the purpose of determining its alcoholic content or the presence of chemical substances or controlled substances therein. However, the failure of a law enforcement officer to request the withdrawal of blood does not affect the admissibility of a test of blood withdrawn for medical purposes.
- b. Notwithstanding any provision of law pertaining to the confidentiality of hospital records or other medical records, if

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a health care provider, who is providing medical care in a health care facility to a person injured in a motor vehicle crash, becomes aware, as a result of any blood test performed in the course of that medical treatment, that the person's bloodalcohol level meets or exceeds the blood-alcohol level specified in s. 316.193(1)(b), the health care provider may notify any law enforcement officer or law enforcement agency. Any such notice must be given within a reasonable time after the health care provider receives the test result. Any such notice shall be used only for the purpose of providing the law enforcement officer with reasonable cause to request the withdrawal of a blood sample pursuant to this section.

- c. The notice shall consist only of the name of the person being treated, the name of the person who drew the blood, the blood-alcohol level indicated by the test, and the date and time of the administration of the test.
- d. Nothing contained in $\underline{s.\ 395.3025(1)}$ $\underline{s.\ 395.3025(4)}$, s. 456.057, or any applicable practice act affects the authority to provide notice under this section, and the health care provider is not considered to have breached any duty owed to the person under $\underline{s.\ 395.3025(1)}$ $\underline{s.\ 395.3025(4)}$, s. 456.057, or any applicable practice act by providing notice or failing to provide notice. It shall not be a breach of any ethical, moral, or legal duty for a health care provider to provide notice or fail to provide notice.

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- e. A civil, criminal, or administrative action may not be brought against any person or health care provider participating in good faith in the provision of notice or failure to provide notice as provided in this section. Any person or health care provider participating in the provision of notice or failure to provide notice as provided in this section shall be immune from any civil or criminal liability and from any professional disciplinary action with respect to the provision of notice or failure to provide notice under this section. Any such participant has the same immunity with respect to participating in any judicial proceedings resulting from the notice or failure to provide notice.
- 3. The person tested may, at his or her own expense, have a physician, registered nurse, other personnel authorized by a hospital to draw blood, or duly licensed clinical laboratory director, supervisor, technologist, or technician, or other person of his or her own choosing administer an independent test in addition to the test administered at the direction of the law enforcement officer for the purpose of determining the amount of alcohol in the person's blood or breath or the presence of chemical substances or controlled substances at the time alleged, as shown by chemical analysis of his or her blood or urine, or by chemical or physical test of his or her breath. The failure or inability to obtain an independent test by a person does not preclude the admissibility in evidence of the test

taken at the direction of the law enforcement officer. The law enforcement officer shall not interfere with the person's opportunity to obtain the independent test and shall provide the person with timely telephone access to secure the test, but the burden is on the person to arrange and secure the test at the person's own expense.

- 4. Upon the request of the person tested, full information concerning the results of the test taken at the direction of the law enforcement officer shall be made available to the person or his or her attorney. Full information is limited to the following:
- a. The type of test administered and the procedures followed.
- b. The time of the collection of the blood or breath sample analyzed.
- c. The numerical results of the test indicating the alcohol content of the blood and breath.
- d. The type and status of any permit issued by the Department of Law Enforcement which was held by the person who performed the test.
- e. If the test was administered by means of a breath testing instrument, the date of performance of the most recent required inspection of such instrument.
- Full information does not include manuals, schematics, or

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software of the instrument used to test the person or any other material that is not in the actual possession of the state.

Additionally, full information does not include information in the possession of the manufacturer of the test instrument.

- 5. A hospital, clinical laboratory, medical clinic, or similar medical institution or physician, certified paramedic, registered nurse, licensed practical nurse, other personnel authorized by a hospital to draw blood, or duly licensed clinical laboratory director, supervisor, technologist, or technician, or other person assisting a law enforcement officer does not incur any civil or criminal liability as a result of the withdrawal or analysis of a blood or urine specimen, or the chemical or physical test of a person's breath pursuant to accepted medical standards when requested by a law enforcement officer, regardless of whether or not the subject resisted administration of the test.
- Section 8. Paragraph (a) of subsection (2) of section 316.1933, Florida Statutes, is amended to read:
- 316.1933 Blood test for impairment or intoxication in cases of death or serious bodily injury; right to use reasonable force.—
- (2) (a) Only a physician, certified paramedic, registered nurse, licensed practical nurse, other personnel authorized by a hospital to draw blood, or duly licensed clinical laboratory director, supervisor, technologist, or technician, acting at the

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request of a law enforcement officer, may withdraw blood for the purpose of determining the alcoholic content thereof or the presence of chemical substances or controlled substances therein. However, the failure of a law enforcement officer to request the withdrawal of blood shall not affect the admissibility of a test of blood withdrawn for medical purposes.

- 1. Notwithstanding any provision of law pertaining to the confidentiality of hospital records or other medical records, if a health care provider, who is providing medical care in a health care facility to a person injured in a motor vehicle crash, becomes aware, as a result of any blood test performed in the course of that medical treatment, that the person's bloodalcohol level meets or exceeds the blood-alcohol level specified in s. 316.193(1)(b), the health care provider may notify any law enforcement officer or law enforcement agency. Any such notice must be given within a reasonable time after the health care provider receives the test result. Any such notice shall be used only for the purpose of providing the law enforcement officer with reasonable cause to request the withdrawal of a blood sample pursuant to this section.
- 2. The notice shall consist only of the name of the person being treated, the name of the person who drew the blood, the blood-alcohol level indicated by the test, and the date and time of the administration of the test.
 - 3. Nothing contained in s. 395.3025(1) s. 395.3025(4), s.

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456.057, or any applicable practice act affects the authority to provide notice under this section, and the health care provider is not considered to have breached any duty owed to the person under s. 395.3025(1) s. 395.3025(4), s. 456.057, or any applicable practice act by providing notice or failing to provide notice. It shall not be a breach of any ethical, moral, or legal duty for a health care provider to provide notice or fail to provide notice.

4. A civil, criminal, or administrative action may not be brought against any person or health care provider participating in good faith in the provision of notice or failure to provide notice as provided in this section. Any person or health care provider participating in the provision of notice or failure to provide notice as provided in this section shall be immune from any civil or criminal liability and from any professional disciplinary action with respect to the provision of notice or failure to provide notice under this section. Any such participant has the same immunity with respect to participating in any judicial proceedings resulting from the notice or failure to provide notice.

Section 9. Subsection (13) of section 395.4025, Florida Statutes, is amended to read:

395.4025 Trauma centers; selection; quality assurance; records.—

(13) Patient care, transport, or treatment records or

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601 reports, or patient care quality assurance proceedings, records, 602 or reports obtained or made pursuant to this section, s. 603 395.3025(1)(f) s. 395.3025(4)(f), s. 395.401, s. 395.4015, s. 604 395.402, s. 395.403, s. 395.404, s. 395.4045, s. 395.405, s. 605 395.50, or s. 395.51 must be held confidential by the department 606 or its agent and are exempt from the provisions of s. 119.07(1). 607 Patient care quality assurance proceedings, records, or reports obtained or made pursuant to these sections are not subject to 608 discovery or introduction into evidence in any civil or 609 610 administrative action. Section 10. Subsection (4) of section 440.185, Florida 611 612 Statutes, is amended to read: 613 440.185 Notice of injury or death; reports; penalties for 614 violations.-615 (4) Additional reports with respect to such injury and of the condition of such employee, including copies of medical 616 617 reports, funeral expenses, and wage statements, shall be filed 618 by the employer or carrier to the department at such times and 619 in such manner as the department may prescribe by rule. In 620 carrying out its responsibilities under this chapter, the

Section 11. This act shall take effect July 1, 2019.

pursuant to this chapter, notwithstanding the provisions of ss.

department or agency may by rule provide for the obtaining of

any medical records relating to medical treatment provided

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CODING: Words stricken are deletions; words underlined are additions.

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