



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

Date:

To:

Address:

RE: Adult Protective Services (APS) Investigation

Client name:

Dear

The Cabinet for Health and Family Services (Cabinet) is actively investigating a report of abuse, neglect, and/or financial exploitation of _____, a vulnerable adult. The individual reported to be the victim in this instance has received treatment from you, at your facility, or has account(s) with your financial institution. To thoroughly investigate this report, the Cabinet must examine the pertinent records of the alleged victim. A Cabinet employee in the process of actively investigating one of these reports is authorized to have access, on behalf of the Cabinet, to records of the reported victim pursuant to KRS §209.030 (7). An employee of the Cabinet authorized to perform these investigations will also carry an identification card or badge issued by the Cabinet.

The Health Insurance Portability and Accountability Act (HIPAA) permits a covered entity to release information to an appropriate governmental agency authorized by law to receive reports of adult abuse, neglect, and/or exploitation. See 45 C.F.R. §164.512 (c) (1) (iii). The Cabinet is authorized pursuant to KRS §209.010 to investigate and take appropriate action when receiving these reports.

Please provide access to the requested records within five (5) business days from the date of this letter.

Date:
Client name:

Records requested include:

The undersigned, an employee in a supervisory/management capacity with the Cabinet, hereby certifies that an active investigation of abuse, neglect, and/or financial exploitation is currently being conducted involving a vulnerable adult as the alleged victim. That vulnerable adult has received treatment from you, your facility, or has financial account(s) with your financial institution. An APS worker is seeking access to the records of this individual according to KRS 209.030 (7) to substantiate the report. Please provide the requested information to the DCBS worker listed below within five (5) business days of the date of this letter.

Signature,

Title,

Phone number:

Send to:
Department for Community Based Services
Attention of:

Address: