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LEGISLATIVE ACTION

Senate

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House

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Floor: 1/AD/2R

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04/30/2025 06:59 PM

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Senator Grall moved the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Present subsections (3) through (12) of section  
394.4615, Florida Statutes, are redesignated as subsections (4)  
through (13), respectively, a new subsection (3) is added to  
that section, and paragraphs (a), (b), and (c) of subsection (2)  
of that section are republished, to read:

394.4615 Clinical records; confidentiality.—

(2) The clinical record shall be released when:



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(a) The patient or the patient's guardian or legal custodian authorizes the release. The guardian, guardian advocate, or legal custodian shall be provided access to the appropriate clinical records of the patient. The patient or the patient's guardian, guardian advocate, or legal custodian may authorize the release of information and clinical records to appropriate persons to ensure the continuity of the patient's health care or mental health care. A receiving facility must document that, within 24 hours of admission, individuals admitted on a voluntary basis have been provided with the option to authorize the release of information from their clinical record to the individual's health care surrogate or proxy, attorney, representative, or other known emergency contact.

(b) The patient is represented by counsel and the records are needed by the patient's counsel for adequate representation.

(c) The court orders such release. In determining whether there is good cause for disclosure, the court shall weigh the need for the information to be disclosed against the possible harm of disclosure to the person to whom such information pertains.

(3) For requests made in writing and in accordance with paragraphs (2)(a), (b), and (c), a service provider shall furnish the requested clinical records in the provider's possession within 14 business days after receiving the request. A service provider may extend the time for furnishing the requested records by up to 14 business days if the provider notifies the requester of the delay in writing within the first 14 business days after receiving the request and provides the expected date when the records will be made available, which



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41 must be no later than 14 business days after the original  
42 deadline for providing the records. The records must be provided  
43 in the form and format requested by the requester if the  
44 requested records are readily producible in that form and  
45 format. If the requested records are not readily producible in  
46 the requested form or format, the service provider must produce  
47 the records in another electronic form and format agreed to by  
48 the provider and requester or in a readable hard copy format.  
49 Forms of access to records may include, but are not limited to:  
50 through a web-based application or patient portal, by secure  
51 download, via electronic copy delivered by e-mail, on physical  
52 media such as a disc or USB drive, by United States mail, or as  
53 printed paper records.

54       Section 2. Subsections (1), (2), and (3), paragraph (e) of  
55 subsection (4), paragraph (a) of subsection (7), and subsection  
56 (8) of section 395.3025, Florida Statutes, are amended to read:  
57       395.3025 Patient and personnel records; copy costs ~~copies~~;  
58 examination.—

59       ~~(1) Any licensed facility shall, upon written request, and~~  
60 ~~only after discharge of the patient, furnish, in a timely~~  
61 ~~manner, without delays for legal review, to any person admitted~~  
62 ~~therein for care and treatment or treated thereat, or to any~~  
63 ~~such person's guardian, curator, or personal representative, or~~  
64 ~~in the absence of one of those persons, to the next of kin of a~~  
65 ~~decedent or the parent of a minor, or to anyone designated by~~  
66 ~~such person in writing, a true and correct copy of all patient~~  
67 ~~records, including X rays, and insurance information concerning~~  
68 ~~such person, which records are in the possession of the licensed~~  
69 ~~facility, provided the person requesting such records agrees to~~



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~~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 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.~~

~~(2)(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 Department of Health ~~agency~~ upon subpoena issued pursuant to s. 456.071, but the records obtained thereby must be



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used solely for the purpose of the department ~~agency~~ and the appropriate professional board in its investigation, prosecution, and appeal of disciplinary proceedings. If the department ~~agency~~ requests copies of the records, the facility shall charge no more than its actual copying costs, including 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.

(5) (a) ~~(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.

(6) (8) ~~(8)~~ Patient records at hospitals and ambulatory surgical centers are exempt from disclosure under s. 119.07(1), except as provided by subsections (2) and (3) ~~(1) (5)~~.



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Section 3. Present subsections (8), (9), and (10) of section 397.501, Florida Statutes, are redesignated as subsections (9), (10), and (11), respectively, a new subsection (8) is added to that section, and paragraph (d) of subsection (7) of that section is republished, 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 CONFIDENTIALITY OF INDIVIDUAL RECORDS.—

(d) Any answer to a request for a disclosure of individual records which is not permissible under this section or under the appropriate federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being diagnosed or treated for substance abuse. The regulations do not restrict a disclosure that an identified individual is not and has never received services.

(8) RIGHT TO ACCESS INDIVIDUAL RECORDS.—

(a) For requests from an individual, or from an individual's legal representative as that term is defined in s. 456.057(6)(a), made in writing and in accordance with subsection (7), a service provider shall furnish the requested individual records in the provider's possession within 14 business days after receiving the request. A service provider may extend the time for furnishing the requested records by up to 14 business days if the provider notifies the requester of the delay in writing within the first 14 business days after receiving the request and provides the expected date when the records will be



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made available, which must be no later than 14 business days after the original deadline for providing the records. The records must be provided in the form and format requested by the requester if the requested records are readily producible in that form and format. If the requested records are not readily producible in the requested form or format, the service provider must produce the records in another electronic form and format agreed to by the provider and requester or in a readable hard copy format. Forms of access to records may include, but are not limited to: through a web-based application or patient portal, by secure download, via electronic copy delivered by e-mail, on physical media such as a disc or USB drive, by United States mail, or as printed paper records.

(b) Within 10 business days after receiving such a written request, a service provider shall provide access to examine the original records in its possession, or microforms or other suitable reproductions of the records in accordance with subsection (7). The service provider may impose any reasonable terms necessary to ensure that the records will not be damaged, destroyed, or altered.

Section 4. Subsection (1) of section 400.145, Florida Statutes, is amended to read:

400.145 Copies of records of care and treatment of 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 that resident who is authorized to make requests for the resident's



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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. The facility shall provide a resident with access to the requested records within 24 hours, excluding weekends and holidays, and provide copies of the requested records within 2 business ~~14 working~~ days after receipt of a request relating to a current resident or within 30 business ~~working~~ days after receipt of a request relating to a former resident.

Section 5. Subsection (6) of section 408.803, Florida Statutes, is republished to read:

408.803 Definitions.—As used in this part, the term:

(6) "Client" means any person receiving services from a provider listed in s. 408.802.

Section 6. Section 408.833, Florida Statutes, is created to read:

408.833 Client access to medical records.—

(1) As used in this section, the term:

(a) "Designated record set" means a group of records maintained by or for a provider which:

1. Includes the medical records and billing records about a client maintained by or for the provider; or

2. Is used, in whole or in part, to make decisions regarding a client's care, coverage, or benefits.

(b) "Legal representative" means:

1. A legally recognized guardian of the client;





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215       2. A court-appointed representative of the client;

216       3. A person designated by the client or by a court of  
217 competent jurisdiction to receive copies of the client's medical  
218 records, care and treatment records, or interdisciplinary  
219 records; or

220       4. An attorney who has been designated by a client to  
221 receive copies of the client's medical records, care and  
222 treatment records, or interdisciplinary records.

223       (2)(a) Within 14 business days after receiving a written  
224 request from a client or a client's legal representative, a  
225 provider shall furnish a true and correct copy of the requested  
226 records within the designated record set which are in the  
227 provider's possession.

228       (b) Within 28 business days after receiving a written  
229 request from a client or a client's legal representative, a  
230 provider shall furnish a true and correct copy of additional  
231 requested records, including medical records, care and treatment  
232 records, and interdisciplinary records, as applicable, that are  
233 in the provider's possession.

234       (c) Within 10 business days after receiving a request from  
235 a client or a client's legal representative, a provider shall  
236 provide access to examine the original records in its  
237 possession, or microforms or other suitable reproductions of the  
238 records. A provider may impose any reasonable terms necessary to  
239 ensure that the records will not be damaged, destroyed, or  
240 altered.

241       (3) A provider may extend the time for furnishing the  
242 requested records by up to 14 business days if the provider:

243       (a) Notifies the client or legal representative of the



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delay in writing within the first 14 business days after  
receiving the request; and

(b) Provides the expected date when the records will be  
made available, which must be no later than 14 business days  
after the original deadline for providing the records.

(4) The records must be provided in the form and format  
requested by the client or legal representative if the requested  
records are readily producible in that form and format. If the  
requested records are not readily producible in the requested  
form or format, the provider must produce the records in another  
electronic form and format agreed to by the requester and the  
provider or in a readable hard copy format. Forms of access to  
records may include, but are not limited to: through a web-based  
application or patient portal, by secure download, via  
electronic copy delivered by e-mail, on physical media such as a  
disc or USB drive, by United States mail, or as printed paper  
records.

(5) This section does not apply to:

(a) Records maintained at a 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 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) Records of a resident of a nursing home facility which  
are governed by s. 400.145.

Section 7. Subsection (6) of section 456.057, Florida  
Statutes, is amended to read:



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

(6) (a) As used in this subsection, the term:

1. "Designated record set" means a group of records maintained by or for the health care practitioner which:

a. Includes the medical records and billing records about a patient maintained by or for a practitioner; or

b. Is used, in whole or in part, to make decisions regarding the patient's care, coverage, or benefits.

2. "Legal representative" means:

a. A legally recognized guardian of the patient;

b. A court-appointed representative of the patient;

c. A person designated by the patient or by a court of competent jurisdiction to receive copies of the patient's medical records, care and treatment records, or interdisciplinary records; or

d. An attorney who has been designated by a patient to receive copies of the patient's medical records, care and treatment records, or interdisciplinary records.

(b)1. Within 14 business days after receiving a written ~~Any health care practitioner licensed by the 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 request from a patient of such person or the patient's~~ person's legal representative, a health care practitioner shall furnish a true and correct copy of the requested records within the designated record set which are in the provider's possession.

2. Within 28 business days after receiving a written



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request from a patient or a patient's legal representative, a health care practitioner shall furnish a true and correct copy of additional requested records, including medical records, care and treatment records, and interdisciplinary records, as applicable, that are in the practitioner's possession.

3. Within 10 business days after receiving a request from a patient or a patient's legal representative, a health care practitioner shall provide access to examine the original records in its possession, or microforms or other suitable reproductions of the records. A health care practitioner may impose any reasonable terms necessary to ensure that the records will not be damaged, destroyed, or altered,~~in a timely manner, without delays for legal review, copies of all reports and records relating to such examination or treatment, including X rays and insurance information.~~

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.

(c) A health care practitioner may extend the time for furnishing the requested records by up to 14 business days if the health care practitioner:

1. Notifies the patient or legal representative of the



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delay in writing within the first 14 business days after  
receiving the request; and

2. Provides the expected date when the records will be made  
available, which must be no later than 14 business days after  
the original deadline for providing the records.

(d) The records must be provided in the form and format  
requested by the patient or legal representative if the  
requested records are readily producible in that form and  
format. If the requested records are not readily producible in  
the requested form or format, the health care practitioner must  
produce the records in another electronic form and format agreed  
to by the requester and the practitioner or in a readable hard  
copy format. Forms of access to records may include, but are not  
limited to: through a web-based application or patient portal,  
by secure download, via electronic copy delivered by e-mail, on  
physical media such as a disc or USB drive, by United States  
mail, or as printed paper records.

Section 8. Paragraph (f) of subsection (1) of section  
316.1932, Florida Statutes, is amended to read:

316.1932 Tests for alcohol, chemical substances, or  
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



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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 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 blood-alcohol 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



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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 s. 395.3025(2) ~~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 s. 395.3025(2) ~~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.

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



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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





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testing instrument, the date of performance of the most recent required inspection of such instrument.

Full information does not include manuals, schematics, or 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 9. 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 blood-alcohol 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(2) ~~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 s. 395.3025(2) ~~s. 395.3025(4)~~, s. 456.057, or any



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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 10. 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 reports, or patient care quality assurance proceedings, records, or reports obtained or made pursuant to this section, s. 395.3025(2)(f) ~~s. 395.3025(4)(f)~~, s. 395.401, s. 395.4015, s. 395.402, s. 395.403, s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51 must be held confidential by the department or its agent and are exempt from the provisions of s. 119.07(1). Patient care quality assurance proceedings, records, or reports obtained or made pursuant to these sections are not subject to



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discovery or introduction into evidence in any civil or administrative action.

Section 11. Paragraph (c) of subsection (2) of section 397.702, Florida Statutes, is amended to read:

397.702 Authorization of local ordinances for treatment of habitual abusers in licensed secure facilities.—

(2) Ordinances for the treatment of habitual abusers must provide:

(c) That the court with jurisdiction to make the determination authorized by this section shall hear the petition on an emergency basis as soon as practicable but not later than 10 days after the date the petition was filed. If the allegations of the petition indicate that the respondent has requested the appointment of an attorney, or otherwise indicate the absence of any competent person to speak at the hearing on behalf of the respondent, the court shall immediately appoint an attorney to represent the respondent pursuant to s. 397.501(9) ~~s. 397.501(8)~~, and shall provide notice of the hearing to the attorney. When the court sets a hearing date the petitioner shall provide notice of the hearing and a copy of the petition to all of the persons named in the petition pursuant to subparagraph (b)2., and to such other persons as may be ordered by the court to receive notice.

Section 12. Subsection (1) of section 429.294, Florida Statutes, is amended to read:

429.294 Availability of facility records for investigation of resident's rights violations and defenses; penalty.—

(1) Failure to provide complete copies of a resident's records, including, but not limited to, all medical records and



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the resident's chart, within the control or possession of the facility in accordance with s. 408.833 ~~s. 400.145~~, shall constitute evidence of failure of that party to comply with good faith discovery requirements and shall waive the good faith certificate and presuit notice requirements under this part by the requesting party.

Section 13. Subsection (4) of section 440.185, Florida Statutes, is amended to read:

440.185 Notice of injury or death; reports; penalties for violations.—

(4) Additional reports with respect to such injury and of the condition of such employee, including copies of medical reports, funeral expenses, and wage statements, shall be filed by the employer or carrier to the department at such times and in such manner as the department may prescribe by rule. In carrying out its responsibilities under this chapter, the department or agency may by rule provide for the obtaining of any medical records relating to medical treatment provided pursuant to this chapter, notwithstanding the provisions of ss. 90.503 and 395.3025(2) ~~395.3025(4)~~.

Section 14. Subsection (3) of section 456.47, Florida Statutes, is amended to read:

456.47 Use of telehealth to provide services.—

(3) RECORDS.—A telehealth provider shall document in the patient's medical record the health care services rendered using telehealth according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(2) and



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~~456.057 ss. 395.3025(4) and 456.057.~~

Section 15. This act shall take effect January 1, 2026.

===== T I T L E   A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause  
and insert:

A bill to be entitled

An act relating to patient access to records; amending  
s. 394.4615, F.S.; requiring a mental health service  
provider to furnish records within a specified  
timeframe after receiving a request for such records;  
authorizing an extension of the timeframe under  
certain circumstances; requiring such providers to  
furnish records in the form and format chosen by the  
requester, if readily producible; amending s.  
395.3025, F.S.; deleting provisions requiring  
hospitals and ambulatory surgical centers to furnish  
patient records only after discharge, to conform to  
changes made by the act; establishing that the  
Department of Health, rather than the Agency for  
Health Care Administration, has the authority to issue  
subpoenas for patient records from hospitals and  
ambulatory surgical centers in certain circumstances;  
amending s. 397.501, F.S.; requiring a substance abuse  
service provider to furnish and provide access to  
records within a specified timeframe after receiving a  
written request from an individual or the individual's  
legal representative; authorizing an extension of the



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timeframe under certain circumstances; requiring such service providers to furnish records in the form and format chosen by the requester, if readily producible; amending s. 400.145, F.S.; revising the timeframe within which a nursing home facility must provide access to, and copies of, resident records after receiving a request for such records; republishing s. 408.803(6), F.S., relating to the definition of the term "client" used in part II of ch. 408, F.S.; creating s. 408.833, F.S.; defining the terms "designated record set" and "legal representative"; requiring a provider to furnish and provide access to records within a specified timeframe after receiving a written request from a client or the client's legal representative; authorizing an extension of the timeframe under certain circumstances; requiring providers to furnish records in the form and format chosen by the requester, if readily producible; providing exceptions for providers governed by specified provisions; amending s. 456.057, F.S.; defining the terms "designated record set" and "legal representative"; requiring certain health care practitioners to furnish and provide access to records within a specified timeframe after receiving a written request from a patient or the patient's legal representative; authorizing an extension of the timeframe under certain circumstances; requiring health care practitioners to furnish records in the form and format chosen by the requester, if readily



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650        producible; amending ss. 316.1932, 316.1933, 395.4025,  
651        397.702, 429.294, 440.185, and 456.47, F.S.;  
652        conforming cross-references and provisions to changes  
653        made by the act; providing an effective date.