



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

Date:

Name:

Address:

Dear Provider:

The Cabinet for Health and Family Services (Cabinet/CHFS), Department for Community Based Services (DCBS), is investigating a report of child abuse, neglect, and/or dependency. You are required, pursuant to KRS §620.030(5), to cooperate, assist, and provide information, including medical records.

The Health Insurance Portability and Accountability Act (HIPAA) permits a covered entity to release health information to an appropriate governmental agency authorized by law to receive reports of child abuse and neglect. See 45 C.F.R. §164.512(b)(1)(ii). The Cabinet is authorized, pursuant to KRS §620.050(4), to investigate and take appropriate action in cases of a report of child abuse, neglect, and/or dependency.

If you refuse to comply with your legal obligation, you may be liable for costs and potential sanctions that may result from your failure to comply with KRS §620.030(4). Accordingly, please provide the requested information to DCBS within five (5) business days from receipt of this letter to the following:

DEPARTMENT FOR COMMUNITY BASED SERVICES

Attention:

Address:

Phone:

Fax:

Sincerely,