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The 2024 Florida Statutes

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CRIMES

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DRUG ABUSE PREVENTION AND CONTROL

893.0551 Public records exemption for the prescription drug monitoring program.—

(1) For purposes of this section, the terms used in this section have the same meanings as provided in s. [893.055](#).

(2) The following information of a patient or patient's agent, a health care practitioner, a dispenser, an employee of the practitioner who is acting on behalf of and at the direction of the practitioner, a pharmacist, or a pharmacy that is contained in records held by the department under s. [893.055](#) is confidential and exempt from s. [119.07](#)(1) and s. 24(a), Art. I of the State Constitution:

- (a) Name.
- (b) Address.
- (c) Telephone number.
- (d) Insurance plan number.
- (e) Government-issued identification number.
- (f) Provider number.
- (g) Drug Enforcement Administration number.
- (h) Any other unique identifying information or number.

(3) The department shall disclose such information to the following persons or entities upon request and after using a verification process to ensure the legitimacy of the request as provided in s. [893.055](#):

(a) A health care practitioner, or his or her designee, who certifies that the information is necessary to provide medical treatment to a current patient in accordance with ss. [893.04](#), [893.05](#), and [893.055](#).

(b) An employee of the United States Department of Veterans Affairs, the United States Department of Defense, or the Indian Health Service who provides health care services pursuant to such employment and who has the authority to prescribe or dispense controlled substances shall have access to the information in the program's system upon verification of such employment.

(c) The program manager and designated support staff for administration of the program, and to provide relevant information to the prescriber, dispenser, and appropriate law enforcement agencies, in accordance with s. [893.055](#).

(d) The department and its relevant health care regulatory boards for investigations involving licensees authorized to prescribe or dispense controlled substances. The department or health care regulatory board may request information from the program but may not have direct access to its system. The department may provide to a law enforcement agency pursuant to ss. [456.066](#) and [456.073](#) only information that is relevant to the specific controlled substances investigation that prompted the request for the information.

(e) The Attorney General or his or her designee when working on Medicaid fraud cases involving prescribed controlled substances or when the Attorney General has initiated a review of specific identifiers of Medicaid fraud or specific identifiers that warrant a Medicaid investigation regarding prescribed controlled substances. The Attorney General's Medicaid fraud investigators may not have direct access to the department's system. The Attorney General or his or her designee may disclose to a criminal justice agency, as defined in s. [119.011](#), only the information received from the department that is relevant to an identified active investigation that prompted the request for the information.

(f) A law enforcement agency that has initiated an active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substances and that has entered into a user agreement with the department. A law enforcement agency may request information from the department but may not have direct access to its system. The law enforcement agency may disclose to a criminal justice agency, as defined in s. [119.011](#), only information received from the department that is relevant to an identified active investigation that prompted the request for such information.

(g) A district medical examiner or associate medical examiner, as described in s. [406.06](#), pursuant to his or her official duties, as required by s. [406.11](#), to determine the cause of death of an individual. Such medical examiners may request information from the department but may not have direct access to the system.

(h) An impaired practitioner consultant who has been authorized in writing by a participant in, or by a referral to, the impaired practitioner program to access and review information as provided in s. [893.055\(5\)\(e\)](#).

(i) A patient or the legal guardian or designated health care surrogate for an incapacitated patient, if applicable, making a request as provided in s. [893.055\(5\)\(f\)](#).

(4) If the department determines consistent with its rules that a pattern of controlled substance abuse exists, the department may disclose such confidential and exempt information to the applicable law enforcement agency in accordance with s. [893.055](#). The law enforcement agency may disclose to a criminal justice agency, as defined in s. [119.011](#), only information received from the department that is relevant to an identified active investigation that is specific to a violation of s. [893.13\(7\)\(a\)8.](#), (8)(a), or (8)(b).

(5) Before disclosing information to a criminal justice agency or a law enforcement agency pursuant to this section, the disclosing person or entity must take steps to ensure the continued confidentiality of all information. At a minimum, these steps must include redacting any nonrelevant information.

(6) An agency or person who obtains any information pursuant to this section must maintain the confidential and exempt status of that information and may not disclose such information unless authorized by law. Information shared with a state attorney pursuant to paragraph (3)(e) or paragraph (3)(f) may be released only in response to a discovery demand if such information is directly related to the criminal case for which the information was requested. Unrelated information may be released only upon an order of a court of competent jurisdiction.

(7) A person who willfully and knowingly violates this section commits a felony of the third degree, punishable as provided in s. [775.082](#), s. [775.083](#), or s. [775.084](#).

History.—s. 1, ch. 2009-197; s. 13, ch. 2010-211; s. 51, ch. 2011-4; s. 1, ch. 2014-156; s. 36, ch. 2016-145; s. 2, ch. 2016-177; s. 11, ch. 2018-13; s. 106, ch. 2019-3; ss. 2, 3, ch. 2019-127; s. 25, ch. 2021-131.