STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

ALBERTA LASH, Petitioner, vs. DEPARTMENT OF CHILDREN AND FAMILY SERVICES, Respondent.	)	Case No. 02-0104RX

FINAL ORDER

Pursuant to notice, a final hearing was held in this case on February 2, 2002, in Tallahassee, Florida, before Florence Snyder Rivas, a duly-designated Administrative Law Judge of the Division of Administrative Hearings.

APPEARANCES

For Petitioner: Frederick A. Goldstein, Esquire
Post Office Box 22463
Fort Lauderdale, Florida 33335-2463

For Respondent: John Raymaker, Esquire
Department of Children and Family Services
1317 Winewood Boulevard
Building 2, Room 204
Tallahassee, Florida 32399

STATEMENT OF THE ISSUE

Whether Rules 65E-5.2301(1) and (3) and 65E-5.170, Florida Administrative Code, constitute an invalid exercise of delegated legislative authority.

PRELIMINARY STATEMENT

On January 8, 2002, the Petitioner, Alberta Lash (Petitioner or Lash), filed a Petition Pursuant to Section 120.56, F.S., Seeking the Invalidity of Rules 65E-5.2301(1) and (3) and 65E-5.170, Promulgated by the Department of Children and Families (the Petition).

The relevant facts are undisputed and are set forth here to the extent necessary to the rendition of a Final Order. The facts agreed to by the parties are more fully detailed in a "Stipulation for Final Hearing" (Stipulation) dated January 31, 2002. The documents attached to the Petition are true and correct copies, are admissible and admitted into evidence, and may be relied upon by either side in these proceedings.

A one-volume transcript was filed on February 8, 2002. The parties sought and received an enlargement of time to March 8, 2002, for the filing of proposed orders, which were timely filed and which have been carefully considered in the preparation of this Final Order.

FINDINGS OF FACT

1. All procedural requirements for promulgation of Rules 65E-5.2301(1) and (3) and 65E-5.170, Florida Administrative Code (the challenged Rules) were properly fulfilled.

2. Lash has standing to litigate the validity of the challenged Rules.

3. On September 20, 2001, Lash was admitted to the Crisis Screening and Stabilization Unit (Unit) located in Fort Lauderdale, Florida. The Unit is authorized to receive patients pursuant to that portion of Chapter 394.453 of the Florida Mental Health Act, more popularly known as the Baker Act.

4. Following Lash's admission to the Unit, a document entitled Certificate of Patient's Incapacity to Consent and Notification of Health Care Surrogate/Proxy (Certificate) was executed by two physicians (Two Physicians). Pursuant to the Certificate, the Two Physicians declared Lash incompetent to consent to treatment and appointed a Third Party (Third Party) to make medical decisions on her behalf, including authorizing treatment objected to by Lash.

5. In so doing, the parties are of the opinion that the Two Physicians were acting pursuant to the challenged Rules.

CONCLUSIONS OF LAW

6. The Division of Administrative Hearings has jurisdiction over this proceeding and the parties thereto pursuant to Section 120.56, Florida Statutes.

7. The challenged Rules are presumptively valid; it is therefore Lash's burden to demonstrate the invalidity of the challenged Rules. Section 120.56(3) Florida Statutes; St. Johns River Water Management District v. Consolidated-Tomoka Land Co.,

717 So. 2d. 72 (Fla. 1st DCA 1998), rev. den., 727 So. 2d 904 (Fla. 1999).

8. For the reasons set forth below, the challenged Rules, standing alone, cannot be reasonably read to authorize the appointment of a Third Party to give consent to treatment to which a patient objects under the facts and circumstances of this case; thus Lash has not shown the challenged Rule(s) to be an invalid exercise of delegated authority.

9. In order to adopt any administrative rule, the agency engaged in the rulemaking must be acting in accordance with a grant of specific legislative authority. Southwest Fla. Water Mgmt. Dist. v. Save the Manatee Club, Inc., 773 So. 2d (Fla. 1st DCA 2000); Florida Board of Medicine v. Florida Academy of Cosmetic Surgery, Inc., 808 So. 2d. 243 (Fla. 1st DCA 2002).

10. The challenged Rules provide, in full, as follows:

> Rule 65E-5.2301 Health Care Surrogate or Proxy.
> (1) During the interim period between the time a patient is determined to be incompetent to consent to treatment by one or more physicians, pursuant to s. 765.204, F.S., and the time a guardian advocate is appointed by a court to provide express and informed consent to the patient's treatment, a health care surrogate designated by the patient, pursuant to chapter 765, part II, F.S., may provide such consent to treatment.
> (2) In the absence of an advance directive, a health care proxy, pursuant to chapter 765, part IV, F.S., may also provide interim consent to treatment.

(3) Upon the documented determination that a patient is incompetent to make health care decisions for himself or herself by one or more physicians, pursuant to s. 765.204, F.S., the facility shall notify the surrogate or proxy in writing that the conditions under which he or she can exercise his or her authority under the law have occurred. Use of recommended form CF-MH 3122, Jan. 98, "Certification of Patient's Incompetence to Consent to Treatment and Notification of Health Care Surrogate/Proxy," which is incorporated by reference as if fully set out here and may be obtained from the district mental health program office, will be considered by the department to be sufficient for this purpose.

(4) A petition for adjudication of incompetence to consent to treatment and appointment of a guardian advocate shall be filed with the court within two court working days of the determination of the patient's incompetence to consent to treatment by one or more physicians, pursuant to s. 765.204, F.S. Use of recommended form CF-MH 3106, "Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate," as referenced in 65E-5.170(1)(d)2., will be considered by the department to be sufficient for this purpose.

(5) The facility shall immediately provide to the health care surrogate or proxy the same information required by statute to be provided to the guardian advocate. In order to protect the safety of the patient, the facility shall make available to the health care surrogate or proxy the training required of guardian advocates and ensure that the surrogate or proxy communicate with the patient and patient's physician, as defined in s. 394.455(21), F.S., prior to giving express and informed consent to treatment.

Specific Authority 394.457(5) FS.

Law Implemented 394.4598, 765 FS.
History--New 11-29-98, Amended 1-16-2001.

* * *

65E-5.170 Express and Informed Consent.

(1) Establishment of Consent.

(a) Receiving Facilities. As soon as possible, but in no event longer than 24 hours from entering a designated receiving facility on a voluntary or involuntary basis, each patient shall be examined by the admitting physician, as defined in s. 394.455(21), F.S., to determine the patient's ability to provide express and informed consent to admission and treatment. The examination of a minor for this purpose may be limited to the documentation of the minor's age. The examination of a person alleged to be incapacitated for this purpose may be limited to the documentation of letters of guardianship. Documentation of this determination shall be placed in the patient's clinical record. The facility shall determine whether a patient has been adjudicated as incapacitated and whether a guardian has been appointed by the court. If a guardian has been appointed by the court, the limits of the authority of the guardian shall be determined prior to allowing the guardian to authorize treatment. A copy of any court order delineating a guardian's authority to consent to mental health or medical treatment shall be obtained by the facility and included in the patient's clinical record prior to allowing the guardian to give express and informed consent to treatment for the patient.

(b) Treatment Facilities. Upon entering a designated treatment facility on a voluntary or involuntary basis, each patient shall be examined by the admitting physician, as defined in s. 394.455(21), F.S., to determine the patient's ability to provide express and informed consent to admission and treatment, which shall be

documented in the patient's clinical record. The examination of a person alleged to be incapacitated or incompetent to consent to treatment, for this purpose, may be limited to documenting the letters of guardianship or order of the court. If a patient has been adjudicated as incapacitated and a guardian appointed by the court or if a patient has been found to be incompetent to consent to treatment and a guardian advocate has been appointed by the court, the limits of authority of the guardian or guardian advocate shall be determined prior to allowing the guardian or guardian advocate to authorize treatment for the patient. A copy of any court order delineating a guardian's authority to consent to mental health or medical treatment shall be obtained by the facility and included in the patient's clinical record prior to allowing the guardian to give express and informed consent to treatment for the patient.

(c) If the admission is voluntary, the patient's competence to provide express and informed consent for admission shall be documented by the admitting physician, as defined in s. 394.455(21), F.S. Use of recommended form CF-MH 3104, Jan. 98, "Certification of Patient's Competence to Provide Express and Informed Consent," which is incorporated by reference as if fully set out here and may be obtained from the district mental health program office, will be considered by the department to be sufficient. The completed form or other documentation shall be retained in the patient's clinical record. Facility staff monitoring the patient's condition shall document any observations which suggest that a patient may no longer be competent to provide express and informed consent to his or her treatment. In such circumstances, staff shall notify the physician, as defined in s. 394.455(21), F.S., and document in the patient's clinical record that the physician, as defined in s. 394.455(21),

F.S., was notified of this apparent change in clinical condition.

(d) In the event a change in a voluntary patient's clinical status affects the patient's competence to provide express and informed consent to treatment, the change shall be immediately documented in the patient's clinical record. A person's refusal to consent to treatment is not, in itself, an indication of incompetence to consent to treatment.

1. If the patient is determined to be competent to consent to treatment and meets the criteria for involuntary placement, the facility administrator shall file with the court a petition for involuntary placement. Use of recommended form CF-MH 3032, Jan. 98, "Petition for Involuntary Placement," which is incorporated by reference as if fully set out here and may be obtained from the district mental health program office, will be considered by the department to be sufficient.

2. If the patient is incompetent to consent to treatment, and meets the criteria for involuntary placement, the facility administrator shall expeditiously file with the court both a petition for the adjudication of incompetence to consent to treatment and appointment of a guardian advocate, and a petition for involuntary placement. Upon determination that a patient is incompetent to consent to treatment the facility shall expeditiously pursue the appointment of a duly authorized substitute decision-maker that can make legally required decisions concerning treatment options or refusal of treatments for the patient. Use of recommended forms CF-MH 3106, Jan. 98, "Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate," which is incorporated by reference as if fully set out here and may be obtained from the district mental health program office, and CF-MH 3032, "Petition for Involuntary Placement," as referenced in

65E-5.170(1)(d)1., will be considered by the department to be sufficient.

(e) Competence to provide express and informed consent shall be established and documented in the patient's clinical record prior to the approval of a patient's transfer from involuntary to voluntary status or prior to permitting a patient to consent to his or her own treatment if that patient had been previously determined to be incompetent to consent to treatment. Use of recommended form CF-MH 3104, "Certification of Patient's Competence to Provide Express and Informed Consent," as referenced in 65E-5.170(1)(c), properly completed by a physician, as defined in s. 394.455(21), F.S., will be considered by the department to be sufficient.

(f) Any guardian advocate appointed by a court to provide express and informed consent to treatment for the patient shall be discharged and a notice of such guardian advocate discharge provided to the court upon the establishment and documentation that the patient is competent to provide express and informed consent.

(g) If a patient entering a designated receiving or treatment facility has been adjudicated incapacitated under chapter 744, F.S., as described in s. 394.455(14), F.S., express and informed consent to treatment shall be sought from the patient's guardian.

(h) If a patient entering a designated receiving or treatment facility has been determined by the attending physician and another physician, as defined in s. 394.455(21), F.S., to be incompetent to consent to treatment as defined in s. 394.455(15), F.S., express and informed consent to treatment shall be expeditiously sought by the facility from the patient's guardian advocate or health care surrogate or proxy.

(i) A copy of the letter of guardianship, court order, or advance directive shall be reviewed by facility staff to ensure that the substitute decision-maker has the

authority to provide consent to the recommended treatment on behalf of the patient. If the facility relies upon the expression of express and informed consent for patient treatment from a substitute decision-maker, a copy of this documentation shall be placed in the patient's clinical record and shall serve as documentation of the substitute decision-maker's authority to give such consent. With respect to a health care proxy, where no advance directive has been prepared by the patient, facility staff shall document in the patient's clinical record that the substituted decision-maker was selected in accordance with the list of persons and using the priority set out in s. 765.401, F.S. When a health care surrogate or proxy is used, the facility shall immediately petition for the appointment of a guardian advocate.

(2) Authorization for Treatment.

(a) Express and informed consent, including the right to ask questions about the proposed treatment, to receive complete and accurate answers to those questions, and to negotiate treatment options, shall be obtained from a patient who is competent to consent to treatment. If the patient is incompetent to consent to treatment, such express and informed consent shall be obtained from the duly authorized substitute decision-maker for the patient before any treatment is rendered, except where emergency treatment is ordered by a physician, as defined in s. 394.455(21), F.S., for the safety of the patient or others.

(b) A copy of information disclosed while attempting to obtain express and informed consent shall be given to the patient and to any substitute decision-maker authorized to act on behalf of the patient.

(c) When presented with an event or an alternative which requires express and informed consent, the competent patient or, if the patient is incompetent to consent to treatment, the duly authorized substitute

decision-maker, shall provide consent to treatment, refuse consent to treatment, negotiate treatment alternatives, or revoke consent to treatment. Use of recommended forms CF-MH 3042a, Jan. 98, "General Authorization for Treatment Except Psychotropic Medications," which is incorporated by reference as if fully set out here and may be obtained from the district mental health program office, and CF-MH 3042b, Jan. 98, "Specific Authorization for Psychotropic Medications," which is incorporated by reference as if fully set out here and may be obtained from the district mental health program office, will be considered by the department to be sufficient as documentation of express and informed consent and any decisions made pursuant to that consent. If used, recommended form CF-MH 3042a, "General Authorization for Treatment Except Psychotropic Medications," as referenced in 65E-5.170(2)(c), shall be completed at the time of admission to permit routine medical care, psychiatric assessment, and other assessment and treatment except psychotropic medications. The more specific recommended form CF-MH 3042b, "Specific Authorization for Psychotropic Medications," as referenced in 65E-5.170(2)(c), or its equivalent, shall be completed prior to the administration of any psychotropic medications, except under an emergency treatment order. The completed forms, or equivalent documentation, shall be retained in the patient's clinical record.

(d) No facility shall initiate any mental health treatment, including psychotropic medication, until express and informed consent for psychiatric treatment is obtained from a person legally qualified to give it, except in cases where emergency treatment is ordered by a physician, as defined in s. 394.455(21), F.S., to preserve the immediate safety of the patient or others.

(3) Receiving and treatment facilities shall request copies of any advance

directives completed by persons admitted to the facilities, from the patient or the patient's family or representative.

(4) In addition to any other requirements, at least the following must be given to the patient before express and informed consent will be valid:

(a) Identification of the proposed medication, together with a plain language explanation of the proposed dosage range, the frequency and method of administration, the recognized short-term and long-term side effects, any contraindications which may exist, clinically significant interactive effects with other medications, and similar information on alternative medications which may have less severe or serious side effects.

(b) A plain language explanation of all other treatments or treatment alternatives recommended for the patient.

(5) If a change in medication is recommended which is not included in the previously signed CF-MH 3042b, "Specific Authorization for Psychotropic Medications" form, as referenced in 65E-5.170(2)(c), after an explanation and disclosure of the altered treatment plan is provided by the physician, as defined in s. 394.455(21), F.S., express and informed consent must be obtained from the person authorized to provide consent and be documented in the patient's clinical record prior to the administration of the treatment or medication.

(6) The facility staff shall explain to a guardian, guardian advocate, or health care surrogate or proxy, the duty of the substitute decision-maker to provide information to the facility on how the substitute decision-maker may be reached at any time during the patient's hospitalization to provide express and informed consent for clinically significant changes of treatment.

(7) To assure the safety and rights of the patient, electroconvulsive treatment may

be recommended to the patient or the patient's substitute decision-maker by the attending physician, as defined in s. 394.455(21), F.S., if concurrently recommended by at least one other physician, as defined in s. 394.455(21), F.S., not directly involved with the patient's care who has reviewed the patient's clinical record. Such recommendation shall be documented in the patient's clinical record and shall be signed by both physicians, as defined in s. 394.455(21), F.S. When completed, recommended form CF-MH 3057, Jan. 98, "Authorization for Electroconvulsive Treatment," which is incorporated by reference as if fully set out here and may be obtained from the district mental health program office, will be considered by the department to be sufficient. If used, this form shall also be signed by the patient, if competent, or by the guardian advocate, if previous court approval has been given, or by the guardian where the patient has been found by the court to be incapacitated, or by the health care surrogate if the patient had expressly delegated such authority to the surrogate in the advance directive. Express and informed consent from the patient or his or her substitute decision-maker, as required by s. 394.459(3), F.S., including an opportunity to ask questions and receive answers about the procedure, shall be noted on or attached to recommended form CF-MH 3057, "Authorization for Electroconvulsive Treatment," as referenced in 65E-5.170(7), or its equivalent, as documentation of the required disclosures and of the consent. Each signed authorization form is permission for the patient to receive a series of up to, but not more than, a stated number of electroconvulsive treatments. Additional electroconvulsive treatments require additional written authorization. The signed authorization form shall be retained in the patient's clinical record and shall

comply with the provisions of s. 458.325, F.S.
Specific Authority 394.457(5) FS.
Law Implemented 394.455(5), 394.459(3) FS.
History--New 11-29-98.

11. Lash has alleged that the challenged Rules are not supported by the specific legislative authority cited by the Department. Section 120.52(8)(b), Florida Statutes. In particular, Lash has argued that the legislative authority relied upon by the Department does not authorize the appointment by the Two Physicians of a Third Party to make medical decisions on behalf of an individual such as Lash who was involuntarily committed to a Baker Act facility, in this instance, the Unit.

12. The specific legislative authority cited for both of the challenged Rules, Section 394.457(5), Florida Statutes, states:

> (5) Rules.—
> (a) The department shall adopt rules establishing forms and procedures relating to the rights and privileges of patients seeking mental health treatment from facilities under this part.
> (b) The department shall adopt rules necessary for the implementation and administration of the provisions of this part, and a program subject to the provisions of this part shall not be permitted to operate unless rules designed to ensure the protection of the health safety, and welfare of the patients treated through such program have been adopted.

13. Thus, this section provides the Department with general authority to adopt rules necessary to carry out the Baker Act program.

14. The Department also relies generally upon Chapter 765, Florida Statutes, Parts I-IV and 765.204(2), Florida Statutes, in particular, as one of the laws implemented in Rule 65E-5.2301, Florida Administrative Code.

15. Chapter 765, Florida Statutes, is titled “Health Care Advance Directives.” The statute’s extensive statement of legislative findings and intent, and the statute read as a whole, demonstrate that this law is exclusively concerned with the fundamental right of self-determination a civilized society affords every competent adult in circumstances when s/he is faced with the complex health care decisions which often accompany an individual’s final illness.

16. Chapter 765, Florida Statutes, is a legislative response to the complex medical, moral, and ethical choices which arise in our technologically advanced society when old age, serious illness, or sudden injury impose cruel burdens upon individuals and their loved ones.

17. Specifically, the portion of Chapter 765, Florida Statutes, relied upon by the Department, protects the “fundamental right of self-determination regarding decisions pertaining to [the rights of competent adults to make informed

decisions regarding] his or her own health, including the right to choose or refuse medical treatment. . . ." Section 765.102(1), Florida Statutes (2001).

18. The balance of this Section occupies nearly a full page of legislative findings and intent. Read as a whole, it plainly does not address the circumstances under which an incompetent individual may be involuntarily treated.

19. Section 765.204(2), Florida Statutes, which was heavily debated by the parties, provides:

> (2) If a principal's capacity to make health care decisions for herself or himself or provide informed consent is in question, the attending physician shall evaluate the principal's capacity and, if the physician concludes that the principal lacks capacity, enter that evaluation in the principal's medical record. If the attending physician has a question as to whether the principal lacks capacity, another physician shall also evaluate the principal's capacity, and if the second physician agrees that the principal lacks the capacity to make health care decisions or provide informed consent, the health care facility shall enter both physician's evaluations in the principal's medical record. If the principal has designated a health care surrogate or has delegated authority to make health care decisions to an attorney in fact under a durable power of attorney, the facility shall notify such surrogate or attorney in fact in writing that her or his authority under the instrument has commenced, as provided in chapter 709 or s. 765.203.

20. The undersigned rejects the parties' view that either or both of the challenged Rules confer expansive powers to

authorize involuntary treatment. Instead, the challenged Rules, reasonably read and appropriately applied, merely restate the legislative mandate that under the Health Care Advance Directives law, in the interim period of time between a determination of incompetence to consent to treatment and the time a court-appointed guardian advocate is in place to provide express and informed consent to treatment, consent may be provided by a health care surrogate who has been previously designated by the patient pursuant to the provisions of Chapter 765, Part II, Florida Statutes, if such an individual exists.

21. In other words, Lash and others similarly situated have a right to have their choice of a Chapter 765, Florida Statutes, health care surrogate honored in a Baker Act facility (if, in fact, they have made such a choice) during the window of time between when the individual is declared incompetent and such time as a guardian advocate is appointed by a court of competent jurisdiction to provide express and informed consent to such treatment. The challenged Rules, neither singly nor in combination, create, modify, or restrict the statutory rights of any individual and Lash has failed to carry her burden to show that the challenged Rules, as properly interpreted and properly applied, are not supported by the specific legislative authority relied upon by the Department.

22. The parties have agreed that Lash and others have been or may be in the future involuntarily medicated by individuals who believe they are acting under the authority of the challenged Rules. As noted above, these Rules, given their plain meaning, do not authorize the Two Physicians to appoint a Third Party to give consent to medical treatment objected to by the patient.

23. If the challenged Rules are being applied in a manner inconsistent with their plain meaning, this is not a matter which may be properly addressed by an administrative law judge. It is beyond the authority of this forum to address an incorrect agency interpretation of a rule which is valid on its face.

24. The Department expansively argued that Chapter 765 and Chapter 394, taken together, “confer upon the Department broad, unqualified authority to adopt rules establishing forms and procedures relating to the rights and privileges of patients seeking mental health treatment from facilities under the Baker Act that ensure the protection of the health safety." This argument goes far beyond the issues presented in this case.

25. As the Department more narrowly stipulated at the final hearing, there is one undeniable relationship between Chapter 765 and Chapter 394, Florida Statutes. It is this: if an individual such as Lash is in confinement in a Baker Act facility such as the Unit, any and all advance directives which

comply with the requirements of Chapter 765, Florida Statutes, must be honored by the Baker Act facility. If the Baker Act facility is unwilling to honor the person's advance directives, if any there be, the facility is required to transfer the patient to a facility that will honor h/er advance directives. Section 765.1105(1), Florida Statutes.

26. As a matter of law and logic, this is the only relationship between the two statutes relied upon by the Department in support of the challenged Rules, and it is sufficient to sustain the validity of the challenged Rules.

27. Other legal issues relative to the challenged Rules were debated by the parties. For example, Lash argued that the challenged Rules unconstitutionally infringe upon her rights under Article V Section 20(c)(3) of the Florida Constitution.

28. In response, the Department argued that the undersigned can decide this case in Lash's favor if and only if "this [Administrative Law] Court . . . find[s] that Section 765.101 to 765.404, Florida Statutes, et seq., are unconstitutional."

29. In support of this argument, the Department correctly asserts that the constitutionality of a statute is not within the jurisdiction of this forum. Key Haven Associated Enterprises, Inc. v. Board of Trustees of the Internal Improvement Trust Fund, 427 So. 2d 153 (Fla. 1982).

30. However, the record does not support the legal inference that the Department seeks to draw from that black letter law, i.e. that Lash's petition must be dismissed because a decision in her favor cannot be rendered absent a finding that portions of Chapter 765 of the Florida Statutes are unconstitutional.

31. The undersigned must and does decline Lash's invitation to consider and render conclusions of law regarding the constitutionality of the challenged Rules. It is neither appropriate to do so, nor necessary to the disposition of this case.

CONCLUSION

Based upon the foregoing, it is ORDERED that the challenged Rules do not constitute an invalid exercise of delegated legislative authority.

DONE AND ORDERED this 19th day of April, 2002, in Tallahassee, Leon County, Florida.

FLORENCE SNYDER RIVAS
Administrative Law Judge
Division of Administrative Hearings
The DeSoto Building
1230 Apalachee Parkway
Tallahassee, Florida 32399-3060
(850) 488-9675 SUNCOM 278-9675
Fax Filing (850) 921-6847
www.doah.state.fl.us

Filed with the Clerk of the
Division of Administrative Hearings
this 19th day of April, 2002.

COPIES FURNISHED:

Frederick A. Goldstein, Esquire
Post Office Box 22463
Fort Lauderdale, Florida 33335-2463

John Raymaker, Esquire
Department of Children and
Family Services
1317 Winewood Boulevard
Building 2, Room 204
Tallahassee, Florida 32399-0700

Peggy Sanford, Agency Clerk
Department of Children and
Family Services
1317 Winewood Boulevard
Building 2, Room 204B
Tallahassee, Florida 32399-0700

Josefina Tamayo, General Counsel
Department of Children and
Family Services
1317 Winewood Boulevard
Building 2, Room 204
Tallahassee, Florida 32399-0700

Carroll Webb
Executive Director and General Counsel
Joint Administrative Procedures Committee
Holland Building, Room 120
Tallahassee, Florida 32399-1300

NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing the original notice of appeal with the Clerk of the Division of Administrative Hearings and a copy, accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the Appellate District where the party resides. The notice of appeal must be filed within 30 days of rendition of the order to be reviewed.