



**JEFF ATWATER, CHIEF FINANCIAL OFFICER**  
**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**

## Injured Employee

### Can My Personal Information Be Protected?

#### Personal Records Exempt from Public Disclosure

As provided by s. 119.071, Florida Statutes, certain information maintained by state agencies is exempt from public disclosure, and is therefore deemed confidential. This includes social security numbers, medical and financial information. Accordingly, the Florida Division of Workers' Compensation protects the social security numbers, medical and financial information of injured workers obtained in the performance of its statutory responsibilities.

However, s. 119.071(4) (d), Florida Statutes, additionally provides for the exemption of **home addresses and telephone numbers** from public disclosure for certain occupational groups as listed below. Note: Home addresses and telephone numbers of spouses and children of individuals who are covered by these occupational groups are also exempt from public disclosure.

#### Occupational Groups Who Qualify for Exemption

- Active or Former Law Enforcement Personnel
- Active or Former Correctional and Correctional Probation Officers
- Active or Former Personnel of Department of Child & Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities
- Active or Former Personnel of Department of Health whose duties are to support the investigation of child abuse or neglect
- Active or Former Personnel of Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement
- Firefighters certified in compliance with s. 633.35, F.S.
- Justice of the Supreme Court • District Court of Appeal Judges
- Circuit Court Judges
- County Court Judges
- Current or former State Attorneys, Assistant State Attorneys, State Prosecutors, and Assistant State Prosecutors
- General and Special Magistrates
- Judges of Compensation Claims
- Administrative Law Judges of Department of Administrative Hearing (DOAH)
- Child support enforcement hearing officers
- Current and former human resource, labor relations or employee labor relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration or personnel-related duties
- Current and former Code Enforcement Officers
- Current and former guardians ad litem as defined in s. 39.820, F.S.
- Current and former juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, senior juvenile detention officers, juvenile detention officer supervisors, juvenile detention officers, house parents I and II, house parent supervisors, group treatment leaders, group treatment leader supervisors, rehabilitation therapists, and social services counselors of the Department of Juvenile Justice
- Current and former public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel

Section 119.071(5)(i)1., F.S., also exempts the following occupations:

- Current and former U.S. Attorneys and Assistant U.S. Attorneys
- Current and former Judges of U.S. Courts of Appeal, U.S. District Judges and U.S.





Magistrates

**If I fall into one of the above occupational groups, how do I protect my personal information? How do I protect the personal information of my spouse and children?**

If you qualify on the basis of your occupational group, home addresses and telephone numbers maintained by the Florida Division of Workers' Compensation (DWC) for you and your spouse and/or children, can be protected upon request. As required by Section 119.071(4)(d) 2, Florida Statutes, you or your employer must formally notify DWC in writing to claim your exempt status and exemptions for your spouse and children. You must provide your occupation (title or description), name of employer, and date of injury associated with any Florida workers' compensation claim you filed, if applicable. You must also provide the dates of birth and social security numbers (last 4 digits only) for you and your spouse and/or children in order for us to establish accurate confidential record information. To request exemption of personal information maintained by DWC, please complete the applicable Confidential Request Form(s) below and send to [dwcrecordsprivacy@myfloridacfo.com](mailto:dwcrecordsprivacy@myfloridacfo.com) or mail/fax to the attention of the **Records Privacy Section** at:

*Division of Workers' Compensation  
Bureau of Data Quality and Collection  
200 E. Gaines Street  
Tallahassee, FL 32399-4226*

*Fax: (850) 488-3453*

- [Employee Confidential Request Form](#)  (for emailing)
- [Employee Confidential Request Form](#)  (for printing and mailing)
- [Spouse/Child Confidential Request Form](#)  (for emailing)
- [Spouse/Child Confidential Request Form](#)  (for printing and mailing)

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- Division of Workers' Compensation, 200 East Gaines Street, Tallahassee, FL 32399-4220



CHIEF FINANCIAL OFFICER  
JEFF ATWATER  
STATE OF FLORIDA

Re: Records Privacy Request

Mail to: Florida Department of Financial Services  
Division of Workers' Compensation  
Bureau of Data Quality and Collection  
Attn: Records Privacy Section  
200 East Gaines Street  
Tallahassee, FL 32399-4226

OR

Fax to: (850) 488-3453

**EMPLOYEE CONFIDENTIAL REQUEST FORM (Mail or Fax)**

Please print legibly in blue or black ink

Pursuant to Section 119.071(4)(d)2, Florida Statutes, I am submitting a written request seeking the protection of my personal information, including my home address, telephone number, and other non-public information in the custody of the Division of Workers' Compensation, based on my eligibility as determined by my occupation:

Name: \_\_\_\_\_

\*\* SS# (last 4 digits): \_\_\_\_\_ Date of Birth (xx/xx/xxxx): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home or Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Qualifying Occupation (current or former): \_\_\_\_\_

Employer: \_\_\_\_\_

Date(s) of any FL WC injury: \_\_\_\_\_

If form is being submitted by the Employer of an Employee requesting the exemption:

Name of Person Submitting Request: \_\_\_\_\_

Business Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

(Signature of Person completing form)

(Date)

**\*\* Important Note:**

For your protection, please only provide the last 4 digits of the SSN. Our office will contact you within three business days for the full SSN(s). Please understand that all information requested above (including the complete Social Security Number via telephone contact) is needed for us to protect the confidentiality of your personal information covered under Section 119.071(4)(d)1, F.S. Delays in providing the required information above will delay the processing of your request.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
Division of Workers' Compensation • Bureau of Data Quality and Collection  
200 East Gaines Street • Tallahassee, Florida 32399-4226 • Tel. 850-413-1607 • Fax 850-488-3453  
AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER



CHIEF FINANCIAL OFFICER  
JEFF ATWATER  
STATE OF FLORIDA

Re: Records Privacy Request

Mail to: Florida Department of Financial Services  
Division of Workers' Compensation  
Bureau of Data Quality and Collection  
**Attn: Records Privacy Section**  
200 East Gaines Street  
Tallahassee, FL 32399-4226

OR

Fax to: (850) 488-3453

**SPOUSE/CHILD CONFIDENTIAL REQUEST FORM (Mail or Fax)**

Please print legibly in blue or black ink

Pursuant to Section 119.071(4)(d)2, Florida Statutes, I am submitting a written request seeking the protection of the personal information, including home address, telephone number, and other non-public information in the custody of the Division of Workers' Compensation, for my spouse and/or child named below, based on my eligibility as determined by my occupation. I am also submitting or have previously submitted the 'Employee Confidential Request Form' for myself.

**My Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

\*\* SS# (last 4 digits): \_\_\_\_\_ Date of Birth (xx/xx/xxxx): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home or Primary Phone #: \_\_\_\_\_ Date(s) of any FL WC injury: \_\_\_\_\_

Qualifying Occupation (Title and/or Description): \_\_\_\_\_

Employer (at time occupation held): \_\_\_\_\_

**Spouse/Child Information:**

Spouse's Name: \_\_\_\_\_ \*\* SS# (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ \*\* SS# (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ \*\* SS# (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ \*\* SS# (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

If form is being submitted by the Employer of its Employee requesting the exemption:

Name and Title of Person Submitting Request: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\* Important Note:**

For your protection, please only provide the last 4 digits of the SSN. Our office will contact you within three business days for the full SSN(s). Please understand that all information requested above (including the complete Social Security Number via telephone contact) is needed for us to protect the confidentiality of personal information covered under Section 119.071(4)(d)1, F.S. Delays in providing the required information above will delay the processing of your request.