EXHIBIT 4





MENU

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Submission ID: 560521

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Contact the agency

Arianne Perkins, Acting FOIA Officer

202-690-7453

FOIA Requester Service Center

202-690-7453

Beth Kramer, FOIA Public Liaison

202-690-7453

FOIA Officer/Director, Freedom of Information and Privacy Acts Division, Hubert H. Humphrey Bldg, Suite 729H
200 Independence Avenue, SW
Washington, DC 20201

Request summary

Request submitted on January 30, 2023.

The confirmation ID for your request is **560521**.



The confirmation ID is only for identifying your request on FOIA.gov and acts as a receipt to show that you submitted a request using FOIA.gov. This number does not replace the information you'll receive from the agency to track your request. In case there is an issue submitting your request to the agency you selected, you can use this number to help.

Contact information

Name

Andrew Sheeran

Mailing address

2727 Mahan Drive MS #3 Tallahassee, FL 32308 United States

Phone number

8504123670

Company/organization

Florida Agency for Health Care Administration

Email

Andrew.Sheeran@ahca.myflorida.com

Your request

See attached letter.

Additional information

FOIA HHS.pdf

Fees

What type of requester are you?

other

Fee waiver

yes

Fee waiver justification

Public interest - see attached letter.

Request expedited processing

Expedited processing

yes

Justification for expedited processing

See attached letter.



CONTACT

Office of Information Policy (OIP)
U.S. Department of Justice
441 G St, NW, 6th Floor
Washington, DC 20530
E-mail: National.FOIAPortal@usdoj.gov

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Create Appeal ← Back Request - TBD **Requester Details** To modify request details please update your requester profile or contact the our office for assistance. **Andrew T Sheeran** General Counsel Florida Agency for Health Care Administration 2727 Mahan Dr. MS #3 Tallahassee, FL 32308 Phone 8504123670 Andrew.Sheeran@ahca.myflorida.com Requester Default Category: General Public **Request Details** Date Requested 01/30/2023 To be Processed Status **General Information Action Office** Office of the Secretary Request Type **FOIA** Note: For Privacy Act Requests further verification of identity may be required. Delivery Mode E-mail Note: For fastest response time use the **Download Via PAL Account** option. Payment Mode -----Select-----**Request Information** (Please do not include personal information such as your Social Security Number. The FOIA Office will inform you if such information is necessary.) **Request Description** This request is directed to HHS Office of Civil Rights. Please see attached letter. Date Range for Record To 01/20/2022 01/30/2023 (mm/dd/yyyy) Search: From(mm/dd/yyyy) **Description Document** Add Attachment -FOIA HHS.pdf **Fee Information** Willing Amount (\$) 25.00 Not Required for FOIA Appeals Willing to Pay All Fees

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