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**ENFORCEMENT INTERVIEW AGREEMENT**

Respondent: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
License Number: \_\_\_\_\_

Please be advised, that certain terms of the final order require interviews or visits by a Department of Health Investigator. The purpose of the interview or office visit is for monitoring of a restriction, conducting random audits or inspection, or monitoring for compliance with probation requirements. Your supervisor/monitor or office employees may be interviewed regarding your practice and compliance with the final order.

If your final order requires payment for the services provided by an Investigator, you will receive an invoice from your compliance officer.

By my signature below, I hereby acknowledge that I have read and understand the preceding paragraphs.

Practice Location: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete the form then sign and return to the Compliance Management Unit within 5 days.**

**Medical Quality Assurance  
Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, Florida 32399-3251  
(850) 245-4268**