

# STATE tOF TENNESSEE

**DEPARTMENT OF HEALTH**

Andrew Johnson Tower, 6th Floor (Cubicle 6.111A) 710 James Robertson Parkway

Nashville, TN 37243

**FAX TRANSMITTAL**

|  |  |
| --- | --- |
| **TO:** | **FROM:** |
| **Medical Records or Release of Information (ROI)** | **Melissa X. Allison|Special Projects Data Specialist**  **TDH Viral Hepatitis Program** |
| **FACILITY:** #hos\_name# | **DATE:** #mr\_request\_dt# |
| **FAX NUMBER:** #hospital\_fax\_num# | **PAGES (INCLUDING COVER):** 3 |
| **PHONE NUMBER:** #hospital\_phone\_num# | **SENDER’S PHONE NUMBER:** 615-741-7247 |
| **RE:** MEDICAL RECORD REQUEST | **SENDER’S FAX NUMBER:** 615-523-1525 |
| **Please REPLY within 10 business days** | |

Please **REPLY** within 10 business days

Please see page two for requested information

**FAX records to 615-523-1525**

For questions, call Melissa X. Allison at 615-262-6481

Email: [tn.setnet@tn.gov](mailto:tn.setnet@tn.gov)

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GS-0894 (Rev. 6-03)



**STATE OF TENNESSEE DEPARTMENT OF HEALTH**

Andrew Johnson Tower, 6th Floor 710 James Robertson Parkway Nashville, Tennessee 37243

|  |  |
| --- | --- |
| **Facility:** #hos\_name# | **Date:** #mr\_request\_dt# |

**REQUEST: MEDICAL RECORDS** for the below **DELIVERY DATE** and **HOSPITALIZATION**

The Tennessee Department of Health (TDH) is currently conducting surveillance on hepatitis C positive pregnant people and their infants. We are requesting medical records for the following individual:

**Patient Information:** #bc\_momnamefirst#, #bc\_momnamelast#

**ID/TNS:** #mg\_idpreg#

|  |
| --- |
| **Delivery Date: #dob\_inf#** |
| **First Name:** #bc\_momnamefirst# |
| **Last Name:** #bc\_momnamelast# |
| **DOB:** #bc\_mom\_dob# |
| **Last 4 of SSN:** #bc\_momssn# |
| **Mother’s Name,** if applicable : |

**Please provide the completed medical forms marked below for a complete case review:**

**#mr\_rec\_needs\_\_\_1# Provider Admission History and Physical**

**#mr\_rec\_needs\_\_\_2# All Provider Progress notes**

**#mr\_rec\_needs\_\_\_3# Provider Discharge Note**

**#mr\_rec\_needs\_\_\_4# Newborn Record**

**#mr\_rec\_needs\_\_\_5# Drug Screen(s)**

**#mr\_rec\_needs\_\_\_6# Nurses Notes**

**#mr\_rec\_needs\_\_\_7# Social Work Notes**

**#mr\_rec\_needs\_\_\_8# Medication Reconciliation list**

**#mr\_rec\_needs\_\_\_9# NICU Admission, all Daily & Discharge Provider notes**

**#mr\_rec\_needs\_\_\_10# Specialty Consults**

**#mr\_rec\_needs\_\_\_11# ED Triage and Visit Notes**

**#mr\_rec\_needs\_\_\_12# Operative Note(s)**

**#mr\_rec\_needs\_\_\_13# Coding Summary for Provider NICU Discharge ICD-10 Diagnostic codes**



**STATE OF TENNESSEE DEPARTMENT OF HEALTH**

Andrew Johnson Tower, 6th Floor 710 James Robertson Parkway Nashville, Tennessee 37243

|  |  |
| --- | --- |
| **Facility:** #hos\_name# | **Date:** #mr\_request\_dt# |

**REQUEST: MEDICAL RECORDS** for the below **DELIVERY DATE** and **HOSPITALIZATION**

The Tennessee Department of Health (TDH) is currently conducting surveillance on hepatitis C positive pregnant people and their infants. We are requesting medical records for the following individual:

**Patient Information:** #bc\_momnamefirst#, #bc\_momnamelast#

**ID/TNS:** #mg\_idpreg#**B**

|  |
| --- |
| **Delivery Date: #dob\_inf#** |
| **First Name:** #bc\_momnamefirst# |
| **Last Name:** #bc\_momnamelast# |
| **DOB:** #inf\_dob\_mom\_tr# |
| **Last 4 of SSN**: #bc\_childssn# |
| **Mother’s Full Name** : #bc\_momnamefirst# #bc\_momnamelast# |
| **Mother’s Maiden Last Name, if different:** #bc\_momnamemaidenlast# |

|  |  |
| --- | --- |
| **Please provide the completed medical forms marked below for a complete case review:** | |
| **#mr\_rec\_needs\_inf\_\_\_1# Provider Admission History and Physical**  **#mr\_rec\_needs\_inf\_\_\_2# All Provider Progress notes**  **#mr\_rec\_needs\_inf\_\_\_3# Provider Discharge Note**  **#mr\_rec\_needs\_inf\_\_\_4# Newborn Record**  **#mr\_rec\_needs\_inf\_\_\_5# Drug Screen(s)**  **#mr\_rec\_needs\_inf\_\_\_6# Nurses Notes**  **#mr\_rec\_needs\_inf\_\_\_7# Social Work Notes**  **#mr\_rec\_needs\_inf\_\_\_8# Medication Reconciliation list**  **#mr\_rec\_needs\_inf\_\_\_9# NICU Admission, all Daily & Discharge Provider notes**  **#mr\_rec\_needs\_inf\_\_\_10# Specialty Consults**  **#mr\_rec\_needs\_inf\_\_\_11# ED Triage and Visit Notes**  **#mr\_rec\_needs\_inf\_\_\_12# Operative Note(s)**  **#mr\_rec\_needs\_inf\_\_\_13# Coding Summary for Provider NICU Discharge ICD-10 Diagnostic codes**  **#mr\_rec\_needs\_inf\_\_\_88# Other** | **Please FAC all Medical Records/forms to**  **615-523-1525**  If you use Datavant/CIOX to deliver records electronically, please submit to **TN DEPT of HEALTH - 1792190**  **For any questions, please Contact:**  **Melissa Allison, MPH,BSN, RN,CIC,CPH**  Phone: 615-262-6481 Email: [tn.setnet@tn.gov](mailto:tn.setnet@tn.gov)  Thank you! |



January 1, 2025

# Communicable and Environmental Diseases and Emergency Preparedness

4th Floor Andrew Johnson Tower 710 James Robertson Parkway Nashville, Tennessee 37243

To Whom It May Concern:

This letter is to address any questions or concerns that may arise regarding public health investigation and surveillance activities and rules as they relate to patient privacy protection. The Tennessee Department of Health (TDH) is a public health authority conducting public health activities pursuant to the federal Health [Insurance Portability](https://www.tn.gov/health/cedep/reportable-diseases.html) and Accountability Act (HIPAA). HIPAA authorizes the disclosure of protected health information when required by law and for public health activities [45 C.F.R. §164.512(a) and (b)]. The Communicable and Environmental Disease and Emergency Preparedness (CEDEP) Division of the Tennessee Department of Health (TDH) conducts surveillance for communicable diseases and other public health threats in its capacity as a public health authority as state law mandates.

For purposes related to communicable disease surveillance, T.C.A. § 1200-14-01-.02 **statutorily mandates** that “all healthcare providers and other persons knowing of or suspecting a case, culture, or specimen of a reportable disease or event shall report that occurrence to the Department of Health in the time and manner set forth by the Commissioner in the list”. The Rules state that the health officer or designee shall “establish a complete epidemiological investigation to include (but not limited to) review of appropriate medical and laboratory records, interviews of affected persons and controls, and record the findings on a communicable disease field report”. Furthermore, “Medical records shall be made available when requested, for inspection and copying of, by a duly authorized representative of the Department while in the course of investigating a reportable disease under these regulations.” (T.C.A. § 1200-14-01-.15).

This includes medical records which may contain reproductive healthcare records. TDH is not conducting any activities which require an attestation for disclosure of records under HIPAA sections §164.512 d-g, and as such, is not required to provide an attestation to receive records.

Pursuant to HIPAA and this act, the TDH requests any medical records that your facility is in possession of that related to reportable disease epidemiologic investigation. Authority: 45

C.F.R. §164.512, T.C.A. § 1200-14-01.

Thank you for your cooperation with public health investigation and surveillance activities, and contributions to our shared mission of protecting the health of our population. Please let me know if you have any questions.

Sincerely,



John Dunn, DVM, PhD, EMBA

State Epidemiologist, Tennessee Department of Health Telephone: (615) 741-7247 | Fax: (615) 741-3857