

RECORDS AND FORMS MANAGEMENT 5.0

Clinical Records -- 5.1

Release of Medical Information to Other Health Departments -- 5.1.b

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Revised:

Signature:

A handwritten signature in black ink that reads "Cathy R. Taylor, DrPH, MSN, RN". The signature is written in a cursive style and is centered within a light gray rectangular box.

By: Cathy R. Taylor, DrPH, MSN, RN
Assistant Commissioner
Bureau of Health Services

POLICY

Information contained in the medical record of a health department patient may be shared with other employees of health departments in the state of Tennessee without authorization of the patient, or the patient's parent or guardian, for the purpose of providing or obtaining necessary medical treatment for the patient.

APPLICABILITY

This policy applies to Local Health Department, Regional and Central Office personnel.

PURPOSE

To facilitate patient management while protecting the confidentiality of all patients.

OFFICE OF PRIMARY RESPONSIBILITY

Office of the Director, Bureau of Health Services, (615)741-7305