

Denton County Health Department Infectious Disease Report

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Notifiable Conditions

Several Texas laws (Health & Safety Code, Chapters 81, 84, and 87) require specific information regarding notifiable conditions be provided to the Texas Department of State Health Services (DSHS). Health care providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a notifiable condition (Chapter 97, Title 25, Texas Administrative Code).

Release of this information is allowable under HIPPA regulations. Section 164.512(b) permits covered entities to release private health information to a public health authority that is authorized by law to collect and receive information for preventing and controlling disease. This information includes reporting of disease, public health investigations, and public health interventions. Under this exception you are authorized to release information to the public health department.

Denton County Health Department may be contacting your office for any additional information needed.

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|---|-----|---|--|--|--|
| Disease or Condition | | Date: _____ (Check type) <small>(Please fill in onset or closest known date)</small> | | <input type="checkbox"/> Onset | <input type="checkbox"/> Specimen collection |
| | | | | <input type="checkbox"/> Absence | <input type="checkbox"/> Office visit |
| Physician Name | | Physician Address <input type="checkbox"/> See Facility address below | | Physician Phone <input type="checkbox"/> See Facility phone below (____) _____ - _____ | |
| Diagnostic Criteria (Diagnostic Lab Result and Specimen Source or Clinical Indicators) | | | | | |
| Patient Name (Last) | | (First) | (MI) | Telephone (____) _____ - _____ | |
| Address (Street) | | City | State | Zip Code | County |
| Date of Birth | Age | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown | |
| <i>Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, occupation (food handler), school name/grade, travel history</i> | | | | | |
| Name of Reporting Facility | | | Address | | |
| Name of Person Reporting | | Title | Phone Number (____) _____ - _____ extension _____ | | |
| Date of Report | | E-mail | | | |
| <i>Health Department (local, regional, or state) use only</i> | | | | | |
| <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Dropped <input type="checkbox"/> Duplicate, with new information | | | | | |

Please fax report along with a copy of patient's labs to 940-349-5078 confidential fax