

# OFFICE OF HEALTHCARE STATISTICS POLICY CONTACT INFORMATION

## For Hospital Inpatient, Outpatient, ASTC & ODC discharges reporting

I. Policy Contact Person Information - Required

Date						
Policy Contact Name						
Job Title	2000 1 1 1 1 1		0.00			
Street Address	1000 - 1400	0.000	10000			
City		State	Zip Code			
Telephone Number	- 70° m/L		Fax Number			
Contact Email						
Administrator/CEO Name						
Administrator Email	Company Control		Phone Number			
Please include Area Codes for Phone & Fax Numbers						

## II. Technical Contact Person - Optional

Technical Contact Name					
Job Title					
Street Address				REF CL	
City	0.0000000000000000000000000000000000000	State		Zip Code	
Telephone Number				Fax Number	
Contact Email			•		

Please include Area Codes for Phone & Fax Numbers

## III. Facility Information

Facility Name	JARID
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(For additional facilities use another sheet)

## Please E-Mail or Fax this completed sheet to Healthcare Statistics

Email: <u>Healthcare.Statistics@tn.gov</u> Fax: 615-253-5187

The mission of the Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.

Division of Population Health Assessment

Andrew Johnson Tower, Second Floor • 710 James Robertson Pkwy • Nashville, TN 37243

Tel: 615-741-5001 • Fax: 615-253-5187 • tn.gov/health

### **Contact Role Definitions**

## **Policy Contact Person**

- All facilities are required to select one as per T.C.A. Rules 1200-07-03.02(6) and 1200-07-04-.03(9).
- Responsible for submitting the patient discharge data.
- Reports the data directly to the Department of Health or to a third party vendor.

#### Administrator/CEO

- The owner of the facility.
- Represents the overall facility

## **Technical Contact Person**

- Optional
- Acts as a substitute for the Policy Contact Person in the event they are unable to fulfill their duties.

