



Date

To Hospital

To whom it may concern:

My name is _____ and I am an Investigative Agent employed by the County of Summit DD Board. My role is to perform administrative investigations of Major Unusual Incidents (MUIs) according to Ohio Administrative Code 5123:2-17-02, Incidents Adversely Affecting Health and Safety.

The scope of my work often requires me to gather documentation from various sources, often without authorization or written consent of the person served by our agency or their legal guardian. Gathering this documentation allows me to comply with state law by obtaining the information necessary to ensure the person's health and safety, complete my investigation, and submit a written report to the State of Ohio.

With understanding of HIPAA Laws in place to protect health information, there are provisions in the law for the release of said information from a Covered Entity (CE) in section 164.512, Uses and disclosures of PHI for which consent, authorization, or opportunity to agree or object is not required, specifically in numbers 9 through 9.2.1.2.

Section 9.1. states, "a CE may disclose PHI to a health oversight agency for the oversight activities **authorized by law**; including audits; **civil, administrative, or criminal investigations**; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

9.1.1.3. Entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards" and

9.2.1.1. A public health authority authorized by law to collect or receive information for the purposes of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, **vital events such as birth or death**, and the conduct of public health surveillance, public health investigations, and public health interventions; ..."





As a representative from Summit DD, the governmental agency required by law to perform administrative investigations, I am requesting the following documentation from your agency:

Name of person involved:
Documentation requested:

Please forward the requested documentation to the Summit DD Board MUI Department via fax at 330-634-8553 or email to @summitdd.org

Or mail to:

Co. of Summit DD Board
89 East Howe Rd.
Tallmadge, OH 44278

Thank you,

