



Tennessee Department of Children's Services

Request for Disclosure of Protected Health Information

Name of Child: _____
(last) (first) (middle)

Date of Birth: _____ Social Security: _____

In accordance with permitted disclosures under the HIPAA Privacy Rule (45 C.F.R. §164.512(b)(1)(ii)), and the child abuse reporting requirements under Tennessee Code Annotated §37-1-403 and §37-1-605, the undersigned Child Protective Services (CPS) Investigator for the State of Tennessee, Department of Children's Services (DCS) is authorized to receive such reports and therefore requests, the release of protected health information pertaining to the report(s) of child abuse/neglect for the above named child.

The undersigned requests from: _____
(Healthcare entity or provider)

the following information: _____

Name of investigator receiving information: _____
(DCS Investigator name typed)

(Signature DCS Investigator)

(Phone number and DCS office address)

(Date)

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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