



**TENNESSEE DEPARTMENT OF HEALTH
HOSPITAL DISCHARGE DATA SYSTEM
REPORTING METHOD**

All hospitals must complete and return this form signed and dated, each and every quarter.

I. Facility Information											
Facility Name:								JARID:			
Address:											
Person Completing Form:											
Title:						Date:					
Telephone Number: ()						Fax Number ()					
II. Data submitted directly to Tennessee Department of Health											
<i>INPATIENT DISCHARGES</i>											
Quarter:		1st		2nd		3rd		4th		Year:	
Date Submitted:											
Select Method of Reporting:											
CD-ROM (password protected)						Secure Website					
<i>SELECTED OUTPATIENT /EMERGENCY ROOM DISCHARGES</i>											
Date Submitted:											
Select Method of Reporting:											
CD-ROM (password protected)						Secure Website					
III. Data submitted directly to Tennessee Hospital Association (THA-HIN)											
<i>INPATIENT DISCHARGES</i>											
Date Submitted:											
<i>SELECTED OUTPATIENT /EMERGENCY ROOM DISCHARGES</i>											
Date Submitted:											
<p>E-Mail this completed form to Nerissa.Harvey@tn.gov by the 15th You may also fax this completed form to HDDS @ (615)253-5187 OR mail the completed form to HDDS at the address below: Tennessee Department of Health Division of Policy, Planning and Assessment Office of Health Statistics Hospital Discharge Data System 2nd Floor, Andrew Johnson Tower 710 James Robertson Pkwy Nashville, TN 37213 Phone(615) 741-1954</p>											