**Tennessee**

**Cancer Surveillance System**

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<th>State</th>
<th>Statute/Rule</th>
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<th>Data Sharing</th>
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<td>TN</td>
<td>STATUTE: T.C. Title 68, Chapter 1 RULE: TAR, Chapter 1200-7-2</td>
<td>68-1-1001. Short title. This part shall be known and may be cited as the “Tennessee Cancer Reporting System Act of 1983.”</td>
<td>68-1-1003 (b) In order to accomplish the purpose described in (a), all hospitals, laboratories, facilities, and health care practitioners shall report to the department, within six (6) months after the date of diagnosis of cancer in a patient, information contained in the medical records of patients who have cancer; provided, that health care practitioners are not required to report information on patients with cancer who are directly referred to or have been previously admitted to a hospital or a facility for cancer diagnosis or treatment…</td>
<td>68-1-1006. Confidentiality of data. (a) (1) All data obtained from the reports required by this part are for the confidential use of the department and persons that the commissioner determines are necessary to carry out the intent of this part. (2) Information that could possibly identify individuals whose medical records have been used for collecting data may not be included in materials available to the public.</td>
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Updated August 2012. All state statutes and department rules originally accessed online July/Aug 2008. Statute/Rule data not inclusive. For comprehensive or updated language, access complete statute and rules online, at local library or through the state legislature. [www.cchfreedom.org](http://www.cchfreedom.org)
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<td>(a)</td>
<td>The purpose of this part is to ensure an accurate and continuing source of data concerning cancer and to provide appropriate data to members of the medical, scientific, and academic research communities for purposes of authorized institutional research, approved by the appropriate research committee of the applying institution, into the causes, types and demography of cancer, including, but not limited to, the occupation, family history, and personal habits of persons diagnosed with cancer. [emphasis added]</td>
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| (b) | In order to carry out the legislative intent set out in § 68-1-1003, that the data obtained from the reports required by this part are also to be made available for valid research projects, the commissioner, with the advice of the advisory committee established by this chapter, is authorized to make available to members of the research community, pursuant to § 68-1-1003, specific and personally identifiable portions of the data collected; provided, that the following guidelines are observed:  
1. The researcher sets out clearly the uses for which the data are desired;  
2. The researcher clearly states the reasons for which confidential and personally identifiable portions of the data are necessary; |
1200-7-02.05 Cancer Case Reporting

Deadline for Reporting

(a) Reporting shall occur no later than six months after the date of diagnosis of cancer in a patient. Reports shall be submitted to the department according to a time frame communicated by the department to each hospital facility, laboratory, and health care practitioner.

(f) If a hospital, laboratory, facility, or health care practitioner fails to report the required information to the department in an acceptable format by the required deadline, the commissioner or the commissioner's authorized representative may obtain the information by a direct examination of those patients' medical records. In those cases, the hospital, laboratory, facility, or health care practitioner shall reimburse the department for the department's reasonable expenses incurred in obtaining the information in this manner. The commissioner shall establish, by rule, the maximum amount of reimbursement that may be sought. A hospital, laboratory, facility, or health care practitioner from whom reimbursement is sought may appeal the assessment of expenses under the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(3) The researcher assures that the data received from the department will be maintained by the researcher with the same level of confidentiality as that maintained by the department; and

(4) Upon completion of the research project, all data provided by the department and all copies of the data shall be destroyed.

c) Guidelines for such research applications shall be set out by departmental regulations. For the purposes of this part, those approved to obtain data for research shall not be considered agents of the commissioner.
(g) A hospital, laboratory, facility, or health care practitioner that fails to report information or allow access to records, as required by this section, shall be informed by the department that compliance with the requirements of this part is mandatory.

68-1-1007. Liability for release of information — Compliance not violative of confidentiality.
A hospital, laboratory, facility, or health care practitioner that reports information to the department or allows the commissioner or the commissioner's authorized representative access to the medical records of cancer patients, as required by this part, shall not be held liable to any person for the release of the information to the department, nor shall the release of the information to the department be construed as a violation of any requirement of law or professional obligation to maintain the confidentiality of patient information.

1200-7-.07 RELEASE OF DATA (1)…
(d) To Others:
1. The TCR is authorized to collaborate with the North American Association of Central Cancer Registries (NAACCR) to provide cancer incidence statistics and participate in cancer studies.
(2) Release of identifying information
(a) Identifying information collected from any hospital, laboratory, facility, or health care practitioner may be released to qualified persons for the purposes of cancer prevention, control, and research, provided that each request for identifying information follows the established procedure outlined in the TCR Policies and Procedures Manual and receives prior approval by the department.
68-1-1010. Interstate sharing of information — Confidentiality.  

(a) In order to obtain complete information on Tennessee cancer patients who have been diagnosed or treated in other states, and in order to provide information to other states regarding their residents who have been diagnosed or treated for cancer in Tennessee, the commissioner or the commissioner's authorized representative is authorized to enter into appropriate written agreements with other states that maintain statewide cancer registries, allowing the exchange of information on cancer patients.

(b) Each state with which the commissioner agrees to exchange information must agree in writing to keep all patient-specific information confidential and to require any research personnel to whom the information is made available to keep it confidential.

Identifying information that is collected solely by the Tennessee Cancer Registry for its own special studies shall not be released. [Emphasis added]