**Facility:**

**Fax:**

**Date:**

Dear Medical Records Staff,

The Ohio Department of Health (ODH) Pregnancy Associated Mortality Review (PAMR) is a program to assess, reduce, and prevent pregnancy-associated deaths in Ohio. The PAMR program, which is under the Bureau of Maternal, Child and Family Health (BMCFH) within ODH, reviews circumstances around the deaths of pregnant and post-partum women. In order to promote public health, Ohio Revised Code (R.C.) § 3701.14 gives ODH the authority to study births and deaths.

The first step of the review process involves matching birth and death records to identify women who died during pregnancy or within one year of childbirth. The next step is to gather information about risk factors, health care utilization, and community services. Case-level information is summarized and aggregated so that it can be reviewed to identify important contributing factors that can be addressed to reduce and prevent pregnancy-associated deaths. A multidisciplinary team develops recommendations for policies and services to improve maternal health.

We are requesting your participation in this important effort.To obtain complete and accurate information on each case, we are requesting medical record information for a patient served by your facility. **R.C. §3738.05(A) allows PAMR to have access to patient health care records without the patient’s or their family’s prior consent.** Congress has also exempted data used for public health surveillance, investigation, and intervention from HIPAA in 42 U.S.C. § 1320d-7(b) [42 U.S.C. § 1178(b)]. This letter serves as the request for medical records which PAMR uses for public health surveillance, investigation, and intervention. **All information and records submitted to ODH for PAMR are confidential** **and are not public records**, **pursuant to R.C. §3701.15 and R.C. §3738.06**. This information will only be viewed by PAMR staff and will not be shared with other staff at ODH. No identifying information related to patients, families, health care providers or facilities will ever be made public and findings will only be presented as aggregate data.

Please refer to the attached form and provide a copy of the requested record(s). If you have any questions, please feel free to reach me using my contact information below:

**\*Please email or fax all requested documentation within 10 working days to:**

Anna K. Gibbs Foster, MSJ, MAOL, BSN, RN

PAMR Coordinator/Public Health Nurse Specialist

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**\***Due to COVID-19, we prefer to receive records by email or fax rather than paper mail. Emailed information should be sent in pdf format, we are not able to open documents sent in EPIC format. If documents are emailed to us in an encrypted manner, please send us a separate email message, or call us, with the encryption code. **Thank you for your help and participation in this important public health effort.**

Kind regards,

Anna K. Gibbs Foster, MSJ, MAOL, BSN, RN