

SAMPLE LETTER
FROM HOSPITAL-BASED CANCER REGISTRY
TO ACCEPT REPORTING RESPONSIBILITY FOR PHYSICIAN PRACTICE

New Jersey State Cancer Registry
PO Box 369
Trenton, NJ 08625

[Date]

[Name and Address of Hospital]

Re: Electronic Physician Reporting

Dear NJSCR Program Manager,

I certify that [Name of Hospital] accepts full responsibility for the reporting of all cancer and other reportable conditions diagnosed and/or treated by [Name of Doctor], whose practice is located at [Name and Address of Physician Practice] to the New Jersey State Cancer Registry (NJSCR) as required by law under N.J.S.A. 26-2:2-104 et seq. I further certify that hospital registry staff have full and direct access to all medical records owned by [Name of Physician Practice] and which are required to conduct case-finding and abstraction of all demographic, tumor and treatment information.

By accepting this responsibility, [Name of Hospital] understands that it assumes the practice's liability for failure to report in accordance with N.J.A.C. 8:57A-1.6 and may be subject civil monetary penalties under N.J.A.C. 8:57A-1.12-1.13.

This agreement is effective [Date Hospital Began reporting for Physician] and continues until further written notice by the hospital or the physician practice. Any changes to this agreement will be immediately communicated in writing to the NJSCR.

Should you have any questions or concerns, please contact [Name, phone number and email address of person responsible for the hospital cancer registry].

Sincerely,

[Authorized Hospital representative]

cc [Physician]