

# The Central Registry for Traumatic Brain and Spinal Injuries

## Physician-Report/Registry Program

### ***What is the Central Registry for Traumatic Brain and Spinal Cord Injuries?***

In 1982 the Georgia General Assembly passed a law that required hospitals and physicians to report information on anyone treated for a traumatic brain or spinal injury to the Central Registry for Traumatic Brain and Spinal Injuries. The purpose of the Registry is to maintain data on the number of traumatic brain and spinal injuries that occur each year in Georgia, and to make sure that people who are injured receive information about available services and resources.

### ***How do I know if a patient was reported?***

If a patient was injured before 1982, or if the injury occurred outside of Georgia, then the patient was definitely not reported. However, even after 1982, the hospital that treated your patient may not have reported them. No matter when or where the injury occurred, you are encouraged to report using this form so that we can make sure your patient's name is in the Registry. This gives the state of Georgia a better understanding of the number of Georgians with traumatic brain and spinal injuries and makes sure that you receive information on available resources in Georgia.

### ***Why should I report?***

You are required to report any patient treated with a traumatic brain and/or spinal cord injury to the Central Registry (see the statute below). By reporting, you make sure that your patient is counted in that state's data. Accurate data helps the state plan for adequate funding and services for people with traumatic brain and spinal injuries. More importantly, reporting your information allows the Commission to be able to provide you with critical information about available resources.

#### **§ 31-18-3. Reporting procedures**

*Every public and private health and social agency, every hospital or facility that has a valid permit or provisional permit issued by the Department of Community Health under Chapter 7 of this title, and every physician licensed to practice medicine in this state, if such physician has not otherwise reported such information to another agency, hospital, and facility, shall report to the Brain and Spinal Injury Trust Fund Commission such information concerning the identity of the person such agency, hospital, facility, or physician has identified as having a traumatic brain or spinal cord injury as defined in this chapter. The report shall be made within 45 days after identification of the person with the traumatic brain or spinal cord injury. The report shall contain the name, age, address, type and extent of injury, and such other information concerning the person with the injury as the Brain and Spinal Injury Trust Fund Commission, which is administratively assigned to the Department of Public Health, may require.*

### ***Will my patient information be kept confidential?***

Absolutely. Any information that you provide to the Central Registry is kept in strict confidence and is not shared with anyone without your patient's prior approval. The Commission does not share identifiable personal information and is governed by all state of Georgia laws dealing with privacy and personal information.

### ***How do I report?***

By meeting the criteria below, your patient is eligible for reporting to the Commission. Please fill out the Central Registry application that follows:

1. Patient is a resident of Georgia, AND
2. Patient sustained a traumatic brain and/or spinal cord injury

Submit the application form (pages 3 & 4) completed in its entirety by the following:

email only to: [DPH-INFO-BSITF@dph.ga.gov](mailto:DPH-INFO-BSITF@dph.ga.gov)

E-Fax to: 404-651-6203

Or mail to:

**Brain and Spinal Injury Trust Fund Commission  
ATTN: Central Registry  
200 Piedmont Avenue SE East Tower 472  
Atlanta, Georgia 30334**

**Phone: 404.651.5112 / Toll-free: 888.233.5760 / eFax 404-651-6203**

<https://bsitf.georgia.gov>



Sports/Recreation

List sport  
\_\_\_\_\_

Transportation

Motor Vehicle - Driver

Motor Vehicle – Passenger

Motorcycle – Driver

Motorcycle – Passenger

Pedestrian

Bicyclist

Other: \_\_\_\_\_

Please describe how the injury occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At the time of injury where did the patient seek treatment?

Urgent care/clinic

Doctor's office

Public Health office

Unknown     Refused

Other         Did not seek treatment at time of injury

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## PHYSICIAN AFFIDAVIT

Completed By: \_\_\_\_\_

(Print Physician's name)

\_\_\_\_\_  
(Business address)

\_\_\_\_\_  
Signature of Physician