



Wednesday, July 20, 2022

The Honorable Judge Chris Hill
Collin County Judge
2300 Bloomdale Rd, Suite 4192
McKinney, Texas 75071

RE: Local Health Authority Renewal

Dear Judge Hill,

The Health Authority Designee for **Dr. Arifa Nishat County** will expire for **Collin County** on **August 24, 2022**. Enclosed are the necessary documents required for renewal or appointment a new Health Authority:

1. Statement of Elected/Appointed Officer
2. Oath of Office for Health Authorities in the State of Texas
3. Certificate of Appointment for a Health Authority
4. Health Authority Contact Information

All four original documents must be completed and mailed to the DSHS PHR 2/3 Regional Office in the enclosed envelope. The original documents shall remain on file at the Regional Office in Arlington and I will forward a copy to DSHS Central Office. If you like the electronic copy of these forms, please email me at samuel.savala@dshs.texas.gov. For any questions, please call (817) 264-4502.

Together, Texas Department of State Health Services and all Health Authorities, now have a duty to our community, state, nation and profession to protect public health.

In Good Health,

Samuel Savala
Staff Services Officer to Regional Medical and Deputy Director
Texas Department of State Health Services
Public Health Region 2/3 Headquarters
(O) (817) 264 - 4502 | (F) (817) 264 - 4506

Enclosures: Health Authority Documents



APPOINTMENT OF HEALTH AUTHORITY

General Instructions

The Texas Department of State Health Services (DSHS) provides support for the appointment of Health Authorities in Texas and maintains the database of appointments. Other DSHS responsibilities include coordination of training activities and availability of reference tools to ensure Health Authorities understand the roles and responsibilities of their office to serve their local communities.

Definition and Term of Office

In accordance with [Texas Health and Safety Code § 121.021](#), a Health Authority is a physician appointed to administer state and local laws relating to public health within the appointing body's jurisdiction. A Health Authority serves for a term of two years and may be appointed to successive terms.

Health authorities can be appointed by the following:

- Commissioners courts
- Governing bodies of municipalities
- Local health department directors who are not physicians
- Public health district directors who are not physicians

Duties

Under [Texas Health and Safety Code § 121.024](#), a Health Authority is a state officer when performing duties prescribed by state law. A Health Authority shall perform each duty necessary to implement and enforce a law to protect the public health or prescribed by DSHS. Duties include (1) establishing, maintaining, and enforcing quarantine in the Health Authority's jurisdiction; (2) aiding DSHS in relation to local quarantine, inspection, disease prevention and suppression, birth and death statistics, and general sanitation in the Health Authority's jurisdiction; (3) reporting the presence of contagious, infectious, and dangerous epidemic diseases in the Health Authority's jurisdiction as prescribed by DSHS; (4) reporting on any subject on which it is proper for DSHS to direct that a report be made; and (5) aiding DSHS in the enforcement of proper rules, requirements, and ordinances; sanitation laws; quarantine rules; and vital statistics collections.

Required Forms

Each newly appointed Health Authority must file copies of three forms with the Regional Medical Director for the respective DSHS Health Service Region immediately after appointment to office:

1. **Statement of Appointed/Elected Officer:** Constitutional oath that the Health Authority did not give or promise any material, financial, or other reward in return for the appointment.
2. **Oath of Office:** Constitutional oath to execute the duties of the office of Health Authority.
3. **Certificate of Appointment.** Statutory certification from the appointing entity.

Questions

If you have questions regarding the Health Authority appointment process or about completing the forms, please contact your [DSHS Health Service Region office](#) or the DSHS Division for Regional & Local Health Services office in Austin at (512) 776-7770. See links below for contact information:

[Texas Department of State Health Services Health Service Region Offices.](#) This site includes the information to locate the Regional Medical Director for the appropriate Health Service Region, including addresses, telephone numbers, FAX numbers, and maps of the DSHS Health Service Region Offices.

[Map of DSHS Health Service Regions.](#) This page provides a map showing the regional boundaries.



Certificate of Appointment

for a

Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

Commissioners Court for _____ County

Governing Body for the Municipality of _____

Director, _____ Health Department

Director, _____ Public Health District

I, _____, acting in my capacity as:

(Check the appropriate designation below)

County Judge or Designee

Mayor or Designee

Non-physician and the Local Health Department Director

Non-physician and the Public Health District Director

do hereby certify the physician, _____, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

Health Authority

Health Authority Designee

for the jurisdiction of _____, Texas.

Date term of office begins _____, 20__

Date term of office ends _____, 20__, unless removed by law.

I certify to the above information on this the _____ day of _____, 20__.

Signature of Appointing Official



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I _____ do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Affiant's Signature

Printed Name

Position to Which Elected/Appointed

City and/or County

SWORN TO and subscribed before me by affiant on this ____ day of _____ 20__.

**Signature of Person Authorized to Administer
Oaths/Affidavits**

(Seal)

Printed Name

Title



OATH OF OFFICE

For Health Authorities in the State of Texas

I, _____, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Affiant

Mailing Address

ZIP

(Area Code) Phone Number (day and evening)

Email Address

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Person Administering Oath

(Seal)

Printed Name

Title



Health Authority Contact Information

Name:

Date:

County/City:

Office Address:

Mailing Address:

Work Phone:

Work Fax:

Cell Phone:

24/Emergency:

E-Mail Address:

These numbers will be kept confidential and only those with authority will be contacting you. It is very important that we contact you in case of an event. If you should have to change your contact information please contact Samuel Savala, 817-264-4502, samuel.savala@dshs.texas.gov

Thank you for your cooperation,