



WEST VIRGINIA DEPARTMENT OF HEALTH
Bureau for Public Health

Arvin Singh, EdD, MBA, MPH, MS, FACHDM, FACHE
Secretary of Health

Mark E. McDaniel, DO, FAAFP
Acting State Health Officer

January 29, 2026

Department of Veterans Affairs
VISN 5 VA Capitol Health Care Network
Attn: Dr. Charmaine Glass
849 International Dr Ste 275
Linthicum Heights, MD 21090

RE: Standing Written Request for Patient Information from VHA

Dear VISN Privacy Officer:

This agency has responsibilities for protecting the public health or safety in the State of West Virginia pursuant to the West Virginia Reportable Disease Legislative Rule (W. Va. Code R. § 64-7) regarding the reporting of infectious disease information and any other information that the department requires by regulation.

As the authorized head of this agency or delegated representative, I hereby request the Department of Veterans Affairs (VA), Veterans Health Administration (VHA) health care facilities within VISN 05 (includes all medical centers and their associated clinics, CBOCs, CLCs and domiciliary) report the following conditions: Reportable Diseases, Events and Conditions outlined in the West Virginia Reportable Disease Legislative Rule (W. Va. Code R. § 64-7): <https://apps.sos.wv.gov/adlaw/csr/ruleview.aspx?document=8797> are required to be reported for the purposes of public health investigation.

This information will not be utilized for any purpose other than required by law. This standing written request letter will not authorize disclosure of information needed in the pursuit of a focused (individual specific and/or incident specific) activity such as a civil or criminal law enforcement investigation. This agency is aware of the penalty provisions of 38 U.S.C. § 5701(f)(2) which provides a penalty for unauthorized use of names or addresses of Veterans and their dependents not to exceed \$5,000 for the first offense and \$20,000 for any subsequent offense.

This request supersedes any prior requests submitted to VISN 05 or respective VA health care facilities and shall be valid for a period of three (3) years.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark E. McDaniel", is written over a blue circular stamp or seal.

Dr. Mark E. McDaniel
Acting State Health Officer