



Monday, March 16, 2020

The Honorable Judge Mike Campbell
Clay County Judge
214 North Main
Henrietta, Texas 76365

Dear Judge Campbell,

Our records indicate that Health Authority for the **CLAY COUNTY** has expired for **Dr. T. David Greer**. I have enclosed the necessary forms to be completed for a new appointment or renewal with instructions.

The forms needed are the following:

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 Regional Office in the enclosed envelope. We will forward a copy to our Central Office and to the Secretary of State's Office in Austin. The original documents shall remain on file at the Regional Office in Arlington.

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. If you like the electronic copy of these forms, please email me at samuel.savala@dshs.texas.gov. If you have any questions, you may contact me at (817) 264 – 4502.

Sincerely,

A handwritten signature in black ink that reads "Samuel Savala".

Samuel Savala

Texas Department of State Health Services
Public Health Region 2/3 Headquarters
Regional Administration Administrative Assistant
(817) 264 – 4502 (Office) / (817) 264 – 4506 (Fax)

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.

Instructions for Completing and Filing the Statement of Elected/Appointed Officer

NOTE: *This form must be completed and signed by the newly appointed Health Authority BEFORE the Oath of Office and Certificate of Appointment forms can be completed and filed.*

GENERAL INFORMATION

ALL information must be typed or written legibly.

This document may be sworn to before anyone authorized by Texas Government Code § 602.002 to administer oaths and affidavits. Commonly used officials include notaries public and judges. The seal of the person administering the oath should be visible. If the person is a notary public, Texas Government Code § 406.013 requires that the seal be affixed in a way "that legibly reproduces the required elements of the seal under photographic methods."

COMPLETION OF THE STATEMENT OF ELECTED/APPOINTED OFFICER FORM

Upon making the sworn statement, the newly appointed Health Authority must enter his full name on the appropriate line, and enter the required signature, office to which appointed, and city/county to be served. The official witnessing the oath should complete the date the sworn statement is taken, and then enters his/her signature, printed name and title. The seal of the appointing official should be affixed in the area designated.

FILING OF THE STATEMENT OF ELECTED/APPOINTED OFFICER

Once the Statement of Elected/Appointed Officer has been completed and signed by both the Health Authority and the administering official, a copy should be mailed to the Regional Medical Director for the respective Health Service Region of the Texas Department of State Health Services.

Please direct any questions regarding this Statement of Elected/Appointed Officer form and instructions to your DSHS Health Service Region office or to the DSHS Division for Regional and Local Health Services office in Austin at (512) 776-7770.

Instructions for Completing and Filing the Oath of Office

EXECUTION OF THE OATH OF OFFICE

Pursuant to Texas Constitution art. XVI, § 1 (b) and (c), the Oath of Office may not be taken until a signed Statement of Elected/Appointed Officer has been completed and filed.

ADMINISTRATION OF THE OATH OF OFFICE

The Oath of Office may be administered by anyone authorized under the provisions of Texas Government Code § 602.002. Commonly used officials include notaries public and judges.

The seal of the person administering the Oath should be visible. If the person is a notary public, Texas Government Code § 406.013 requires that the seal be affixed in a way "that legibly reproduces the required elements of the seal under photographic methods."

COMPLETION OF THE OATH OF OFFICE FORM

After the Oath of Office has been administered by a properly designated official, the newly appointed Health Authority should enter his/her name in the appropriate area of the form, sign the form and enter his/her mailing address and telephone number. The person administering the oath should then enter the date on which the oath was administered, enter his/her signature, printed name and title. The seal of the person administering the oath should be affixed in the designated area of the form.

FILING OF THE OATH OF OFFICE

Once the Oath of Office form has been completed and signed by both the Health Authority and the administering official, a copy should be mailed to the Regional Medical Director for the respective Health Service Region of the Texas Department of State Health Services.

Please direct any questions regarding the Oath of Office form and instructions to your DSHS Health Service Region office or to the DSHS Division for Regional & Local Health Services office in Austin at (512) 776-7770.



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I T. David Greer, MD 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.

T. David Greer, MD

Affiant's Signature

T. DAVID GREER, MD

Printed Name

County Health Officer

Position to Which Elected/Appointed

CLAY

City and/or County

SWORN TO and subscribed before me by affiant on this 20th day of March 2020.

[Signature]

Signature of Person Authorized to Administer Oaths/Affidavits

(Seal)

MDHA COUNTY

Printed Name

COUNTY JUDGE

Title



OATH OF OFFICE

For Health Authorities in the State of Texas

I, T. David Greer MD, 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.

T. David Greer MD
Affiant

Po Box 366
Mailing Address HENRIETTA, TX 76365

940-781-3538
(Area Code) Phone Number (day and evening)

greermd@sbcglobal.net
Email Address

SWORN TO and subscribed before me this 20 day of MARCH, 2020.

[Signature]
Signature of Person Administering Oath

(Seal)

MARIE CAMPBELL
Printed Name

COUNTY JUDGE
Title



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 CLAY County
 Governing Body for the Municipality of _____
 Director, _____ Health Department
 Director, _____ Public Health District

I, MIKE CAMPBELL, 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, J. DAVID SPINA, MD, 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 CLAY COUNTY, Texas.

Date term of office begins 3/20, 2020

Date term of office ends 3/20, 2021, unless removed by law.

I certify to the above information on this the 20th day of MARCH, 2020

[Signature]
Signature of Appointing Official



Health Authority Contact Information

Name: T. David Greer, MD Date: 03-20-2020

County/City: CLAY

Office Address: 811 WEST South St. HENDRICKA, TX 76365

Mailing Address: PO Box 360 " " "

Work Phone: 940-781-3538 Work Fax: 940-538-5555

Cell Phone: " " " 24/Emergency: 940-781-3538

E-Mail Address: greerm@sbglobal.net

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,

Samuel Savala

Texas Department of State Health Services
Public Health Region 2/3 Headquarters
Regional Administration Administrative Assistant IV
1301 S. Bowen Rd Ste. 200, Arlington, Texas 76013
817.264.4502 (Office)
817.264.4506 (Fax)
817.822.7824 (Work Cell)