



Defense Health Agency

PROCEDURES MANUAL

NUMBER 6025.02, Volume 1
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DAD-HCO

SUBJECT: DoD Health Record Lifecycle Management, Volume 1: General Principles, Custody and Control, and Inpatient Records

References: Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (bk), establishes the DHA's procedures to:

- a. Provide guidelines for the lifecycle management of the DoD Health Record.
- b. Prescribe standardized procedures for the creation, custody, control, safeguarding, sharing, maintenance, transfer, and disposition of the DoD Health Record at all Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs).

2. APPLICABILITY. This DHA-PM applies to:

- a. The DHA, DHA Components (activities under the authority, direction, and control of DHA); Military Departments, including the U.S. Coast Guard (USCG) at all times (although specific criteria within this DHA-PM relating to DoD policy may not be applicable to USCG operations); MTFs; and DTFs.
- b. All personnel, to include: assigned or attached active duty and Reserve Service members, members of the Commissioned Corps of the Public Health Service, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at locations where DoD Health Records are maintained.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to Reference (d), that:

a. The Director, DHA will develop and issue implementation and procedural guidance to specify documentation and management procedures for record systems that support all components of the DoD Health Record. This DHA-PM constitutes procedural guidance for standardized Health Records Management (HRM).

b. The Director, DHA, through the DHA Patient Administration Division (PAD), will maintain a formal joint DoD HRM program in coordination with the Military Departments (MILDEPs) (including the USCG unless otherwise stated) to monitor performance and compliance with HRM standards.

c. The complete information stored in the DoD Health Record must be made available to authorized personnel of the Military Health System (MHS) to support the healthcare operations of the MHS. This information must support continuity of care, medical facility accreditation requirements, the MILDEPs' readiness, graduate medical education programs of the MHS, DHA clinical coding and auditing actions, and other missions as directed by the Assistant Secretary of Defense for Health Affairs.

d. MHS personnel ensure that the DoD Health Record is protected against loss, unauthorized destruction, tampering, and unauthorized access or use, in accordance with Reference (d).

4. PROCEDURES. See Enclosures 3 through 7.

5. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Healthcare Operations (HCO). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-HCO to determine if the waiver may be granted by the Director, DHA or their designee.

6. RELEASABILITY. **Cleared for public release**. This DHA-PM is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

7. EFFECTIVE DATE. This DHA-PM:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

8. FORMS

a. The following Standard Forms (SF) are available from:
<https://www.gsa.gov/reference/forms>.

- (1) SF Form 502, Medical Record – Narrative Summary (Clinical Resume)
- (2) SF Form 504, Medical Record – History
- (3) SF Form 505, Medical Record – History – Parts 2 and 3
- (4) SF Form 506, Medical Record – Physical Examination

b. DD Form 2766, Adult Preventive and Chronic Care Flowsheet, and DD Form 2766C Adult Preventive and Chronic Care Flowsheet (Continuation Sheet) are available at:
<https://forms.documentservices.dla.mil/order/>.

c. The following DD Forms are available from: <https://www.esd.whs.mil/Directives/forms/>.

- (1) DD Form 877, Request for Medical/Dental Records or Information
- (2) DD Form 877-1, Request for Medical/Dental Records from the National Personnel Records Center (NPRC)
- (3) DD Form 2005, Privacy Act Statement – Health Care Records
- (4) DD Form 2086, Record of Freedom of Information (FOI) Processing Cost
- (5) DD Form 2086-2, Freedom of Information (FOI) Consultation and Request Summary
- (6) DD Form 2138, Request for Transfer of Outpatient Records
- (7) DD Form 2770, Abbreviated Medical Record
- (8) DD Form 2825, Internal Receipt
- (9) DD Form 2870, Authorization for Disclosure of Medical or Dental Information

(10) DD Form 2871, Request to Restrict Medical and Dental Information

/S/
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Enclosures:

1. References
2. Responsibilities
3. General Overview
4. Health Record Documentation Standards
5. Safeguarding of Protected Health Information
6. Custody and Control of Department of Defense Health Records
7. Inpatient Records

Glossary

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
- (d) DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended
- (e) Public Law 114-328, "National Defense Authorization Act for Fiscal Year 2017," Section 702
- (f) DoD Instruction 6025.18, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs," March 13, 2019
- (g) DoD Instruction 6490.15, "Integration of Behavioral Health Personnel (BHP) Services into Patient-Centered Medical Home (PCMH) Primary Care and Other Primary Care Service Settings, August 8, 2013, as amended
- (h) United States Code, Title 42, Section 290dd-2
- (i) DoD Instruction 6495.02, "Sexual Assault Prevention and Response (SAPR) Program Procedures," March 28, 2013, as amended
- (j) DoD Instruction 6040.48, "Personal Health Records (PHR) and Patient-Controlled Data," October 23, 2018
- (k) Code of Federal Regulations, Title 45, Parts 160 and subparts A and E of 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule
- (l) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act Privacy Rule in DoD Health Care Programs," March 13, 2019
- (m) DHA-Procedures Manual, 6015.01, "Military Medical Treatment Facility (MTF) Uniform Business Office (UBO) Operations," October 24, 2017
- (n) National Archives and Records Administration (NARA) Record Schedule N1-330-10-003, "Service Treatment Records (STR)," February 18, 2010
- (o) DoD Instruction 5210.42, "DoD Nuclear Weapons Personnel Reliability Assurance," April 27, 2016, as amended
- (p) Code of Federal Regulations, Title 45, Parts 160 and subparts A and C of 164, HIPAA Security Rule
- (q) United States Code, Title 5, Section 552a, "The Privacy Act of 1974"
- (r) DoD Directive 5400.07, "DoD Freedom of Information Act (FOIA) Program," April 5, 2019
- (s) Public Law 110-233, "Genetic Information Nondiscrimination Act of 2008," May 21, 2008
- (t) DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019
- (u) DoD Manual 5400.07, "DoD Freedom of Information Act (FOIA) Program," January 25, 2017
- (v) Public Law 101-508, "Omnibus Budget Reconciliation Act of 1990," November 5, 1990
- (w) United States Code, Title 10, Section 1044c(a)(l)
- (x) MHS Notice of Privacy Practices (NoPP), October 1, 2013
- (y) DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007

- (z) Public Law 104-191, "HIPAA of 1996," August 21, 1996
- (aa) Memorandum of Understanding among the DoD, VA, and U.S. Coast Guard, "Electronic Storage, Access and Retrieval of Military Service Treatment Records," April 30, 2017
- (ab) Code of Federal Regulations, Title 32, Part 286
- (ac) DoD 7000.14-R, "Department of Defense Financial Management Regulation," May 2019
- (ad) DHA-Administrative Instruction 047, "Transfer and Shipment of Federal Records," March 24, 2016
- (ae) DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," August 12, 2015
- (af) DHA Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," February 4, 2020
- (ag) United States Code, Title 5, Section 552, Freedom of Information Act
- (ah) DoD Instruction 6040.42, "Management Standards for Medical Coding of DoD Health Records," June 8, 2016
- (ai) DoD Instruction 6040.40, "Military Health System Data Quality Management Control Program," December 27, 2019
- (aj) DoD Directive 3020.26, "DoD Continuity Policy," February 14, 2018
- (ak) National Archives and Records Administration Record Schedule N1- 330-01-002 "Consolidated Medical Records Schedule," January 30, 2002
- (al) DHA Patient Administration Division (PAD) MilSuite Website¹
- (am) General Records Schedule 4.1, Items 10 and 20
- (an) National Institute of Standards and Technology Special Publication 800-53, Revision 4, April 2013
- (ao) DHA-Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System," August 29, 2019
- (ap) The North Atlantic Treaty Organization (NATO) Standardization Agreement 2348
- (aq) Defense Privacy Board Advisory Opinions, Transmittal Memorandum 92-1, Opinion 9, "The Privacy Act and Minors," April 8, 1992
- (ar) DHA-Procedural Instruction 6010.01, "Healthcare Benefit Eligibility Verification and Patient Registration Procedures" January 14, 2020
- (as) DHA-Procedural Instruction 8140.01 "Acceptable Use of Defense Health Agency Information Technology (IT)" October 16, 2018
- (at) DoD Instruction 5200.48 "Controlled Unclassified Information (CUI)," March 6, 2020
- (au) DHA-Procedural Instruction 6040.04, "Guidance for Amendment and Correction of Entries in Garrison Electronic Health Records (EHRs)" February 21, 2020
- (av) Code of Federal Regulations, Title 32, Part 204
- (aw) Public Law 115-91, "National Defense Authorization Act for Fiscal Year 2018," December 12, 2017
- (ax) Public Law 115-232, "John S. McCain National Defense Authorization Act for Fiscal Year 2019," August 12, 2018
- (ay) Public Law 116-92, "National Defense Authorization Act for Fiscal Year 2020," December 20, 2019

¹This reference can be found at: <https://www.milsuite.mil/book/community/spaces/dha-pad>.

- (az) DoD Instruction 6400.06, “Domestic Abuse Involving DoD Military and Certain Affiliated Personnel,” August 21, 2007
- (ba) DHA-Administrative Instruction 048, “Printer, Photocopier, and Facsimile Transmission for Documents Containing Personally Identifiable Information and/or Protected Health Information (PHI),” September 6, 2018
- (bb) DoD Instruction 4000.19, “Support Agreements,” April 25, 2013
- (bc) DoD Instruction 3216.02, “Protection of Human Subjects and Adherence to Ethical Standards in DoD-conducted and -Supported Research,” April 15, 2020
- (bd) DoD Instruction 6490.03, “Deployment Health,” June 19, 2019
- (be) DHA-Procedural Instruction 6490.03, “Deployment Health Procedures,” December 17, 2019
- (bf) Code of Federal Regulations, Title 5, Part 293
- (bg) Code of Federal Regulations, Title 5, Part 297
- (bh) Code of Federal Regulations, Title 29
- (bi) Code of Federal Regulations, Title 36, Chapter 12, Subchapter B, Part 1230
- (bj) DHA-Procedures Manual 6025.02, “DoD Health Record Lifecycle Management, Volume 2: Outpatient Record Components and Dental Records”
- (bk) DHA-Procedural Instruction 6040.08, “Guidance for Immediate Completion and Closure of Open Encounters and Records in Legacy Systems,” June 14, 2021

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:

a. Maintain a formal joint DoD HRM Program and provide financial and personnel resources, as needed, to monitor performance and compliance with this DHA-PM, and in accordance with Reference (d).

b. Develop and issue additional implementation and procedural guidance, as needed, in accordance with References (d) and (ae) to specify documentation and management procedures for record systems that support the components of the DoD Health Record.

c. Ensure the enterprise electronic systems supporting the DoD Health Record are managed and sustained in accordance with Reference (d).

d. Coordinate with the Secretaries of the Military Departments (MILDEPs) (including the USCG through the Director, Health, Safety, and Work-Life, unless otherwise stated) to ensure MTF Directors comply with, oversee, and execute the procedures outlined in this DHA-PM now and throughout their transition to the authority, direction, and control of the Director, DHA in accordance with References (e) and (aw) through (ay).

e. Ensure MTF and DTF Directors establish a retention and control process for DoD Health Records to ensure integrity of the chain of custody and safeguard records, in accordance with Reference (d).

f. Ensure MTF and DTF Directors implement and incorporate the record restriction actions (identified in Enclosure 6 of this DHA-PM), into their current Risk Management programs to ensure compliance with Reference (f).

2. SECRETARIES OF THE MILDEPS. In coordination with the Director, DHA, the Secretaries of the MILDEPs will ensure MTF and DTF Directors comply with, oversee, and execute the procedures outlined in this DHA-PM, until the transition of MTFs to the authority, direction, and control of the Director, DHA, in accordance with References (e), and (aw) through (ay).

3. DIRECTOR, HEALTH, SAFETY, AND WORK-LIFE, USCG. In coordination with the Director, DHA, the Director, Health, Safety, and Work-Life, USCG, will ensure USCG MTFs comply with, oversee, and execute the procedures outlined in this DHA-PM.

4. DAD-HCO. The DAD-HCO must:

a. Collaborate with appropriate stakeholders to make necessary changes to MTF and DTF procedures to ensure the implementation of the DoD Health Record Lifecycle Management Procedures outlined in this DHA-PM.

b. Provide guidance and oversight of the joint DoD HRM Program and DHA PAD.

5. CHIEF, DHA PAD. The Chief, DHA PAD must:

a. Execute and operate the joint DoD HRM Program in coordination with representatives of the MILDEPs and MTF/DTF Directors.

b. Coordinate with the MILDEPs, Markets, Small Market and Stand-Alone Military Medical Treatment Facility Organization (SSO), Defense Health Agency Regions (DHARs), MTF, and DTF Directors to monitor compliance with HRM procedures in this DHA-PM in accordance with the references herein, and report compliance to DAD-HCO and other MHS governance as necessary.

c. Ensure change management operations are coordinated jointly with representatives from the MILDEPs to implement the procedures in this DHA-PM uniformly and effectively.

d. Coordinate with the DHA Privacy & Civil Liberties Office to implement appropriate polices to ensure the privacy and security of the DoD Health Record is safeguarded.

6. MARKET, SSO, AND DHAR DIRECTORS. Market, SSO, and DHAR Directors must:

a. Monitor compliance with the HRM procedures in this DHA-PM for the MTFs and DTFs in their areas of responsibility, and report compliance to the Chief, DHA PAD as necessary.

b. Perform inspections of MTF and DTF HRM processes and procedures and report findings to the Chief, DHA PAD and other MHS governance as necessary.

c. Collect HRM metrics and performance measures detailed in this DHA-PM for MTFs and DTFs in their areas of responsibility, and report consolidated findings to the Chief, DHA PAD.

d. Ensure all supporting commands completing adjunct functions to healthcare operations in their respective areas of responsibility, though not direct patient care, also implement and execute the procedures and actions outlined in this DHA-PM.

7. MTF DIRECTORS. MTF Directors must:

- a. Establish and execute all procedures for DoD Health Records in accordance with the procedures outlined in this DHA-PM for all facilities under their purview, including, but not limited to, medical, dental, behavioral health, and occupational health facilities and clinics.
- b. Ensure all co-located medical or tenant units (e.g., embedded, in garrison, or operational healthcare entities) under their command, to include deployed locations, also implement and execute the procedures and actions outlined in this DHA-PM.
- c. Implement and incorporate the record restriction actions identified in this DHA-PM into their current Risk Management programs to ensure compliance with Reference (f).
- d. Ensure any missing DoD Health Records or errors in the lifecycle management of DoD Health Records are resolved quickly and completely, to the fullest extent possible.
- e. Ensure all supporting commands completing adjunct functions to healthcare operations, though not direct patient care, also implement and execute the procedures and actions outlined in this DHA-PM.

8. DTF DIRECTORS. DTF Directors must:

- a. Establish and execute all procedures for DoD Health Records in accordance with the procedures outlined in this DHA-PM for all DTFs under their purview.
- b. Implement and incorporate the record restriction actions identified in this DHA-PM into their current Risk Management programs to ensure compliance with Reference (f).
- c. Ensure any missing DoD Health Records or errors in the lifecycle management of DoD Health Records are resolved quickly and completely, to the fullest extent possible.
- d. Ensure all supporting commands completing adjunct functions to healthcare operations, though not direct patient care, also implement and execute the procedures and actions outlined in this DHA-PM.

ENCLOSURE 3

GENERAL OVERVIEW

1. DoD HEALTH RECORD. In accordance with Reference (d), the DoD Health Record is the primary record of medical, dental, and mental healthcare documentation, regardless of medium, for individuals receiving care in the MHS.

a. In accordance with Reference (d), the principal component records of the DoD Health Record include the Service Treatment Record (STR), Non-Service Treatment Record (NSTR), Occupational Health Civilian Employee Treatment Record (OHTR), and Inpatient Record. Certain documents from the Inpatient Record are also included in the STR, NSTR, and OHTR, including discharge summaries, narrative summaries, and operative reports. Each component record is a defined subset of the DoD Health Record to serve a specific purpose referenced in Table 1 of this DHA-PM. The type of component record is primarily determined by beneficiary category: Service member, non-active duty beneficiary, and DoD civilian employee (for occupational health purposes).

(1) STR. The STR is the chronological record of medical, dental, and mental health care received by Service members over the course of their military career. It includes documentation of all outpatient encounters (e.g., medical care not requiring overnight admission to a hospital, clinic, or treatment facility), as well as, summaries of any inpatient care (discharge summaries, narrative summaries, and operative reports) and care received while in a military theater of operations.

(2) NSTR. The NSTR is the chronological record of outpatient medical, dental, and mental health care received by non-service members and beneficiaries who do not meet the criteria for STR. The NSTR includes documentation of all outpatient appointments, as well as summaries of any inpatient care (discharge summaries, narrative summaries, and operative reports).

(3) OHTR. The OHTR is the occupational health record for all categories of DoD civil service workers, covered contractors, or other groups provided occupational health services by the DoD. The OHTR includes all medical, dental, and required environmental, safety, and industrial hygiene data documentation related to an individual's employment during all periods of health system involvement.

(4) Inpatient Record. The Inpatient Record is the information on all categories of patients receiving inpatient treatment, extended ambulatory care, and fetal monitoring strips (FMSs). Inpatient care is care received by a patient who is admitted to a hospital or clinic for treatment requiring at least one overnight stay. The USCG does not create Inpatient Records within the USCG direct healthcare delivery system; Enclosure 7 of this DHA-PM is not applicable to the USCG.

b. Dental Records. Dental records are comprised of information reflecting dental treatment and corresponding X-rays or digital films provided to individuals. Dental Records for active-duty Service members (ADSMs) are a component record in the STR and undergo the same disposition requirements as the other portions of the STR. Dental records for non-Service members are included in the NSTR but maintain different disposition standards than the other portions of the NSTR. Reference (bj), Enclosure 7 provides additional information on all Dental Records.

c. Mental Health Records. Mental health records are included in the DoD Health Record as part of the STR, NSTR or OHTR, unless specifically exempted due to their sensitive nature, and not necessary for continuity of care. Clinically relevant documentation will be entered into the Electronic Health Record (EHR). In accordance with References (d) and (g), clinical services must be documented within the DoD Health Record for each patient and a separate mental health record must not be created for each patient. Mental health records comprise of information reflecting mental health treatment provided and other items as specified in Reference (d). However, mental health records do not include working materials, which are notes and papers used by a provider to complete a final report for an individual patient.

d. Health information entered in the DoD primary record systems (e.g., EHR) are part of the DoD Health Record. Supporting record system files (e.g., diagnostic imaging machines) containing data from which interpretations, summaries, and notes are derived are also part of the DoD Health Record whether or not they are integrated into a DoD primary record system or maintained as part of the supporting record system.

2. RECORDS EXCLUDED FROM THE DoD HEALTH RECORD. In accordance with Reference (d), the below are additional types of records and healthcare documentation that must meet the instructions in this DHA-PM but must not be included in the DoD Health Record.

a. Working Materials. Documentation, including notes and papers, used by a provider to complete a final report for an individual patient. Working materials are considered Secondary Records and will be managed in accordance with the instructions in Enclosure 3 of this DHA-PM. If applicable, MTFs will include working materials in their records management program (i.e., file plan), as described in paragraph 6 of this enclosure. Examples of working materials that are not part of the DoD Health Record include, but are not limited to:

(1) Mental health assessment instruments.

(2) Psychotherapy notes.

(3) Paper forms used in clinical workflows, when the substantive information they help acquire is transcribed into the digital documentation of that encounter.

b. Family Advocacy Program (FAP) Records. The FAP record contains detailed, confidential information regarding alleged or verified family maltreatment. The Family Advocacy clinic or office maintains the original FAP patient record. FAP also places an abbreviated clinical note in the EHR for individual clinical sessions.

c. Substance Abuse Records. Drug and alcohol treatment records include both SFs and specialized forms developed for use within the program. These records are protected from public disclosure and only released under the circumstances listed within Reference (h). Documentation of related medical conditions will be recorded in the DoD Health Record, as may be necessary for safe and proper health care. USCG health records are authorized to contain substance abuse records pursuant to USCG policy.

d. Sexual Assault Forensic Examinations. Sexual assault forensic examination reports contain confidential information and are not included in the DoD Health Record unless it is clinically relevant documentation of care. Documentation that is included in the DoD Health Record is in accordance with Reference (i) and may be added to the EHR.

e. Personal Health Record (PHR). In accordance with Reference (j), the PHR contains information controlled by the patient, in contrast with the DoD Health Record that is fully controlled and managed by the MHS, MTFs, and healthcare providers. While the PHR may rely in part on information retrieved by patients from the DoD Health Record, the PHR is not itself a part of the DoD Health Record as defined in Reference (d). Conversely, in accordance with Reference (j), patients may make a deliberate choice or take specific measures to share PHR information with providers (e.g., sending a copy of the information in a secure message), for inclusion in the DoD Health Record.

3. DoD DESIGNATED RECORD SET. In accordance with References (k) and (l), DoD will maintain a Designated Record Set as defined in this enclosure.

a. Pursuant to Reference (k), the DoD Designated Record Set is:

(1) A group of records maintained by or for the DoD that is:

- (a) The health (medical and dental) records and billing records about individuals;
- (b) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for TRICARE (DoD's health plan); or
- (c) Used, in whole or in part, by or for the covered entity to make decisions about individuals.

(2) With regards to paragraph 3.a of this enclosure the term "record" means any item, collection, or grouping of information that includes Protected Health Information (PHI) and is maintained, collected, used, or disseminated in any form or medium by or for DoD.

b. DoD Designated Record Set Contents. The DoD Designated Record Set has two primary components: the DoD Health Record and billing (or business) records as described in References (d) and (m), respectively. Currently, the DoD Health Record and billing (or business) records physically exist in separate and multiple paper-based and electronic systems.

(1) The DoD Health Record component of the DoD Designated Record Set is described in Table 1:

Table 1: DoD Health Record Comprising the Designated Record Set

Record Type	Content	Primary Record Systems	Supporting Record Systems
STR	Outpatient medical and mental health encounter data	<ul style="list-style-type: none"> • MHS GENESIS® • Composite Health Care System (CHCS) • Armed Forces Health Longitudinal Application (AHLTA) • Health Artifact and Image Management Solution (HAIMS) • Theater Medical Information Program (TMIP)/Joint Operational Medicine Information Systems (JOMIS) • Medical Electronic Data Care History and Readiness Tracking (MEDCHART) • Paper records 	<ul style="list-style-type: none"> • Diagnostic images (e.g., x-rays, computed tomography) • Signal tracings (e.g., electrocardiogram, fetal monitoring) • Audio data (e.g., heart sounds, voice dictations) • Videos (e.g., ultrasound, cardiac catheterization examinations) • Anesthesia recording and monitoring devices (ARMD)
	Outpatient dental encounter data	<ul style="list-style-type: none"> • Dentrix • Corporate Dental Application (CDA)/Corporate Dental System (CDS) • Paper records 	Diagnostic images
	Inpatient care summaries (Discharge Summaries)	<ul style="list-style-type: none"> • MHS GENESIS® • Essentris® • CHCS • AHLTA • HAIMS • TMIP/JOMIS • Paper records 	<ul style="list-style-type: none"> • Diagnostic images • Signal tracings • Audio data • Videos

NSTR	Outpatient medical and mental health encounter data	<ul style="list-style-type: none"> • MHS GENESIS® • CHCS • AHLTA • HAIMS • MEDCHART • Paper records 	<ul style="list-style-type: none"> • Diagnostic images • Signal tracings • Audio data • Videos • ARMD
	Outpatient dental encounter data	<ul style="list-style-type: none"> • Dentrix • CDA/CDS • Paper record 	<ul style="list-style-type: none"> • Digital images
	Inpatient care summaries (Discharge Summaries)	<ul style="list-style-type: none"> • MHS GENESIS® • Essentris® • CHCS • AHLTA • HAIMS • Paper records 	<ul style="list-style-type: none"> • Diagnostic images • Signal tracings • Audio data • Videos
OHTR	Outpatient medical and encounter data related to occupational health	<ul style="list-style-type: none"> • MHS GENESIS® • CHCS • AHLTA • HAIMS • MEDCHART • Paper records 	<ul style="list-style-type: none"> • Diagnostic images • Signal tracings • Audio data • Videos • ARMD
Inpatient Record	Inpatient treatment, Extended ambulatory procedures, and FMSs	<ul style="list-style-type: none"> • MHS GENESIS® • Essentris® • CHCS • AHLTA • HAIMS • TMIP/JOMIS • Paper records • FMSs 	<ul style="list-style-type: none"> • Diagnostic images • Signal tracings • Audio data • Videos • ARMD

(2) DoD billing records include the enrollment, payment, claims adjudication, and case or medical management record systems. Management procedures for payment and claims adjudication are outside the scope of this DHA-PM as they are specified in other documents relating specifically to the TRICARE Program and to Uniform Billing Office operations (refer to Reference (m)) within the direct care system. Registration and Enrollment record management procedures are the same as for the DoD Health Record from the time a person becomes an eligible beneficiary until benefit eligibility ends.

(3) DoD Designated Record Set exclusions include:

(a) Administrative data and derived data are types of patient-identifiable data elements that are not included in the DoD Designated Record Set. Administrative data are patient-identifiable data used for administrative, regulatory, healthcare operation, and payment (financial) purposes. Examples of administrative data include:

1. Audit trails related to the EHR;

2. Birth and death certificate worksheets;
3. Databases containing patient information;
4. Event history and audit trails;
5. Financial and insurance forms;
6. Incident or patient safety reports;
7. Institutional review board lists;
8. Logs;
9. Patient-identifiable data reviewed for quality assurance or utilization management;
10. Protocols and clinical pathways, practice guidelines, and other knowledge sources that do not imbed patient data; and
11. Work lists and works-in-progress;

(b) Derived or administrative data is obtained from the primary healthcare record and contain selected data elements to aid in the provision, support, evaluation, or advancement of patient care. Derived data and documents should be protected at the same level of confidentiality as the Designated Record Set; however, derived data is not considered part of the primary health record (i.e., DoD Health Record) and will not be produced in response to a court order, subpoena, or request for the primary health record.

(c) Derived data consist of information aggregated or summarized from patient records so that there are no means to identify patients. Examples of derived data are:

1. Accreditation reports
2. Anonymous patient data for research purposes
3. Best-practice guidelines created from aggregate patient data
4. Clinical quality indicators, measures, or other similar metrics (e.g., ORYX)
5. Public health reports that do not contain patient-identifiable data
6. Statistical reports

(d) PHRs, as described in Reference (j), excluding data deliberately shared by the patient with DoD providers (e.g., via secure messaging).

4. OWNERSHIP AND CUSTODY OF THE DoD HEALTH RECORD

a. In accordance with Reference (d), the DoD Health Record is the property of the United States Government, not the individual beneficiary. The DoD is responsible for maintenance and availability of the DoD Health Record at all times. Maintenance of records at MTFs is required in accordance with Reference (d).

b. DoD Health Records created and maintained in joint ventures will be shared between the DoD and U.S. Department of Veterans Affairs (VA). MTFs, in consultation with their respective Markets, SSO, or DHARs, will coordinate with co-located VA facilities to ensure that the needs of both Departments are met. MTFs (including dental clinics) must ensure STR documentation is captured within the STR's Primary Record Systems.

5. DoD HEALTH RECORDS DISPOSITION. DoD Health Records will be dispositioned in accordance with Reference (n); and in all enclosures from Volume 1 of this DHA-PM and Reference (bj).

6. SECONDARY RECORDS

a. Secondary records, also known as Back-up, Duplicative, Intermediary, Convenience, or Shadow Files, are unauthorized for use in the MHS. Serious patient safety issues may develop if MTFs (including dental clinics) maintain copies of their patient's medical documentation separately from the official medical and dental records. Temporary records required for operational purposes that will be incorporated into the STR (e.g., deployed health record) are not considered Secondary records.

b. MTFs may not store in more than one location any medical information that documents, illustrates, or describes the same clinical data, including but not limited to outpatient encounters, dental encounters, inpatient care, ambulatory (same-day) surgeries, or diagnostics.

c. MTFs will maintain all official health records and documents to permanently document the health care provided to patients in either the EHR or officially recognized rigid cardstock record. Copies of such records or documentation kept in any work center for convenience, "quick reference availability," or maintaining a clinic "mini-file" system are strictly forbidden.

d. MTFs will not grant waivers or exceptions to the prohibition of Secondary Records. If MTF clinical personnel have compelling extenuating circumstances, they must instead work with MTF patient administration personnel to examine the clinical or specialty clinic workflow and documentation process and pursue alternative solutions to meet local exigencies while remaining in compliance with this DHA-PM. Prior to implementing an alternative solution, MTFs will request approval from DHA PAD through coordination with their respective Markets, SSO, or DHARs. Alternative solutions and instructions follow below:

(1) MTF clinical and patient administration personnel will work together to identify an appropriate Records Management Table and Rule and add would-be Secondary Records to the MTF/Clinic Records Management Program (i.e., File Plan). Forms and documents will be limited to only those that are not filed into the original DoD Health Record, including working materials as defined in Reference (d), and this enclosure.

(a) Records Management Tables and Rules. Relevant Records Management Tables and Rules include, but are not limited to:

1. General Records Schedule 2.7, Item 80 (only to be used if the information is for civilian employees)

2. General Records Schedule 5.2, Item 20

3. OSD Records and Disposition Schedule, dated June 2019, file number 103-14

(b) Other Records Management Tables and Rules may exist to meet criteria set in published guidance. All clinics will work closely with the MTF patient administration office, MTF Records Managers, and MTF Health Insurance Portability and Accountability Act (HIPAA) Privacy Officers (HPOs) to resolve issues when they arise and explore additional solutions that are in compliance with References (d) and (l).

(2) MTFs will maintain records in compliance with References (d), (l), (t), and (y) and in coordination with MTF HPOs. All loose, paper clinical documentation that should be part of the DoD Health Record but cannot be entered in EHR systems will be scanned and/or uploaded into HAIMS or MHS GENESIS[®] within 72 hours of origination or receipt in accordance with Reference (d). Reference (bj), Enclosure 3 provides additional information and instructions for scanning and uploading using HAIMS and MHS GENESIS[®].

(3) As a last resort, it is permissible to relocate the original record currently stored in the MTF records room to the clinic (i.e., as a decentralized record), if no other options exist. This will ensure full compliance with Reference (d), and this DHA-PM and provide the clinic with the information necessary while the patient is active in treatment within the clinic. All other records management requirements still apply.

ENCLOSURE 4

HEALTH RECORD DOCUMENTATION STANDARDS

1. CONTENTS OF THE HEALTH RECORD. All health records, regardless of medium, must contain enough information to identify the patient; identify the name(s) of those involved in providing the care, treatment, and service; support the diagnosis/condition; justify the care, treatment, and service; accurately document the results of care, treatment and service rendered; and promote continuity of care.

a. Documents will contain the name and location of the MTF maintaining the record, as well as the name of the outpatient record location.

b. Patient Identification. Excluding laboratory labels and digital images, all documents in the health record will contain the below minimum patient identification information:

(1) Patient's full name

(2) Patient's date of birth

(3) Last four digits of Sponsor's Social Security number (SSN) under which the record is to be filed

(4) Name of the MTF maintaining the record

(5) Name of the health record maintenance location

c. Authenticating Forms. The person responsible for providing or evaluating the service provided will enter the date, time, and authenticate all entries in the health record. In order to authenticate a form or entry, the following must be included:

(1) Signature. All health records will be signed or electronically authenticated. Electronic signatures and initials in the listed systems are equivalent to full handwritten signatures and initials. Handwritten signatures and initials are not required on printouts of authorized electronic forms and documents.

(2) Date and Time. All entries must be dated and timed. Dates will be written in the day-month-year sequence; months will be stated by name, not by number, using the first three letters of the month. The author of a document will separately date and time his/her signature even when there is already a date and time on the form, as the latter may not reflect the time at which the form was authenticated. A correct entry is "21 JUN 2018 at 1300 hours."

2. DOCUMENTING HEALTH RECORDS. Documentation in DoD Health Records may be performed by licensed military, civilian, and contractor personnel authorized by DoD, in accordance with Reference (d). Healthcare practitioners and authorized personnel providing medical, dental, and mental health care and services will ensure accurate and complete descriptions of all care and services rendered are entered into the appropriate DoD Health Record for every patient, in accordance with Reference (d). Only authorized individuals supporting a patient's care will make health record entries.

a. Use of Paper Documents

(1) Paper documents or files will only be used when an electronic equivalent is not available in authorized DoD EHR systems as specified in Enclosure 6, of this DHA-PM.

(2) When handwritten entries are used, authorized individuals will use black or blue-black ink, except when pencil entries are either directed or necessary under field conditions. Erasable ink and felt tip pens will not be used. No other annotations are authorized.

b. Roles of Providers and Other Clinical Personnel

(1) All healthcare providers will include, in appropriate health records, an accurate, legible, and complete description of all services rendered to patients.

(a) Healthcare providers will complete and sign their encounters (to include telephone consults) in the EHR within 3 business days of treatment. If paper forms or records are used, providers will ensure proper identification information is entered on the forms and records are returned to the appropriate file as quickly as practical, but no later than 3 business days after treatment.

(b) Transcribed documents must be signed within 3 business days from the date of first notification from the transcription service to dictating provider.

(c) Emergency Department clinicians and providers will complete their notes by the end of their shift.

(2) Residents, mid-level providers, and students are required to complete documentation and request co-signature from their supervising provider within 2 calendar days for outpatient care and by the end of the day for ambulatory procedure visits (APVs) or inpatient care.

(3) MTF will establish procedures to track, complete, and close unsigned encounters in accordance with Reference (bk).

c. Corrections to Entries. Changes may come in the form of addendums, amendments, and deletions. All corrections will be made in the source system as well as in the official medical record, data repository, or archive system. The original incorrect entry will be maintained with

the corrected entry or companion document added to it. The correct information will be located as adjacent to the original entry as possible. All correction activities must be performed in accordance with the guidance of References (l) and (au).

(1) Corrections of Paper Forms. To correct an entry in a paper record, clinical personnel will draw a single line through the incorrect information and note the information as “error” with date and initials. The same person will add the new information, with the reason for the change, the date, and their signature (with title). This information must be readable.

(2) Individual Review and Amendment. MTF personnel will encourage individuals to periodically review the information maintained within their DoD Health Record and to inform themselves of the amendment procedures established within this DHA-PM.

(a) Requests for amendment to PHI within EHR systems will follow the procedures outlined in Reference (au). Requests for amendment must be made in writing and must be signed by the patient or legally authorized representative. MTFs will file copies of the requests in HAIMS, the EHR, or Section III of the paper health record.

(b) MTFs will provide responses, in writing, to the requestor within 30 calendar days indicating either an acceptance or denial of the amendment. If this is not possible, a 30 calendar day extension is allowed; however, the MTF will inform the patient, in writing, about the extension. The letter will include a reason for the delay and a date the response will be provided. Only one extension is allowed per amendment request.

(c) MTFs will make reasonable efforts to notify persons besides the requestor, including business associates, known to possess the affected PHI and whose reliance on the PHI may be a detriment to the individual. MTFs will consult with their servicing legal personnel to coordinate the notification of individuals.

(d) Denial of requests is allowed if any of the following conditions are met:

1. The MTF did not originally create the PHI requested for amendment. However, if the requestor can prove the MTF that originally created the information no longer exists, the MTF HPO will handle the request as if it had created the information.

2. The PHI requested is not part of the DoD Designated Record Set available for inspection under Reference (z), as defined in Enclosure 3 of this DHA-PM.

3. The information requested to be amended is accurate and complete.

4. The PHI would not be available for inspection per Reference (l).

(3) Removal of Information

(a) MTFs will follow specific expungement guidelines outlined in Reference (au).

(b) Original treatment information about a patient should not be removed from a health record without proper authorization, even if it is not recorded on an approved form.

(c) In the case of deletions, the original information will be retained and made available if necessary. DoD EHR systems must be able to hide the original data from view.

3. DOCUMENTATION IN THE EHR

a. MTFs will use a “hybrid” record consisting primarily of the EHR with the use of traditional paper-based records only occurring to meet unique operational mission requirements. The combination of the EHR and paper record constitutes a complete health record.

b. The following applications are the only approved EHR systems authorized for MHS use:

- (1) MHS GENESIS[®] for both outpatient and inpatient health care.
- (2) AHLTA and CHCS for outpatient health care.
- (3) Essentris[®] for inpatient health care, APVs, and emergency room care.
- (4) AHLTA-Theater (AHLTA-T) for outpatient health care in operational environments.
- (5) TMIP - Joint CHCS Caché for health care in operational environments.
- (5) JOMIS suite of systems for health care in operational environments.

c. HAIMS and MHS GENESIS[®] are the only approved document management systems authorized for health record documentation within the MHS.

d. The MTF or DTF Director may require that all or some of the health records maintained within the MTF be filed in hard-copy format, regardless of electronic record capabilities, to fulfill mission requirements and ensure comprehensive continuity of care.

e. MTFs will not enter, upload, or transfer information, documents, files, or images to the EHR that would not normally be available to patients.

f. MTF personnel will not develop alternative plans for EHR systems independent of DoD guidelines. Alternative data capture and documentation methods not originally identified or engineered for permanent storage cannot be authorized by MTFs. Any other use of technology contrary to this instruction will be discontinued until permission is granted by a Market, SSO, DHAR, and/or the DHA PAD. Any use of technology that conflicts with existing DoD instructions will also require an exception to policy authorization granted by the Assistant Secretary of Defense for Health Affairs.

g. MTFs will use available templates established in authorized EHR systems for clinical data collection and to document patient care.

h. Use and Documentation of the EHR for Members Assigned to Sensitive Duties Program.

(1) Service members assigned to Sensitive Duties Programs, like the Personnel Reliability Program (PRP), Personnel Security Program (PSP), or other sensitive duty National Security program, may be temporarily or permanently decertified, suspended, or removed from their duty position(s) based on their medical, dental, or mental health status or the type of medications prescribed in accordance with Reference (o).

(2) MTF personnel will print each patient encounter form following each episode of care so that all administrative notifications regarding the patient's operational capability/reliability may be recorded by hand on the same document.

(3) Following notification documentation, MTF personnel will file any forms printed from the EHR into the Service member's paper outpatient medical or dental treatment record.

ENCLOSURE 5

SAFEGUARDING OF PROTECTED HEALTH INFORMATION

1. GENERAL INFORMATION ON SAFEGUARDING PHI

a. MTF personnel will adhere to References (f), (k), (l), (p), (t), (y), and (ae) to maintain the confidentiality, integrity, and availability of PHI while managing health records.

b. MTF personnel will maintain custody and control of outpatient medical, dental, and inpatient records in compliance with this enclosure, and Enclosure 6 of this DHA-PM.

(1) MTFs will take necessary precautions to avoid compromise of PHI during the movement of the record inside and outside the MTF. Only personnel granted access to Personal Identifiable Information (PII)/PHI and with a need to know are authorized to handle a specific health record. The DoD operates in a closed records system with a no hand-carry policy with authorized exceptions.

(2) MTFs will comply with the limits and conditions on the uses and disclosures of PHI with and without patient authorization. MTFs will comply with a patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

(3) If a potential or actual breach, defined as the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, or any similar occurrence where (1) a person other than an authorized user accesses or potentially accesses personally identifiable information or (2) an authorized user accesses or potentially accesses personally identifiable information for an other than authorized purpose occurs with respect to PHI or PII that has been created, received, maintained, or transmitted, the discovering Party shall report such breach to the data owner's Senior Component Official for Privacy. If such breach is internal to DHA, the party shall utilize DHA breach reporting protocol. If such breach is external to DHA and pertains to DHA information, this shall be reported to the DHA Privacy and Civil Liberties Office within 24 hours, at 703-275-6363 or at dha.ncr.pcl.mbx.dha-privacy-officer@mail.mil. If such breach is a cybersecurity incident, the discovering party shall report this to the United States Computer Emergency Readiness Team within 1 hour of the potential cybersecurity incident. The online form is available at: <https://forms.us-cert.gov/report/>. If computer access is not available, incidents can also be reported via telephone to (888) 282-0870.

c. MTFs will refer to References (bf) through (bh) for guidance on the access, amendment, and disclosure of OHTRs, as OHTRs are not patient treatment records despite maintaining outpatient data. In accordance with Reference (l), PHI excludes individually identifiable health information in employment records held by a DoD covered entity in its role as employer. MTFs will consult local servicing legal personnel for additional guidelines for disclosing OHTRs.

2. DISCLOSURE OF HEALTH INFORMATION

a. MTFs will comply with Reference (l), on the collection, safeguarding, use, maintenance, access, amendment, and disclosure of information. This Enclosure outlines procedures on access, disclosure, time periods, denial authority, and accountability of disclosure. Refer to References (l), (t), and (y) for further information regarding responding to requests from individuals for copies of their PHI submitted in relation to Reference (q).

b. MTF personnel will comply with References (f), (k), (l) (p) through (t), (y), and (ae), and laws protecting the confidentiality of mental health, drug and alcohol abuse treatment records, and Comprehensive Alcohol Abuse amendments. Each of these will be compiled with respect to maintenance, access, and disclosure of information from health records and the other records that, together, comprise the Designated Record Set. Psychotherapy notes are not included in the DoD Designated Record Set but may be requested by the patient.

c. In accordance with References (q), (t), and (y), health records are maintained within a system of records protected by Reference (q). In accordance with Reference (t), electronic and hard-copy records are covered by a System of Record Notice (SORN) specifying the information collected and how it is used. Service-specific SORNs (i.e., F044 AF SG E, F044 AF SG D, N06150-2, A0040-66b, and DHS-2008-0111), identify records as inpatient and outpatient records of care received in MTFs, as well as automated records of treatment and clinical diagnostic tests provided to beneficiaries on an inpatient or outpatient basis in MTFs and in civilian health treatment facilities. Those SORNs will be used until such time as DHA updates or publishes a consolidated SORN. Disclosure to third parties is prohibited, except pursuant to the written authorization of the individual to whom the record pertains or in specified limited circumstances as outlined in References (k) and (q), as implemented by Reference (l).

d. MTF personnel will use the DD Form 2005, Privacy Act Statement – Health Care Records to eliminate the need for a separate Privacy Act statement for each medical, dental, or related document requiring individual identifying information. USCG may use either the DD Form 2005 or a USCG-specific Privacy Act Statement form as directed by the USCG Privacy Office. The DD Form 2005 is not a consent form. It serves as evidence that, as prescribed by References (q), (t), and (y), the individual was informed of the purpose and uses of the information collected by the MHS and was advised of his/her rights and obligations with respect to supplying the information. The patient's signature is not mandatory on the DD Form 2005, even though there is a space for signature.

e. Information collected by MTF personnel as part of Drug and Alcohol treatment programs or aftercare service will be maintained in accordance with Reference (h). These records are protected from public disclosure and only released under the circumstances listed in Reference (h), subsections (b) and (h). Reference (h) details the elements required for authorized disclosures of Substance Abuse Treatment Records and stipulates the required elements for written consent, including an explicit description of the substance use disorder information that may be disclosed. The disclosure must be limited to that information which is necessary to carry out the stated purpose, and patients must be provided with a list of entities to which their information has been disclosed.

f. In accordance with References (r) and (q), MTF personnel will not release information from DoD Health Records if such disclosure would result in a clearly unwarranted invasion of privacy. Refer to Reference (u), for specific guidance and procedures related to Freedom of Information Act (FOIA).

g. Advance Directives. In accordance with Reference (v), MTFs will inform patients of their rights, according to state law, to make decisions regarding their health care. This includes the right to accept or refuse treatment and the right to prepare advance directives.

(1) MTFs will establish procedures to implement patient's rights to make decisions concerning their health care. These procedures will be compliant with state law (whether statutory or as recognized by the courts of the state), regarding advance directives.

(2) MTFs will provide to all adult patients written information explaining their rights under state law, including the right to execute an advance directive. MTFs will perform this activity during admission.

(3) MTFs will document whether patients have an advance directive. This information will be documented in the EHR, if available, on the Service-specific form for inpatient care, on the DD Form 2766, Adult Preventive and Chronic Care Flowsheet, for outpatient care, or on the automated cover sheet for APV cases.

(4) MTFs will provide education for the MTF personnel and beneficiaries on issues concerning advance directives.

(5) MTFs will consult the MTF servicing legal personnel for further guidelines and information on advance directives that should be provided to beneficiaries and MTF personnel.

(6) Reference (w) stipulates "military advance medical directives" are exempt from any requirements of form, substance, formality or recording required by State law. For example, if a Service member has a military "Living Will" prepared in Florida, but then becomes severely injured in California, the military Living Will is honored by the MTF in California even though the document may not conform to California Law.

h. Restricted Reporting Guidance

(1) MTFs will follow restricted reporting guidance provided in Reference (i) for Service members and adult victims of sexual assaults. Follow Reference (az) concerning restricted reports in adult domestic violence cases. If questions arise regarding reporting requirements, MTF personnel will consult their servicing legal office.

(2) Health record documentation under restricted reporting of the record will contain sufficient information to allow for continuity of care and coding. The following wording in bold type should be placed at the top of each notation in the electronic or paper record: "**Restricted from disclosure until determined to be releasable by the MTF Director or designee. Do not release without specific patient authorization or as specifically authorized by DoD policy.**"

Electronic records may also be secured via electronic sequestration or restriction functions with the above notation in place. This highlights those entries as restricted and prompts additional review prior to release or electronic review. See Enclosure 6, paragraph 10 for more information on electronic sequestration and restriction.

3. RELEASE OF INFORMATION (ROI)

a. The MTF or DTF Director is responsible for the management and oversight of ROI. The MTF or DTF Patient Administration Officer (or equivalent), as the representative of the MTF or DTF Director, is responsible for the processing of requests for patient PHI. In the absence of a Patient Administration Officer, an acting administrator will assume this responsibility.

b. Health record information may only be released by the MTF or DTF according to the guidance in this Enclosure, and as permitted in References (k), (l), (q), and (t) and other applicable laws and policies. Information released will be limited to the minimum necessary to accomplish the purpose of the disclosure, to an identified requester, and in support of a valid requirement for the information.

(1) MTFs and DTFs must never release a prognosis or sensitive health information relating to the admission of the patient, including, but not limited to:

- (a) Sexual assault
- (b) Criminal actions
- (c) Drug or alcohol abuse
- (d) Psychiatric or social conditions
- (e) Venereal disease

(f) Acquired Immunodeficiency Syndrome – Human Immunodeficiency Virus data or Acquired Immunodeficiency Syndrome-related syndrome

(g) In all cases of ROI involving sensitive health information as described above in this enclosure, MTFs must make the statement: “Further details with regard to (individual’s) admission to the hospital are not releasable at this time.”

(2) MTF and DTF personnel will consult the servicing legal personnel for assistance with ROI.

(3) Before using and disclosing PHI, MTFs and DTFs need to comply with the provisions in both the Privacy Act (References (q), (t), and (y)) and HIPAA (References (f), (k), (l), (p), and

(ae)). MTFs and DTFs will document the accounting of disclosures as required. The DHA Privacy and Civil Liberties Office provides guidance; servicing legal personnel may assist with respect to questions that may arise regarding the release of information.

c. Mental health information will be released by the MTF in accordance with Reference (l).

d. MTFs and DTFs will review and respond to requests for access to PHI in accordance with this publication, the requirements described in Reference (l).

e. Original health documents or records will not be released to any person or agency outside the MTF or DTF, except in compliance with a valid court order or as otherwise required by law. "Otherwise required by law" may include a valid written demand from law enforcement. The servicing legal counsel must be consulted prior to releasing the original health record or document under these circumstances.

f. Health records may contain information from non-military sources. A patient can be referred to a non-military source for ancillary and/or diagnostic care, and/or treatment. Documentation from the non-military source that supports the diagnosis and treatment will be filed by MTF personnel in the patient's outpatient medical record. This documentation will then become part of the patient's health record and subsequent releases of information from the patient's record will include this information from non-military sources.

g. When required, MTF and DTF personnel will obtain written authorization from the patient or his/her personal representative before releasing information from the health record to any person or agency. The DD Form 2870, Authorization for Disclosure of Medical or Dental Information, or other HIPAA-compliant release per Reference (l) may be used for this purpose.

(1) Reference (l) applies to the release of PHI for living and deceased patients. For persons deceased for fewer than 50 years, if there is a need for an authorization before releasing PHI, the decedent's personal representative must sign the written authorization. The status of Personal Representative is normally determined by the laws of the jurisdiction where the records are held. MTF and DTF personnel should consult with servicing legal personnel to determine the requirements for personal representatives in accordance with Reference (l).

(2) Unless state law affords the minor the opportunity to be considered an adult and gives the minor greater privacy protections, for un-emancipated minors, physically or mentally challenged persons, a personal representative will sign the written authorization, along with a description of such representative's authority to act for the individual. The MTF and DTF servicing legal personnel should be consulted if there are any questions.

(3) MTFs and DTFs will coordinate with servicing legal personnel to identify specific state provisions for emancipated minors and incorporate these requirements into MTF policies and procedures for the treatment of minors. Examples of these issues include, but are not limited to birth control, abortion, and sexually transmitted disease treatment.

(4) If litigation is pending or contemplated, MTF and DTF personnel will send the relevant request for release to servicing legal personnel for action in instances when it is known that there is an active case or that litigation is being contemplated.

h. General rules and individual state laws specify when a power of attorney is required. MTFs and DTFs will refer any questions about power of attorney to servicing legal personnel.

i. MTFs and DTFs will file all correspondence (e.g., requests for PHI from the patient's health insurance company, state worker's compensation agency, or federal and state disability agencies), and a copy of any consent form, together with copies of the disclosure authorization and a notation of which records have been disclosed, with an attached information release statement in Section III of the outpatient medical record or the four-part dental record, on the left side of a two-part dental record, or the EHR for permanent safekeeping. When requests are made for information from both inpatient and outpatient records at the same time, the request and an annotation of which copies were disclosed will be filed in the inpatient record. The outpatient record will be properly cross-referenced. Refer to paragraph 3.t below in this enclosure for special instructions regarding release to DoD Investigative Agencies. The MTF or DTF ROI Office will keep a copy of all investigative agency requests but will not file federal investigative agency requests in the patient's health record.

j. Release of Information Concerning Newborns who have been Adopted.

(1) It is possible that a birth mother may begin adoption procedures while the birth mother is undergoing prenatal care up through discharge. Unless an adoption has been finalized, MTF personnel will first work with (or look to) the birth mother regarding the release of information.

(2) Once an adoption has been finalized, MTF personnel will first work with (or look to) the adoptive parents regarding the release of information and redactions, if any, to the medical records regarding references to biological parents.

(3) MTF personnel should contact their servicing legal personnel with any questions.

k. Restrictions on Information. In accordance with References (l) and (x), an MHS patient has the right to request restrictions of uses and disclosures of their health information. The MTF or DTF is not required to agree to the restriction. The restriction should be denied if the MTF or DTF cannot reasonably accommodate the request, or if the request conflicts with this DHA-PM or any other applicable DoD Directive. MTFs and DTFs will refer to References (f), (k), (l), and (p) for additional information.

(1) Requests for restrictions may be made in writing using DD Form 2871, Request to Restrict Medical and Dental Information. The MTF or DTF Director, or their designee, will respond to information restriction requests as soon as practicable.

(2) If granted, the patient should be informed that the restriction is not permanent, and only applies to the individual or MTF/DTF that grants the request. The restriction can later be rescinded (upon written notice to the patient) if complying with the restriction becomes too cumbersome. The restriction may be waived in emergency medical situations.

l. Disclosure Authorization Revocation. In accordance with Reference (l), an individual may revoke an authorization provided under this DHA-PM if the revocation is in writing, except if MTFs or DTFs have already taken action on the authorization or if the authorization was obtained as a condition of obtaining insurance coverage. MTFs and DTFs will document and retain any signed authorization and/or revocation.

m. Accounting for Disclosures. Pursuant to Reference (l), an individual has a right to receive an accounting of PHI disclosures made by a covered entity in the 6 years prior to the date accounting is requested, except for the following disclosures:

(1) To carry out treatment, payment, and healthcare operations as provided in paragraph 4.1 of Reference (l).

(2) To individuals of PHI about themselves.

(3) Pursuant to an authorization under section 4.2 of Reference (l).

(4) For the facility's directory or to persons involved in the individual's care or other notification purposes as provided in section 4.3 of Reference (l).

(5) For national security or intelligence purposes as per section 4.4.k(4) of Reference (l).

(6) To correctional institutions or law enforcement officials as provided in paragraph 4.4.k(6) of Reference (l).

(7) As part of a limited data set according to paragraph 4.5.c of Reference (l).

(8) Incident to a use or disclosure otherwise permitted or required by Reference (l).

(9) That occurred prior to the compliance date for the covered entity (i.e., MTF/DTF).

n. Disclosure Contents. Information for each disclosure will include:

(1) The date of the disclosure.

(2) The name and (if known), the address of the entity or person who received the PHI.

(3) A brief description of the PHI disclosed.

(4) A brief statement that reasonably informs the individual of the basis for the disclosure; or, in lieu of such statement, a copy of a written request for disclosure in accordance with Reference (1). MTFs will refer further below in Enclosure 5 for information on fees.

o. Temporary Suspensions of Disclosure Accounting. Pursuant to Reference (1), MTFs and DTFs must temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official for the time specified by such agency or official, if such agency or official provides the DoD covered entity with a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities and specifying the time that such a suspension is required. Agency or official statements may be made orally. However, if the request is made orally, the MTF or DTF must:

(1) Document the statement, including the identity of the agency or official making the statement.

(2) Temporarily suspend the individual's right to an accounting of disclosures subject to the statement.

(3) Limit the temporary suspension to no longer than 30 calendar days (except as provided in paragraph 3.t(2) of this enclosure) from the date of the oral statement, unless a written statement for a temporary suspension of the accounting requirements is made pursuant to reference (1).

p. Incidental Disclosures. In accordance with Reference (1), MTFs/DTFs will implement administrative, technical, and physical safeguards to limit incidental uses or disclosures. An MTF or DTF is permitted to use or disclose PHI when it is limited to the minimum necessary to accomplish the purpose of the use or disclosure. Examples of incidental disclosures include:

(1) Conducting confidential conversations among healthcare providers or patients when there is a possibility they may be overheard.

(2) Using sign-in sheets in waiting rooms or calling patients in waiting rooms by name.

(3) Posting the patient's name on the wall outside the patient's room.

(4) Maintaining patient charts at the patient's bedside.

(5) Using X-ray light boards.

(6) Discussing a patient's condition during training rounds in connection with a healthcare professional training program.

q. MTFs and DTFs should coordinate with servicing legal personnel on all matters pertaining to the request for and disclosure of patient PHI involving law enforcement, litigation,

advanced directives, and other non-routine disclosures as required. Most requests for and disclosure of PHI is addressed through ROI Supervisors or HPOs with legal consultation as required.

r. MTFs and DTFs should use the Protected Health Information Management Tool (PHIMT) to properly account for disclosures and restrictions.

s. ROI Requiring Patient Authorization

(1) Patient or Authorized Representative

(a) Information may be released by the MTF or DTF directly to the patient or to a representative they designate in writing. An abstract of a patient's relevant health history (or copies of pertinent pages of the record) may be furnished to the patient, or authorized representative, when the patient departs on a temporary absence from home and requires health care while away.

1. While Reference (l) provides conditions upon which a covered entity may deny an individual access to their PHI, since health records are contained in Privacy Act systems of records, access is generally required under References (q), (t), and (y). MTF and DTF personnel will consult with servicing legal personnel prior to denying an individual access to their own health records.

2. If a provider determines that direct disclosure to the patient could have an adverse effect on either the physical or mental health, safety, or welfare of the individual, or other persons with whom he/she may have contact, the disclosure will be made to a healthcare provider named by the individual, or to a person qualified to make psychiatric or mental determinations (see Reference (y), paragraph C3.1.6. for additional guidance).

(b) The MTF or DTF will provide patients or their designated representatives' access to their health records upon written request.

1. The original record will always be retained at the MTF or DTF, but copies will be provided if requested. Pursuant to Reference (av), copies are provided at no charge.

2. Copy requests should be processed within the timelines set forth in References (k) and (l) preferably using the DD Form 2870. At the time of publication of this DHA-PM, copy requests should be fulfilled in 30 business days. Copy requests not completed by the 10th working day will be elevated to the MTF or DTF Director for immediate explanation and resolution. See paragraph 5 in this enclosure for information on repeated copy requests.

3. If, however, the requested health record copies cannot be provided within the required timelines in References (k) and (l), contact the requestor in writing and inform them of the delay prior to the last allowable day (e.g., at this time, the 30th business day).

4. ROI volume and timeliness will be tracked and reported to Markets, SSO, or DHARs by the last day of the month.

(2) Insurance Agencies, Worker's Compensation, and Other Third Parties

(a) MTF and DTF personnel will use a third-party authorization form if the third party meets the criteria and include the required statements as outlined in Reference (1) to include:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
2. Name or organization authorized to make the disclosure (i.e., the MTF/DTF)
3. Third party to whom the MTF or DTF is making the disclosure
4. Purpose of the disclosure
5. Expiration date or an expiration event
6. Signature of the individual
7. Signature date

(b) If a personal representative of the individual signs the authorization, a description of such representative's authority to act for the individual will also be provided.

(c) If the information identified above is not provided, authorizations are invalid under Reference (1).

(d) If prepayment has not been received, then MTF and DTF personnel will use a locally developed form to identify the fees. MTFs and DTFs will develop the local form and assess fees in accordance with References (r), (u), (ab), and (ac).

(e) MTF and DTF personnel will use the form in three copies:

1. Send the original to the requester,
2. File the second copy in part 3 of the health record with the patient's signed authorization for ROI, and
3. Forward the third copy to the Resource Management Office.

(f) MTF and DTF personnel will send a copy of the form to servicing legal personnel when answering requests for information on injury cases that appear to involve health claims action.

(g) Any requests identified as a potential third-party liability case must be recorded on a Daily Log of Patients Treated for Injuries. This includes requests received from:

1. Attorney(s),
2. Worker's compensation appeals board, and
3. Insurance company in a case involving work-related injury or disease.

(h) MTF and DTF personnel will forward these requests to the clinic where the patient was seen. The clinic will complete the log and forward it to the Resource Management Office/Medical Services Account Officer.

(3) Patient Status Information to the Public, Including News Media

(a) Disclosure of health information by the MTF or DTF to the public will remain limited in accordance with References (f), (k), (l), (p), (q), (t), (y) and (z). If requested by a news media agency or upon receiving a general public inquiry, Reference (q) only permits the ROI that does not constitute an invasion of personal privacy. Reference (z) further restricts the disclosure of PHI.

(b) If appropriate, MTF and DTF personnel will notify the legally authorized representative before releasing information to the news media or to the public.

(c) MTF DTF personnel will coordinate with the MTF HPO and local Public Affairs Office before releasing information regarding a patient's status.

(d) MTFs and DTFs will never release a patient's diagnosis or prognosis without the patient's or legally authorized representative's authorization.

(e) If the MTF or DTF HPO is not available, MTF and DTF personnel will consult servicing legal personnel prior to disclosing or providing any patient information.

(f) The releasing authority should check with the MTF or DTF HPO to avoid unauthorized disclosures of patient information, especially those who have "opted out" of the hospital directory.

(g) The following information may be released without the patient's authorization to those who ask for the individual by name if the individual has been given the opportunity to agree or object to being in the patient directory, and has not objected:

1. Individual's location in the facility.
2. The patient's condition described in general terms that does not communicate specific health information about the individual (using descriptions such as: stable, good, fair, serious, critical, conscious, semiconscious, and unconscious).

3. The individual's religious affiliation for use only by clergy.

(4) The following information cannot be released by the MTF or DTF without the patient's or legally authorized representative's specific authorization:

- (a) Marital status (e.g., divorced, single, widowed);
- (b) Base;
- (c) Installation;
- (d) Station or organization of routinely deployable or sensitive unit;
- (e) Description of disease or injury;
- (f) General factual circumstances;
- (g) General extent of the injury or disease; and
- (h) Specification of location or description that may prove embarrassing to the individual or reflect bad taste.

(5) MTFs and DTFs will not release information listed above in this enclosure if the patient is not conscious or is mentally incompetent. If the patient is underage or incompetent, the guardian, or personal representative may make the decision.

(6) More specific health information may be provided by the patient's MTF or DTF healthcare provider if approved by the patient, guardian, or personal representative.

t. ROI when Patient Authorization is Not Required

(1) Most disclosures made that are not for treatment, payment, or healthcare operations, or pursuant to the patient's authorization, will be tracked by MTF or DTF personnel in the PHIMT or other approved tracking tool. Record of disclosures will be maintained for 6 years. There are instances when PHI disclosure is allowed without the patient's authorization, and MTFs and DTFs will release such information in accordance with Reference (1) and paragraph 3 of this enclosure.

(2) DoD Investigative Agencies. USCG shall follow USCG policy with regards to these types of ROI.

(a) Special agents are granted access by MTF and DTF personnel to health records when proper identification is provided upon approval by the MTF or DTF Director and with servicing legal personnel concurrence that the request conforms to the requirements of Reference (1). The agent will sign a dated statement which contains the identity of the record to be examined, the identity (file number) of the investigation for which the record is being examined,

and a certification by the examiner that the examination is required as part of the official investigation. Obtain a signed receipt for any material or document/record copies (copied by the agent or by MTF/DTF personnel), furnished to the agent. Note: Do not file the statement or document receipt in the patient's health record. Maintain the statement in a separate folder in the general correspondence file until the investigation is concluded.

1. Requests will be specific and limited in scope to the extent reasonably practicable given the purpose for which the information is sought. The MTF or DTF may not disclose an entire health record, except when the entire record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the disclosure.

2. DoD investigative agencies have the authority to request a delay in disclosure reporting. Refer to paragraph 3.o in this Enclosure for instructions regarding temporary suspensions of disclosure accounting. Account for the disclosure in accordance with Reference (l), if no request for temporary suspension is made or upon the expiration of a temporary suspension.

(3) Litigation Cases. MTFs and DTFs will work with servicing legal counsel concerning requests for release of health information when it is known that there is an ongoing legal case or proceeding or that litigation is being contemplated.

(a) When mailing health records related to medical malpractice claims use standard First-Class U.S. Mail with immediate delivery confirmation/acknowledgment, or Certified Mail, or other commercial shipping and delivery option (e.g., Federal Express (FedEx), United Parcel Service, etc.) that offers package tracking and/or delivery confirmation.

(b) Use of standard First-Class U.S. Postal Service mailing method alone, without immediate delivery confirmation/acknowledgment or Certified Mail receipt, is prohibited.

(c) Return receipt confirmation will not be dependent upon the timeliness or willingness of the destination MTF or DTF to complete a DD Form 2825, Internal Receipt, or other manual delivery confirmation receipt option.

(4) Government Departments and Non-DoD Agencies. Health information is released by the MTF or DTF upon request, to the following Federal and State agencies or departments that have a proper and legitimate need for the information. Some requests do not require disclosure accounting.

(a) The need for a signed release is not required for the Veterans Benefits Administration (VBA) to gain access to the STR electronically. This is part of the normal STR Disposition process, as described in References (d), (k), (aa), and Enclosure 4 of Reference (bj).

(b) Should the VBA require information outside of the STR (pre - or post - discharge), then the VBA must provide a HIPAA-compliant signed request from the patient to retrieve the NSTR information.

(c) Release PHI to Federal and State hospitals and prisons for further health treatment of a person in their custody. MTFs and DTFs will not give the prisoner escort the original health records of active duty (AD) members. MTFs and DTFs will instead provide a certified copy of the records to the escort in a sealed envelope. Disclosures under this paragraph are not required to be tracked.

(d) Release PHI to the Occupational Safety and Health Administration to help detect, treat, and prevent occupational injuries and diseases. If the patient has not authorized the release of their information, MTFs and DTFs will account for the disclosure.

(e) If the patient is a Service member, Reservist, or Guardsman of any military or uniformed service, release PHI to Service medical personnel when required to determine the member's medical qualification for continued military duty.

(f) Release the PHI of foreign military personnel to their appropriate foreign military authority using existing Service-level guidelines until such time that guidance is published by the DHA Privacy and Civil Liberties Office.

(g) Law Enforcement Agency Inquires. Upon approval of the MTF or DTF Director and with servicing legal personnel concurrence that the request conforms the requirements of Reference (l), provide requested or subpoenaed PHI to law enforcement agencies conducting official investigations. Provide either supervised access to health record(s) or certified copies only. Requests will be in writing, specific and limited in scope to reasonably achieve the purpose for which the information is sought.

u. Research Purposes

(1) MTFs and DTFs will follow the procedures in Reference (l), for releasing PHI for research that involves minimal risk. Research records can only be released in accordance with procedures in the protocol and as consistent with Reference (bc) and the appropriate DoD Office of Human Research Protections review.

(2) MTFs and DTFs will track disclosures in DHA's disclosure tracking system (i.e., PHIMT).

(3) MTFs and DTFs may also release information that is de-identified, without the patient's authorization and without tracking the disclosure.

v. Health Records of Minors, Disclosure of Information. The law of the state in which the minor is located determines whether, for the purposes of References (l) and (q), a child is authorized to independently access their health records without parental permission. MTFs and DTFs will refer to the guidance in References (k), (l), (q), (y), and (aq) with regards to disclosing minors' health information.

4. APPLICABLE FEES. Fees for copying, certifying and searching health records will vary depending on the source of the request. Fees associated with FOIA requests are established within Reference (ab); while fees for non-FOIA requests are established within Reference (av). DHA PAD will coordinate with the DHA Uniform Business Office (UBO) to post standardized fees schedules on the DHA UBO's rates website for public access. MTFs and DTFs may accept advance payments for information requests from insurance companies and other agencies. MTF and DTF Resource Management and accounting offices will follow proper accounting rules for recording advanced payments from non-federal and federal entities. If the request is for a large volume or requires extensive research, MTFs and DTFs will notify the requester of any additional charges. Paragraph 4 of this enclosure does not apply to the USCG.

a. FOIA Requests. MTFs and DTFs will track processing costs for each FOIA request on DD Form 2086, Record of Freedom of Information (FOI) Processing Cost, or by using DD Form 2086-2, Freedom of Information (FOI) Consultation and Request Summary.

(1) If the payment amount is incorrect, MTFs and DTFs will inform the requesting agency that the information is being provided even though the required fee (specify amount) has not been paid in full, to avoid possible adverse effect to the patient. MTFs and DTFs will advise the requester to send the additional payment promptly to the Medical Service Account (MSA) office by check or money order payable to the Treasurer of the United States. If the payment received is correct, MTFs and DTFs will send payments to the MSA office with the completed copy of the transmittal letter received with the request. If the information cannot be obtained on the day the request is received, complete only the required items and send the form and payment to the MSA office before the end of core business hours each day.

(2) Fees for record retrieval, copying, certifying, searching and reviews in response to FOIA requests will be assessed, calculated, and imposed by the MTF or DTF pursuant to Reference (ab).

b. Non-FOIA Requests. Per Reference (av), there are certain exceptions where a fee will not be assessed by MTFs or DTFs:

(1) Documents and information requested by members of the U.S. Armed Forces as required by such personnel in their capacity as Service members.

(2) Documents and information requested by members of the U.S. Armed Forces who are in a casualty status or requested by their next of kin or personal representative.

(3) The provisions of the address of record of a member or former member of the U.S. Armed Forces when the address is readily available through a directory (locator) service, and when the address is requested by a member of the U.S. Armed Forces or by a relative or a personal representative of a member of the U.S. Armed Forces or when the address of record is requested by any source for the purpose of paying monies or forwarding property to a member or former member of the U.S. Armed Forces.

(4) Services requested by, or on behalf of, a member or former member of the U.S. Armed Forces and civilian personnel of DoD (where applicable) or, if deceased, his or her next of kin or personal representative that pertain to the provision of:

(a) Information required to obtain financial benefits regardless of the terms of separation from the Service.

(b) Documents showing membership and military record in the Armed Forces if discharge or release was under honorable conditions.

(c) Information related to a decoration or award or required for memorialization purposes.

(d) Information related to the review or change in type of discharge or correction of records.

(e) Personal documents, such as birth certificates, when such documents are required to be furnished by the member.

(f) Services that are furnished free in accordance with Reference (ac).

(g) Information from or copies of medical and dental records or X-ray films of patients or former patients of MTFs or DTFs, when such information is required for further medical and dental care, and requests for such data are (a) submitted by an accredited medical facility, physician, or dentist; or (b) requested by the patient, his or her next of kin, or personal representative. Other requests subject to Reference (q), will be in accordance with the guidance of Reference (y).

5. ENTERING INTO ARRANGEMENTS TO MANAGE HEALTH RECORD COPY REQUESTS. MTFs and DTFs are authorized to establish relationships with external businesses or document copy service providers. Any such arrangements with external businesses or document copy service providers must contain language to bind them to the terms of the Privacy Act and HIPAA (as a business associate). These arrangements should be coordinated with the following personnel:

- a. HPO
- b. Patient Administration Officer, or equivalent
- c. Resource Management Officer, Medical Services Account Officer, or equivalent
- d. MTF or DTF Director
- e. Servicing legal personnel

f. Contracting activity for the MTF or DTF

6. INDIVIDUAL PATIENT PHI REQUESTS

a. In accordance with References (f), (k), and (l), patients are entitled to request access to the PHI about them in the Designated Record Set maintained by or for a HIPAA covered entity. The DoD Designated Record Set is defined in Enclosure 3, of this DHA-PM. This request includes the right of a patient to inspect and/or obtain a copy of their PHI. Patients are also able to direct the covered entity to transmit a copy to a designated person or entity of the individual's choice. In the MHS, these requests are authorized by Reference (l). The scope of paragraph 6 of this enclosure covers copies produced from paper-based records and EHRs.

b. Requests described by this section (Enclosure 5, paragraph 6.b) can be classified into three types based on urgency:

(1) Urgent Copy Requests for Referral Appointments

(a) If a patient requests to remove their health record from the facility, MTF and DTF personnel are required to inform the patient of the DoD policies and instructions prohibiting patients from hand-carrying their original paper health record(s). Patients will instead receive a copy of their health records.

(b) Care teams, primary care managers (PCMs), and/or referring MTF or DTF providers are responsible for ensuring that a patient has copies of any necessary paperwork from the outpatient, inpatient, dental or other paper, or EHR required to ensure adequate health reference and continuity of care between the MTF or DTF and the external provider or civilian treatment facility.

1. MTF and DTF personnel will not charge a fee for these copies.

2. In these cases, a copy of the pertinent health record section/document(s) will be made and provided to the patient.

3. Requests of this type must be expedited so the patient can provide this information to the referral provider at the time of the appointment.

4. Unless specifically requested by either the referring or accepting provider, MTF and DTF personnel should not copy the entire medical or dental record.

5. Copies of pertinent healthcare documents may also be faxed or mailed from the MTF or DTF to the receiving provider or civilian treatment facility provided the necessary administrative, physical, and technical safeguards for sending PHI via these media to external providers have been met. Consult Reference (ba) and paragraph 8.a below for additional guidance regarding the faxing of PHI.

(2) Urgent Copy Requests to Meet Short-Notice or “No-Notice” Service member Separations or Discharges Resulting from Accelerated Force Management Related Personnel Actions

(a) When informed by a service separation or discharge authority of a Service member’s request to obtain a complete copy of his/her STR to meet expedited Force Management-related separation or discharge installation out-processing requirements, MTF and DTF records personnel will immediately prioritize the request above all non-urgent, routine requests.

(b) MTFs and DTFs will require Service members meeting the criteria in this section (Enclosure 5, paragraph 6.b(2)) to complete a valid HIPAA authorization. MTFs/DTFs and Service members may use the DD Form 2870 at the MTF or DTF ROI office.

(3) Non-Urgent, Routine Copy Requests

(a) Non-urgent, routine copy requests will be referred to the MTF or DTF ROI office.

(b) MTF and DTF ROI personnel will inform the patient of the average MTF or DTF wait-time for non-urgent requests and should use the most current DD Form 2870.

1. The timelines for such request are established below in this enclosure.

2. The time duration may be based upon factors including, but not limited to:

a. Staffing.

b. Size of the individual record(s) or record portion(s) to be copied.

c. Number of non-urgent daily and weekly requests.

d. Number of emergent and/or urgent daily and weekly requests and the time it takes to redact SSNs.

(c) The MTF or DTF personnel assigned to the ROI office should keep their supervisors apprised on any current or impending delays. Unforeseen delays can be documented by the leadership and affected beneficiaries should be notified.

c. When the PHI copy request is complete, MTF and DTF personnel will provide the patient with his/her copies at no charge.

(1) Health record copies may be provided in an electronic or digital media format (e.g., compact disc) only if the patient agrees to accept the copied record(s) in this format. MTF and

DTF personnel will inform the Service member that the VA will not accept a digital copy or compact disc copy of the record if the patient's intent is to give this copy to the VA for processing their claim.

(2) Copies of PHI authorized for release can be picked up in person by the requestor or other person to whom disclosure has been authorized. Copies may also be mailed at the individual's request and in accordance with the instructions further below in this enclosure. MTFs and DTFs may also electronically transmit PHI in accordance with the instructions further below in this enclosure.

d. Repeated personal requests for the same document copies or repeated requests for partial or complete volume copies that have already been provided to the patient or representative within the same 12-month period, may result in a financial charge by the MTF or DTF to the patient or his representative.

e. When dealing with specific requests, such as radiographs or radiographic images, digital images, or film, MTF and DTF personnel will use the following guidance:

(1) Generally, only the provider's paper document radiographic "interpretation" or analysis report should be provided to requestor. The cost of producing this paper report is free, unless repeated request for the same document are submitted (see above paragraph for excessive paper record copying charges).

(2) Copies of radiographic film, X-ray film, or digital radiological images may be provided upon specific request.

f. MTF and DTF personnel will redact the following types of SSNs before issuing a copy of the record:

(1) Provider's SSNs

(a) This restriction applies to all forms of health records including, but not limited to, the DoD Health Record and its components.

(b) This restriction applies to copies provided for any purpose or request, including an individual's request for copies of his or her own health records. Original health records will remain intact and unaltered. The original provider's SSN will never be deleted from the original health record. Other SSNs will be redacted when warranted.

(2) Sponsor's SSNs, unless the copy request originates from the actual sponsor

(a) This restriction applies to all forms of health records including, but not limited to, the DoD Health Record and its components.

(b) This DHA-PM applies to copies provided for any purpose or request. Original health records will remain intact and unaltered. The original sponsor SSN will never be deleted from the original health record. Other SSNs will be redacted when warranted.

(3) If an MTF or DTF chooses to provide health records electronically (e.g., scanned copy in lieu of paper), the MTF or DTF will use standardized nomenclature when naming the file. This will allow outside agencies and others, as applicable, to easily identify a beneficiary's treatment record. The file name will contain the following information at a minimum:

(a) The term "Outpatient Record," "Dental Record," or "Inpatient Record" (as applicable),

(b) Last name of the beneficiary, and

(c) Date the copy was made.

(d) Example: OUTPATIENT_RECORD_[SMITH]_[17JUL2018].pdf.

7. MAILING OF PHI. MTFs and DTFs will transmit PHI only through approved couriers, hand carriers, and escorts who are briefed on their responsibilities to safeguard the material in their possession throughout the transfer process. For all cases of mail transmission of PHI, MTFs and DTFs will use envelopes with opaque inner and outer covers, and the inner envelope/wrapping will be marked as "SENSITIVE" and "Controlled Unclassified Information" (CUI) in accordance with Reference (at); do not mark "CUI" on the outer envelope/wrapping. The outer cover shall be sealed and addressed with no identification of the contents containing PHI material. See Reference (ad) for more information on packaging. MTFs and DTFs will use standard First-Class U.S. mail with immediate delivery confirmation/ acknowledgment, Certified Mail, or a commercial shipping and delivery service (e.g., FedEx, United Parcel Service, DHL), that offers package tracking and/or delivery confirmation. Use of standard First-Class U.S. Postal Service mailing method alone, without immediate delivery confirmation/acknowledgment or Certified Mail receipt, is prohibited.

8. ELECTRONIC TRANSMISSION OF ELECTRONIC PHI. All electronic PHI will be protected appropriately using administrative, technical, and physical safeguards. MTF and DTF personnel will direct any questions regarding electronic transmission of PHI to the MTF or DTF HIPAA Security Officer, in accordance with Reference (p) as implemented by Reference (ae). All transmission using messaging technologies must comply with Reference (as). Previously listed guidelines pertaining to the ROI apply regardless of the method of release.

a. Fax Transmissions

(1) To protect patient privacy, MTFs and DTFs may only use fax transmission when the original record or mail-delivered copies will not meet requirements for immediate patient care, or when required by a third-party payer for ongoing certification of payment for a hospitalized patient. Reference (ba) contains additional guidelines regarding the use of fax transmission.

(2) MTFs and DTFs will limit fax transmission to only that documentation necessary to meet the requester's needs.

(3) When faxing documentation, MTFs and DTFs will use a cover letter with the following information:

- (a) Information instructing the receiver to verify receipt of the fax.
- (b) Date and time of fax transmission.
- (c) Sending facility's name, address, telephone and fax numbers.
- (d) Sender's name.
- (e) Receiving facility's name, address, telephone and fax numbers.
- (f) Authorized receiver's name.
- (g) Number of pages transmitted including cover page.

(h) Confidentiality notice. Include the following verbiage on each fax cover sheet, "THIS FAX IS INTENDED ONLY FOR THE USE OF THE PERSON AND/OR OFFICE TO WHOM IT IS ADDRESSED AND MAY CONTAIN PII/PHI. ALL RECIPIENTS ARE HEREBY NOTIFIED THAT INADVERTENT OR UNAUTHORIZED RECEIPT OF PII/PHI CONSTITUTES A BREACH. UNAUTHORIZED DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE DESTROY THE ATTACHED DOCUMENT(S), AND NOTIFY THE SENDER IMMEDIATELY."

(4) Before faxing documents, MTFs and DTFs will contact the intended recipient, whenever possible, to ensure that the receiving fax machine is in a secure area and that PHI will not be left unattended. After faxing documents, MTFs and DTFs will confirm the success of the transmission by calling the intended recipient.

(5) If the disclosure requires accounting, MTF and DTF personnel will maintain the signed release authorization and the original cover letter with a notation of the disclosed information, date, and identity of the employee making the disclosure. MTF and DTF personnel will file these in the patient's health record.

(6) If the documentation is received by anyone other than the intended recipient, the burden is on the sender to remedy the error. Frequently used destination numbers should be preprogrammed by MTF and DTF personnel into the fax machine to eliminate misdial errors.

(7) If the transmission does not reach the intended recipient's system, MTF and DTF personnel will check the internal logging system of the facsimile machine to determine where the transmission was sent. MTF and DTF personnel will send a request to the incorrect number explaining that the information was misdirected and asking for return of the documents via mail, and then notify the HPO to ask for any additional instructions or actions.

(8) If the receiver of the documentation is a Covered Entity in accordance with Reference (p), they are bound by all the laws and requirements governing the use and release of health documentation.

(9) To help protect confidentiality, MTFs and DTFs will establish specific policies and procedures for handling documents received via fax. The following minimum rules will be included in these local policies and procedures:

(a) All fax machines used to transmit and receive PHI will be located in a secure or supervised location.

(b) Removal of documents as soon as the transmission completes.

(c) MTF and DTF personnel receiving faxed documentation will count pages to ensure transmission of all intended information, check for legibility, and notify the sender of problems.

(d) MTF and DTF personnel receiving faxed documentation will read the cover letter and comply with instructions for verifying receipt.

(e) MTF and DTF personnel will process the documents, if appropriate, or notify the authorized recipient that a fax has been received. MTF and DTF personnel will seal the documents in an envelope and deliver to the authorized recipient or hold for recipient "pick-up."

(10) Documentation received via fax may be included in the patient's health record.

(11) The use of a fax machine to transmit physician's orders is permissible. The ordering provider will sign the orders prior to transmission. If the orders were not signed prior to transmission, they will not be carried out until the ordering physician verifies them. Unless otherwise required by state law or regulation, the faxed copy does not require countersignature.

(12) Documentation transmitted on thermal paper will fade over time. If a fax machine uses thermal paper, MTF personnel will make a photocopy of the document and place the copy in the record. Destroy the thermal paper document after making the photocopy.

b. Secure Messaging. MTFs and DTFs will refer to Reference (af) for instructions and acceptable use of secure messaging. MTFs and DTFs will ensure that local healthcare partners providing care to DoD beneficiaries comply with requirements to appropriately document patient care rendered through secure messaging correspondence in the patient's health record. Partners will include specifying how the appropriate member from the provider care team will create and close out an encounter note. Workflow procedures at MTFs will include the correspondence into a telephone consultation (T-con) within the EHR. MTF and DTFs provider teams will document the relevant information in the EHR, just as clinicians now decide what content to include following telephonic conversations. While not all secure messaging correspondence requires documentation as a coded encounter, there will be sufficient documentation, so these encounters can be coded using an appropriate Online Medical Evaluation (OME) code.

(1) Standard information about secure messaging encounters will be documented in the health record. This includes the date/time of each interaction within the encounter. There may be multiple interactions representing the query, answer, discussion, consensus between the providers and patients.

(2) The documentation and use of OME codes will follow MHS coding guidelines.

(3) All encounter (i.e., T-con) notes based on secure messaging interactions will have standard header: "OME" preceding each message copied and pasted into the EHR note and each "reason for T-con" placed in the EHR note by MTF personnel will have the same standard header: "OME."

(4) Correspondence using secure messaging does not substitute for documentation in the patient's health record.

c. E-mail. Use of e-mail to transmit PHI is authorized CUI purposes and must comply with encryption practices, digital signature requirements, and permissible uses/disclosures as described in References (l), (p), (as), and (at).

(1) Use of encrypted e-mail between MTF and DTF personnel for treatment, payment, and healthcare operations functions is permissible within the ".mil" domain. E-mails with PHI should not be sent to any address within the ".mil" domain that is unable to receive Public Key Infrastructure encrypted messages unless an individual requesting a copy of their PHI requests it be transmitted to them via unsecured e-mail. In accordance with Reference (l), individuals have a right to access to their PHI in the form and format they request if it is readily producible in such form or format. MTFs and DTFs will ensure any such transfers will not introduce unacceptable risks onto their electronic systems.

(a) MTFs and DTFs should avoid transmitting PHI via e-mail to an address outside the ".mil" domain unless the transfer is consistent with individuals' rights to access PHI consistent with Reference (l). MTFs and DTFs will warn individuals requesting to receive their PHI in unencrypted e-mails of the security risks associated with the unsecure transmission before sending the PHI.

(b) E-mail messages transmitted to appropriate command authorities must be properly encrypted prior to transmission.

(c) When telemedicine is applied to conduct a real-time professional office visit or consultation between providers via e-mail, where the e-mail message is encrypted, and the conversation occurs between two “.mil” e-mail accounts, the event will be fully documented by MTF and DTF personnel in the patient’s health record by either or both healthcare providers.

(2) MTF and DTF personnel will adopt the below safeguards for transmitting PHI via an CUI e-mail:

(a) Ensure there is an official need to send the information before transmitting.

(b) Confirm recipients are authorized to receive the PHI per References (f), (l), (q), (y), and (z).

(c) Protect the message from unauthorized disclosure, loss, or alteration through use of DoD Public Key Infrastructure-based encryption.

(d) In accordance with References (y), (at), (as), and (at) add “CUI” to the beginning of the subject line, followed by the subject. Do not annotate any PHI in the subject line.

(e) Insert the following statement at the BEGINNING of the e-mail message: “Controlled Unclassified Information. This electronic transmission contains Controlled Unclassified Information (CUI) which must be protected by the Privacy Act and Health Insurance Portability and Accountability Act. The information may be exempt from mandatory disclosure under the Freedom of Information Act. If you have received this message in error, please notify the sender by reply e-mail and delete all copies of this message.” Use of this statement is unnecessary if the e-mail transmission does not contain any PHI/PII.

(f) Double-check all recipients’ e-mail addresses before transmitting.

(g) Do not indiscriminately use CUI disclaimers or encryption on messages not warranting it.

(3) E-mails containing PHI may be sent to organization/office symbol e-mail addresses and must comply with encryption and digital signature requirements permissible uses/disclosures as described in References (k), (l), and (p). Individuals with access to the organization/office symbol e-mail boxes must have a need for the information as the proper recipients of the PHI.

(a) Whenever possible, before sending to an organization/office symbol e-mail address, MTFs and DTFs will remove any PII, such as:

1. SSNs;

2. Names;
3. Addresses; and
4. Dates of Birth.

(b) If possible, if the intent of the underlying issue can be conveyed without including PHI in the e-mail, try to do so. Reference (1) contains certain requirements before a document can be truly considered as “de-identified.”

d. DoD Electronic File Exchange Service. MTFs and DTFs may use an authorized, secure electronic file exchange service, (e.g., the DoD Secure Access File Exchange [SAFE] system) to transmit PHI to authorized personnel in accordance with this DHA-PM and the references herein. MTFs and DTFs using these systems must ensure that PHI is encrypted during transmission and storage by using the available menu options.

ENCLOSURE 6

CUSTODY AND CONTROL OF DEPARTMENT OF DEFENSE HEALTH RECORDS

1. GENERAL OVERSIGHT AND CARE

a. DoD MTF and DTF HRM personnel are responsible for protection against loss, unauthorized destruction, tampering, and unauthorized access, or use, in accordance with References (d) and (bi).

b. The DoD has transitioned much of its day-to-day care documentation processes into an EHR. Until all day-to-day healthcare processes are supported with an ability to electronically capture all relevant care, the DoD will use a “hybrid” record consisting primarily of the EHR and traditional paper-based records and forms to meet unique operational mission requirements, in accordance with Reference (d).

c. There may be instances where all, or some, DoD Health Records or components may be required for filing in a paper-based format, regardless of EHR capabilities, to fulfill mission requirements and ensure comprehensive continuity of care. In accordance with Reference (d), hard-copy records must be maintained, in accordance with References (f) and (l).

d. The combination of the EHR and the paper-based record constitutes a complete DoD Health Record for a beneficiary, in accordance with Reference (d). Both record formats, paper-based and electronic, need to be available for inspection and review to support continuity of care, third-party claims, legal evidence, and ROI when required. If a paper-based record exists for a patient, failure to maintain both record formats, as outlined in this DHA-PM, will result in a program deficiency and may violate Reference (l), (z), and the MTF’s accrediting agency’s standards.

e. At a minimum, following any permanent change of station (PCS) reassignment, personal geographic location moves, MTF reassignment, or change to TRICARE enrollment location; MTF and DTF records management personnel must transfer all components of the beneficiary’s paper-based DoD Health Record to the gaining MTF or DTF. These procedures are required to ensure the gaining MTF or DTF has access to the beneficiary’s complete DoD Health Record, in accordance with References (d) and (ah).

f. Until such time that MTFs fall under the authority and control of DHA in accordance with References (e), (aw), (ax), and (ay), DHA will coordinate with Service and DHA Data Quality Managers and MTF/DTF Directors to monitor MTF and DTF compliance with the custody and control of DoD Health Records through review of relevant monthly Data Quality and performance measures, in accordance with Reference (ah).

g. Until such time that MTFs and DTFs fall under the authority and control of DHA in accordance with References (e), and (aw) through (ay), DHA will coordinate with the Secretaries of the MILDEPs and Director, Health, Safety, and Work-Life, USCG to implement DoD Health

Records custody and control compliance standards through their respective Inspector General and MILDEP/USCG audit agencies that incorporate the performance standards identified in this DHA-PM.

(1) The Accountability of DoD Health Records in either electronic or paper-based format will be monitored and evaluated as an Assessable Unit under the MILDEP Management Control Program.

(2) The MILDEPs will ensure there are appropriate audits of their MTFs' and DTFs' DoD Health Record control process by the government and other contracted auditors as needed, until such time that the authority and control of MTFs and DTFs is transferred to DHA in accordance with Reference (e). After the transition, DHA PAD will facilitate external audits of DoD Health Record control processes as needed, to include engaging the MILDEPs providing direct support for MTFs and DTFs. These external audits will review compliance with the DoD Health Record custody and control procedures outlined in this DHA-PM.

h. MTF and DTF Directors will establish and execute a retention and control processes to maintain and sustain the custody and control of DoD Health Records, which at a minimum must contain the procedures outlined in this DHA-PM.

i. MTFs and DTF will conduct continuous review and analysis of record management metrics and reports to determine whether business processes regarding the custody and control of DoD Health Records should be improved.

(1) MTF and DTF Directors may incorporate external auditors as part of their process improvement.

(2) MTFs and DTF will provide auditors appropriate and available resources, to include reference materials in either hard-copy or electronic form.

j. MTF and DTF Directors, in accordance with References (ae) and (aj), will establish a Continuity of Operations Plan to ensure service and access to the DoD Health Record is uninterrupted during acts of nature, accidents, and technological events, and other various states of emergency.

k. In general, USCG health services personnel shall retain custody of USCG paper STRs. USCG Health Safety Work-Life Regional Managers covering the geographic areas of responsibility of the USCG Units at which Service members associated with the records are assigned are responsible for designating USCG health records custodians to USCG health records. DoD MTFs may serve as health record custodians for USCG records, if appropriate.

2. COMMUNICATIONS AND EDUCATIONAL PLANS. MTFs and DTFs will establish a communications and educational program as part of their retention and control processes to meet the following objectives:

a. Educating beneficiaries on the procedures to store, verify, transfer, release, and locate records at each MTF or DTF.

b. Educating MTF and DTF technical and professional staff regarding their responsibilities in the custody and control of DoD Health Records. MTF and DTF leadership will brief this subject to staff and beneficiaries at meetings such as Commander's/Director's "calls," community town hall meetings, and grand rounds.

(1) Each Service will standardize the training provided to their respective MTFs and DTFs, until such time the DHA PAD publishes standardized training.

(2) Training in all cases will include, at a minimum, the information contained in this DHA-PM, including the following regarding Medical Records Custody Responsibility and Records Borrower Training:

(a) MTF and DTF patient administration officials will brief newly assigned staff members during initial "in-processing" or newcomer's orientation and again annually thereafter, about their responsibilities regarding health records custody management. Training will include, but not be limited to, how to request paper health records, appropriate records control, release, availability, accountability of health records, and the transition from paper-based records to EHRs. Training may be informal, formal, or computer-based. This record "awareness" training is separate from initial and annual HIPAA training requirements.

(b) Training will be documented in the DHA and Service-specific official record of personnel training accomplishments.

(c) MTFs and DTFs will establish procedures to ensure records contain accurate and complete documentation of outpatient and dental visits. Refer to Reference (bj), Enclosure 3 for additional information.

3. HAND-CARRYING OF THE DoD HEALTH RECORD

a. MTFs and DTFs will establish a process that ensures no hand-carrying of DoD Health Records by beneficiaries. A process should be implemented to collect records at the first opportunity from those beneficiaries who may be in possession of their records. Every effort must be made to ensure patients do not leave the MTF or DTF with their DoD Health Record, to include all components thereof. However, patients can be offered a copy of their DoD Health Record in accordance with the instructions in this DHA-PM.

b. MTF and DTF personnel will deliver and retrieve DoD Health Records to clinics for scheduled and walk-in appointments when requested to avoid the beneficiary hand-carrying the record.

c. No Service member who is in the process of separating or retiring will hand-carry an original STR for any reason, with the exception of United States Marine Corps members, who are required to hand-carry their STR to the final out-processing appointment.

d. DHA PAD has the authority to grant general blanket exceptions to the no hand-carrying guidance.

e. MTF and DTF Directors are authorized to grant individual exceptions (in writing) to this DHA-PM on a case-by-case basis to satisfy unique individual situations where providing the original DoD Health Record to the requesting beneficiary is in the patient's and/or the government's best interest. MTF and DTF Directors may not issue general blanket orders or MTF or DTF policy permitting any beneficiary to hand-carry their medical or dental records. MTFs and DTFs must carefully analyze all circumstances surrounding a specific request. Regardless of exception, no sponsor is authorized to possess and/or hand-carry original or copies of DoD Health Records for any family member aged 18 years or older without written permission from the patient. Examples of exceptions include:

(1) Circumstances in which the break in continuity of care outweighs the record custody concerns, including when a significant inconvenience to the patient may occur or when continuity of care may be negatively impacted if the records were to be mailed.

(2) United States Marine Corps members required to hand-carry their STRs to their final out-processing appointments.

(3) Members assigned or being assigned to operational platforms where immediate access to a complete health record is required.

(3) Members assigned or being assigned to active PRP, PSP, or other sensitive duty positions where immediate access to a complete health record is required.

(4) Members being assigned to a Geographically Separated Unit (GSU) where access to the EHR is unavailable.

f. MTFs and DTFs will refer to Enclosure 5 of this DHA-PM for instructions regarding disclosure and release of information, to include guidance for providing patients with a copy of their DoD Health Record.

4. MOU/MOA BETWEEN CO-LOCATED FACILITIES. MTFs and DTFs will establish a MOA/MOU at each MTF, DTF, Reserve Component Medical Unit (RCMU), medical unit or organization authorized to maintain DoD Health Records if co-located with another MTF, DTF, RCMU, medical unit or organization (regardless of Service affiliation), to ensure correct records management procedures/policies are followed and addressed. The MOA/MOU verbiage will support both facilities, identify how records will be transferred from one facility to another, as well as how records will be dispositioned. All Memoranda of Agreement (MOAs) or

Memoranda of Understanding (MOUs) should be reviewed annually and updated as necessary. Refer to Appendix 1 to this enclosure for an example of an MOU.

5. CUSTODY AND CONTROL AND HRM DURING BASE CLOSURES OR REALIGNMENT

a. Upon inactivation of a hospital or downsizing to an outpatient clinic, MTFs will retire inpatient records in accordance with Reference (ak), the guidance in Enclosure 7, of this DHA-PM and the user guides for the CHCS Medical Record Tracking, Retirement, and Retrieval (MRTR2) System and Paper Record Tracking (PRT) application located on the Reference (al).

b. If early retirement (i.e., out of cycle), is desired or required, MTF Directors must request early retirement from DHA PAD. MTFs will coordinate the request with their respective chain of command (e.g., Markets, SSO, DHARs, or other intermediate organizations) before submission.

(1) MTFs must submit requests for early retirement as soon as possible in these instances, due to the additional time needed for approval from NPRC, who once a decision is made will notify the MTF Director. Requests must include the following:

(a) Reason for request.

(b) Closure/Realignment date (or date realigning to a clinic).

(c) Type(s) of records to be retired.

(d) Number of records (volume) involved.

(e) All information required by NPRC to be on the shipment index when requesting an accession number.

(2) Outpatient records of AD members (i.e., STRs) and their family members will be transferred to the member's gaining MTF.

(3) Outpatient records of retirees and others will be transferred as follows:

(a) If another MTF is identified by the patient as the new facility of treatment, the losing MTF will forward the medical records to the gaining facility with a cover letter explaining why the records were forwarded.

(b) If a civilian facility is identified as the new treatment facility, the losing MTF will copy the entire record for the patient to take to the civilian facility. The MTF will retire the original record to NPRC in accordance with Reference (n), the guidance in Reference (bj), Enclosure 5 of this DHA-PM, and the user guides for the CHCS MRTR2 System, Archives and Records Centers Information System, and PRT located on the Reference (al) website.

(c) MTFs undergoing realignment or closure with PRT will update the application accordingly for tracking records. Otherwise, MTFs will maintain a Service-specific Clinic Index for 6 months or until the base closes, whichever comes first, and then destroy the Index in accordance with Reference (am), item 10.

(4) MTFs will refer to Enclosure 6, paragraph 10 of this DHA-PM for guidance on managing records relating to malpractice claims or litigation. For sequestered records at MTFs undergoing realignment or closure, each Service or DHA PAD will designate repository bases to manage records involved in projected or active litigation. MTFs will consult with servicing legal personnel before sequestering original health records or transporting them to designated repositories.

c. Bases undergoing closure must establish a “Chain of Custody” document listing each patient’s name, sponsor’s SSN, and location to which the medical record was forwarded. MTFs will forward a copy of the Chain of Custody document to their respective Market, SSO, or DHAR.

d. Upon inactivation of the MTF, the old retained SF 135s, Records Transmittal and Receipt (these were produced prior to Calendar Year (CY) 2003) and copies of the CHCS shipment indices (produced CY 2003 and later) will be forwarded to DHA PAD.

6. PHYSICAL RECORD TRACKING AND ACCOUNTABILITY

a. In accordance with References (d) and (ah), MTFs will include control processes to ensure 100 percent accountability of all DoD Health Records. Lack of record accountability will negatively impact STR disposition processes and other record review processes. The USCG shall follow USCG policy with respect to record tracking and accountability.

(1) Accountability Standard. MTF personnel must ensure 100 percent accountability of all DoD Health Records. Accountability is defined as the ability to pinpoint the specific location of the record as located in the applicable record room or documented as checked out within the CHCS Medical Records Tracking (MRT) module or PRT as appropriate.

(a) Methodology. In accordance with Reference (ai), MTFs will conduct a random review/sample of CHCS or MHS GENESIS[®] outpatient appointments from the reporting month as appropriate. The records staff will determine/calculate the Accountability percentage from a minimum sample of 30 records. The overall monthly Accountability percentage for an MTF will be calculated by totaling the number of accounted-for sampled records (i.e., the number of available or “on hand” paper-based records for which physical location can be accounted either in person or via a record room file system) divided by the total number of records sampled.

$$\left(\frac{\text{Number of Available Sampled Records}}{\text{Number of Sampled Records}} \right) * 100$$

(b) A record is considered “accounted-for” if it meets one of the following criteria:

1. If the record is not physically located in the record room file, but a charge-out request is documented, and a plastic record charge-out guide is filed in place of the paper-based record (charged out for less than three days); or

2. If an MTF can prove record accountability by identifying the specific location of the record within an MTF records department or MTF borrower location, using the CHCS MRT module, PRT, or from a properly documented charge-out request. Records loaned to a borrower with a “check-out” date older than 3 days must be physically located and verified with the borrower.

(c) A record with more than one volume will only be considered accounted for if all volumes can be verified.

(d) Reporting. MTFs will report accountability through the MTF Data Quality Statement submitted in accordance with Reference (ai). DHA PAD will coordinate with Markets, SSO, DHARs, and MTFs directly if needed.

(2) Missing, Overdue, and Charged Out Records. In accordance with the Accountability standard, MTF personnel must ensure 100 percent of DoD Health Records are able to be located, including records that have been loaned or otherwise charged out.

(a) Methodology. Every 30 calendar days, MTF personnel in each MTF record room will review all DoD Health Records loaned or “charged out” to borrowers for more than three days. MTF personnel are required to identify each overdue record, and record and contact the last known borrower to inquire about the status of the record. MTF personnel will retrieve records loaned to borrowers for more than 3 days. Overdue records will be identified by viewing the CHCS Overdue Records List Report or similar PRT reporting mechanism. MTF personnel will maintain monthly overdue/missing record statistics by documenting and comparing the number of missing and/or overdue records (numerator) to the total number of records assigned to the record room (denominator). To obtain the percentage of missing and/or overdue records, divide the numerator by the denominator.

$$\left(\frac{\text{Number of Unavailable Paper Records}}{\text{Total Number of Paper Records in a Records Room}} \right) * 100$$

(b) Reporting. MTFs will report monthly overdue/missing record statistics to their Markets or DHARs. DHA PAD will coordinate with Markets, SSO, DHARs and MTFs directly if needed.

(3) The local patient administration office is responsible for creating an aggregate MTF or DTF total of overdue or missing records. The Patient Administration Officer or equivalent will use the submitted information to identify duty locations and/or individuals who routinely borrow records without

returning them to the Main File. Refer to paragraph 8 below regarding obligations required when reporting missing or lost medical records. MTF or DTF PAD Officers will provide MTF HPOs with metrics and reports for overdue, missing, or lost medical records as needed.

b. The CHCS MRT module will be used as the primary application to monitor and track the availability and movement of paper-based medical records, until the new PRT application is implemented to replace it. Dental clinics not currently using the CHCS MRT module will utilize a manual method or CDA/CDS to track and identify delinquent dental records until the new PRT application is implemented to replace those methods. This will facilitate the development and maintenance of a closed record system within MTFs and DTFs.

(1) All MTFs and/or medical units with CHCS computer capabilities must use the CHCS MRT module to properly manage, track, and locate medical records until the new PRT application is deployed throughout the enterprise. Efficient use of the CHCS MRT module and/or PRT will reduce misplaced paper-based medical records. Any medical unit or organization authorized to maintain ADSM or Reserve Component medical records without the capability or connectivity to use the CHCS MRT module or PRT to identify and manage their record inventory will establish a manual tracking system. User guides and instructions for the use of the CHCS MRT module and PRT will be accessible on the Reference (al).

(2) The CHCS MRT module or PRT will be used to create, “charge in,” “charge out,” inactivate, and transfer records between the medical records departments and every authorized requesting “borrower” location in the MTF/medical unit, or when a patient undergoes a PCS.

(3) MTFs and DTFs will ensure that each time a record is mailed or transferred to another facility or agency that the action will be documented in the CHCS MRT module or in PRT as appropriate. MTF and DTF records personnel will transfer the record in the CHCS MRT module or in the PRT to the appropriate location. If the appropriate location is not available, MTFs and DTFs will work with their local System Administrator (SA) to have it created.

c. MTFs and DTFs will establish tracking and reporting procedures to identify over-due and delinquent records. The tracking and reporting procedures will identify the following at a minimum:

(1) Delinquent Records. Health records for newly enrolled patients that have not yet arrived to the gaining MTF/DTF from the losing MTF/DTF.

(2) Overdue Records. Paper health records that have been charged-out or loaned to a borrower for more than 3 days and have not been returned to the loaning file room.

d. MTFs and DTFs will ensure all records and volumes are provided, sent or mailed to the gaining MTF when a patient out-processes or relocates.

e. MTFs and DTFs will ensure all records and volumes are received when a new patient in-processes.

7. ANNUAL STR INVENTORY. All facilities maintaining DoD Health Records will conduct an annual inventory of STRs no later than March 31st of each CY. This includes, but is not limited to MTFs (including dental clinics), National Guard and Reserve units, deployed locations, ships, submarines, or other remote locations and operational platforms storing STRs. USCG shall follow USCG policy with respect to conducting an annual STR inventory.

a. Medical and dental record personnel will complete the inventory of their respective records, as these are frequently maintained separately.

b. Annual STR Inventory Reporting Requirements

(1) Each facility maintaining records will submit one consolidated report (with results from both medical and dental), outlining the results of the annual STR inventory to their respective Market, SSO, or DHAR. DHA PAD will coordinate with Markets, SSO, DHARs, and MTFs directly if needed.

(2) The number of records identified as missing during the initial inventory will be monitored and reported monthly to the respective Market, SSO, or DHAR monthly until found. The MTF or DTF PAD Officer (or similar position), and HPO will serve as the local recipients of the consolidated inventory report. Missing records will be treated as reportable breach items.

c. Service Member Roster. Each facility will coordinate with Service Personnel communities to obtain a roster of all Service members assigned or attached to the installation, to include tenant and remote units. The roster should contain the following information at a minimum:

(1) Name

(2) SSN

(3) Rank

(4) Unit of Assignment

(5) Time on Station

(6) Date of Enlistment or Accession

(7) Unit Identification Code

d. Each facility will account for all volumes of the STR if the member has multiple volumes.

e. Closed record rooms will be included in the physical inventory.

f. There may be instances where a new Service member does not have a hard-copy record due to Service-specific process changes eliminating the creation of new paper records at basic

training or accession points. In this instance MTFs will validate the existence of an “electronic only” STR by locating the Military Entrance Processing Station (MEPS) packet identified as “MEPS/Intake Physical” in HAIMS. If the MEPS packet is not in HAIMS, then a physical record is required, and it will be counted as missing during the inventory. See further below in this enclosure for additional information.

g. Conducting the Inventory. Each facility will account for paper and electronic records by physical and automated means and will categorize the location of records as such:

(1) Available Records – number of records on the list and shelf.

(2) Missing Records – number of records not accounted for.

(3) Charged-Out Records – number of records not accounted for until they are returned to their respective record room shelves.

(a) Each facility will follow up on charged-out records by pinpointing their actual location within the facility and will verify once returned to the shelf.

(b) If charged-out records are not returned, facilities will not account for the record and will determine if charged-out records are missing, dislocated, or overdue

(4) Completely Electronic Records – number of records in which all encounters are electronic, or the STR was previously digitized by the Service Record Processing Center (RPCs).

(a) STRs within this category may only have a paper dental record.

(b) Each facility will use the CHCS MRT module or PRT to verify there is no paper record excluding them from this category, by entering “No Record Tracking” for these records.

(5) Dislocated Records – number of active records at the location, but the Service member is no longer assigned or attached to the facility.

h. If records are found during the inventory not on the inventory roster, and:

(1) The member is assigned to another facility; then facilities will forward the record to the correct location.

(2) The member is no longer on AD, then facilities will forward the record(s) to the Service-specific RPC in accordance with STR Disposition instructions in Reference (bj).

i. Once the STR inventory is complete, each location will prepare the Inventory Report. Facilities will break down findings by dividing how many records are available by base

population results in availability percentage rate for both medical and dental records. The report will be signed by the unit Commander and MTF/DTF Director as appropriate. Refer to the DHA PAD milSuite site at Reference (al) to locate a standardized sample report template for the inventory.

$$\left(\frac{\text{Number of Available Records at a Facility}}{\text{Total Number of Paper Records in a Records Room}} \right) * 100$$

j. Each MTF and DTF will scan and e-mail the inventory report to the appropriate Market, SSO, or DHAR within 1 week of inventory completion, and no later than March 31st of each year. The Markets, SSO, and DHARs will track the findings and timeliness of initial annual inventory reports.

k. If 100 percent of the records are located (medical and dental), a follow up report is not required.

l. In accordance with this DHA-PM, if missing record(s) and/or volume(s) are identified during the initial inventory, records personnel will perform monthly audits until the missing record(s) and/or volume(s) are retrieved or located.

(1) Facilities must follow the instructions outlined further below in this enclosure in paragraph 8a to achieve due diligence of their health records.

(2) If records are still missing after all search efforts have been exhausted, each location must complete lost notification requirements as outlined in Reference (y), as well as any specific reporting required under the Reference (k).

(a) Facilities will consult with the local HPO to ensure all reporting actions and time requirements are met.

(b) A new record jacket will not be established for missing records; a new record will not be created with printed information from the EHR.

(c) Facilities will identify the original volume as missing in the CHCS MRT module or PRT.

m. No later than June 1st, all attempts to locate missing records must be completed and results annotated in a Follow-up inventory report and sent to the appropriate Market, SSO, or DHAR. Refer to the DHA PAD milSuite site at Reference (al) to locate a standardized sample report template for the inventory. Each facility will maintain the results of the STR Inventory, to include copies of the submitted reports, in a local file for a minimum of 6 years in accordance with Reference (am) Item 20.

8. DUE DILIGENCE

a. MISSING AND LOST DoD HEALTH RECORDS. With the DoD-wide implementation of the EHR, most patients have health encounters documented electronically. However, the availability and accountability of complete DoD Health Records (i.e., all volumes of a patient's medical and dental records), has the highest level of visibility. As such, it is unacceptable for an MTF, DTF, or RCMU to be unable to locate the complete DoD Health Record for a patient. MTFs, DTFs, and RCMUs must have and implement thorough in and out-processing procedures in accordance with this DHA-PM to ensure all records for a patient are available as soon as possible.

(1) Facilities will not recreate paper-based records deemed lost using the information from the EHR.

(2) There are several instances when a component of the DoD Health Record may be considered missing. Below are several of the most common examples:

(a) A record may be considered missing immediately following a record room supervisor's investigation of the circumstances surrounding the record's disappearance.

(b) A record is discovered missing from the Main File with no documented borrower location or date.

(c) A record is discovered missing from the Main File with a documented borrower location and date, but the physical record has not returned to the Main File following a period of 30 calendar days or more - without a documented explanation.

(3) DoD Health Records, both in electronic and paper-based formats, are considered PHI and PII subject to the provisions of References (l), (q), (y), and (z). Once a record is deemed lost, specific steps must be taken to report the information and notify the affected beneficiary or party in accordance with References (t) and (z).

(4) MTFs and DTFs must exhaust all means to locate a missing record. When records are identified as missing, each MTF or DTF staff member is responsible for searching their immediate work area(s). MTF and DTF personnel will mobilize and help search for a missing record. The following procedures are required after discovering a record is missing:

(a) Identify possible borrower charge-out locations in the automated CHCS MRT module or PRT.

(b) Check the Defense Enrollment Eligibility Reporting System (DEERS) via the General Inquiry of DEERS to see if the beneficiary's status or dependency has changed. If it has, check to see if the record is filed under the previous sponsorship.

(c) Check for record misfiles in each record storage room.

(d) Search provider offices, exam rooms, and other record storage areas to include “closed” record storage; ensure the record has not been forwarded to a peer review or clinical review committee, meeting, or function.

(e) Verify the record has not been sequestered from the Main File.

(f) Verify the record has not been temporarily separated from the Main File for any other official review function.

(g) Contact all previous MTFs or DTFs responsible for maintaining the beneficiary’s DoD Health Record.

(5) Obtaining DoD Health Record(s) from Patients. Regardless of rank, when it is known a patient has custody of their record(s), initiate the following procedures to retrieve the record from the patient:

(a) Contact the patient and/or the sponsor. Inform the patient and/or the sponsor the record(s) is the property of the U.S. Government and must be returned to the MTF or DTF immediately.

(b) Inform the patient and/or the sponsor he/she may receive a copy of the record, but the original record must be maintained at the MTF or DTF. If the patient does not return the record after contact, take the following actions:

1. AD and their Family Members. Contact the sponsor’s unit leadership or chain of command for assistance in retrieving the record(s). Inform the sponsor’s unit Commander, Commanding Officer, or Command Senior Enlisted Leader, of the previous attempts to collect the record(s), in accordance with this DHA-PM and Reference (d). If, after contacting the sponsor’s chain of command, the patient still has not returned the record(s), send a certified letter to the sponsor’s and/or patient’s home address notifying him/her the record(s) are the property of the U.S. Government. Inform the sponsor or patient a complete copy may be provided. A signed authorization must be provided for any patient over the age of 18. Reference any known previous attempts or actions to collect the record(s) and instances (if any) of refusals to cooperate. Request for the record(s) to be returned to the MTF or DTF within 10 calendar days from receipt of the letter. Inform the sponsor failure to comply will result in an additional notification to his/her unit Commander, Commanding Officer, or Command Senior Enlisted Leader, which may result in potential administrative or corrective personnel action. Inform the patient and/or sponsor that failure to comply will result in appropriate action.

2. Reserve Component members. Contact the member’s unit leadership or chain of command for assistance in retrieving the record(s). Inform the member’s unit Commander, Commanding Officer, or Command Senior Enlisted Leader of the previous attempts to collect the record(s), in accordance with this DHA-PM and Reference (d). If, after contacting the member’s chain of command, the patient still has not returned the record(s), send a certified letter to the member’s home address notifying him/her that the record(s) are the property of the U.S. Government. Inform the member that a complete copy may be provided. A signed

authorization must be provided. Reference any known previous attempts or actions to collect the record(s) and instances (if any) of refusals to cooperate. Request for the record(s) to be returned to the MTF, DTF, or RCMU within 10 calendar days from receipt of the letter. Inform the member that failure to comply will result in an additional notification to his/her unit Commander, Commanding Officer, or Command Senior Enlisted Leader, which may result in potential administrative or corrective personnel action. Inform the member that failure to comply will result in appropriate action.

3. For all Other Beneficiaries Enrolled at an MTF or DTF. If, after requesting the record(s) in accordance with the directions found in this DHA-PM, the patient(s) still has not returned the record(s), send a certified letter to the sponsor's and/or patient's home address notifying him/her that the record(s) are the property of the U.S. Government. Inform the sponsor and/or patient that a complete copy may be provided to the sponsor and/or patient. Reference any known previous attempts or actions to collect the record(s) and instances (if any) of refusals to cooperate. Request for the record(s) to be returned to the MTF or DTF within 10 calendar days from receipt of the letter. Inform the patient and/or sponsor that failure to comply will result in appropriate action.

b. Achieving Due Diligence

(1) Service members may incur several PCS assignments, same station-permanent change of assignment relocations, temporary duty assignments, deployments, inter-unit transfers, and personal leave absences may include travel to various locations throughout the United States and abroad. Non-Service members may incur several PCS relocations while accompanying their sponsor.

(2) Health record personnel may receive paper-based health treatment documents from internal or external facility clinics for patients who have received transient care. Whatever the reason, the process of tracking down duty assignment stations/previous locations may be challenging, but necessary.

(3) Table 2 below is the reference checklist that will be used for both ADSMs and non-Service members when searching for paper-based DoD Health Records. Health record personnel will use the checklist at the time the paper-based record(s) are first identified as lost or missing. For the purposes of this process, inadvertently destroyed records should be considered as lost or missing. Use of the checklist is not necessary for records that are not paper-based.

Table 2. Record Manager Search Verification Checklist

Patient Rank, Name:		SSN/DoD ID:	
Branch of Service/Component: <i>Example: U.S. Air Force/Reserve</i>		DOS: <i>Separation or Retirement Date (if applicable)</i>	
#	Action	Description/Instruction	MTF Response
1.	Describe the reason for the search and which portion of the DoD Health Record is missing.	If the record is not in the MTF or DTF's possession (to include inadvertent destruction), identify why/what the issue is.	<input type="checkbox"/> Medical record missing Volume ____ of ____ <input type="checkbox"/> Dental record missing <i>Example: "Service member is on our Loss Roster/STR Processing Operations Reporting Tracking Solution Work/Case List. CHCS/CDA/CDS, PRT reveals that the xxx record was not received at in-processing. A physical search of the shelf, our Closed Record Room, as well as the shelves of all (MTF/RCMU owned) record rooms did not result in finding the record."</i>
Note: Complete actions #2–#19 in the order best suited for the unit and the lost, missing, or destroyed record(s). Not all fields are mandatory, i.e., some may not be applicable due to the unique circumstances of the record(s) in question.			
2.	Identify if record was received from the previous assignment and registered into the duty location MTF/DTF CHCS records tracking module or PRT.	Indicate date the record was entered into the host MTF or DTF CHCS tracking module or PRT. List the location identified in CHCS or PRT.	Date member/records in-processed: _____ If the record was never received from the previous location, contact and obtain the record from the previous MTF or DTF.
3.	Check the sequestered records.	*If sequestered, send the original to the RPC/Central Cell and make a copy for the MTF. Do not complete this checklist. Do not send a Letter of Non-Availability (NAL). If unable to send the original, include the checklist with the roster (no NAL is needed as STR must remain overdue). Attach the dental record so the full STR will be sent together.	<input type="checkbox"/> Yes, *record is sequestered and cannot be released <input type="checkbox"/> No, record is not sequestered Patient Administration Officer in Charge (OIC) or Non-Commissioned Officer in Charge (NCOIC) Name, Date and Signature _____ Reason original record cannot be sent: <i>Example. "The medical record is currently sequestered due to an ongoing investigation. The original cannot be released until approximately (insert date). The dental record is available and has been consolidated with the sequestered medical record. POC info: xxxx, DSN xxx-xxxx."</i>

4.	Describe the electronic tracking information (medical and/or dental as applicable).	Provide the CHCS Trace Movement or movement indicated in PRT. For the dental record, include the CDS, CDA, Records Tracker, and the local tracking log information. For units without CHCS/PRT, include information from the manual tracking system.	<i>Example. "CHCS indicates that the record has been charged to xxx for xxxx days", etc. CDS/CDA states that the record should be in the file, but it cannot be found."</i>
5.	Conduct a physical search and check for misfiled records. Note: Physical searches must be conducted. It is not acceptable to only conduct electronic searches.	Search all record room areas. Include any closed volume rooms and warehouses. Search throughout the member's terminal digit # (all of the 6s if the last four is xx6x). Search the office areas/exam rooms as applicable.	List all of the office areas/exam rooms and record room areas searched and the results. <i>Example. "XX MTF/RCMU has xx record room areas as identified below. A misfile check was conducted with the following results: Outpatient Records - # of misfiles Flight Medicine - # of misfiles PAD OIC, NCOIC, LCPO, or SEL Name, Date, and Signature _____ Dental OIC or NCOIC Name, Date, and Signature _____"</i>
6.	Identify if the member is on Special Duty Status.	Flying Status, Submarine Duty, PRP, PSP, etc. Are records for Special Duty members maintained in another location/record room?	<i>Example. "Research indicates that the member is on Flying Status. Records for members on Flying status are maintained in the Flight Medicine clinic. Flight Medicine searched for the record with xxxxx results."</i>
7.	Document whether or not the member is Dual Status.	For Dual Status members (i.e., those who were or are a dependent, Guard, Reserve, etc.) check for the record under the other sponsor's SSN.	Is the member Dual Status? <input type="checkbox"/> Yes (submit a separate checklist if the Dual Status record is also missing) <input type="checkbox"/> No Brief Explanation: <i>Example. "Member is also a dependent spouse. Conducted a search under sponsor's SSN with xxxx results."</i>

8.	Document member's assignment location.	Document what unit the member is assigned to, and if they are assigned to a GSU. If assigned to a GSU, identify which MTF or DTF supports the GSU. Contact the other facility to retrieve the record.	<p>Unit assigned: Is assigned unit a GSU? <input type="checkbox"/> Yes (If yes, identify supporting MTF/DTF) Support MTF or DTF: <input type="checkbox"/> No</p> <p>Brief Explanation: <i>Example. "Member is assigned to xxx GSU. Xxx location CHCS indicates that the record was transferred to (new location) on (date). Shipping log indicates the record was mailed to (address) on (date) via Federal Express (FedEx), United States Postal Service (USPS), etc. with tracking number xxx. Tracking number status indicates it was received on (date) and signed for by (name)."</i></p>
9.	<p>a. Identify the member's current MTF of enrollment, location, PCM, and Defense Medical Information System Identification (DMIS ID).</p> <p>b. Provide explanation of coordination with other units/MTFs/RCMUs, if applicable.</p>	Identify if the member is enrolled to another MTF, Guard, or Reserve Medical Unit. Annotate results from CHCS/PRT, AHLTA, and General Inquiry of DEERS.	<p>Enrolled MTF: _____ MTF Location: _____ PCM. _____ DMIS ID. _____ Contact facility to retrieve record if necessary.</p> <p><i>Example. "Member is enrolled to xxx MTF. Xxx location CHCS indicates that the record was transferred to (new location) on (date). Shipping log indicates the record was mailed to (address) on (date) via FedEx, USPS, etc. with tracking number xxx. The tracking number status indicates if it was received on (date) and signed for by (name)."</i></p>
10.	Review location of documented encounters in AHLTA. If at a site using MHS GENESIS®, review location of document encounters via the Joint Legacy Viewer to identify encounters document in AHLTA and MHS GENESIS®.	Document each MTF where the patient received treatment as identified in AHLTA. Contact each location, document the POC contacted, the results of the physical search (all areas/record rooms in the facility), as well as what their CHCS or PRT indicates (i.e., where it was sent must be included with the tracking number and courier used).	<p>Provide explanation/details of search: <i>Example. "PAD or Responsible Officer contacted Staff Sergeant Jones from xxx location on (date). Staff Sergeant Jones conducted a physical search of all record rooms. Xxx location CHCS indicates that the record was transferred to (new location) on (date). The shipping log indicates the record was mailed to (address) on (date) via FedEx, USPS, etc. with tracking number xxx. The tracking number status indicates it was received on (date) and signed for by (name)."</i></p>

11.	Check last available AD Record Inventory list of the last MTF/DTF/RCMU where record(s) was located.	<p>Was the record available during the last inventory?</p> <p>Inventory results may provide verification of record location. If the member was at a different location during the inventory, contact the last MTF or DTF that the member was assigned. Provide comments.</p>	<p><input type="checkbox"/> Yes, record was documented as available on last inventory. Date of inventory: ____ Location of inventory. ____</p> <p><input type="checkbox"/> No, record was not available on last inventory</p> <p><input type="checkbox"/> No, member hand-carried</p> <p><i>Example. "Although record was available on last inventory, record is missing. Xxx MTF CHCS indicates that the record was checked out to and given to the member to hand-carry to the next duty station."</i></p>
12	Contact patient to gather additional information. If patient has record, require it be returned immediately.	Document date member was contacted and identify the patient's last known location of record or other pertinent information.	<p>Contact the patient and have him/her provide additional information. Relevant information provided by the patient may be imperative. Document all details, to include the following. where he/she saw it last, how many volumes there were (if known), their duty history (outlining each base/installation to which they have been assigned, including deployments), as well as any time/place in which they hand-carried their records, and most importantly, if they have it. If the patient is in possession of his/her record, inform the patient it must be returned.</p> <p><i>Example. "Contacted patient by phone on xxx date; member stated they are in possession of the record and will return it on xxx date. Informed member that if record is not received by close of business on promised date, the xxx OIC will contact their Commander."</i></p>
13.	Identify if the member had a break in service.	<p>A break in service may indicate STR was previously processed.</p> <p>Contact the Service RPCs/Central Cells to see if a record for the member has previously been processed.</p>	<p>Did member have a break in service?</p> <p><input type="checkbox"/> Yes When: _____</p> <p><input type="checkbox"/> No Brief Explanation:</p> <p><i>Example: "Member is a Reservist and had a break in Service in 2010. Contacted AFSTRPC – Member's STR was sent to the U.S. Department of Veterans Affairs (VA) Record Management Center (RMC) on 20 Sep 2010."</i></p>

14.	Identify if the member came to the MTF or DTF installation's Service from another Service.	<p>A Service-to Service transfer may indicate STR previously processed by the other Service.</p> <p>Contact the other Service RPCs/Central Cells to see if a record for the member has previously been processed.</p>	<p>Did the member come to the MTF or DTF installation's Service from another Service?</p> <p><input type="checkbox"/> Yes When: _____</p> <p><input type="checkbox"/> No</p> <p>Brief Explanation: <i>Example. "The member went Blue to Green in 2011 (transitioned from Air Force to Army). Contacted AFSTRPC and ARPC – Member's STR was sent to the VA RMC on 25 Mar 2011."</i></p>
15.	Contact all prior MTFs or DTFs for record availability as applicable.	Document each facility contacted and the results of each search.	If the above actions have not revealed the location of the member's record, then a complete Chain of Custody search must be conducted. Contact the applicable Personnel Office to obtain a list of installations where the member was assigned. Utilize Service leadership to obtain POCs to contact representatives at each location. Results must be documented in detail.
16.	Identify when the missing record was placed on the Global Records Search	Global Records Search accomplished quarterly.	Put the missing record on the Global Record Records Search for at least one Quarter, at a minimum (last resort; needed for HIPAA Breach reporting requirements). Document the date the member's information was sent to the DHA PAD to be included on the search. Document the date the search was sent out. Document the results of the search (e.g., any responses, follow-up actions, etc.).
17.	Contact the VA RMC	Query the VA RMC	Check with the VA to see if the record may have been sent there previously. If the record is at the VA RMC, document this information on the checklist and in the memo.
18.	Contact NPRC	Query NPRC	Check with NPRC to see if the record may have been sent there previously. If the record is at NPRC, document the information on the checklist and in the memo.
19.	List any additional steps, information, or actions taken to locate the record.	Provide additional details.	Describe in detail any other search actions not already identified above in detail.
20.	Certify actions #1 – #19 were taken.	Provide a signature block and signature.	<p>Name, Rank, Title Outpatient Records</p> <p>Name, Rank, Title Dental Records</p> <p>Name, Rank, Title OIC</p>

21.	MTF/DTF Director or MTF/DTF Records Custodian deems record to be lost.	If after all preceding research actions have been completed and the missing record(s) still have not been recovered, the MTF/DTF Director or MTF/DTF Records Custodian may deem the record as lost.	<i>Example. "The record in question was unable to be located after conducting the extensive search as documented above. The MTF Director/Commander or MTF Records Custodian has deemed the record to be lost, per this Enclosure. The record was flagged missing in CHCS on (insert date here)."</i>
22.	Contact the member with MTF/DTF HIPAA Privacy Officer to complete the HIPAA Breach Actions. Reserve contact the Privacy Office to complete the Privacy Breach Actions).	Provide a summary of findings. If the member is in possession of the record(s), instruct them to return it, per Reference (d) and this DHA-PM. The VA will not accept paper-based records provided by the member. The MTF/DTF Director may engage the member's leadership as records are U.S. Government property.	<i>Example. "The missing record was reported via DD Form 2959, Breach of Personally Identifiable Information (PII) Report, on (insert date). In accordance with (Service Instruction for breach reporting), the following actions occurred: The documented actions per requirements in (Service Instruction for breach reporting)."</i>
23.	Obtain MTF or DTF HPO Acknowledgement.	Provide signature block/signature.	<i>Name, Rank, Title MTF HPO (Privacy Officer for Reserves)</i>
24.	Submit signed checklist to installation records manager or up through the appropriate Service chain of command.	Provide a copy of the checklist and additional details for the missing records.	Provide the Service-designated POC with details regarding the missing records, for notification to the National Archives and Records Administration (NARA) in compliance with Reference (bi).

(3) MTF and DTF records room staff will compile and attach all specific correspondence or documents collected as part of, or in support of, the investigation to locate the missing record as needed to support the above information.

(4) Once the checklist is complete, the MTF/DTF Director or Records Custodian will accomplish a Due Diligence memorandum on official MTF or DTF letterhead containing, at minimum, the following information:

- (a) Patient's Name;
- (b) Rank;
- (c) Date of Birth;
- (d) Final Service Obligation Date (if the record is needed for the STR Disposition process);
- (e) A summary of the issue (i.e., it has been determined the patient hand-carried the record and refuses to return it.);

(f) A statement indicating all search requirements outlined in Reference (d) and this DHA-PM, have been completed, and if the record is found it will be sent to the required office/agency as needed;

(g) Date of search;

(h) Name of the MTF or DTF that completed the search;

(i) Provide a POC should further questions arise; and

(j) Signature of the MTF/DTF Director or Records Custodian.

(5) Once the memorandum is complete, it will be scanned/uploaded into HAIMS with the following naming convention:

(a) Document Type. "Correspondence"; and

(b) Document Title. "Due Diligence Memorandum."

(6) MTF and DTF record room staff members will begin rebuilding as much of the lost record as possible. This should include contacting the provider(s) for any notes they may have taken and anything they may recall about any known encounter(s). It also includes querying the provider support staff and the patient, Information Management/Information Technology and ancillary data sources that may increase the completeness and accuracy of the replacement encounter. MTFs and DTFs will not re-create paper-based records deemed lost using the information from the EHR.

(7) MTF and DTF record room staff members will file the paper copies of the specific correspondence or documents collected as part of, or in support of the investigation to locate the missing record, and the original, signed Due Diligence Memorandum in the new paper-based record, that the replacement record/encounter is a summary of the missing encounter and will be clearly marked as a replacement.

(8) Once the checklist is complete, MTFs and DTFs must notify NARA of the lost, missing, or destroyed record(s) in accordance with Reference (bi). MTFs and DTFs will coordinate with a Service-designated POC to provide details regarding the record(s) in question. The report to NARA must be submitted by mail or e-mail to NARA pursuant to Reference (bi) and must include the following details, which should be known through the completion of the checklist in this Enclosure:

(a) A complete description of the records with volume and dates if known;

(b) The office maintaining the records;

(c) A statement of the exact circumstances surrounding the removal, defacing, alteration, or destruction of records;

(d) A statement of the safeguards established to prevent further loss of documentation; and

(e) When appropriate, details of the actions taken to salvage, retrieve, or reconstruct the records.

9. SAFEGUARDING PII AND PHI

a. DoD Health Records contain PII and PHI, which are personal to the individual and must be properly safeguarded to avoid compromise of health information during the movement of the record inside and outside the MTFs and DTFs. Only medical personnel are authorized access to the information except as noted throughout this DHA-PM. MTFs and DTFs will properly safeguard PII and PHI as outlined in references (f), (l), (p), (t), and (ae).

b. MTFs and DTFs will limit access to all open record storage areas and to electronic records to authorized personnel only. Authorized personnel are defined as personnel who, through a verification process, have presented a valid requirement to access health records and authorization from the MTF/DTF Director. Personnel granted access must be fully aware of the requirements in this instruction regarding safeguarding PHI maintained in the MTF or DTF. Written authorization must be posted near each entrance for ready reference. If the MTF or DTF Director's written authorization is required prior to electronic access identification card "swipe" activation, individuals with identification card swipe access do not need to be identified on the posted listing. This does not apply to keypad access due to the potential for security compromise.

c. MTFs will establish written procedures to ensure highly sensitive records and sensitive medical information are safeguarded. This includes copying electronic records for inclusion into the hard-copy record, safeguarding X-rays and FMSs. Drug and alcohol abuse, rape, child or adult abuse, and possible claims against the government are examples of highly sensitive records. Information which may affect the patient's morale, character, medical progress, or mental health is also considered sensitive. Because of the sensitive nature of this type of information, ensure sensitive records and documents are only handled directly by medical personnel when advised by the attending physician or MTF Director. MTFs will consult their servicing legal personnel or HPO regarding any questions about the sensitivity of medical information.

(1) Role-based access procedures. MTFs will define levels of access to paper and electronic health information by individuals or groups of individuals (work centers) based on requirements in fulfillment of assigned duties. At a minimum, guidance must address:

- (a) Standardized matrix for evaluating specific roles against access requirements.
- (b) Review and approval process, to include approval authority.
- (c) Procedures for periodically validating access requirements.

(d) Access and employee termination procedures.

(2) Protection of PHI. MTFs must evaluate and implement administrative, technical, and physical safeguards to reasonably protect health information from unauthorized use or disclosure, and to limit instances of incidental disclosure.

d. Sequestering Health Records. Sequestering a health record is the storage and securing of a health record separate from other health records for added security or for legal purposes. A notice must be placed on the original record to ensure personnel do not allow the patient to hand-carry the record while there is an active claim or litigation. If a certified copy is made for sequestering, return the original record to the file room and suspense it for periodic updates. Records will be sequestered under the following circumstances:

(1) When an administrative claim or lawsuit claim against the government has been filed.

(2) When a patient has tried to tamper, alter, or illegally remove a record from the facility. See References (ae), (l), and (an) to identify and define appropriate level administrative, technical, and physical safeguards based on PII impact level.

(3) When a request is received from an attorney indicating a claim or lawsuit is being considered.

(4) When an Inspector General or Congressional Inquiry or Investigation has been initiated.

(5) When the record becomes relevant to a government investigative agency, such as Office of Special Investigation or Security Forces/Security Police/Military Police investigation. Annotate the sequestered record form with the applicable agent's name and case number for annual review process.

(6) For all other government investigative agency inquiries, refer to Reference (bj), Enclosure 5 and Reference (l). Contact the local servicing legal personnel or HPO for answers to any questions that arise.

(7) For safety or mishap investigations, sequestration of medical records in a manner similar to the previous paragraphs is not automatically required. However, all efforts should be made to secure and provide copies of pre-incident records to all appropriate investigative bodies.

(8) It is the MTF or DTF Director's responsibility (with advice from the Quality Services Manager and servicing legal personnel) to establish local operating instructions regarding sequestered medical records safekeeping policy and procedure. At a minimum, the records will be kept in a separate, locked location, with limited staff and patient access. If patients are actively being seen at the MTF/DTF, MTFs and DTFs will copy the original record for the

outpatient records room and annotate on the jacket “Clinic Copy.” MTFs and DTFs will create the “Clinic Copy” in CHCS as a unique record type for tracking purposes in the MRT module, or in PRT.

(9) Place a cover sheet on the original medical record stating the record has been sequestered. Maintain a separate file with notes indicating why the record has been sequestered, and the date (or occurrence of an event), when the record will be reviewed to determine the need for continued sequestering. Place a charge out card in the appropriate records room with a statement that the record has been sequestered. If a “Clinic Copy” is made, ensure all new original documentation is forwarded to the sequestered file and a copy is placed in the “Clinic Copy.”

(10) MTFs and DTFs will coordinate annual reviews of sequestered records with the servicing legal office to determine whether the records should continue to be sequestered. In addition, MTFs and DTFs will ensure records are reviewed prior to patient relocation to see if sequestering is still appropriate. If sequestering is still required, MTFs and DTFs will mail the health records to gaining MTFs or DTFs. MTFs and DTFs will include a cover letter stating the records are to be sequestered and provide a detailed explanation of the circumstances requiring sequestration. Losing MTFs and DTFs will make a certified true copy of the record for cases identified in this section (Enclosure 6, paragraph 9.d) before mailing the record to gaining MTFs and DTFs. Losing MTFs and DTFs will maintain the certified true copy of the record until the claim or litigation is resolved and the base legal office authorized its destruction.

10. RISK MANAGEMENT AND DoD HEALTH RECORD RESTRICTION

a. In accordance with Reference (ao), each MTF and DTF will have a Risk Management program, which focuses on identification, mitigation, and prevention of harmful patient and staff events through a process of risk reduction strategies. Risk Management processes encompass activities to reduce risk(s) to the patient(s) and family, government, healthcare personnel, and MTF/DTF visitors. The MILDEPs and MTF/DTF Directors will implement and incorporate the following actions with regards to record restriction into their current Risk Management programs to ensure compliance with Reference (l).

(1) All MHS personnel, including those with access to systems containing PHI, are required to take annual HIPAA and Privacy Act training. Personnel with access to PHI have agreed to use their access to these systems for official use only and are subject to official disciplinary action, including removal from Federal service, if they misuse their access to PHI.

(2) DHA has a duty to protect records at risk due to notoriety. The procedures outlined below can be expensive; it is imperative all due consideration is taken before deciding to sequester or restrict access to the record. Continuity of care and the safety of the patient whose record is being locked is a priority and must also be factored into the decision making.

(3) The central role in this process belongs to DHA PAD. DHA PAD will coordinate with the appropriate chain of command sponsoring the individual whose record is being secured or whose access is restricted.

b. Procedures. The reporting process requires the individual most knowledgeable of the event to record information regarding the what, when, where, and how of the event, as well as any known contributing factors leading to the event. Only event facts will be recorded; personal opinion or conjecture will be avoided. After gathering data and information regarding system processes and events, it is essential to assess or analyze the risk and determine where best to focus activities/changes for improvement. In the event an incident occurs:

(1) Upon notification or viewing of a high-profile incident, the Service POC or DHA-appointed patient administration POC will coordinate through internal Service or DHA channels to determine if there is a DoD personnel implication. If there is a DoD personnel implication, the Service POC or DHA-appointed patient administration POC will:

(a) Begin the sequestration process of the paper and printed AHLTA Web Print and/or MHS GENESIS[®] records through Service or DHA-specific channels.

(b) Notify the Chief, DHA Privacy and Civil Liberties Office and the DHA Deputy Assistant Director, Information Operations of the incident.

(c) Notify the United States Computer Emergency Readiness Team within the hour if it is a potential cybersecurity incident.

(d) Notify DHA PAD by sending an encrypted e-mail to the following e-mail box: dha.ncr.healthcare-ops.mbx.patient-admin-office@mail.mil. E-mails containing sensitive information, to include PHI and/or PII, must be sent via DoD encryption methods. DHA PAD will review the incident to determine if the individual's records and/or casualties' records should be sequestered and restricted from general view.

(2) If it is determined the individual's records and/or casualties' records should be restricted (Program Offices action) from general view, DHA PAD will:

(a) Notify all Program Offices to restrict access to the record.

(b) Coordinate with Service POC or DHA-appointed patient administration and Program Office POCs to provide oversight of sequestration and restriction processes, including notifications of when each process is complete.

(3) After internal coordination is complete, the Service or DHA-appointed POC will:

(a) Direct the Commander or Director, and/or patient administration personnel at the local MTF to print the AHLTA, HAIMS and/or MHS GENESIS[®] notes and to secure them along with the paper-based record in the special category records file. This file will enable the MTF to review the DoD Health Record for continuity of care and/or support the investigative process.

Any printed and paper-based information must be secured in accordance with Reference (1), and this DHA-PM. See the sequestering records instructions in this enclosure for additional information.

(b) Coordinate requests to access the sequestered information. Once the health information is sequestered, the records will be inaccessible to individuals who have not requested and obtained access. If personnel require access, it must be requested from the DHA or Service-specific POC. Only the personnel identified below are authorized to request access to the records. DHA PAD, the MILDEPs, or their designees must provide authorization to make the records accessible to designated personnel.

(c) The following Service and MTF/DTF personnel are authorized to request access to the records after they have been sequestered or restricted:

1. The Service Surgeon General or their designee;
2. The Deputy Service SG;
3. Director, Health Care Delivery;
4. Chief, Behavioral Health;
5. Chief, Rehabilitation and Reintegration Division;
6. Service Pharmacy Consultant;
7. MTF or DTF Director with record custodial responsibility;
8. MTF or DTF Deputy Director with record custodial responsibility; and
9. MTF Patient Administration Chief when designated responsibility to act for Director in matters pertaining to maintenance of medical records, healthcare documentation, and health information management.

(d) The Service Chief, Behavioral Health will make contact with the involved MTF to determine if behavioral health records exist outside of AHLTA, MHS GENESIS[®], or the STR. If they do, the Chief, Behavioral Health will obtain pertinent information to adequately conduct a sentinel event analysis.

c. Essentris[®]. Essentris[®] access management will remain an MTF responsibility, as it has risks and tools that are different from the systems providing enterprise access to an individual's record. The following steps will be taken at the local level to lock or restrict access to the documentation:

(1) Each facility will have two units within Essentris[®] reserved for restricting sensitive patient records: 1) "Limited Access" and 2) "Limited Access - Discharge."

(2) The MTF Essentris[®] SA will ensure by default, no end user terminal has access to either unit.

(3) When the need arises to secure a patient record, the Essentris[®] SA will need to assign permission 99, “House Wide Provider”, to the appropriate staff. At this time, the patient’s record can be moved into the “Limited Access” unit and will only be visible by staff with permission. When the patient’s record is ready for discharge, it should be moved to “Limited Access – Discharge”. When staff no longer require access to the record, the Essentris[®] SA will need to remove permission 99, “House Wide Provider,” from their Essentris[®] user account.

(4) Limited Access-Discharge is where the record should remain. The record should **not** be archived. If the record is archived, any staff with permission to retrieve or view archived records will have access.

(5) Settings

(a) Terminal Config Tool: **No** terminal has default access to either unit.

(b) Limited Access-Discharge: Must be configured for manual archive only.

(c) Staff Config Tool: Only personnel with permission to access “Limited Access” will be given permission 99, “House Wide Provider”.

(6) For sites already using permission 99 for House Wide Provider access, there will be an additional effort to include daily audits to ensure only appropriate users are accessing the identified patient record. Development and use of an Essentris[®] global data repository are encouraged.

APPENDIX 1 TO ENCLOSURE 6

EXAMPLE OF MEMORANDUM OF UNDERSTANDING WITH OTHER MTFs

Below is an example of an MOU between two MTFs. All MOUs or other support agreements signed between MTFs must conform to the requirements in Reference (bb). This example can be modified for DTFs as appropriate.

MEMORANDUM OF UNDERSTANDING
Between
THE [Military Treatment Facility (MTF) One] and
THE [MTF Two]
FOR
SERVICE TREATMENT RECORD (STR) DISPOSITION FOR SEPARATING AND
RETIRING SERVICE MEMBERS
[AGREEMENT NUMBER]

This is a Memorandum of Understanding (MOU) between the [first party] and the [second party]. When referred to collectively, the [first party] and the [second party] are referred to as the "Parties".

1. **BACKGROUND:** Historical processes to recover STRs for Service members enrolled or empaneled to Other - Service MTFs has been difficult, especially in multi-Market service areas. This agreement is enacted to clarify the process for each Military Service to ensure that STRs are returned to their respective agencies where the best possibility for accurate records disposition can be assured.
2. **AUTHORITIES:** DoDI 6040.45 and DHA-PM 6025.02
3. **PURPOSE:** To ensure proper records management procedures are followed. This document also identifies and delineates the roles and responsibilities of each organization to ensure that the STR for any retiring or separating Soldier, Sailor, Airman, Marine, or Coast Guardsman enrolled or empaneled to one of the Other-Service MTFs identified above, is properly dispositioned according to each individual Service's own STR disposition rules.
4. **UNDERSTANDINGS OF THE PARTIES:** The Parties agree to cooperate and collaborate in the best interest of the Service member, and in the most reasonable and efficient manner possible, to obtain the STRs for retiring or separating Service members enrolled to MTFs not of their own Service affiliation.
 - 4.1. The [MTF One] will:

4.1.1. Contact [MTF Two] that maintains the Service member's STR no later than 30 calendar days prior to the member's date of separation, with notice of the member's impending Service separation or Service retirement date.

4.1.2. Provide written notice/documentation of said date of separation either through U.S. Postal Service, equivalent commercial mailing mechanism, or personal delivery.

4.1.3. Establish an agreed upon method of transferring STRs to [MTF Two] that includes either:

4.1.3.1. A method of mailing the STR from MTF-to-MTF (to include a return receipt confirmation or package tracking option); or

4.1.3.2. A schedule that identifies the available STR pick-up times and location so that the requesting MTF may physically visit [MTF Two] and obtain the STRs in person.

4.1.4. When requested by the Service member, the MTF to which the member is enrolled will provide the retiring or separating member with a copy of their STR prior to forwarding the original record.

4.2. The [MTF Two] will:

4.2.1. Contact the [MTF One] that maintains the Service member's STR no later than 30 calendar days prior to the member's date of separation, with notice of the member's impending Service separation or Service retirement date.

4.2.2. Provide written notice/documentation of said date of separation either through U.S. Postal Service, equivalent commercial mailing mechanism, or personal delivery.

4.2.3. Establish an agreed upon method of transferring STRs to [MTF One] that includes either:

4.2.3.1. A method of mailing the STR from MTF-to-MTF (to include a return receipt confirmation or package tracking option); or

4.2.3.2. A schedule that identifies the available STR pick-up times and location so that the requesting MTF may physically visit the [MTF One] and obtain the STRs in person.

4.2.4. When requested by the Service member, the MTF to which the member is enrolled will provide the retiring or separating member with a copy of their STR prior to forwarding the original record.

5. PERSONNEL: Each Party is responsible for all costs of its personnel, including pay and benefits, support, and travel. Each Party is responsible for supervision and management of its personnel.

6. GENERAL PROVISIONS:

6.1. POINTS OF CONTACT: The following points of contact will be used by the Parties to communicate in the implementation of this MOU. Each Party may change its point of contact upon reasonable notice to the other Party.

6.1.1. For the [first party]—

6.1.1.1. Primary:

6.1.1.2. Alternate:

6.1.2. For the [second party]—

6.1.2.1. Primary:

6.1.2.2. Alternate:

6.2. CORRESPONDENCE. All correspondence to be sent and notices to be given pursuant to this MOU will be addressed, if to the [first party], to—

6.2.1. [insert mailing address and e-mail address]
and, if to the [second party], to—

6.2.2. [insert mailing address and e-mail address]

6.3. FUNDS AND MANPOWER. This MOU does not document nor provide for the exchange of funds or manpower between the Parties nor does it make any commitment of funds or resources.

6.4. MODIFICATION OF MOU: This MOU may only be modified by the written agreement of the Parties, duly signed by their authorized representatives. This MOU will be reviewed annually on or around the anniversary of its effective date, and triennially in its entirety.

6.5. DISPUTES. Any disputes relating to this MOU will, subject to any applicable law, Executive order, directive, or instruction, be resolved by consultation between the Parties or in accordance with DoDI 4000.19.

6.6. TERMINATION OF UNDERSTANDING: This MOU may be terminated in writing at will by either Party.

6.7. TRANSFERABILITY: This MOU is not transferable except with the written consent of the Parties.

6.8. ENTIRE UNDERSTANDING: It is expressly understood and agreed that this MOU embodies the entire understanding between the Parties regarding the MOU's subject matter.

6.9. EFFECTIVE DATE: This MOU takes effect beginning on the day after the last Party signs.

6.10. EXPIRATION DATE: This MOU expires on _____.

6.11. CANCELLATION OF PREVIOUS MOU: This MOU cancels and supersedes the previously signed MOU between the same parties with the subject _____, Serial # _____ and effective date of _____. [use only when needed to cancel a previous MOU]

APPROVED: [APPROVAL AUTHORITY SIGNATURES WILL NEVER BE ALONE ON A BLANK PAGE]

FOR THE [FIRST PARTY]—

FOR THE [SECOND PARTY]—

(Date)

(Date)

ENCLOSURE 7

INPATIENT RECORDS

1. OVERVIEW OF INPATIENT RECORDS. Inpatient records will be created and maintained according to this DHA-PM and accrediting agency standards for all patients physically admitted to the MTFs. Inpatient records will not be initiated or maintained for patients admitted to civilian medical facilities under external partnership programs, or other contracts outside of the MTF.

2. CREATING INPATIENT RECORDS

a. Guiding Principles of Inpatient Record Creation

(1) MTFs will create an electronic inpatient record each time a patient is admitted for an inpatient stay.

(2) MTFs will also create a paper-based inpatient record in the CHCS MRT module or PRT at the time the patient is discharged, if one has not already been created earlier in the patient's stay. The creation of paper-based records will continue until such time as the disposition schedule is updated and further direction is provided.

(3) Inpatient records must contain the information identified in Enclosure 4 of this DHA-PM and will only contain information related to a single admission.

(4) MTFs will prepare inpatient records for the following episodes.

(a) A patient is admitted to an inpatient unit of a fixed MTF, non-fixed field hospital, fixed health clinic, Expeditionary Medical Facility, afloat platform with inpatient capabilities, or convalescent center, including patients admitted and discharged before midnight on the day of admission regardless of the type of discharge.

1. If the patient is discharged and later readmitted before midnight on the same day as discharge for the same reason as the first admission, reactivate the previous record of hospitalization for that day. The attending provider will annotate the reason for readmission and will consider the hospitalization as one continuous period.

2. If the patient is readmitted after midnight or for a reason different than the previous admission, create a new record.

(b) Live births occurring in an MTF. NOTE: In the case of stillborn infant, MTF personnel will not create a separate record for the child. All paperwork, including the autopsy, if performed, will be filed in the mother's inpatient record.

(c) In obstetrical cases, an inpatient record will be prepared when the patient is hospitalized at termination of pregnancy.

(d) Patients who die in transit. The MTF receiving the remains will process the records and complete the Service-specific documentation as if the patient had transferred into the facility.

(e) All patients admitted to a theater facility or contingency hospital during deployment. Refer to Reference (bj), Enclosure 4 for further details.

(f) Carded for Record Only cases.

(g) North Atlantic Treaty Organization (NATO) personnel. In addition to all items normally recorded for patients admitted to MTFs, marital status of the NATO member will be recorded.

(5) In the case of a “cancelled admission,” MTF personnel will annotate the admission worksheet with the reason for cancellation and place all paperwork generated by the admission in the patient’s outpatient record or scanned and uploaded into HAIMS or MHS GENESIS® as appropriate. MTF personnel will record and code the encounter as an outpatient encounter.

b. Labeling Inpatient Records

(1) MTF personnel will select the appropriate Service-specific form (e.g., record jacket or folder) according to the last two digits of the applicable SSN. Refer to Tables 4, 5, and 6 of Enclosure 7, to determine the Service-specific record jacket until such time DHA standardizes MHS inpatient record jackets.

(2) An automated bar code patient identification label will be generated from CHCS or PRT and placed in the upper right corner of the record jacket cover in the Patient Identification box. In the instance a patient’s own SSN is not known or does not exist, MTFs will refer to Reference (ar) for additional information regarding registering patients in these instances.

(3) Record jacket covers will be documented according to Table 3 below, and the standards outlined in Enclosure 4 of this DHA-PM.

Table 3. Preparing Inpatient Record Folders

If the patient is:	Use SSN of:
AD/Reserve Component	Service Member
Family Member	Sponsor
Civilian Employee	Employee
Retired military	Member
Civilian Emergency	Patient

Foreign national, allied or other military member without SSN	Refer to existing Service guidance until DHA PAD develops a relevant publication
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3. FILING INPATIENT RECORDS

- a. For discharges up until December 31, 2003, records of previous admissions may be brought forward and filed, as a separate entity, in the folder of the current admission record.
- b. Discharges beginning on January 1, 2004, will have each admission filed in a separate folder.
- c. Access to all physical inpatient record storage areas and electronic inpatient records is limited only to authorized personnel. Proximity of a clinic or work center is not authorized criteria for granting access.
- d. MTF personnel will use traditional Health Record Charge-Out Guides and forms to indicate the location of any inpatient record removed from the main file. MTF personnel will charge out records in the CHCS MRT module or PRT as appropriate.

4. INPATIENT RECORD MAINTENANCE/MANAGEMENT. If in paper, maintain inpatient records, Extended Ambulatory Records (EARs), and FMSs using the inpatient record folder (AF Form 788A-J/DA Form 3444-series/NAVMED 6150/10-19). Annotate the folder with the patient's name, FMP, and sponsor's SSN. Attach the CHCS MRT module or PRT bar code label to the folder and file by the sponsor's SSN.

5. CONTENTS OF THE INPATIENT RECORD

a. Medical and Administrative Content

(1) The inpatient record consists of the original copy of the forms as applicable to the case. MTFs will refer to Tables 7, 8, and 9 of Appendix 2 for all medical forms and where they are stored in the inpatient record by Service. If printed from Essentris[®] or MHS GENESIS[®], reorder the forms in the order specified by each Service. Each form filed in the inpatient record must contain at a minimum:

- (a) Patient name (last, first, middle or middle initial).
- (b) Register number.
- (c) Patient's FMP.
- (d) Patient and sponsor's SSN.

(e) MTF organization and/or treatment name.

(2) Each MTF will generate the Length of Stay (LOS) Report in Essentris[®] and print and file the contents in the appropriate inpatient record jacket. MTF personnel may print the LOS report at the time of the patient's discharge or prior to retiring the record to NPRC. Inpatient records must be printed and retired to NPRC until further notice (see Reference (ak) for mandatory standardized forms and the contents of the LOS report). Each MTF will establish an internal policy to satisfy the requirement of accrediting agencies for a completed inpatient record within 30 calendar days from the day of a patient's discharge.

(3) Upon a patient's disposition, designated MTF personnel will arrange paper copies of forms in the order prescribed by the corresponding Service instruction.

(4) MTF personnel will assemble records printed from electronic systems so as to match the paper inpatient record forms as laid out in Tables 7, 8, and 9 of Appendix 2.

(5) MTF personnel will assemble Command and locally developed medical forms in the appropriate order according to the type of care it pertains to.

(6) MTF personnel will assemble documents provided by the patient (which may include the living will, durable power of attorney, and/or organ donation paperwork), with the other administrative documents in the record. After discharge, the patient may take the original documents home with them and bring them back if admitted again at some future date. At the time of discharge, MTF personnel will make a copy of the Advance Directive document(s) and replace into the record for reference.

(7) Providers, at the time of dictation, will indicate the time and date of dictation, their clinical occupational specialty, and their job description for all dictated and transcribed medical forms. Transcriptionists will include the aforementioned data on all transcribed reports.

(8) As laboratory, consultation, or other reports are completed, they will be added to the inpatient record along with any progress notes and other notes made by healthcare providers.

b. Narrative Summary and Discharge Summary

(1) Accrediting agencies mandate a concise discharge summary providing information to other providers facilitating continuity of care must include:

- (a) Reason for hospitalization.
- (b) Procedures performed.
- (c) Care, treatment, and services provided.
- (d) Patient's condition and disposition at discharge.

- (e) Information provided to the patient and family, i.e., discharge instructions.
 - (f) Provisions for follow up care.
- (2) The healthcare provider dictates a concise narrative summary which is transcribed on the SF Form 502, Medical Record – Narrative Summary (Clinical Resume) for:
- (a) Patients hospitalized 8 consecutive calendar days or longer.
 - (b) Patients received by transfer from another MTF for further medical treatment regardless of the LOS.
 - (c) Patients who die after admission.
- (3) MTFs will include a copy of the discharge summary, including patient signatures on copies of discharge instructions, in the patients' respective inpatient and outpatient records. To comport with disposition procedures described in this enclosure, the copy of the discharge summary included in the inpatient record must be printed out until further notice.
- (4) MTFs will ensure that patients sign discharge instructions to acknowledge their understanding of the information provided. Patient signatures for discharge instructions can be captured electronically, but copies of discharge instructions included in the paper inpatient record must display the signatures.
- (5) The dictated narrative summary may be handwritten on the SF 502 if the EHR is otherwise unavailable.
- (6) A copy of the discharge summary will accompany a patient if they are transferred to another medical facility for further care.
- (7) Final progress notes on SF 509 may be substituted for narrative summaries on patients requiring less than a 48-hour stay, normal newborn infants or uncomplicated obstetrical deliveries. Include any instructions given to the patient or family in the final progress note. Insert a copy in the patient's outpatient record.
- (8) The DD Form 2770, Abbreviated Medical Record; or Essentris[®] SURG Master Note may be used instead of, or in addition, to the SF 504, Medical Record – History, SF 505, Medical Record – History Part 2 and 3, SF506, Medical Record – Physical Examination, as a substitute for the narrative summary for those admissions requiring less than a 48-hour stay (e.g., in the case of normal newborn infants, uncomplicated obstetric deliveries, lacerations, plaster casts, removal of superficial growths, and accident cases held for observation). The Essentris[®] SURG Master Note is not to be used for death cases, admission by transfer of possible medical board cases, or with complicated short-stay patients. When the Essentris[®] SURG Master Note is used, the narrative summary may be replaced by a final progress note.

c. Patients Discharged without Definitive Diagnosis

(1) The inpatient records department maintains in a suspense file, records the provider has indicated should be held pending pathology reports, laboratory test results, or other confirmations. If a case ends in death and an autopsy is to be performed, the attending physician must send the inpatient record to the pathologist for use in the autopsy, along with a sufficient summary of the case, which may be informal, even oral. The pathologist will return the inpatient record to the attending physician as soon as possible, but in no later than 7 consecutive calendar days, so it may be completed and sent to PAD. Never maintain the records in suspense longer than 1 month after the month of disposition. Process the record with whatever information is available. The record may be corrected at a later date if information, which alters the final diagnosis, is received.

(2) MTF personnel will close and dispose of an inpatient record of a patient who has been absent without leave for 10 consecutive calendar days in accordance with this DHA-PM.

d. Electronic Content

(1) The inpatient record includes the designated electronic records in accordance with this Enclosure. As with the entirety of the DoD Health Record, the inpatient record is a hybrid record of health information contained within designated EHRs, and paper documentation.

(2) Until such time DHA standardizes forms management and electronic overprint, MTFs will continue to follow existing Service-level guidance for the development, use, and filing of forms within the inpatient record.

6. INPATIENT RECORD TRANSFER

a. MTF Transfer

(1) Transferring the inpatient record occurs when a patient is transferred to another inpatient facility for continued care. When a patient is to be transferred to another facility, a copy of the inpatient record will be sent along. Inpatient records for transfer-in patients will become a part of the receiving MTF's inpatient record. Do not break up the transfer record and interfile its forms among the forms of the current record. At a minimum, this copy should include forms detailing the:

- (a) History and Physical.
- (b) Newborn Record (obstetrical cases).
- (c) Laboratory, imaging, and other diagnostic reports.

(2) Forward the records of NATO military personnel and their family members (including X-ray film and medical examination reports) in a sealed envelope with the individual

concerned upon transfer to another MTF. When the individual is discharged, return the record to the parent country in accordance with the information at Reference (al). Retain copies of pertinent records necessary for quality assurance review.

(3) The receiving MTF will return the original records to the transferring MTF when they have served their purpose.

(4) The admitting facility will notify the originating MTF of patients admitted while on directed convalescence, PCS home, or absent without leave from another medical facility while in patient status. If the patient will remain at the new MTF, the initial facility will transfer the individual to the new MTF and forward the patient's records.

b. MTFs will maintain inpatient records received with a transfer-in patient as a component part of and attach to or interfile with the current inpatient record.

c. Non-military MTF Transfer

(1) When transferring patients to non-military MTFs (e.g., civilian MTFs), a transcript or copy of pertinent pages may accompany the patient. Never release the original records; however, pertinent X-ray films may be provided, as required.

(2) Operational Platforms with Inpatient Facilities. Patients will be admitted and transferred in accordance with Service-specific guidance and this instruction. Inpatient records will be dispositioned in accordance with Reference (ak), and this DHA-PM.

(3) Copies of inpatient records belonging to wounded warriors and their family members will be sent to the treatment physician for purposes of promoting continuity of care.

7. AMBULATORY RECORD

a. EAR. The EAR is a folder containing information on treatment received during an APV, an observation stay (OBS), Emergency Room Death (ERD), Dead on Arrival (DOA), Subacute (SC), Home Health (HH), Partial Hospitalization (PH), Skilled Nursing Facility (SNF) or other similar status not meeting the requirements of an inpatient stay. Although the paperwork for these cases is filed in the EAR folder, these episodes are coded as an outpatient episode in the appropriate ambulatory data collection system.

b. APV. An APV is an extended ambulatory encounter already initiated and does not need to be refiled to meet the current EAR requirements. MTFs will file an APV in a separate folder and retire it to NPRC in accordance with this instruction.

(1) The medical record documentation for the APV must meet the standards of documentation similar to the short-term stay (abbreviated medical record). The record documentation must comply with accrediting agency standards. At a minimum, the record must

include an abbreviated history and physical, progress notes, doctor's orders, patient's informed consent, operative report, tissue report (if any), anesthesia record, summary of care, to include discharge instructions and any Advance Directive. Copies of the summary, operative report, and any tissue reports are forwarded to the outpatient record.

(2) Physicians will sign and stamp an automated cover sheet or local ambulatory encounter summary form for the APV records. All diagnoses and procedures are to be written in full, without symbols or abbreviations, and in acceptable provider terminology.

8. OBSERVATION RECORDS

a. Observation patients are outpatients with acute or chronic medical problems who require clinical monitoring or diagnostic evaluation in order to determine final disposition.

b. Outpatient observation stays generally should not exceed 23 hours and 59 minutes. However, up to 48 hours may be authorized when medical necessity has been clearly demonstrated.

c. Observation patients may be assigned to any available bed in the facility.

d. Documentation of Observation Records

(1) Documentation for an observation patient must meet the standards for a short-term stay (abbreviated medical record) and must comply with the current accrediting agency documentation standards.

(2) SF, or other forms as noted, are recommended for use in observation records. Service-specific forms required to be included in the record are outlined in Tables 7, 8, and 9 of Appendix 2.

(3) Forward the following documents to the outpatient treatment record: release note with summary of pertinent diagnostic findings, status of patient upon release, and release instructions with plans for follow-up care.

e. Admission of Observation Patients. When a patient is admitted from an observation status, file the observation documentation in the EAR folder. Place copies of pertinent documentation in the inpatient record.

9. FMSs. FMS Filing Procedures. Maintain the FMSs on the obstetrical unit with the prenatal record until delivery. At this time, MTFs will store paper FMSs generated by the fetal monitoring devices until the relevant EHR systems (i.e., Essentris[®] and MHS GENESIS[®]) capturing the fetal monitoring tracings are certified as records management systems.

a. After discharge of the infant, send the FMSs to the inpatient records department for maintenance until retirement to the NPRC. Annotate the envelope with the name and register number of the infant, sponsor's name and SSN, name of the MTF, and date of infant's birth.

b. Place strips in envelopes to be filed in record folders when retired to NPRC. Note: Digitized, or other format, FMSs which can be printed out on an 8 ½ x 11 document are filed in the infant's inpatient record or the mother's if the infant is stillborn. Attach the CHCS MRT bar code label to the folder.

c. When an undelivered patient is transferred, send all FMSs prepared with the copy of inpatient records to the receiving MTF.

d. Send the FMSs with the patient, when a newborn is transferred to another MTF during initial hospitalization.

e. File FMSs for stillborn infants, as defined by the Centers for Disease Control and Prevention and/or State guidelines as appropriate, under the register number of the mother.

f. In cases where the case outcome is, for some reason, unclear, send the outpatient FMSs to the inpatient record department. File the FMSs in a record created under the mother's name, FMP and sponsor's SSN.

g. All FMSs will be retired to NPRC in the same shipment as the inpatient records and the EAR.

10. PRENATAL RECORD. Prenatal documentation may be maintained in the obstetrician/gynecologist clinic until the mother delivers or the pregnancy is terminated. Any paper records will be filed in the mother's inpatient record.

a. If delivery is in the MTF, maintain the documents, as a package, with the inpatient documentation and file in the mother's inpatient record.

b. If the delivery was not performed in the MTF, file the prenatal package (as a whole package with prenatal treatment documents filed chronologically), in part 3 of the mother's outpatient record folder.

11. INPATIENT RECORD DISPOSITION. The instructions below apply to all locations authorized to maintain inpatient records, EARs and/or FMSs. All locations will follow the instructions in this section to appropriately disposition inpatient records, EARs and FMSs related to the year of the patient's discharge, not the date of admission.

a. General Inpatient Records Disposition Procedures

(1) Prepare NPRC required index of records shipment file. Outpatient and Inpatient medical records require separate indexes. FMS and EAR records must be included on the Inpatient records index.

(2) MTFs will disposition or retire inpatient records, EARs and FMSs to NPRC in accordance with Reference (ak), and this DHA-PM.

(3) If the patient does not have an inpatient record but does have an FMS or EAR, the FMS and EAR is still included in the shipment of inpatient records.

(4) Place the EAR folder behind any FMSs for that patient or behind the applicable inpatient record folder if there are no FMSs.

(5) Attach the envelopes containing the FMSs to the inside of an appropriately labeled folder (only two envelopes per patient per folder).

(6) Annotate the outside of the FMS folder with the name and register number of the infant, patient's name and SSN, name of the MTF, and date of infant's birth.

(7) File FMS folders in the same box as the applicable inpatient record (baby's or mother's) directly after the record.

b. Disposition Based on Facility

(1) Retire inpatient records, EARs, and FMSs to the NPRC using the Medical Records Tracking function of CHCS MRT module or PRT as appropriate. Do not prepare a SF 135, Records Transmittal and Receipt for this series of records. MTFs will retire records to the NARA-NPRC-CPR Annex at 1411 Boulder Blvd, Valmeyer, IL 62295. MTFs will retire records according to the transfer timelines and instructions in Reference (ak).

(2) At the time of retirement all three records will be filed back to back in the following order: Inpatient Record, FMS, and EAR.

c. Use the step-by-step instructions provided in the MRTR2 User Guide or PRT User Guide to set up the record rooms, create an index of retirement eligible records, and to create the final shipment index. A copy of the User Guides can be obtained from Reference (al).

(1) Maintain shipment indices until all records listed have been destroyed or transferred to the NPRC, or when no longer needed, whichever is later. It is recommended to also print out and maintain a copy of each index for future use. This information is invaluable when determining whether or not a record has been retired to NPRC.

(2) Forward a copy of shipment indices to the base records management office.

c. Foreign Military Inpatient Records

(1) NATO Military Personnel Inpatient Records. In accordance with Reference (ap), Inpatient and/or Clinical records will be forwarded to the patient's National Military Medical Authority for disposition. The most current list and mailing addresses of NATO medical command authorities can be located on Reference (al).

(2) Non-NATO Military Personnel Inpatient Records. Retire inpatient records in accordance with Service-specific Records Disposition Schedules and the MRTR2 user guide or the PRT instructional material as appropriate.

d. Requests for Medical Records from the NPRC

(1) When requesting medical records retired to NPRC prior to CY 2003, use the DD Form 877-1, Request for Medical/Dental Records from the National Personnel Records Center (NPRC) or other specific form identified by NPRC records managers.

(2) To obtain medical records retired to the NPRC from CY 2003 and beyond, use the NPRC Medical Registry System to request the record(s). This computer application can be accessed through a web interface. Instructions for gaining access can be obtained at the Medical Registry System website: <https://www.archives.gov/personnel-records-center/agencies/medical-registry-system>. Additionally, MTF personnel may use the step-by-step records retrieval instructions provided in the MRTR2 System User Guide located at the Reference (al) website.

(3) Use the DD Form 2138, Request for Transfer of Outpatient Records or DD Form 877, Request for Medical/Dental Records or Information, when requesting records from another MTF.

12. DEPLOYED INPATIENT RECORD MANAGEMENT. MTFs, deployed locations, and all other locations responsible for deployment health activities contributing to the inpatient record will follow the guidance of References (bd) and (be) for creating and maintaining DoD Health Record information before, during, and after deployment. Unit medical personnel are responsible for maintaining health records located at deployed locations. Deployed locations will also follow the guidance of patient administration-related concepts of operation and standard operating procedures developed by combatant commands.

a. Documenting Patient Care. MTFs and deployed locations will follow the below procedures and guidance in Reference (be) for documenting patient care during deployment.

(1) The Theater Medical Information Program - Joint CHCS Caché will be utilized for documenting inpatient care in deployed locations when available, until such time that JOMIS or another comparable theater EHR is implemented. Paper documentation is authorized when EHR systems are not available.

(2) Any paper inpatient records generated in deployed locations will be created, compiled, and maintained in accordance with the instructions in this Enclosure.

(3) Deployed locations will provide a copy of inpatient records for patients evacuated to another treatment facility.

(4) Deployed locations will scan loose paper documents and forms and upload them into the Theater Medical Data Store (TMDS) as applicable, and in accordance with Reference (bd). Deployed locations will annotate patient demographic data on each page and conduct a quality control check prior to scanning, in accordance with the instructions in Reference (bj), Enclosure 3, paragraph 7.

(5) Procedures relating to APVs will be captured in AHLTA-T whenever possible, until such time that JOMIS or another comparable theater EHR is implemented. Copies of the APV procedures will be printed and filed to create a paper APV record in accordance with this paragraph 7 of this Enclosure.

(6) Paper-based APV, EAR, and Observation documents will be scanned and uploaded into TMDS or AHLTA-T, with the original documents placed in their respective inpatient record jackets in accordance with this Enclosure. Deployed locations will annotate patient demographic data on all pages being scanned and conduct a quality control check prior to scanning, in accordance with the instructions in Reference (bj), Enclosure 3, paragraph 7.

(7) Deployed locations will file copies of inpatient discharge summaries, narrative summaries, and operative reports in the respective DD Form 2766 or electronic equivalent for each Service member. For non-Service members, these copies will be filed in the equivalent outpatient record. Inclusion of the inpatient summaries in the deployment health record will be in addition to, and not in lieu of, scanning and uploading the documents to TMDS or filing them in the inpatient record.

(8) Refer to Reference (bj), Enclosure 4, paragraph 5 for procedures regarding Aeromedical Evacuation documentation. AF Form 3899, Patient Movement Record, must not only be scanned and uploaded to TMDS, but copies must also be included in the inpatient record and DD Form 2766 (or electronic equivalent) as applicable.

b. Deployed Inpatient Record Retirement. Patient administration personnel in deployed locations providing inpatient care (Role 2E and Role 3) will create, quality check, and ship records for retirement to the Deployed Medical Records Processing Center (DMRPC) quarterly.

(1) Deployed locations providing inpatient care (Role 2E and Role 3) will retire all inpatient records quarterly. Inpatient records must be mailed by no later than 30 calendar days after each quarter to ensure all records are complete and available to be retired. Facilities may utilize the 30 calendar days following the quarter to conduct provider peer review of records. Provider peer review will not interfere with mailing records for retirement.

(2) At the time of records retirement, patient administration will perform a quality check on place and prepare the records for shipment in boxes in accordance with paragraph 11 of this Enclosure.

(3) Deployed locations retiring inpatient records will use the CHCS MRT module or PRT, if available, to generate shipment indices and track the retirement shipments. If not available, deployed locations will create shipment indices using local electronic systems.

(a) Deployed locations will file the indices with each shipment and maintain copies until all records listed have been transferred to the DMRPC, or when no longer needed, whichever is later.

(b) Each shipment box will receive a separate tracking number. Deployed locations will also log tracking numbers in the CHCS MRT module, PRT, or available local electronic systems.

(4) Prior to shipping inpatient records, deployed locations will notify the DMRPC via e-mail of the pending shipment and the shipment's size. Deployed locations will await approval prior to shipping inpatient records and will respond to any approval with tracking information.

(5) All inpatient record retirements from deployed locations will be addressed to: Patient Administration Systems and Biostatistics Activity, Deployed Medical Records Processing Center (DMRPC), 3141 MG Taylor, Bldg. 1768, JBSA-Fort Sam Houston, TX 78234.

APPENDIX 2 TO ENCLOSURE 7

INPATIENT RECORD JACKETS BY SERVICE

The following tables are to be used to determine the correct record jacket for inpatient records according to the primary group of the sponsor's SSN.

Table 4. Army Inpatient Record Jacket Forms

Primary Group	Record Jacket Color	DA Form
00-09	Orange	3444
10-19	Light green	3444-1
20-29	Yellow	3444-2
30-39	Grey	3444-4
40-49	Tan	3444-5
50-59	Light blue	3444-6
60-69	White	3444-7
70-79	Brown	3444-8
80-89	Pink	3444-9
90-99	Red	3444-10

Table 5. Navy Inpatient Record Jacket Forms

Primary Group	Record Jacket Color	NAVMED Form
00-09	Orange	6150/10
10-19	Green	6150/11
20-29	Yellow	6150/12
30-39	Gray	6150/13
40-49	Tan	6150/14
50-59	Blue	6150/15
60-69	White	6150/16
70-79	Almond	6150/17
80-89	Pink	6150/18
90-99	Red	6150/19

Table 6. Air Force Inpatient Record Jacket Forms

Primary Group	Record Jacket Color	AF Form
00-09	Orange	788A
10-19	Light green	788B
20-29	Yellow	788C
30-39	Grey	788D
40-49	Tan	788E
50-59	Light blue	788F
60-69	White	788G
70-79	Brown	788H

80-89	Pink	788I
90-99	Red	788J

INPATIENT RECORD CONTENTS AND FORMS BY SERVICE

The following tables depict the paper forms filed in inpatient records by Service. The tables include forms that may be obsolete or may not be currently found on DoD or other form websites, but such forms will remain listed here as existing paper records may contain these forms if they were created and filed when still active.

Table 7. Air Force Inpatient Forms

FORM NUMBER	FORM TITLE
AF Form 565	Record of Inpatient Treatment
AF Form 560	Authorization and Treatment Statement
SF 569	Patient's Absence Record
AF Form 618	Medical Board Report
SF 502	Medical Record-Narrative Summary (Clinical Resume)
SF 503	Medical Record-Autopsy Protocol
DD Form 1322	Aircraft Accident Autopsy Report
SF 504	Clinical Record-History Parts I and II
SF 505	Clinical Record-History Parts II&III
SF 506	Clinical Record-Physical Examination
DD Form 2770	Medical Record-Abbreviated Medical Record
SF 558	Medical Record-Emergency Care and Treatment
SF 507	Clinical Record Report On ____ or Continuation of SF Report
OF 275	Medical Record Report (Obsolete)
SF 535	Clinical Record-Newborn
SF 509	Medical Record-Progress Notes
SF 513	Consultation Report
DD Form 2161	Referral for Civilian Medical Care
SF 515	Medical Record-Tissues Examination
SF 516	Clinical Record-Operation Report
OF 517	Medical Record-Anesthesia Recovery Room Record
AF Form 1864	Preoperative Nursing Record
OF 522	Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures
SF 533	Medical Record – Prenatal and Pregnancy (Obsolete)
AF Form 3915	Labor and Delivery Flow Sheet
AF Form 1302	Request and Consent for Sterilization
AF Form 1225	Informed Consent for Blood Transfusion
SF 523	Medical Record-Authorization for Autopsy

OF 523B	Medical Record-Authorization for Tissue Donation (Obsolete)
SF 518	Medical Record-Blood or Blood Component
SF 519B	Medical Record – Radiological Consultation Request Report
OF 520	Medical Record-Electrocardiographic Record or automated electrocardiograph (EKG) report
SF 546	Chemistry I
SF 541	Medical Record-Gynecologic Cytology
SF 547	Chemistry II
SF 548	Chemistry III (urine)
SF 549	Hematology
SF 550	Urinalysis
SF 551	Serology
SF 552	Parasitology
SF 553	Microbiology I
SF 554	Microbiology II
SF 555	Spinal Fluid
SF 557	Miscellaneous (Note. Laboratory Reports may be computerized)
DD Form 741	Eye Consultation
AF Form 1412	Occupational Therapy Treatment Record
AF Form 1535	Physical Therapy Consultation
AF Form 1536	Physical Therapy Consultation Continuation Sheet Record
SF 521	Medical Record-Dental
SF 524	Medical Record-Radiation Therapy
SF 525	Medical Record-Radiation Therapy Summary
SF 526	Medical Record-Interstitial/Intercavitary Therapy
SF 527	Medical Record-Group Muscle Strength
SF 528	Medical Record-Muscle Function by Nerve Distribution: Face
SF 529	Medical Record-Muscle Function by Nerve Distribution. Trunk and Lower Extremity
SF 530	Medical Record-Neurological Examination
SF 531	Medical Record-Anatomical Figure
AF Form 3066 (or 3066-1)	Doctor's Orders
AF Form 3069	Medication Administration Record
AF 3068	PRN Medication Administration Record
AF 3067	Intravenous Record
AF Form 3241	Adult Admission Note
AF Form 3242	Adult Patient Care Plan
AF Form 3244	Pediatric Admission Note
AF Form 3245	Pediatric Patient Care Plan
AF Form 3247	Neonatal Admission Note

AF Form 3248	Neonatal Patient Care Plan
AF Form 3250	Obstetric Patient Care Plan
AF Form 3252A	Mental Health Patient Care Plan
AF Form 3254	Patient Care Plan
Form 3256	Patient/Family Teaching Flow Sheet
SF 511	Medical Record-Vital Signs Record
SF 512	Medical Record-Plotting Chart
SF 512A	Medical Record-Plotting Chart-Blood Pressures
DD Form 792	Twenty-Four Hour Patient Intake and Output Worksheet (if local requirements to file)
AF Form 570	Notification of Patient's Medical Status
AF Form 1122	Personal Property Inventory
AF Form 1122A	Personal Property Inventory (Continuation Sheet)
AF Form 438	Medical Care - Third Party Liability Notification
DD Form 2569	Third Party Collection Program – Other Health Information
DD Form 602	Patient Evacuation Tag

Table 8. Army Inpatient Forms

FORM NUMBER	FORM TITLE
DD Form 2870	Authorization for Disclosure of Medical or Dental Information
DD Form 2882	Pediatric and Adolescent Preventative and Chronic Care Flowsheet
DD Form 5571	Master Problem List
DA Form 3947	Medical Evaluation Board Proceedings
DA Form 3349	Physical Profile
DA Form 3894	Hospital Report of Death.
DA Form 2631	Medical Care-Third Party Liability Notification.
DA Form 2984	Very Seriously Ill/Seriously Ill/Special Category Patient Record
DA Form 4254	Request for Private Medical Information
DA Form 4876	Request and Release of Medical Information to Communications Media
DD Form 2870	Authorization for Disclosure of Medical or Dental Information
DA Form 5006	Medical Record-Authorization for Disclosure of Information
DA Form 5009	Medical Record-Release Against Medical Advice
DD Form 2569	Third Party Collection Program-Insurance Information
Administrative documents and other correspondence, including advance directives	Durable powers of attorney for health care, living wills, and so forth
DA Form 5303	Volunteer Agreement Affidavit

DA Form 4410-R	Disclosure Accounting Record
DA Form 4515	Personnel Reliability Program Record Identifier
DA Form 3647	Inpatient Treatment Record Cover Sheet or CHCS automated equivalent
DA Form 3647-1	Inpatient Treatment Record Cover Sheet (For Plate Imprinting)
OF 275	Medical Record Report
SF 502	Clinical Record--Narrative Summary
SF 503	Clinical Record--Autopsy Protocol
DD Form 2770	Abbreviated Medical Record (formerly SF 539)
SF 504	Clinical Record--History--Part I
SF 505	Clinical Record--History--Parts II and III.
SF 506	Clinical Record--Physical Examination
SF 535	Clinical Record—Newborn
DA Form 5694	Denver Developmental Screening Test
SF 507	Medical Record--Report on or Continuation of SF.
SF 509; SF 558; SF 513; DD Form 2161	Medical Record--Progress Notes; Medical Record--Emergency Care and Treatment; Medical Record--Consultation Sheet; Referral for Civilian Medical Care
DD Form 2341	Report of Animal Bite--Potential Rabies Exposure
DA Form 3888	Medical Record--Nursing and Assessment
DA Form 3888-2	Medical Record--Nursing Care Plan
DA Form 3888-3	Medical Record--Nursing Discharge Summary
SF 510	Medical Record--Nursing Notes
DA Form 5179	Medical Record--Preoperative/Postoperative Nursing Document
DA Form 5179-1	Medical Record--Intraoperative Document
DA Form 3950	Flowsheet for Vital Signs and Other Parameters
SF 511	Medical Record--Vital Signs Record
SF 512	Clinical Record--Plotting Chart
SF 545	Laboratory Report Display
SF 546; SF 547; SF 548; SF 550; SF 551; SF 552; SF 554; SF 555; SF 557	Chemistry I; Chemistry II; Chemistry III (Urine); Hematology; Urinalysis; Serology; Parasitology; Microbiology I; Microbiology II; Spinal Fluid; Miscellaneous
SF 556	Immunohematology
SF 515	Medical Record--Tissue Examination
Armed Forces Institute of Pathology Consultation Report on Contributor Material	

SF 516	Medical Record--Operation Report
DA Form 7389	Medical Record—Anesthesia
SF 518	Blood or Blood Component Transfusion
SF-519-B	Radiologic Consultation Request/Report
SF 519; 519A	Medical Record--Radiographic Report
OF 520	Clinical Record--Electrocardiographic Record
OF 522	Medical Record--Request for Administration of Anesthesia and for Performance of Operations and Other Procedures
SF 523	Clinical Record--Authorization for Autopsy
SF 523A	Medical Record--Disposition of Body
OF 523-B	Medical Record--Authorization for Tissue Donation
SF 524	Medical Record--Radiation Therapy
SF 525	Medical Record--Radiation Therapy Summary
SF 526	Medical Record--Interstitial/Intercavitary Therapy
SF 527	Group Muscle Strength, Joint R.O.M. Girth and Length Measurements
SF 528	Clinical Record--Muscle and/or Nerve Evaluation--Manual and Electrical: Upper Extremity
SF 529	Medical Record--Neurological Examination
SF 530	Medical Record--Anatomical Figure.
SF 531	Medical Record – Anatomical Figure
SF 533	Medical Record – Prenatal and Pregnancy (Obsolete)
SF 534	Medical Record – Labor
SF 537	Medical Record – Pediatric Graphic Chart
SF 538	Clinical Record – Pediatric (Obsolete)
SF 541	Medical Record – Gynecological Cytology
SF 560	Medical Record – Electroencephalogram Request and History
DA Form 3824	Urologic Examination
DA Form 4221	Diabetic Record
DA Form 4256	Doctor's Orders
DA Form 4677	Therapeutic Documentation Care Plan (Non-Medications)
DA Form 4678	Therapeutic Documentation Care Plan (Medication)
DA Form 4700	Medical Record – Supplemental Data
DA Form 5128	Clinical Record – Visual Field Examination
DD Form 602	Patient Evacuation Tag
DD Form 741	Eye Consultation
DD Form 742	Clinical Record – Visual Field Examination
DD Form 749	Clinical Record – Head Injury
DD Form 1380	Tactical Combat Casualty Care (TCCC) Card
DA Form 4359	Authorization for Psychiatric Service Treatment

Medical reports on a stillborn infant	Ex. Autopsy report and fetal death certificate
DA Form 2985	Admission and Coding Information
DD Form 2005	Privacy Act Statement – Health Care Records

Table 9. Navy Inpatient Forms

FORM NUMBER	FORM TITLE
NAVMED 6550/14	Patient Data Base
NAVJAG 5890/12	Third Party Liability Claim Form
NAVMED 6010/8	Patient Valuables Form
NAVMED 6010/9	Baggage Record Card
DD 8 77	Request for Medical or Dental Records
OPNAV 5211/9	Record of Disclosure-Privacy Act of 1974
DD 2005	Privacy Act Statement-Health Records (signature not required)
NAVMED 6300.5	Inpatient Admission/Disposition Record (Cover Sheet)
SF 535	Newborn identification
SF 502	Clinical Record-Narrative Summary (Original to IREC; copy to HREC or OREC)
SF 539	Abbreviated Medical Record
NAVMED 6100/1	Medical Board Report
SF 558	Emergency Care and Treatment Record
DD 602	Patient Evacuation Tag
NAVMED 06010/5	Medical Board Review
SF 507	Continuation of SF (file with SF being continued)
SF 504	Clinical Record-Privileged History (Part I) (see article 16-47)
SF 505	Clinical Record-History (Parts II and III) (see article 16-47)
SF 506	Clinical Record-Physical Examination (see article 16-47)
SF 508	Doctor's Orders
SF 513	Consultation Sheet
DD 2161	Referral for Civilian Medical Care
SF 509	Doctor's Progress Notes
NAVMED 6320/16	Recovery Room Record
SF 533	Prenatal and Pregnancy (Obsolete)
SF 534	Labor
SF 516	Operation Report
OF 517	Anesthesia
OF 522	Request for Administration of Anesthesia and for Performance of Patient, Operational, and Other Procedures of Witness
SF 515	Tissue Examination
SF 524	Radiation Therapy
SF 525	Radiation Therapy Summary

SF 526	Interstitial/Intercavity Therapy
SF 527	Group Muscle Strength, Joint R.O.M. and Length Measurements
SF 528	Muscle and/or Nerve Evaluation - Manual and Electrical. Upper Extremity
SF 529	Muscle Function by Nerve Distribution. Trunk and Lower Extremity, Face
SF 530	Neurological Examination
SF 531	Anatomical Figure
SF 741	Eye Consultation
SF 521	Dental
SF 510	Nursing Notes
SF 536	Pediatric Nursing Notes
SF 537	Pediatric Graphic Chart
SF 538	Pediatric
NAVMED 6550/12	Patient Profile
NAVMED 6550/13	Patient Care Plan
NAVMED 6550/72	Nursing Discharge Care Plan
SF 511	Vital Signs Record
SF 512	Plotting Chart
SF 512A	Plotting Chart - Blood Pressure
SF 537	Pediatric Graphic Chart
DD 792	Twenty-Four Hour Patient Intake and Output Worksheet
NAVMED 6550/76	Cardiac Arrest Flow Chart
SF 545	Laboratory Report Display
SF 546-557	Laboratory Reports
SF 541	Gynecological Cytology
SF 518	Blood or Blood Component Transfusion
SF 519	Radiographic Reports
SF 519A	Radiographic
SF 519B	Radiographic Consultation Request/Report
OF 520	Electrocardiographic Record
SF 560	Electroencephalogram Request and Summary
NAVMED 6300/5	Record of Inpatient Treatment (includes attestation statement)
DD 2064	Certificate of Death Overseas
SF 503	Medical Record-Autopsy Protocol
SF 523	Clinical Record-Authorization for Autopsy (not required for AD members)
SF 523A	Medical Record-Disposition of Body
SF 523B	Medical Record-Authorization for Tissue Donation (Obsolete)
NAVMED 6300/5	Inpatient Admission/Disposition Record
SF 539	Abbreviated Medical Record
SF 507-519	Abbreviated Medical Record

SF 534	Labor Record (continue same as above from SF 522)
SF 535	Clinical Record - Newborn
SF 533	Prenatal Record (including entire prenatal record from OB clinic)
NAVMED 6300/5	Inpatient Admission/Disposition Record
SF 545	Laboratory Reports
6320/11	Newborn identification

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	active duty
ADSM	active-duty Service member
AHLTA	Armed Forces Health Longitudinal Application
AHLTA-T	AHLTA-Theater
APV	ambulatory procedure visit
ARMD	Anesthesia recording and monitoring device
CDA	Corporate Dental Application
CDS	Corporate Dental System
CHCS	Composite Health Care System
CUI	Controlled Unclassified Information
CY	calendar year
DAD	Deputy Assistant Director
DEERS	Defense Enrollment Eligibility Reporting System
DHA-PM	Defense Health Agency-Procedures Manual
DHAR	Defense Health Agency Region
DMRPC	Deployed Medical Records Processing Center
DTF	Dental Treatment Facility
EAR	Extended Ambulatory Record
EHR	Electronic Health Record
FAP	Family Advocacy Program
FedEx	Federal Express
FMP	Family Member Prefix
FMS	Fetal Monitoring Strip
FOIA	Freedom of Information Act
GSU	Geographically Separate Unit
HAIMS	Health Artifact and Image Management Solution
HCO	Healthcare Operations
HIPAA	Health Insurance Portability and Accountability Act
HPO	HIPAA Privacy Officer
HRM	Health Records Management
JOMIS	Joint Operational Medicine Information Systems
LOS	Length of Stay

MEDCHART	Medical Electronic Data for Care History and Readiness Tracking
MEPS	Military Entrance Processing Station
MHS	Military Health System
MILDEP	Military Department
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRT	Medical Records Tracking
MRTR2	Medical Record Tracking, Retirement, and Retrieval
MSA	Medical Service Account
MTF	Military Medical Treatment Facility
NATO	North Atlantic Treaty Organization
NCOIC	Non-Commissioned Officer in Charge
NPRC	National Personnel Records Center
NSTR	Non-Service Treatment Record
OHTR	Occupational Health Civilian Employee Treatment Record
OIC	Officer in Charge
OME	Online Medical Evaluation
PAD	Patient Administration Division
PCS	permanent change of station
PCM	primary care manager
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHR	Personal Health Record
PII	Personal Identifiable Information
POC	Point of Contact
PRP	Personnel Reliability Program
PRT	Paper Record Tracking
PSP	Personnel Security Program
RCMU	Reserve Component Medical Unit
RMC	Record Management Center
ROI	Release of Information
RPC	Record Processing Center
SA	System Administrator
SF	standard form
SORN	System of Record Notice
SSN	Social Security number
SSO	Small Market and Stand-Alone Military Medical Treatment Facility Organization
STR	Service Treatment Record

T-con	telephone consultation
TMIP	Theater Medical Information Program
VA	U.S. Department of Veterans Affairs
VBA	Veterans Benefits Administration

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-PM.

advance directive. Legal document stating the patient’s oral and written instructions about future medical care, in the event that the patient is not able to communicate these instructions. Examples include a living will and “do not resuscitate” orders.

AHLTA. The EHR system used by the DoD since its initial implementation in January 2004, primarily used for outpatient care.

archive. To remove objects no longer in day-to-day use from the online system and place them into long-term, retrievable storage. According to context, the copy of a record that has been archived or the collective DoD repository containing archived records. The archive is distinct from the “live” electronic record system supporting ongoing care.

authorized personnel. Personnel who, through a verification process, have presented a legitimate requirement to access medical records and been approved.

beneficiary. A person eligible to receive care in an MTF.

DEERS. The authoritative data repository for identity information. DEERS will be used to verify an individual’s identity, affiliation with the DoD, and eligibility for benefits, privileges, and entitlements.

dental record. The set of dental care documentation recorded during dental treatment and is part of the STR.

DENTRIX. The EHR used by the dental communities within the DoD.

digital signature. The electronic analog of a written signature used by a third party to determine that the entity named in the signature did sign the information. A digital signature is configured to automatically include a date and time and indicates that the information to which it is attached has not changed since the signing.

disposition. The way in which a health record is handled after its period of active use.

digitization. The conversion of a paper health record into an electronic portable document format stored in the HAIMS document management system.

document management system. Used to capture, index, display, or store the following types of documentation, which may be provided on paper, electronically, or on other media and can include:

- Paper documents not available in digital format
- Digital images
- Photos
- Video files
- Audio files (including but not limited to voicemails)
- Waveforms
- E-mail

DoD Health Record. Includes all medical and dental care documentation, including mental healthcare documentation that has been recorded for that individual. Information may be recorded and maintained in paper or electronic media. Three principal component records maintained within the DoD healthcare system, each of which is a specific subset of the information in the DoD Health Record are the STR, NSTR, and OHTR. Inpatient records are also a part of the DoD Health Record for an individual. Certain documents from an inpatient record are also included in the STR and OHTR. Administrative documents created to communicate copies of information contained in the health record to non-healthcare related activities are not part of the DoD Health Record.

DTF. A stand-alone, fixed facility of the DoD that is outside of a deployed environment and used primarily for dental care and services. DTFs are unaffiliated with an MTF.

EAR. Part of the inpatient record that includes Observation, Sub Acute Care, Home Health, Partial Hospitalization, and Skilled Nursing Facility records. Formerly named the Ambulatory Patient Visit record type.

EHR. The electronic portion of a Service member's health record. This health record may be comprised of Essentris[®], AHLA, and/or MHS GENESIS[®] documentation.

HAIMS. The health artifact image management system used by the DoD to store digitized health record portable document formats and other portions of a Service member's health record. HAIMS makes these health records available to the VA for claims adjudication purposed.

HCO. Healthcare related management activities performed in accordance with References (t) and (l) and governed by References (f), (k), and (l).

HPO. The member of the workforce of a DoD covered entity or DoD Component who is the designated point of contact for the DoD covered entity or component for handling HIPAA privacy complaints. Such workforce member may be a member of a Military Service, a DoD civilian employee, or a contractor of the DoD covered entity or component. A DoD covered

entity's HIPAA Privacy Officer may also be the designated HIPAA security officer for that DoD covered entity as provided in reference (ae).

HIPAA security officer. An official with authorities and responsibilities for the development, implementation, maintenance, oversight, and reporting of security requirements for electronic PHI in accordance with References (l), (p), and (ae). For a complete list of responsibilities, see Reference (ae).

inpatient. A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

inpatient record. The set of healthcare documentation recorded during a period of hospitalization.

MHS GENESIS[®]. As of the publication of this document, the DoD's most recent EHR system, built around the commercial CERNER EHR product.

MTF. In accordance with Reference (ay), an MTF is any fixed facility of the DoD that is outside of a deployed environment and used primarily for health care, and any other location used for purposes of providing healthcare services as designated by the Secretary of Defense. MTFs include medical, dental, behavioral health, occupational health, and other healthcare clinics.

NSTR. Chronology of outpatient medical, dental, and mental health care received by non-Service members and applies to anyone that does not meet the criteria for STR.

OHTR. The occupational health record for all categories of DoD civil service workers, covered contractors, or other groups provided occupational health services by the DoD.

outpatient. A patient who is not admitted into a hospital. Outpatient care includes care in emergency rooms, same day surgery centers, and ambulatory procedure clinics for patients who are not subsequently hospitalized overnight during the episode of care.

outpatient record. The set of healthcare documentation recorded during outpatient treatment and is part of the STR.

PII. Defined in References (t) and (y).

PHI. Defined in Reference (l).

psychotherapy notes. Defined in Reference (l).

record jacket. The physical folder used to hold and organize all paper portions of a Service member's medical record.

record restriction. The process of making the electronic record unavailable to the average user.

retirement. Regarding a health record, the act of compiling and appropriately dispositioning the record as dictated by the NARA disposition schedule.

ROI. The process of the DoD releasing health information upon request of a Service member or beneficiary.

role-based access. The operational capabilities employed by a record system to control the availability of information to individuals based on their position and responsibility within the organization.

RPC. The physical location where a separating Service member's health record is sent to be digitized and uploaded to HAIMS. As of the publication of this document, each Service maintains their own RPC.

sensitive information. Information determined by the MHS or an individual healthcare provider to deserve special precautions to prevent inadvertent disclosure by or to medical record system users.

sequester. To secure paper-based copies of health information separately in a special category Record File in accordance with Service-specific instructions.

servicing legal personnel. Judge Advocate, Staff Judge Advocate, Medical Law Consultant, or equivalent Service and DHA legal professionals assigned to advise MTFs on legal matters.

STR. The chronologic record of medical, dental, and mental health care received by Service members during the course of their military career. It includes documentation of all outpatient appointments (i.e., without overnight admittance to a hospital, clinic, or treatment facility), as well as summaries of any inpatient care (Discharge Summaries) and care received while in a military theater of operations. The STR is the official record used to support continuity of clinical care and the administrative, business-related, and evidentiary needs of the DoD, VA, and individual.

TRICARE. The DoD healthcare program that provides healthcare coverage for medical services, medications, and dental care for military families, retirees and their families, and survivors.