



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

DHA-IPM 18-018
November 8, 2018

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)
DIRECTOR OF THE JOINT STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)

SUBJECT: Interim Procedures Memorandum, 18-018, Physical Custody and Control of the DoD Health Record

References: See Attachment 1.

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (p):

- Establishes the Defense Health Agency's (DHA) procedures for the physical custody and control of DoD Health Records at all DoD Military Treatment Facilities (MTFs) and the management, monitoring, review, and evaluation of DoD Health Record availability at MTFs.
- This DHA-IPM is effective immediately and will expire effective 12 months from the date of issue. It must be incorporated into the forthcoming DHA-Procedural Instruction, "Health Records Management".

Applicability. This DHA-IPM applies to OSD, the Military Departments (MILDEPs), (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-IPM as the "DoD Components").

Policy Implementation. It is DHA's instruction, pursuant to References (b) through (d), that:

- The Director, DHA, has the authority to develop and issue implementation and procedural guidance, in accordance with Reference (b), to specify documentation and management procedures for record systems that support the Service Treatment Record (STR) and other components of the DoD Health Record, in accordance with Reference (d).
- The DoD Health Record is the property of the U.S. Government, not the beneficiary or the beneficiary's guardian. In accordance with References (m) and (n), the patient has the right to a copy of the information in the DoD Health Record, as established and implemented in accordance with References (h) through (k), unless specifically excepted (see Attachment 3) by this DHA-IPM and supporting implementation and procedural guidance, in accordance with Reference (d).
- The information stored in the DoD Health Record must be made available to authorized personnel of the Military Health System (MHS) to support the health care 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 (ASD(HA)), in accordance with Reference (d).
- DoD Health Records are protected by the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Breach Notification, and Enforcement Rules in accordance with References (f) and (g). DoD Health Records maintained in digital form must be compliant with the HIPAA Security Rule in accordance with Reference (p). DoD Health Records are also protected by the Privacy Act, in accordance with References (f) and (i).
- Medical record management personnel must ensure that records are protected against loss, unauthorized destruction, tampering, and unauthorized access or use, in accordance with Reference (d).

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Releasability

- **Cleared for public release.** This DHA-IPM is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.



R. C. BONO
VADM, MC, USN
Director

Attachments:
As stated

cc:
Principal Deputy Assistant Secretary of Defense (Health Affairs)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Medical Officer of the Marine Corps
Joint Staff Surgeon
Director of Health, Safety, and Work-Life, U.S. Coast Guard
Surgeon General of the National Guard Bureau
Director, National Capital Region Medical

ATTACHMENT 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, as amended
- (d) DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015, as amended
- (e) DoD Instruction 6040.40, “Military Health System Data Quality Management Control Procedures,” November 26, 2002
- (f) DoD Directive 5400.11, “DoD Privacy Program,” October 29, 2014
- (g) DoD Instruction 6025.18, “Privacy of Individually Identifiable Health Information in DoD Health Care Programs,” December 2, 2009
- (h) DoD Instruction 6040.42, “Management Standards for Medical Coding of DoD Health Records,” June 8, 2016
- (i) DoD 6025.18-R, “DoD Health Information Privacy Regulation,” January 24, 2003
- (j) Assistant Secretary of Defense for Health Affairs Memorandum, “Approval for Interim Guidance for Use of the Healthcare Artifact and Image Management Solution (HAIMS)–Service Treatment Record and Clinical Use,” July 24, 2013
- (k) DoD Instruction 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” February 17, 2011, as amended
- (l) Assistant Secretary of Defense for Health Affairs Policy Memorandum, “Military Health System Data Quality Management Control Program, Revised Reporting Documents,” September 21, 2009
- (m) DoD Directive 3020.26, “DoD Continuity Policy,” February 14, 2018
- (n) Public Law 104-191, “Health Insurance Portability and Accountability Act (HIPAA) of 1996,” August 21, 1996
- (o) United States Code, Title 10, Chapter 1073
- (p) DoD Instruction 8580.02, “Security of Individually Identifiable Health Information in DoD Health Care Programs,” August 12, 2015

ATTACHMENT 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, and the ASD(HA), and in accordance with the MHS communications plans, developed at the ASD(HA)-level, will:

a. Establish a formal joint DoD Health Record Management Program and provide financial and personnel resources to monitor performance and compliance with this DHA-IPM in coordination with the MILDEPs.

b. Develop and issue implementation and procedural guidance in accordance with References (d) and (p) to specify documentation and management procedures for record systems that support the STR and other components of the DoD Health Record.

c. Ensure MTF Commanders and Directors comply with, oversee, and execute the procedures outlined in this DHA-IPM upon the transition of MTFs to the authority, direction, and control of Director, DHA, in accordance with Reference (o).

2. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs, in coordination with the Director, DHA will:

a. Coordinate through the MILDEPs' Surgeons General (SGs) to ensure MTF Commanders and Directors comply with, oversee, and execute the procedures outlined in this DHA-IPM, until the transition of MTFs to the authority, direction, and control of Director, DHA, in accordance with Reference (o).

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

c. Ensure the MTF Commanders and Directors implement and incorporate the actions identified in Attachment 5 with regards to record restriction into their current Risk Management programs to ensure compliance with Reference (g).

3. MTF COMMANDERS AND DIRECTORS. MTF Commanders and Directors will:

a. Establish and execute a retention and control process for DoD Health Records at MTFs, in accordance with the procedures outlined in this DHA-IPM.

b. Implement and incorporate the actions identified in Attachment 5 with regards to record restriction into their current Risk Management programs to ensure compliance with Reference (g).

ATTACHMENT 3

PROCEDURES

1. CUSTODY AND CONTROL OF DoD HEALTH RECORDS

a. All components of the DoD Health Record are the property of the U.S. Government. Patients have the right to a copy of the information contained in their DoD Health Record. The DoD is responsible for the maintenance and availability of DoD Health Records at MTFs, which is key to appropriate medical care and legal and administrative proceedings, in accordance with Reference (d).

b. In accordance with Reference (d), the DoD Health Record is the primary record of medical, dental, and mental health care documentation, regardless of medium, for individuals receiving care in the Military Health System.

c. DoD Health Record management personnel are responsible for protection against loss, unauthorized destruction, tampering, and unauthorized access, or use, in accordance with Reference (d).

d. The DoD has transitioned much of its day-to-day care documentation processes into an Electronic Health Record (EHR). Until all 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).

e. 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 (g) and (i).

f. 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 release of information when required. As the MHS transitions to a complete EHR for all beneficiaries, the creation of paper-based records will significantly diminish. If a paper-based record exists for a patient, failure to maintain both record formats, as outlined in this DHA-IPM, will result in a program deficiency and may violate Reference (n), and Joint Commission standards.

g. At a minimum, following any permanent change of station reassignment, personal geographic location moves, MTF reassignment, or change to TRICARE enrollment location; MTF records management personnel must transfer all components of the beneficiary’s paper-based DoD Health Record to the gaining MTF. These procedures are required to ensure the

gaining MTF has access to the beneficiary's complete DoD Health Record, in accordance with Reference (h).

2. IMPLEMENTATION. MTFs will implement the following elements into the retention and control process for DoD Health Records:

a. MTFs will establish a process that ensures no hand-carrying of DoD Health Records by beneficiaries. A process should be implemented to retrieve records as soon as possible from those beneficiaries who may be in possession of their records. Every effort should be made to ensure that patients do not leave the MTF with their DoD Health Record, to include all components thereof.

b. The MILDEPs' SGs have the authority to set policy on exceptions to the no hand-carrying guidance. Examples of exceptions could include:

(1) Circumstances in which the break in continuity of care outweighs the record custody concerns. MTF Commanders and Directors are authorized to grant individual exceptions (in writing) to this policy on a case-by-case basis to satisfy unique individual situations where providing the original s DoD Health Record to the requesting beneficiary is in the patient's and/or the government's best interest. MTF Commanders and Directors may not issue general blanket orders or MTF policy that allow any beneficiary to hand-carry his/her DoD Health Record. Careful analysis of all of the circumstances surrounding a specific request must be carefully considered. Additional exceptions may include circumstances in which a significant inconvenience to the patient may occur, or where continuity of care may be negatively impacted if the records were to be mailed. 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. **Note:** 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.

(2) Members assigned or being assigned to active Personnel Reliability Program, Presidential Support Program, or other sensitive duty positions where access to a complete medical record is required.

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

(4) Co-located MTF collaboration has occurred to ensure record Availability and Accountability standards are met for members who have been assigned to a sister-service MTF, until such time as all MTFs fall under the DHA. See paragraph c. (directly below) for additional information and requirements.

c. MTFs will establish a Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) (see the Appendix for an example) at each MTF, Reserve Component

Medical Unit (RCMU), medical unit or organization authorized to maintain DoD Health Records if co-located with another MTF, RCMU, medical unit or organization (regardless of Service affiliation) to ensure correct records management procedures/policies are followed and addressed. The MOU/MOA verbiage should include processes to support both facilities; identify how records will be transferred from one facility to another, as well as how records will be dispositioned. All MOUs/MOAs should be reviewed annually and updated as necessary.

d. The Composite Health Care System (CHCS) Medical Records Tracking (MRT) module will be used as the primary tool to monitor and track the availability and movement of paper-based medical records, until the new Physical Record Tracking (PRT) tool is developed and implemented to replace it. Dental clinics not currently using CHCS MRT will identify a manual method to track and identify delinquent dental records, until the new PRT tool is developed and implemented to replace it. This will facilitate the development and maintenance of a closed record system within the MTF.

(1) All MTFs and/or medical units with CHCS computer capabilities must utilize the CHCS MRT module to properly manage, track, and locate medical records until the new PRT tool is developed and 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 Active Duty Service member 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.

(2) The CHCS MRT module or PRT tool 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 permanent change of station.

(3) MTFs 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 the PRT tool as appropriate. MTF records personnel will transfer the record in the CHCS MRT module or in the PRT tool to the appropriate location. If the appropriate location is not available, MTFs will work with their local System Administrator (SA) to have it created.

e. MTFs 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 from the losing MTF.

(2) Overdue records. Paper health records that have been charged-out or loaned to a borrower for more than 5 days and have not been returned to the loaning file room.

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

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

h. The DHA will coordinate with the Secretaries of the MILDEPs to ensure MTF compliance with the custody and control of DoD Health Records through review of their monthly Data Quality and performance measures, in accordance with Reference (e).

i. The DHA will coordinate with the Secretaries of the MILDEPs to implement DoD Health Records custody and control compliance standards through their respective Inspector General and MILDEP audit agencies that incorporate the performance standards identified in this DHA-IPM.

(1) The Availability and 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' SGs will facilitate external audits of their MTFs' DoD Health Record control process by the government and other contracted auditors, as needed.

j. MTFs will not create new paper-based records if all record content is already electronic, unless necessary to meet unique mission requirements.

k. MTFs will not re-create paper-based records deemed lost using the information from the EHR. Refer to Attachment 4, Missing and Lost DoD Health Records, for additional information regarding obligations required when reporting missing or lost DoD Health Records.

ATTACHMENT 4

DUE DILIGENCE

MISSING AND LOST DoD HEALTH RECORDS. With the DoD-wide implementation of the EHR, most Service members 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/Dental Treatment Facility/RCMU to be unable to locate the complete DoD Health Record for a patient. MTFs/Dental Treatment Facilities/RCMUs must have and implement thorough in and out-processing procedures to ensure all records for a patient are available as soon as possible.

a. DoD Health Records, both in electronic and paper-based formats, are considered protected health information (PHI) and personally identifiable information subject to the provisions of the Privacy Act, and in accordance with Reference (n). 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 (f) and (n).

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

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

(2) Check the Defense Enrollment Eligibility Reporting System via the General Inquiry of Defense Enrollment Eligibility Reporting System 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.

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

(4) 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.

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

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

(7) Contact all previous MTFs responsible for maintaining the beneficiary's DoD Health Record.

c. If, after an extensive MTF search is completed, including contacting all of the patient's previous MTFs and following all steps outlined in this enclosure, and the investigation has not yielded the recovery of the missing record(s), the officer responsible for the record room reporting the loss is responsible for informing the MTF Commander or Director. Only the MTF Commander, MTF Director or MTF Record Custodian may deem a missing record as lost. Once a record is deemed lost:

(1) The MTF Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer (HPO) must follow the guidelines and procedures, in accordance with Reference (f), in consultation with the installation Public Affairs Officer and available installation legal staff and/or the Medical Legal Consultant.

(2) MTF records room staff will compile all specific correspondence or documents collected as part of, or in support of the investigation to locate the missing record.

(3) The MTF Commander, MTF Director, or Records Custodian will accomplish a Due Diligence memorandum on official MTF letterhead that will contain the following information at a minimum:

- (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 that 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-IPM, 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 that completed the search;
- (i) Provide a POC should further questions arise; and
- (j) Signature of the MTF Commander, MTF Director, or Records Custodian.

(4) 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”.

(5) MTF 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, IM/IT and ancillary data sources that may increase the completeness and accuracy of the replacement encounter. MTFs will not re-create paper-based records deemed lost using the information from the EHR.

(6) MTF 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.

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

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

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

(a) Active Duty 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-IPM and Service-specific instructions. 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 that the record(s) are the property of the U.S. Government. Inform the sponsor or patient that 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 within 10 calendar days from receipt of the letter. Inform the sponsor 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 patient and/or sponsor that failure to comply will result in notification to local law enforcement or to the installation Security Forces/Military Police, which may result in a criminal investigation for theft of U.S. Government property.

(b) 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-IPM and Service-specific instructions. 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 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 notification to local law enforcement or to the installation Security Forces/Military Police, which may result in a criminal investigation for theft of U.S. Government property.

(c) For all other beneficiaries enrolled at an MTF. If, after requesting the record(s) in accordance with the directions found in this DHA-IPM, 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 within 10 calendar days from receipt of the letter. Inform the patient and/or sponsor that failure to comply will result in notification to local law enforcement or to the installation Security Forces/Military Police, which may result in a criminal investigation for theft of U.S. Government property.

ATTACHMENT 5

RISK MANAGEMENT AND DoD HEALTH RECORD RESTRICTION

1. RISK MANAGEMENT. In accordance with Reference (k), each MTF 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 visitors. The MILDEPS, SGs, MTF Commanders and Directors will implement and incorporate the following actions with regards to record restriction into their current Risk Management programs to ensure compliance with Reference (g).

2. DoD HEALTH RECORD RESTRICTION

a. All MHS personnel, including those with access to systems that contain 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/abuse their access to PHI.

b. The DHA has a duty to protect records that are at risk due to notoriety. The procedures outlined below can be expensive; therefore, it is imperative that 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.

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

d. 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 or DHA-appointed Patient Administration (PAD) point of contact (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 or DHA-appointed PAD 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) Begin the sequestration and restriction process by contacting the DHA PAO by sending an encrypted e-mail to DHA NCR Healthcare Ops List Patient Admin Office Owners <dha.ncr.healthcare-ops.list.patient-admin-office-owners@mail.mil>. E-mails containing sensitive information, to include PHI and/or personally identifiable information, must be sent via DoD encryption methods. The DHA PAO 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 that the individual's records and/or casualties' records should be restricted (Program Offices action) from general view, the DHA PAO will:

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

(b) Coordinate with Service or DHA-appointed PAD 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 PAD POC will:

(a) Direct the Commander or Director, and/or PAD 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 (i), DHA and Service-specific instructions.

(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 PAO, the MILDEPs' SGs, or their designees, must provide authorization to make the records accessible to designated personnel.

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

1. The Service SG or his/her delegate;
2. The Deputy SG;
3. Director, Health Care Delivery;

4. Chief, Behavioral Health;
5. Chief, Rehabilitation and Reintegration Division;
6. Service Pharmacy Consultant;
7. MTF Commander or Director with record custodial responsibility in accordance with DHA and Service-specific instructions;
8. MTF Executive Officer, Deputy or Vice Commander with record custodial responsibility in accordance with DHA and Service-specific instructions; and
9. MTF Patient Administration Chief when designated responsibility to act for Commander 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.

e. Essentris. Essentris access management will remain an MTF responsibility, as it has risks and tools that are different from the systems that provide 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 that 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 is encouraged.

APPENDIX

EXAMPLE OF MEMORANDUM OF UNDERSTANDING WITH SISTER-SERVICE
MILITARY TREATMENT FACILITIES

MEMORANDUM OF UNDERSTANDING

Between

The XXth Medical Group (Air Force Military Treatment Facility or Installation Name) and
The Army/Navy/Community Hospital concerning

A PARTNERSHIP TO ENSURE CORRECT SERVICE TREATMENT RECORD (STR)
DISPOSITION FOR SEPARATING AND RETIRING SERVICE MEMBERS

I. PURPOSE

This Memorandum of Understanding (MOU) defines a partnership agreement between the XXth Medical Group, Any Air Force Base, Any Town and the XXd Battalion Army Community Hospital, Any Army Post or Installation, Any Town, to ensure that DoD Health 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.

II. 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.

III. OBJECTIVES AND RESPONSIBILITIES

The XXth Medical Group, and the XXd Battalion Army Community Hospital, 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. Under this MOU, both parties agree to:

Contact the Other-Service MTF 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.

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

Establish an agreed upon method of transferring STRs to the requesting Other-Service MTF that includes either:

- a) A method of mailing the STR from MTF-to-MTF (to include a return receipt confirmation or package tracking option); or
- b) A schedule that identifies the available STR pick-up times and location so that the requesting MTF may physically visit the Other-Service MTF and obtain the STRs in person.

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.

IV. AGENCY CONTACT INFORMATION

For the XXth Medical Group:

Major James Smith

E-mail: james.smith@anybase.af.mil

TRICARE Operations and Patient Administration Flight Commander XX MDG/SGXX

123 Any Road

Any Base, Any State 12345

(202) 123-4567 DSN 555

For the XXd Battalion Army Community Hospital:

Capt David Manager

E-mail: david.manager@us.army.mil

Patient Administration Director

XXd Battalion, XXd Regiment Medical

Any Name Army Community Hospital

Any Fort, Any State 54321

(202) 987-6543 DSN 444

V. CHANGES TO MOU

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AHLTA ASD(HA)	Armed Forces Health Longitudinal Technology Application Assistant Secretary of Defense for Health Affairs
CHCS	Composite Health Care System
DHA DHA-IPM	Defense Health Agency Defense Health Agency-Interim Procedures Memorandum
EHR	Electronic Health Record
HIPAA	Health Insurance Portability and Accountability Act
MHS MILDEP MOA MOU MRT MTF	Military Health System Military Department Memorandum of Agreement Memorandum of Understanding Medical Records Tracking Military Treatment Facility
PAD PAO PHI POC PRT	Patient Administration Patient Administration Office protected health information point of contact Physical Record Tracking tool
RCMU	Reserve Component Medical Unit
SA SG STR	System Administrator Surgeon General Service Treatment Record
VA	U.S. Department of Veterans Affairs

PART II. DEFINITIONS

accountability. 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 MRT module or PRT.

availability. The physical presence of that record for use at the point of service or for review/audit purposes.

Closed Record Storage. In order to optimize file space for current and future outpatient records, it is permissible to split or separate outpatient records that consist of more than one volume. To separate the current volume from older volumes.

delinquent records. Health records for newly enrolled patients that have not yet arrived to the gaining MTF from the losing MTF.

Essentris. The inpatient EHR used in the MHS.

General Inquiry of Defense Enrollment Eligibility Reporting System. A Web-based application used to obtain special program coverage information.

Hybrid Record. A health record consisting primarily of the EHR and traditional paper-based records.

incident. A public broadcast or sharing of a situation or emergency that threatens, or has the potential to threaten, public safety, health, and welfare; a high-profile/high-press incident involving a DoD Service member, DoD Civilian, or Veteran.

local MTF. The local military facility established for the purpose of furnishing medical and dental care to eligible individuals.

Main File. The primary record room in an MTF.

overdue records. Paper health records that have been charged-out or loaned to a borrower for more than 5 days and have not been returned to the loaning file room.

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

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

sister-service MTF. An MTF operated by or under the command of a DoD military service that is not their own.

Sponsor. Any person who, as a direct affiliate or member of an organization within the DoD, is entitled to benefits from the DoD and who, through that affiliation or membership, may entitle his or her family members to benefits. Un-remarried former spouses who meet eligibility requirements, and members of non-DoD organizations whose employees are authorized DoD benefits are also sponsors, and often accord eligibility to their family members.