



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

APR 23 2008

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

SUBJECT: Notification of Active Duty Hospitalization in Navy Military Treatment Facilities

Reference: (a) 2008 National Defense Authorization Act
(b) CO, Wounded Warrior Regiment ltr 1000 WWR of 9 Apr 08
(c) MILPERSMAN 1301-010
(d) MILPERSMAN 1306-1600
(e) NAVMEDCOMINST 6320.3B

This memorandum updates and clarifies guidance for notification requirements of service members' hospitalization in Navy military treatment facilities (MTFs).

Reference (a) mandates the Services notify appropriate Members of Congress when a service member within their constituency is evacuated from a theater of combat and admitted to a MTF in the United States. Congressional notification will be provided only with the consent of the service member. Additionally, Congressional notification will be made for Navy service members assigned to operational commands either in or outside of a theater of combat, and admitted to a MTF in the United States.

Commanders and Commanding Officers of Navy MTFs in the United States will ensure service members admitted to their facility from a theater of combat, and Navy service members admitted from an operational command, will be provided an opportunity to consent to the release of protected health information (PHI) within 24 hours of admission using DD Form 2870, Authorization for Disclosure of Medical or Dental Information (attachment 1). Service members will also be informed of the Health Insurance Portability and Accountability Act (HIPAA) and their right to withdraw any prior consent to release PHI. Unless the service member specifically declines notification of the next of kin, the member's next of kin will be contacted and informed of the member's admission prior to congressional notification. In the case of a member who is unable to provide consent, information and consent may be provided by the member's next of kin as designated in the service record.

Per reference (b) (attachment 2), Congressional notification of Marine Corps service members and Navy service members assigned to Marine Corps commands who are evacuated from a theater of combat will be conducted by Marine Corps officials. MTF Commanders and Commanding Officers will coordinate with their respective Marine Corps Liaison offices to ensure the appropriate consent and notification process for these service members has been conducted.

MTF Commanders and Commanding Officers will further ensure that following notification of the service member's next of kin, the completed consent forms and information

NAVMED POLICY 08-012

for Navy members will be telefaxed to this Bureau's Office of Legislative Affairs at DSN 762-1705 or (202) 762-1705, or forwarded via encrypted e-mail to one of the following points of contact: Ms. Ilka Regino, Ilka.Regino@med.navy.mil or Mr. Christopher Lopez, Christopher.Lopez@med.navy.mil. Officials in BUMED's Office of Legislative Affairs will contact the Navy Office of Legislative Affairs whose personnel will contact the appropriate Members of Congress to advise of the service member's hospitalization.

Officials in Patient Administration Departments in Navy MTFs will coordinate with the appropriate Service point of contact to start the notification process and provide completed consent forms for wounded Army, Air Force and Coast Guard service members admitted to their facility from a theater of combat. Upon receipt of notification by Navy Patient Administration Departments of wounded Navy service members from a theater of combat hospitalized at other Services' MTFs, notification procedures will commence per the above guidance.

Information provided with the consent form will include name and rank of patient, unit assignment and combat theater, CONUS MTF where hospitalized, medical condition in general terms (i.e., stable, good, fair, serious, critical, conscious, semiconscious, unconscious), and patient's home of record as designated by the service member on the consent form or, if none is designated, per the service record. In all cases, provide contact information for the patient care representative at the MTF who may be contacted for additional information.

Navy Medicine Regional Commanders will ensure compliance with this policy.

Officials in CONUS and OCONUS Navy MTFs will continue to make required notifications of all hospitalized active duty service members per references (c) through (e).

Congressional notification is effective immediately. My point of contact is Mr. Floyd Katon at (202) 762-3144/DSN: 762-3144 or e-mail Floyd.Katon@med.navy.mil.


T. R. CULLISON
Vice Chief

Attachments:

- (1) DD Form 2870
- (2) CO, WWR ltr of 9 Apr 08

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	

SECTION II - DISCLOSURE

6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO:

(Name of Facility/TRICARE Health Plan)

a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN	b. ADDRESS (Street, City, State and ZIP Code)
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)

<input type="checkbox"/> PERSONAL USE	<input type="checkbox"/> CONTINUED MEDICAL CARE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> INSURANCE	<input type="checkbox"/> RETIREMENT/SEPARATION	<input type="checkbox"/> LEGAL	

8. INFORMATION TO BE RELEASED

9. AUTHORIZATION START DATE (YYYYMMDD)	10. AUTHORIZATION EXPIRATION DATE (YYYYMMDD)	<input type="checkbox"/> ACTION COMPLETED
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SECTION III - RELEASE AUTHORIZATION

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
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SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
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17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE	SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:
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DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
WOUNDED WARRIOR REGIMENT
3025 JOHN QUICK ROAD
QUANTICO, VIRGINIA 22134-5103


IN REPLY REFER TO:
1000
WWR
9 Apr 08

From: Commanding Officer, Wounded Warrior Regiment
To: Deputy Commandant, Manpower and Reserve Affairs

Subj: NDAA SEC 10741 NOTIFICATION TO CONGRESS OF
HOSPITALIZATION OF COMBAT WOUNDED

Ref: (a) DMCS MCATS 2008-4-10598

1. Per reference (a), Wounded Warrior Regiment (WWR) has been tasked to provide comments on Section 10741 of the 2008 NDAA which requires Notification to Congress of service members medically evacuated from theater and hospitalized in a CONUS Military Treatment Facility (MTF).
2. In early March, representatives from the WWR, the HQMC Office of Legislative Affairs (OLA), and the M&RA Casualty Branch met to discuss the requirement to begin Notifications to Congress beginning on 28 March 2008, the date required by the NDAA. An MOA between M&RA and OLA is being generated to formalize this coordination.
3. The WWR has begun obtaining authorization from wounded, ill, and injured service members who are being medically evacuated from theater to a CONUS MTF in order to notify the Members of Congress who represent the service member as determined by the service member's home of record or other address, as specified by the service member. The authorization form, DD Form 2870, will be filled out by the WWR Patient Affairs Team at Landstuhl, Germany and then signed by the service member. This form (including negative responses) is then sent to OLA and the WWR. OLA receives the form and confirms with M&RA Casualty Branch that the service member's primary next of kin (PNOK) has been notified prior to conducting the notification to Members of Congress.
4. WWR POC is LtCol Lindell Holm and can be reached at 703-432-1842 or Lindell.holm@usmc.mil.


B. J. LOFGREN
Executive Officer
By direction