

Provider/Commander Relationship

- **Face to face**
- **Telephonic communication**
- **Written request (not e-mail)**
- **Use Battalion Health Care Provider (HCP) as a liaison when necessary**
- **No further release authorized (to Family members, NOK, etc.) from Command**
- **Response documented on DA 689 (Sick Slip) or DA 3349 (Profile) and placed in Medical Record**
- **For assistance or questions you may contact your Military Treatment Facility (MTF) HIPAA coordinator, SJA or CJA for further guidance**



Governing Policies

- Department of Defense Instruction 6490.08 Command Notification Requirements to dispel Stigma in Providing Mental Health Care to Service Members (17 August 2011)
- Department of Defense Instruction 6025.18-R, DoD Health Information Privacy Regulation (24 January 2003)
- Army Regulation 40-66, Medical Record Administration and Health Care Documentation (RAR 001, 18 March 2009)
- OTSG/MEDCOM Policy Memo 11-061, MEDCOM Policy for Procedures Following Missed Behavioral Health Appointments (18 July 2011)
- OTSG/MEDCOM Policy Memo 10-064, Procedures for Transferring Care During Permanent Change of Station (PCS) for Soldiers Involved with Family Advocacy Program (FAP) and Behavioral Health (BH) (30 August 2010)
- OTSG/MEDCOM Policy Memo 10-042, Release of Protected Health Information (PHI) to unit Command Official (30 June 2010)

For Additional Information Contact:

CRDAMC HIPAA Officer:

Luis.C.Santiago@amedd.army.mil

www.crdamc.amedd.army.mil

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Commander's Quick Reference Guide to Health Insurance Portability and Accountability Act (HIPAA)

An overview of what a Commander can and cannot ask for and know.

**Carl R. Darnall
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How HIPAA affects a Commander

- Commanders have a right and need to know health information about Soldiers (and certain specific issues with Families) that impacts the readiness of the unit and the individual Soldier's ability to perform his/her duties.
- A major goal of HIPAA is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and to promote high quality health care.
- HIPAA strikes a balance that permits important uses of information, while protecting the privacy of people who seek health care.

What is not covered by HIPAA?

- Drug testing program of DoD
- Provision of healthcare to foreign national beneficiaries of MHS OCONUS
- DNA repository
- Provision of healthcare to enemy POWs and other detainees
- Education records maintained by DoD schools
- Records maintained by DoD day care centers
- Military Entrance Processing Stations

What Commanders CANNOT know:

- Soldier Family information (unless and only as it applies to EFMP IAW AR 608-75 and Family Advocacy IAW AR 608-18)
- Medical Information that does not impact readiness or ability to do job

INAPPROPRIATE Questions:

- Is PVT Smith's wife in for an appointment?
- What medications is CPT Smith on? Is CPT Smith on birth control pills?
- I Heard COL Smith is having surgery to have his gallbladder removed, is that correct?
- Did SGT Smith refer himself for mental health?

What Commanders CAN know without Soldiers Approval:

- MEB/PEB related data for those conditions that impact the Soldiers ability to perform his or her MOS and duty performance
- Requirements for deployability
- Performance limiting medications (narcotics, sleep medications)
- Performance limiting conditions (epilepsy, heart disease, hallucinations)
- Duty related for surety (nuclear/chemical/biological)
- Flight status
- Command Directed Mental Health Evaluation findings
- Medical LOD determinations/Accident Investigations
- Eligibility for WTU
- Hospitalization/SI/VSI status
- Appointments made and missed status
- Army Weight Control Program documentation
- Army Family Advocacy Program initial and follow-up reports
- Immediate threat to life or health (Harm to Self and Harm to Others)
- Acute Medical Conditions Interfering with Duty
- Army Substance Abuse Program treatment
- Other Special Circumstances where mission execution outweighs the interests served by avoiding notification, as determined by an O-6 Healthcare Provider or Commanding Officer

APPROPRIATE Questions:

- Has PVT Smith had all of his required vaccinations to deploy?
- Does PVT Smith have an appointment today?
- PVT Smith just had surgery. Is he on medications that would limit his duties as a mechanic?
- Is CW2 Smith cleared for Flight Duty/Chemical Surety mission?
- What is the status of the Family Advocacy case involving CPT Smith and his son?
- PVT Smith is seeing multiple doctors for many conditions. Is he on any medications or treatment plans that would interfere with deployment? His duties as a driver? Is he a candidate for a WTU?
- Can CPL Smith and his family PCS with their EFMP issues?
- Is CPT Smith a threat to herself or others?
- Based on MAJ Smith's current condition should I delay his deployment to an austere theater of operations?
- 1LT Smith is in the Personnel Reliability Program, based on your assessment what is his trustworthiness?

