



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2748 WORTH ROAD  
FORT SAM HOUSTON, TX 78234-6000

REPLY TO  
ATTENTION OF

MCZX

OTSG/MEDCOM Policy Memo 12-015

Expires 28 February 2014

**28 FEB 2012**

MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE  
COMMANDS

SUBJECT: Command Notification Requirements to Dispel Stigma in Providing  
Behavioral Healthcare to Soldiers

1. References:

a. Department of Defense (DoD) 6025.18-R, Health Information Privacy Regulation, 24 Jan 03, <http://www.dtic.mil/whs/directives/corres/html/602518r.htm>.

b. Federal Register Notice, Volume. 68, No. 68, Page 17357, 9 Apr 03, subject: DoD Health Information Privacy Program, <http://www.gpoaccess.gov/fr/index.html>.

c. Army Regulation 40-66, Medical Records and Healthcare Documentation, 17 Jun 08 with Rapid Action Revision (RAR), 4 Jan 10.

d. ALARACT 160/2010, VCSA Sends on Protected Health Information (PHI), DTG 282049Z May 10.

e. DoD Directive 5124.02, Under Secretary of Defense for Personnel Readiness (USD(P&R)), 23 Jun 08.

f. Department of Defense Instruction 6490.08, Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members, 17 Aug 11, <http://www.dtic.mil/whs/directives>.

g. OTSG/MEDCOM Policy Memo 10-042, 30 Jun 10, subject: Release of Protected Health Information (PHI) to Unit Command Officials.

h. OTSG/MEDCOM Policy Memo 11-034, 28 Apr 11, subject: Department of Defense (DA) Form 3822, Mental Status Evaluation.

i. MEDCOM Regulation 40-38, 21 Sep 11, Command-Directed Behavioral Health Evaluations.

j. United States Department of State, Adjudicative Guidelines for Determining Eligibility for Access to Classified Information, 3 Feb 06.

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k. American Association of Suicidology (AAS),  
<http://www.suicidology.org/web/guest/current-research>.

2. Purpose: Establishes policy, assigns responsibilities, and prescribes procedures for healthcare providers in determining command notification requirements as applied to Behavioral Health Care support provided to uniformed personnel.

3. Proponent: The proponent for this policy is the US Army Medical Command (MEDCOM), Health Policy and Services, Behavioral Health Division (BHD).

4. Policy:

a. The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) provides standards for disclosure of PHI pertaining to Armed Forces members without their authorization. These standards include certain exemptions established to support the unique requirements of military operations. To meet the intent of the law, PHI disclosures permitted under the military exemptions must also comply with the minimum necessary disclosure accounting standards.

b. Healthcare providers shall NOT notify a Soldier's commander when the Soldier obtains self generated or medical referrals for substance use (e.g., drug and alcohol) education services or behavioral healthcare unless otherwise meeting the conditions established in paragraph 4c1-9. The PHI of family members or other beneficiaries may never be shared with Commanders without a proper HIPAA authorization.

c. Behavioral healthcare providers will notify a Soldier's Commander or alternate person specifically designated in writing by the Commander under the following circumstances:

(1) Harm to Self. The healthcare provider believes there is a serious risk of self-harm by the Soldier.

(2) Harm to Others. The healthcare provider believes there is a serious risk of harm to others. This includes any disclosures concerning child abuse or domestic violence.

(3) Harm to Mission. The healthcare provider believes there is a serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and/or judgment.

(4) Special Personnel. The Soldier is in the Personnel Reliability Program, or is in a position that has been pre-identified by Army Regulation or the command as having mission responsibilities of such potential sensitivity or urgency that normal notification standard would significantly risk mission accomplishment.

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(5) Inpatient Care. The Soldier is admitted or discharged from any inpatient BH or substance abuse treatment facility, as these are considered critical points in treatment and support nationally recognized patient safety standards.

(6) Acute Medical Conditions Interfering with Duty. The Soldier is experiencing an acute BH condition or is engaged in an acute medical treatment regimen that impairs the Soldier's ability to perform his or her assigned duties.

(7) Substance Abuse Treatment Program. The Soldier has entered into, or is being discharged from a formal outpatient or inpatient treatment program for the treatment of substance abuse or dependence. Those who seek alcohol-use education and who have not had an alcohol referral incident (such as arrest for driving under the influence), do not require command notification unless they also choose to be formally evaluated and are subsequently diagnosed with a substance abuse or dependence disorder.

(8) Command-Directed Behavioral Health Evaluation (CDBHE). The BH services are obtained as a result of a CDBHE.

(9) Other Special Circumstances. The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a case-by-case basis by a healthcare provider (or other authorized official of the medical treatment facility (MTF) involved) at the O-6 or equivalent level or above, or a commanding officer at the O-6 level or above.

(a) In the event this provision is used, notification will be made within 72 hours to Headquarters (HQ) MEDCOM Patient Administration (PAD) and HQ MEDCOM BHD. Notifications will be sent in standard Friendly Force Information Requirements (FFIR) format to [OTSG.BehavioralHealth2@amedd.army.mil](mailto:OTSG.BehavioralHealth2@amedd.army.mil).

(b) All FFIR notifications under this provision will address the circumstances under which notifications were made and the identification of the approving authority. FFIRs will be formatted as an Executive Summary and include both the contact information of the author and approving official.

5. If it is determined that the Soldier's BH status may create duty limitations, healthcare providers will issue a temporary profile appropriate for such conditions by generating an electronic temporary physical profile documenting the BH diagnosis, potential side effects from treatment, and corresponding duty limitations.

6. In all self or command referred BH evaluations, healthcare providers will focus special attention on screening for high-risk factors in the areas of trustworthiness, judgment, and reliability to safeguard classified information, potential for harm to others or environment, and potential of harm to self.

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7. When Commander disclosure is required, healthcare providers shall provide the minimum amount of information required to satisfy the purpose of the disclosure. In general, such disclosure shall consist of:

a. Soldier's diagnosis, description of the treatment prescribed or planned, impact on duty or mission, recommended duty restrictions, prognosis, any applicable duty limitations, and implications for the safety of self and/or others.

b. Ways the command can support or assist the Soldier's treatment.

c. Appropriate profile, if required, supporting duty limitations imposed by BH condition.

8. Behavioral healthcare providers shall provide notification to a Soldier's Commander both personally (e.g., face-to-face or telephonically), and in writing via the use of DA Form 3822, Mental Status Evaluation, and, DA Form 3349, Physical Profile, if required. The Soldier's Commander will receive both of these documents. The DA Form 3822 and DA Form 3349 are the only acceptable forms for use when communicating BH concerns to Army leaders. Alternative communication tools or forms are not authorized.

9. Behavioral healthcare providers shall provide notification to a Soldier's Commander within 24 hours, unless it is determined that the BH condition is emergent, and immediate notification is required.

10. Behavioral healthcare providers will use the Military Health System Protected Health Information Management Tool to account for all PHI disclosures. When the PHMIT is not available, providers will maintain records for release of PHI in Soldier's Electronic Medical Records or the Service Treatment Record. The documentation will include the date of the disclosure, name and address of the individual receiving the information, a brief description of the PHI disclosed, and the basis for the disclosure. The completed DA Form 3822 will additionally be scanned into the EMR.

11. Behavioral healthcare providers will inform the command officials that receipt of PHI requires protections of information in accordance with the Privacy Act of 1974, Department of Defense Instruction 6490.08 and AR 340-21. If the information needs to be further disclosed to others on a need to know basis, these personnel are also accountable for protecting the information.

12. Responsibilities:

a. The MTF BHD is responsible for this policy, providing staff supervision and updating the policy as necessary.

b. MTF Commanders will ensure providers are aware of command notification policies and the requirement for compliance.

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c. MTF Commanders will designate personnel by roles who will be authorized to release information to unit surgeons and/or unit command officials.

d. MTF Privacy Officers and patient administrators will provide staff assistance to those who release PHI to unit command officials.

FOR THE COMMANDER:

  
HERBERT A. COLEY  
Chief of Staff