

Provider/Commander Relationship

- Face to face, telephonic, or written request (do not email).
- Use battalion healthcare provider as liaison when necessary.
- Coordinated documents include DA 689 (Sick Slip) or DA 3349 (Physical Profile) or e-Profile.
- Collaborative Communication:
 - From healthcare provider to commander, or the commander's written designee.
 - From commander to healthcare provider.
 - Not limited to sick call slips.

HIPAA and the United States Military

- Commanders have a need to know health information about their Soldiers to make informed decisions about fitness for duty limitations and to ensure the proper execution of the military mission.
- Commanders may also be informed of certain specific issues of a Soldier's Family that is enrolled in the Exceptional Family Member Program.
- HIPAA is intended to protect the rights of individuals by keeping certain protected health information private while allowing the flow of health information needed to provide and to promote high quality health care.
- HIPAA strikes a balance that permits uses and disclosures of protected health information, while protecting the privacy of our patients.

GLWACH POCs

- HIPAA** Privacy Officer (573) 596-4935
Mrs. Cheryl King
- Patient Administration Division** (573) 596-0490
CPT Gregory LeMasters
- Release of Information** (573) 596-0498
Mrs. Esther Holmes
Mrs. Juanita Mendoza
Mrs. Sonjia Hurd

Governing Policies

- Army Regulation 40-66, Medical Record Administration and Healthcare Documentation (RAR 01/04/2010)
- Department of Defense Instruction 6490.08 Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members (17 August 2011)
- DoD 6025.18-R, Health Information Privacy Regulation (24 Jan 2003)
- OTSG/MEDCOM Policy Memo 11-061, MEDCOM Policy for Procedures Following Missed Behavioral Health Appointments (18 July 2011)
- OTSG/MEDCOM Policy Memo 11-064, Policy Guidance to Direct Procedures for In & Out Processing During Permanent Change of Station for Family Advocacy Program, Army Substance Abuse Program and Behavioral Health (29 Jul 2011)
- OTSG/MEDCOM Policy Memo 16-087, Release of Protected Health Information to Unit Command Officials
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Commander's Guide to the Health Insurance Portability and Accountability Act (HIPAA) HIPAA



General Leonard Wood Army Community Hospital

“Serving with
Compassion and Courage”

Healthcare Provider Responsibility

- Inform Soldiers via handout when protected health information will be disclosed to commanders regarding duty restrictions, deployment status, medications that limit performance of duty, and perceived risk behaviors.
- Inform commanders within **24 hours** of any reportable situation.
- Release only “minimum necessary protected health information”.
- Document release of protected health information in the electronic medical record.

Commander’s Responsibility

- Same responsibility to protect privacy as healthcare providers.
- No further communication of a Soldier’s protected health information to next of kin, any other Family members, friends, etc.
- Encourage Soldiers to seek medical care by avoiding punitive action or embarrassment.
- Register for MODS e-Profile access through your unit administrator.

What is not covered by HIPAA?

- DoD drug test results.
- Provision of healthcare to foreign national beneficiaries of MHS OCONUS.
- DNA repository.
- Provision of healthcare to enemy POWs and other detainees.
- Records maintained by DoD daycare facilities.
- Military Entrance Processing Stations.
- Education Records maintained by DoD schools.

What Commanders **CAN** know and ask for without their Soldier’s consent:

- Medical Evaluation Board (MEB) data.
- Physical Evaluation Board (PEB) data.
- Requirements for deployability (i.e. flight status, immunization status, blood type,...etc.)
- Providers will notify Commanders about medication side effects that may impact duty performance, such as drowsiness, altered alertness,...etc. Providers are not required to state the medication prescribed or the underlying diagnoses.
- Physical profile limitations.
- Duty related for surety (nuclear/chemical/biological).
- Command Directed Mental Health Evaluation results.
- Medical Line Of Duty determinations.
- Eligibility for Warrior Transition Unit.
- Hospitalization, Very Seriously Ill, or Seriously Ill status.
- Appointments made and/or missed status.
- Army Weight Control Program documentation.
- Army Family Advocacy Program initial and follow-up reports.
- Any perceived threat to life or health, i.e. Suicidal/Homicidal/Violent/Acute Agitation.
- Any injury that indicates battlefield trend or potential safety problem.
- Commanders will be given “minimum necessary information”.

Examples:

- Is PVT Smith up to date on all of his required vaccinations to deploy?
- Does PVT Smith have an appointment today? Date and time, reason is not necessary.

- Is PVT Smith on any medications that would limit his duties as a mechanic?
- What is the MEB status of PVT Smith?
- Is PVT Smith medically cleared for flight duty/chemical surety missions?
- What is the status of the Family Advocacy case involving ILT Jones for suspected abuse?
- Can CPL Rich and his Family PCS with their EFMP issues?

What Commanders **CANNOT** know:

- Soldier’s 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, ability to perform job duties, or execution of the military mission.
- Specific diagnoses as related to medical appointment.

Examples:

- Is PVT Smith’s wife in for a medical appointment?
- Is PVT Jones on birth control pills?
- Did SSG Williams refer himself for a mental health evaluation?

