## Provider/Commander Relationship

- Face to face
- Telephonic communication
- In writing request (not email)
- Use Battalion Health Care Provider (HCP) as go between as 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

## Governing Policies

- OTSG/MEDCOM Information Paper, Subject: Communication of Soldier Medical Status to Commanders, dated 16 Jan 2013
- OTSG/MEDCOM briefing: Sharing PHI Between Commanders, dated 16 Jan 2013
- MEDCOM Policy 12-062, Release of Protected Health Information to Unit Command Officials, 24 Aug 2012
- OTSG/MEDCOM OPORD 12-04, Protected Health Information Town Hall Meeting, dated 18 Nov 2011

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# Commander's Quick Reference Guide to HIPAA

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

# How HIPAA effects 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 Soldiers' ability to perform his 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

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

**What Commanders CAN know and ask for without Soldiers Approval:**
- MEB/PEB related data
- 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 results
- 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 (Suicidal/ Homicidal)

Examples:
- Has PVT Smith had all of his required vaccinations to deploy?
- What is the status of the MEB on PVT Smith?
- 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 Jones cleared for Flight Duty/Chemical Surety mission?
- What is the status of the Family Advocacy case involving CPT Rogers 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 Rich and his family PCS with their EFMP issues?