Defense Health Agency

PROCEDURES MANUAL

SUBJECT: DoD Health Record Lifecycle Management, Volume 2: Outpatient Record
Components and Dental Records

References: See Enclosure 1.

1. <u>PURPOSE</u>. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (ba), establishes the Defense Health Agency's (DHA) procedures to:

   a. Provide guidelines for the lifecycle management of the DoD Health Record.

   b. Prescribe standardized procedures for the creation, custody, control, safeguarding, sharing, maintenance, transfer, and disposition of the DoD Health Record at Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs).

2. <u>APPLICABILITY</u>. This DHA-PM applies to:

   a. The DHA, DHA Components (activities under the authority, direction, and control of DHA), Military Departments (MILDEPs), including the U.S. Coast Guard (USCG) at all times (although specific criteria within this DHA-PM relating to DoD policy may not be applicable to USCG operations); MTFs; and DTFs.

   b. All personnel, to include: assigned or attached active duty and Reserve Service members, members of the Commissioned Corps of the Public Health Service, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at locations where DoD Health Records are maintained.

3. <u>POLICY IMPLEMENTATION</u>. It is DHA's instruction, pursuant to Reference (c), that:

a. The Director, DHA will develop and issue implementation and procedural guidance to specify documentation and management procedures for record systems that support all components of the DoD Health Record. This DHA-PM constitutes procedural guidance for standardized Health Records Management (HRM).

b. The Director, DHA, through the DHA Patient Administration Division (PAD), will maintain a formal joint DoD HRM program in coordination with the MILDEPs (including the USCG unless otherwise stated) to monitor performance and compliance with HRM standards.

c. The complete information stored in the DoD Health Record must be made available to authorized personnel of the Military Health System (MHS) to support the healthcare operations of the MHS. This information must support continuity of care, medical facility accreditation requirements, the MILDEPs' readiness, graduate medical education programs of the MHS, DHA clinical coding and auditing actions, and other missions as directed by the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

d. MHS personnel ensure that the DoD Health Record is protected against loss, unauthorized destruction, tampering, and unauthorized access or use, in accordance with Reference (c).

e. The DoD Health Record is the property of the U.S. Government, not the beneficiary or the beneficiary's guardian. In accordance with References (e) and (f), the patient has the right to a copy of the information in the DoD Health Record, as established and implemented in accordance with References (f) through (j), unless specifically excepted by Reference (az) and supporting implementation and procedural guidance, in accordance with Reference (c).

4. <u>RESPONSIBILITIES</u>. See Enclosure 2.

5. <u>PROCEDURES</u>. See Enclosures 3 through 7.

6. <u>PROPONENT AND WAIVERS</u>. The proponent of this publication is the Deputy Assistant Director (DAD), Healthcare Operations (HCO). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-HCO to determine if the waiver may be granted by the Director, DHA or their designee.

6. <u>RELEASABILITY</u>. **Cleared for public release.** This DHA-PM is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

7. <u>EFFECTIVE DATE</u>. This DHA-PM:

   a. Is effective upon signature.

   b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (d).

8. <u>FORMS</u>

   a. The following DD Forms are available for order from: https://forms.documentservices.dla.mil/order/.

      (1) DD Form 2766, Adult Preventive and Chronic Care Flowsheet

      (2) DD Form 2766C, Adult Preventive and Chronic Care Flowsheet (Continuation Sheet).

   b. The following DD Forms are available for download from https://www.esd.whs.mil/Directives/forms/.

      (1) DD Form 877, Request for Medical/Dental Records or Information

      (2) DD Form 2005, Privacy Act Statement – Health Care Records

      (3) DD Form 2138, Request for Transfer of Outpatient Records

   c. The Optional Form (OF) 178, Certificate of Medical Examination is available for download from https://www.opm.gov/forms/optional-forms/.

   d. The Standard Form (SF 66D), Employee Medical Folder is available for order from: https://www.gsaadvantage.gov/.

/S/
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Director

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REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
(c) DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended
(d) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
(e) DoD Directive 3020.26, "DoD Continuity Policy," February 14, 2018
(f) Public Law 104-191, "Health Insurance Portability and Accountability Act (HIPAA) of 1996," August 21, 1996
(g) DoD Instruction 6040.42, "Management Standards for Medical Coding of DoD Health Records," June 8, 2016
(h) Assistant Secretary of Defense for Health Affairs Memorandum, "Approval for Interim Guidance for Use of the Healthcare Artifact and Image Management Solution (HAIMS)– Service Treatment Record and Clinical Use," July 24, 2013
(i) DHA-Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System," Volumes 1 – 7, August 29, 2019
(j) DoD Instruction 6025.18, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs," March 13, 2019
(k) Public Law 114-328, "National Defense Authorization Act for Fiscal Year 2017," Section 702
(l) AFI 36-3026_IP Volume 1, AR 600-8-14, BUPERSINST 1750.10D, MCO 5512.11E, Commandant Instruction M5512.1B, NOAA CORPS Directives Chapter 1 Part 5, Commissioned Corps Manual 29.2, "Identification Cards for Members of the Uniformed Services, their Eligible Family Members, and Other Eligible Personnel," October 21, 2020
(m) DHA Patient Administration Division (PAD) MilSuite Website[1]
(n) DoD Instruction 6040.40, "Military Health System (MHS) Data Quality Management Control (DQMC) Program," December 27, 2019
(o) DoD Instruction 4000.19, "Support Agreements," April 25, 2013, as amended
(p) DHA-Administrative Instruction 047, "Transfer and Shipment of Federal Records," March 24, 2016
(q) National Archives and Record Administration Record Schedule N1- 330-10-003 "Service Treatment Records (STR)," February 18, 2010
(r) General Records Schedule 5.2 Item 020, "Transitory and Intermediary Records," July 2017
(s) Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)) Memorandum, "Retention of Hard-Copy Service Treatment Records (STRs)," August 7, 2019
(t) DoD Directive 6010.04, "Healthcare for the Uniformed Services Members and Beneficiaries," August 17, 2015, as amended
(u) Code of Federal Regulations, Title 32, Part 199

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[1]This reference can be found at https://www.milsuite.mil/book/community/spaces/dha-pad.

(v)   National Archives and Record Administration Record Schedule N1- 330-01-002 "Consolidated Medical Records Schedule," January 30, 2002

(w)   DoD Directive 5400.07, "DoD Freedom of Information Act Program," April 5, 2019

(x)   Code of Federal Regulations, Title 5, Part 293

(y)   DoD Instruction 5015.02, "DoD Records Management Program," February 24, 2015, as amended

(z)   General Records Schedule 2.7 Item 060, "Occupational Individual Medical Case Files – Long-Term Records," April 2020

(aa) DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019

(ab) Code of Federal Regulations, Title 5, Part 297

(ac) DoD Instruction 6055.01, "DoD Safety and Occupational Health (SOH) Program," October 14, 2014, Incorporating Change 3, Effective April 21, 2021

(ad) Code of Federal Regulations, Title 42, Part 2

(ae) DoD Manual 6025.18, "Implementation of the HIPAA Privacy Rule in DoD Health Care Programs," March 13, 2019

(af) DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," August 12, 2015

(ag) Executive Order 12564, "Drug-Free Federal Workplace," September 15, 1986

(ah) DoD Instruction 6010.23, "DoD and Department of Veterans Affairs (VA) Health Care Resource Sharing Program," January 23, 2012, as amended

(ai) DHA-Procedural Instruction 6025.28, "Standard Processes and Procedures for Communication of Clinical Laboratory and Radiology Results and Tests," February 21, 2020

(aj) DHA-Procedural Instruction 6010.01, "Healthcare Benefit Eligibility Verification and Patient Registration Procedures," June 24, 2021

(ak) DoD Instruction 8582.01, "Security of Unclassified DoD Information on Non-DoD Information Systems," December 9, 2019

(al) DHA-Procedural Instruction 6040.04, "Guidance for Amendment and Correction of Entries in Garrison Electronic Health Records (EHRs)" February 21, 2020

(am) Public Law 115-91, "National Defense Authorization Act for Fiscal Year 2018," December 12, 2017

(an) Public Law 115-232, "John S. McCain National Defense Authorization Act for Fiscal Year 2019," August 12, 2018

(ao) Public Law 116-92, "National Defense Authorization Act for Fiscal Year 2020," December 20, 2019

(ap) DoD Instruction 6490.03, "Deployment Health," June 19, 2019

(aq) DHA-Procedural Instruction 6490.03, "Deployment Health Procedures," December 17, 2019

(ar) DoD Instruction 6055.05, "Occupational and Environmental Health (OEH)," November 11, 2008, Incorporating Change 2, August 31, 2018

(as) DoD Manual 6055.05-M, "Occupational Medical Examinations and Surveillance Manual," May 2, 2007, Incorporating Change 3, August 31, 2018

(at) DoD Instruction 1400.25, Volume 1403, "DoD Civilian Personnel Management System: Nonappropriated Fund (NAF) Employment," March 20, 2015

(au) Office of Personnel Management Operating Manual "The Guide to Personnel Recordkeeping," June 1, 2011

(av) Memorandum of Understanding (MOU) between the U.S. Office of Personnel Management, the National Archives and Records Administration, and the Department of Defense Nonappropriated Fund Employment System, October 29, 2020

(aw) Code of Federal Regulations, Title 29

(ax) Code of Federal Regulations, Title 5, Part 339

(ay) Public Law 110-233, "Genetic Information Nondiscrimination Act of 2008," May 21, 2008

(az) DHA-Procedures Manual 6025.02, "DoD Health Record Lifecycle Management, Volume 1: General Principles, Custody and Control, and Inpatient Records"

(ba) United States Code, Title 5

ENCLOSURE 2

RESPONSIBILITIES

1. <u>DIRECTOR, DHA</u>. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, and the ASD(HA), and in accordance with the MHS communications plans, developed at the ASD(HA)-level, the Director, DHA will:

    a. Maintain a formal joint DoD HRM Program and provide financial and personnel resources, as needed, to monitor performance and compliance with this DHA-PM in accordance with Reference (c).

    b. Develop and issue additional implementation and procedural guidance, as needed, in accordance with References (c) and (af) to specify documentation and management procedures for record systems that support the Service Treatment Record (STR) and other components of the DoD Health Record.

    c. Ensure the enterprise electronic systems supporting the DoD Health Record are managed, secured, and sustained in accordance with Reference (c).

    d. Coordinate with the Secretaries of the Military Departments (MILDEPs) (including the USCG through the Director, Health, Safety, and Work-Life, unless otherwise stated) to ensure MTF and DTF Directors, comply with, oversee, and execute the procedures outlined in this DHA-PM now and throughout their transition to the authority, direction, and control of Director, DHA, in accordance with Reference (k).

    e. Ensure MTF and DTF Directors establish a retention and control process for DoD Health Records to ensure the integrity of the chain of custody and safeguard records, in accordance with Reference (c).

2. <u>SECRETARIES OF THE MILDEPS</u>. In coordination with the Director, DHA, the Secretaries of the MILDEPs will:

    a. Ensure MTF and DTF Directors comply with, oversee, and execute the procedures outlined in this DHA-PM, until the transition of MTFs and DTF to the authority, direction, and control of the Director, DHA, in accordance with References (k), and (am) through (ao).

    b. Ensure Service Record Processing Centers (RPCs) and facilities digitize complete STRs for timely upload into approved document management systems in accordance with Reference (c), until such time that STR disposition processing activities are consolidated by DHA.

3. <u>DIRECTOR, HEALTH, SAFETY, AND WORK-LIFE, USCG</u>. In coordination with the Director, DHA, the Director, Health, Safety, and Work-Life, USCG, will ensure USCG MTFs comply with, oversee, and execute the procedures outlined in this DHA-PM.

4. <u>DAD-HCO</u>. The DAD-HCO must:

a. Collaborate with appropriate stakeholders to make necessary changes to MTF and DTF procedures to ensure the implementation of the DoD Health Record Lifecycle Management Procedures outlined in this DHA-PM.

b. Provide guidance and oversight of the joint DoD HRM Program and DHA PAD.

5. <u>CHIEF, DHA PAD</u>. The Chief, DHA PAD must:

a. Execute the joint DoD HRM Program in coordination with representatives of the MILDEPs and MTF/DTF Directors.

b. Coordinate with the MILDEPs, Markets, Small Market and Stand-Alone Military Medical Treatment Facility Organization (SSO) Defense Health Agency Regions (DHARs), MTF, and DTF Directors to monitor compliance with HRM procedures in this DHA-PM in accordance with the references herein, and report compliance to DAD-HCO and other MHS governance as necessary.

c. Ensure change management operations are coordinated jointly with representatives from the MILDEPs to implement the procedures in this DHA-PM uniformly and effectively.

d. Perform audits of STR digitization processes and quality, and provide recommendations on improvements to STR disposition business processes.

6. <u>MARKET, SSO, AND DHAR DIRECTORS</u>. Market, SSO, and DHAR Directors must:

a. Monitor compliance with the HRM procedures in this DHA-PM for the MTFs and DTFs in their areas of responsibility, and report compliance to the Chief, DHA PAD as necessary.

b. Perform inspections of MTF and DTF HRM processes and procedures and report findings to the Chief, DHA PAD and other MHS governance as necessary.

c. Collect HRM metrics and performance measures detailed in this HRM-PM for MTFs and DTFs in their areas of responsibility, and report consolidated findings to the Chief, DHA PAD.

d. Ensure all supporting commands completing adjunct functions to healthcare operations in their respective areas of responsibility, though not direct patient care, also implement and execute the procedures and actions outlined in this DHA-PM.

7. <u>MTF DIRECTORS</u>. MTF Directors must:

a. Establish and execute all procedures for DoD Health Records in accordance with the procedures outlined in this DHA-PM for all facilities under their purview, including, but not limited to, medical, dental, behavioral health, and occupational health facilities and clinics.

b. Ensure all co-located medical or tenant units (e.g., embedded, in garrison, or operational healthcare entities) under their command, to include deployed locations, also implement and execute the procedures and actions outlined in this DHA-PM.

c. Ensure any missing DoD Health Records or errors in the lifecycle management of DoD Health Records are resolved quickly and completely, to the fullest extent possible.

d. Ensure all supporting commands completing adjunct functions to healthcare operations, though not direct patient care, also implement and execute the procedures and actions outlined in this DHA-PM.

e. Ensure all documentation scanned and uploaded into HAIMS and/or MHS GENESIS® meets the highest possible standards of quality control (QC) in accordance with Reference (c), forthcoming guidance on the subject of standard appointed processes, procedures, hours of operation, productivity, performance measures, and appointment types in primary, speciality, and behavioral health care in MTFs, this DHA-PM, and any other policy that includes procedures for incorporating documents into the DoD Health Record.

8. <u>DTF DIRECTORS</u>. DTF Directors must:

a. Establish and execute all procedures for DoD Health Records in accordance with the procedures outlined in this DHA-PM for all DTFs under their purview.

b. Ensure any missing DoD Health Records or errors in the lifecycle management of DoD Health Records are resolved quickly and completely, to the fullest extent possible.

c. Ensure all supporting commands completing adjunct functions to healthcare operations, though not direct patient care, also implement and execute the procedures and actions outlined in this DHA-PM.

ENCLOSURE 3

PROCEDURES

OUTPATIENT RECORDS

1. OVERVIEW AND TYPES OF OUTPATIENT RECORDS

    a. An electronic outpatient record will be established for all patients receiving care in the MHS enterprise. MTFs will establish a hard-copy paper record only if necessary to meet mission requirements. The type of outpatient record created for the patient depends on the patient's beneficiary and/or military status. All patients will have one electronic health record (EHR) but may have more than one paper or hard-copy record if the patient meets more than one of the criteria below.

    b. In accordance with Reference (c), and defined in Reference (az), Enclosure 3, three components of the DoD Health Record are outpatient records:

        (1) STR: The STR is the chronological record of medical, dental, and mental health care received by Service members over the course of their military career.

        (2) Non-Service Treatment Record (NSTR). The NSTR is the chronological record of outpatient medical, and mental health care received by non-Service members and applies to anyone who does not meet the criteria for STR.

        (3) Occupational Health Civilian Employee Treatment Record (OHTR). The OHTR is the health record for all categories of DoD civil service workers, covered contractors, or other groups provided occupational health services by the DoD. While occupational health care is outpatient, OHTRs are created and maintained in a different manner than STRs and NSTRs. Refer to Enclosure 7 for specific guidance regarding OHTRs.

2. CREATING OUTPATIENT RECORDS

    a. Guiding Principles of Outpatient Record Creation

        (1) MTFs will create an electronic outpatient record for those patients who have never had a record initiated in accordance with the guidance in this publication. Electronic records are initiated once a patient is registered in the designated EHR. MTFs will refer to Reference (aj) for additional information on the registration process.

        (2) MTFs will not create new paper-based outpatient records if all record content is already electronic and will only create paper-based or "hard-copy" records when necessary to meet operational or mission requirements (e.g., patient assigned to a Geographically Separated Unit or a sensitive duty program requiring the creation and maintenance of a paper-based file).

In the event a hard-copy, paper-based record needs to be established, MTF personnel will create the outpatient record based upon the patient's status. Only USCG health services personnel shall create paper USCG STRs. The USCG shall label and file paper records utilizing the DoD ID number as per USCG policy. DoD shall follow the procedures within this DHA-PM for all other USCG eligible beneficiaries seen within DoD MTFs. For care that would be documented within an OHTR, a copy of the documentation should be forwarded to the servicing USCG Civilian Human Resources Specialist or USCG Clinic for eventual inclusion in the USCG OHTR. DoD MTF personnel should contact the nearest USCG Clinic or the USCG Central Cell health records processing center for guidance.

(3) Under normal circumstances, only one health record will be established for each individual being treated in the MTF. However, in cases of "dual eligibility" or eligibility for care under multiple patient categories, MTFs may have to create multiple health records. MTFs will refer to Reference (aj) for additional information regarding multiple "same-patient" dual eligibility situations. Two common dual eligible scenarios applying to health records include a dependent who is also a member of a Reserve Component (RC) and a dependent spouse who is also a retired military member. Another common occurrence is for a dependent to be dual eligible as a civilian employee. Refer to Enclosure 6 for situation where a beneficiary is also a civilian employee with an occupational health record.

(a) For active duty (AD) family members who are also Reserve Component Service Members (RCSMs), MTF personnel will clearly denote the individual is NON-MILITARY as well as their status as a Reserve or Guard member on the outpatient record jacket.

(b) STRs for traditional RCSMs are usually maintained with the member's reserve unit. However, if the RCSM is also an AD family member-dependent, MTF personnel will create an additional outpatient record at the servicing MTF to document all health care the patient received under the dependent patient category.

(c) In the event a paper record needs to be created for patients with dual eligibility, MTF personnel will adhere to the following example as guidance for establishing two record volumes. The below example will use 000-00-0000 as the patient's Social Security number (SSN) and 999-99-9999 as the sponsor's SSN.

(d) Volume 1 will be the primary record used for the dependent information (30/999-99-9999). MTF personnel will file dependent documentation in this record jacket (99-RED). The label should be the printed label from Composite Health Care System (CHCS) or the Physical Record Tracking (PRT) tool (30/999-99-9999). Write "CROSS-REFERENCE" on the cover and annotate RC/AD Family Member Prefix (FMP)/SSN combination 20/000- 00-0000.

<u>1</u>. File the record in the main central file with a Charge-out Guide. Inside the guide place a word document referring to the separate RC record, e.g., "STOP! This member is also a Reservist/Individual Mobilization Augmentee (IMA)/Air National Guard Member. Separate RC record maintained on xxxxxx shelf."

       2. In the small pocket where the charge-out card would go, print/place an extra label from CHCS or PRT stating where to re-file the guide.

       3. Volume 2 will be the record used for the RC/AD paperwork (20/000-00-0000). Activated RCSM documentation will be filed in this jacket (00-ORANGE). The label can be handwritten OR, if printed label from CHCS is used, cover the FMP/SSN combination 30/999-99-9999 with a label or white tape and annotate the correct FMP/SSN for this record (20/000-00-0000).

       4. Write "CROSS-REFERENCE" on the cover and annotate "RC/AD FMP/SSN 20/000-00-0000".

       5. File the record in a separate location from the main central file.

       6. When records are retrieved for appointments, MTF personnel will pull both volumes, the dependent record and the RC and AD record and wrap a rubber band around both record volumes. MTF medical records personnel will consult with MTF clinical personnel as needed to confirm the correct filing of documentation within the volumes.

    (4) The following instances will require special treatment of creation and filing of records by the MTFs:

      (a) <u>Military Retired Patients</u>. Military retired patients who are also eligible for care as a dependent spouse may produce a unique situation when selecting appropriate CHCS automated system registration formats and the corresponding outpatient record. MTFs will refer to Reference (aj) for additional information.

      (b) <u>Beneficiaries who received care under a previous SSN</u>. This can occur as a result of a remarriage to another military sponsor. In these instances:

       1. Record forms filed under the former SSN should be consolidated under the current sponsor SSN.

       2. Register the patient in CHCS under the current sponsor SSN. Once registered, merge the old and new patient files.

       3. When considering future inquiries, a cross-reference from the old number to the new number should be indicated in the outpatient file as well as in the current automated system.

      (c) <u>Outpatient Civilian Emergency (Trauma) Records</u>

       1. File by SSN in a manila folder.

    <u>2</u>. Maintain folders separately from the MTF's main file if desired, but these records must be interfiled by SSN with the rest of the records when retired to National Personnel Records Center (NPRC).

    b. <u>Labeling Outpatient Records</u>

    (1) MTFs will select the appropriate Service-specific form (e.g., record jacket or folder), according to the last two digits of the applicable SSN.

    (2) MTFs will refer to Appendix 1 to Enclosure 3 to determine the Service-specific record jacket, until such time that DHA standardizes MHS outpatient record jackets.

    (a) MTF personnel will label file folders as follows:

    <u>1</u>. Print the first name, middle initial, and last name of the patient in the space provided according to standards outlined in Reference (az), Enclosure 4 in the upper right-hand corner of the cover in the patient identification (ID) area. Address labels prepared by the Personnel Data System are permitted.

    <u>2</u>. Print the sponsor's SSN in the preprinted blocks in the applicable part of the record jacket.

    <u>3</u>. Print the FMP in the two circles next to the SSN. Check the TRICARE DEERS website (https://opsconnect.dmdc.osd.mil/opsconnect/) for the DEERS Dependent Suffix for the patient or, if not available, number in birthdate order for family member children.

    <u>a</u>. The FMP should not change as long as the patient is still associated with the same sponsor and SSN.

    <u>b</u>. When a military member marries a person with children, assign family member prefix numbers in sequence following the last family member prefix already assigned to children of the sponsor (if any). Assign the oldest child the next number in numerical sequence, followed by the next oldest, etc.

    <u>c</u>. Spouse Prefix Assignment: Assign the family member prefix "30" to the first spouse authorized care. If the member remarries due to spousal death or divorce, assign the number "31" to the next authorized current spouse. Increase prefix numbers by 1 (e.g., 32, 33), for any additional dependent spouse with authorized care. Only one current dependent spouse is authorized health care.

    <u>d</u>. Un-remarried Former Spouses: All un-remarried former spouses are now self-sponsored. Un-remarried former spouses who have met the requirements in accordance with Reference (l) are treated in the MTF as their own sponsor. Create health records for these patients using a "20" FMP and the un-remarried spouse's own SSN. If the patient's previous record, filed under the former sponsor's SSN, is still in the file, remove the documents and place

in the new record. Annotate the previous folder with a cross-reference to the new folder. If the unmarried former spouse is still in CHCS under the former sponsor's SSN, work with the Systems Administrator to correct this. See Reference (l) for more information regarding authorized care for former spouses of military members.

        4. Standard Folder Markings: Blot out the area of the folder with the number corresponding to the sponsor's last SSN digit using a black ink pen, felt-tip marker, or black tape.

        5. On the front leaf cover, on the right side of the record jacket, blot out the year corresponding to the patient's most recent documented visit.

      (b) MTFs will identify the patient's military status on the outpatient record jacket and enter the service and rank for AD and retired personnel. Pencil will be used for rank and unit or Unit Identification Code (UIC)only, in the appropriate location. Place a copy of the military member's AD orders in the health record. Enter the country for non-US military personnel.

      (c) MTFs will follow the instructions in Appendix 1 to Enclosure 3 to clearly denote Personnel Reliability Program (PRP), Personnel Security Program (PSP), or other sensitive duties programs and special categories of records on a Service member's health record.

      (d) If the member is a food handler, the appropriate office will enter the date of the current food handler examination in pencil on the appropriate line of the preprinted form.

      (e) If the patient is allergic to medication, display this information prominently under the patient ID data on the right-hand side of the folder.

      (f) Attach the CHCS Medical Records Tracking (MRT) module or PRT barcode label to the health record folder in the right-hand corner. For additional instruction on label requirements, see the Medical Record Tracking, Retirement and Retrieval User Guide or PRT user guide published on Reference (m).

      (g) MTFs will identify the MTF and specific room having custodial responsibility for the outpatient record with a self-adhesive label affixed to the health record folder in the lower right-hand corner.

      (h) Privacy Act Statement. Each patient will receive a copy of DD Form 2005, Privacy Act Statement – Health Care Records, as described in Reference (az), Enclosure 5.

3. <u>FILING OUTPATIENT RECORDS</u>

   a. MTFs will file records by SSN, according to a terminal digit, color-coded and blocked filing system. The USCG will file by DoD ID number according to Service-specific policy and

procedure guidance. Divide the central files into 100 equal sections. Establish a minimum of 100 file guides identifying primary Terminal Digit numbers, "00" through "99." The SSN used for each category of patient is as follows:

    (1) If AD/RCSM, use the SSN of the Member.

    (2) If a Family Member, use the SSN of the Sponsor.

    (3) If a Family Member and RCSM, use the SSN of the Sponsor.

    (4) If a Civilian Employee, use the SSN of the Employee.

    (5) If Retired Military, use the SSN of the Retired Military member.

    (6) If Civilian Emergency, use the SSN of the Patient.

    b. MTFs will file record folders in numerical sequence according to their secondary numbers within each part. The secondary number is the pair of digits immediately to the left of the primary number.

    c. MTFs will maintain all outpatient records and forms in a single numerical file in a central location except when the MTF Director authorizes decentralization. In MTFs with authorized decentralized records rooms, the CHCS MRT module or PRT will identify where the numerical file is regularly stored and will document inter-facility borrower history.

    d. Upon receipt of each new outpatient record not already maintained in the MTF records file system, MTFs will perform a QC inspection of the health record. Inspection checks shall include the following, but are not limited to:

        (1) Ensuring the records received cover the patients' continuum of care (e.g., all volumes of the patient's record were received).

        (2) Ensuring the health record jacket is in satisfactory condition and labeled/documented properly.

        (3) Ensuring the treatment documents are filed in their appropriate place.

        (4) Removing any misfiled wrong-patient documents and scanning them into Health Artifact and Image Management Solution (HAIMS) or MHS GENESIS® in accordance with paragraph 7 of this enclosure. Consult local servicing legal personnel and clinical quality personnel as needed.

    e. As often as necessary, and whenever treatment documents are filed into a health record, MTFs will correct any obvious misfiles or other noticeable errors in each health record.

f. MTFs will use traditional Health Record Charge-Out Guides and Forms to indicate the location of any outpatient record removed from the main file.

g. MTFs will use the CHCS MRT module or PRT to track movement of outpatient records.

(1) An internal MTF requester may "charge-out" or borrow records for up to 3 business days if the record is needed to accomplish an official task, audit, or review. The borrower must provide his/her rank, first and last name, office symbol, name of duty or work location, email address and telephone contact number. The record must be returned to the records room as soon as possible.

(2) The records department supervisor may grant extensions to the 3-business day rule on a case-by-case basis. While in the borrower's possession, the record(s) must be secured and immediately produced upon request if required for patient care. When an extension is granted, clinic personnel must "re-charge" the record to the borrower, within the CHCS MRT module or PRT.

h. MTFs will establish procedures to manage the loaning of records to clinics or units conforming to the instructions outlined below.

(1) Limit access to all outpatient records areas to only authorized personnel. MTFs should not be granted access based solely on the proximity of their clinic or work center to the secure records area. See Reference (az), Enclosure 6 for additional information.

(2) When a paper health record is requested or removed from file by an authorized borrower, records room personnel will ensure the borrower uses a charge-out guide and completes the charge-out request with accurate, adequate, and legible, information or requests the record through the CHCS MRT module or PRT. Whenever possible, automated CHCS charge cards should be used to place inside the charge-out guide.

(3) MTF records and clinic personnel will ensure the outpatient record is available prior to the patient's appointment if requested by the clinic or treatment team.

(4) MTFs must notify the requesting clinic when the health record is not available. If the record is not available at the clinic or borrower's location before the patient arrives to the clinic, personnel should access the CHCS MRT module or PRT to ascertain the location of the health record(s) or contact the appropriate records department if an explanation has not been provided. If the record is not available, the provider will make an entry on the form used to document care, annotating the record was not available for review.

(5) MTFs will only loan DoD Health Records to internal clinics and work centers. Specific aspects of a patient's record may be duplicated (personal copies and/or for commercial outpatient appointments) as long as data is either: saved on encrypted external storage media (CDs), which must be signed-out by the patient or beneficiary, or routed through an approved

DHA Business to Business Gateway. Protected Health Information (PHI)/Personal Identifiable Information (PII) transmitted to and stored on non-DoD information systems will adhere to security requirements in References (ae), (af), and (ak).

(6) MTFs will not loan DoD Health Records to civilian network facilities. Copies of the DoD Health Record may be provided in accordance with the instructions in Reference (az), Enclosure 5 regarding the disclosure and release of health information, or through approved health information exchanges.

i. MTFs must keep outpatient record entries up-to-date and use the following disposition rules:

(1) Records are to be returned to the outpatient records location at the end of the duty day associated with each episode of care. Any provider requiring extended use of a record to complete necessary healthcare documentation requirements should re-charge the health record to their clinic every 3 business days using the CHCS MRT module or PRT.

(2) For patients admitted to a hospital, MTFs will send the outpatient record to the designated inpatient nursing unit. Clinic personnel will update the CHCS MRT module or PRT to document that the record has been transferred to the appropriate inpatient nursing unit.

(3) For patients transferring to another military facility for treatment, MTFs may transfer outpatient records to another MTF without obtaining a patient's permission. MTFs will document the record transfer using the CHCS MRT module or PRT.

j. MTFs may separate outpatient records consisting of more than one file to optimize file space for current and future records. This practice is also known as splitting or closing record volumes.

k. If an additional record volume is needed, or to separate the current volume from older volumes, MTF personnel will mark on the front cover of the new outpatient record volume jacket cover, in the upper left corner or in another area where other identifying record information is not obscured, in two-inch capital letters, with bold, black marker, the appropriate volume number (e.g., "Volume 2, 3, or 4" or "Volume II, III, or IV").

(1) Using the CHCS MRT module or PRT, verify the multi-volume record is properly referenced, and if not, create a new electronic volume reference, print a new bar code ID label, and affix to the new record volume jacket in the upper right corner.

(2) Place the new record volume back into the main file and relocate older volume(s) to a designated, secure location within the MTF records department. Label older volume(s) with the same type of bold, black marker, clearly indicating the volume number and be sure the bar-scan ID label reflects the older volume number(s).

l. For deceased patients, MTFs will place the outpatient records of deceased patients in a separate, secured file location within the records department. Retire NSTRs to the NPRC in

accordance with established record retirement procedures outlined in the CHCS Medical Record Tracking, Retirement and Retrieval or PRT user guides published on the website located in Reference (m). For records of deceased AD and RCSMs, refer to the instructions in paragraph 8 of this enclosure.

m. In accordance with Reference (c), MTFs will not include psychotherapy or Family Advocacy notes or documents in outpatient record jackets. These files are separate from the outpatient record and are secured in either the Mental Health Clinic or Family Advocacy Office.

n. Civilian employees may also be eligible for MHS health care (e.g., as retirees or dependents) and thus may possess NSTRs in their name. MTFs must ensure that occupational health documentation (i.e., the OHTR) is never filed in the corresponding NSTRs for these employees, and vice versa. If a Service-specific outpatient record jacket is used for both their NSTRs and OHTRs, the jackets must be clearly labeled as such to avoid ambiguity. Refer to Enclosure 3, paragraph 2 for examples detailing how to create and label outpatient records for dual eligible patients.

4. OUTPATIENT RECORD CONTENTS

a. Outpatient records must contain enough information to identify the patient, support the diagnosis/condition, justify the care, treatment, and service, accurately document the results of care, treatment and service rendered, and promote continuity of care. Documents will contain the name and location of the MTF maintaining the record to ensure the document is sent to the proper MTF. The documents will also contain the name of the outpatient record location.

b. Until such time DHA standardizes outpatient record jackets, all outpatient records will be organized within established four-part Service outpatient record jackets. Part I is located on the left side of the folder immediately inside the front cover, with the fastener at the bottom. Parts II and III are located on the middle flap of the folder, with fasteners at the top. Part IV is located inside, back cover, with the fastener at the top or bottom.

c. Forms will be filed in each outpatient record jacket part in the order as listed in Appendix 1 to Enclosure 3. MTFs will file inter-related documents for the same episode of care or subsequent referral care documents on top of the initial encounter documents. For example, place subsequent DD Form 2161, Referral for Civilian Medical Care, Standard Form (SF) 513, Consultation Report, on top of the SF 600, Chronological Record of Medical Care, that documented the initial encounter. SF 600s from single-visit encounters, with no other associated supporting paperwork, should be filed in chronological order, most current on top.

d. MTFs will refer to Appendix 1 to Enclosure 3 for all forms included in the outpatient record, and where they are physically stored in the outpatient record jacket by Service and Part. Due to the unique mission of the USCG, USCG record contents shall be as per USCG policy.

e. The outpatient record includes the designated electronic records in accordance with paragraph 2 of this enclosure. As with the entirety of the DoD Health Record, the outpatient record is a hybrid record of health information contained within designated EHRs, paper files, and loose documentation scanned and uploaded into HAIMS or MHS GENESIS®.

f. Until such time DHA consolidates or standardizes the health treatment forms management and electronics identified in Appendix 1 to Enclosure 3, MTFs will continue to follow Service Regulations for the development, use, and filing of forms within the outpatient record.

5. <u>TRICARE PRIME REMOTE AND GEOGRAPHICALLY SEPARATED UNITS (GSU) OUTPATIENT RECORDS MANAGEMENT</u>

a. Outpatient records for authorized family members and sponsors who reside at locations outside of approved MTF TRICARE PRIME enrollment catchment areas, and/or those who reside more than 50 miles or approximately 1 hour of driving time from the nearest MTF, or who are assigned to Recruiting Service posts, Reserve Officer Training Corps units, GSUs (with no on-site military health support), and authorized TRICARE Prime Remote locales, and health records for TRICARE Prime family members enrolled to civilian Primary Care Managers (PCMs) will be maintained at the losing or enrolled MTF.

(1) The original health records of Service members and their family members (if family members accompany the sponsor), will not be maintained by the sponsor, his or her family members, or provided to the sponsor or family members' civilian PCM office. Copies of the records will be provided to the patients, in lieu of the originals if requested. Record copies must be saved on encrypted external storage media (e.g., compact discs) and signed-out by the patient or beneficiary or routed through an approved DHA Business to Business Gateway. PHI/PII transmitted to and stored on non-DoD information systems will adhere to security requirements in Reference (ae), (af), and (ak).

(2) <u>Exception for Sensitive Duties Program Participants or Flight Status Personnel</u>. The original STR of Service members assigned to a GSU may be required to be maintained or stored at the unit to maintain sensitive duties program participation, flight status, or individual or overall program certification. If the original STR is required to be kept at the unit, the unit commander will maintain the outpatient medical and dental records, and paper records will be secured in a locked container behind at least one locked door during non-duty hours. Digital records will be stored on approved encrypted external storage media (i.e., compact discs) and also will be secured in a locked container behind at least one locked door during non-duty hours. Access is restricted to the unit PRP, PSP, of flight status certification or program reporting official. The responsible or assigned MTF Director and Service member's GSU commander will ensure mechanisms are in place to ensure all health documentation generated from civilian treatment facilities are added into the Service member's STR and that all health records are maintained in accordance with this DHA-PM.

b. When maintaining an original outpatient record for a Service member and any family members meeting the criteria above, MTFs will affix the following statement to the outside of

each applicable original health record(s) using an address label: "Assigned to a GSU at or near (Enter City, State, Territory, or Province name here). In accordance with DHA-PM 6025.02, VOLUME 2, DO NOT RETIRE THIS OUTPATIENT RECORD."

c. When health record copies are provided, place a copy of the sponsor's Permanent Change of Station (PCS) orders in Part I of the health record on top of most current DD Form 2766, Adult Preventive and Chronic Care Flowsheet. Place a copy of the sponsor's PCS orders in Part I of all health records of family members identified on the PCS order to depart with the sponsor to the GSU. AD personnel and their family members preparing to PCS to a GSU may receive a complete copy of their health record from the MTF before the scheduled departure date if adequate time is given to the MTF to make copies of the medical records before PCS. Refer to instructions for transferring STRs in accordance with PCS in Enclosure 4. Place the copies in a new Service-specific record jacket in accordance with Appendix 1 to Enclosure 3. The record jacket of the COPY should indicate the record is a copy and identify the MTF where the official record is being maintained.

d. When health record copies are provided, MTFs will place a "Property of U.S. Government" label containing the appropriate MTF address on the record jacket.

e. Loose documents located by an MTF for GSU members and/or their family members will be scanned into HAIMS or MHS GENESIS® as appropriate.

f. Upon reassignment from the GSU to a military installation and subsequent MTF PCM assignment, the gaining MTF will send a DD Form 877, Request for Medical/Dental Records or Information, DD Form 2138, Request for Transfer of Outpatient Records or electronically request the record through PRT, so the member's original outpatient record(s) and dental records are forwarded to the new location. Upon receipt of the original records, cover the GSU label with a blank label, create a new facility location label, and remove the PCS order to the previous GSU location. The gaining MTF/PCM will complete a release of information (ROI) authorization for the patient to request copies of health record documentation from their civilian provider to be added into the official DoD Health Record.

g. In general, USCG health services personnel shall retain custody of USCG paper STRs. USCG Health Safety Work-Life Regional Managers covering the geographic areas of responsibility of the USCG Units at which Service members associated with the records are assigned are responsible for designating USCG health records custodians to USCG health records. All other eligible USCG beneficiary records shall follow the procedures in this DHA-PM. DoD MTF personnel should contact the nearest USCG Clinic or the USCG Central Cell health records processing center for guidance.

6. <u>OUTPATIENT COMPUTER-GENERATED CLINICAL DIAGNOSTIC RESULTS</u>

a. Daily filing of outpatient clinical diagnostic and/or test results is generally no longer required. Diagnostic results and tests are easily obtained using available automated computer system clinical diagnostic and test results retrieval mechanisms.

b. In the remote instance that the standard in the local community is to either maintain hard-copy diagnostic test results or to not store the results in electronic media, the MTFs should be following the standard of care in the community. Otherwise, there is no requirement to print and file a hard-copy diagnostic or clinical test result into the paper outpatient record.

c. Prior to any PCS reassignment, personal geographic location change, MTF reassignment, or change to TRICARE enrollment location, MTFs will identify and print all CHCS laboratory, radiology, and/or clinical diagnostic results accumulating from the departure or losing MTF for each departing beneficiary, not available in Armed Forces Health Longitudinal Application (AHLTA) (prior to 2003). Aspects of a patient's record that would be prohibitive to be printed shall be saved to encrypted external storage media (e.g., compact discs) and signed out by the patient, or delivery shall be coordinated between gaining and losing MTF. This rule applies to Services members, retirees, and family members alike. The losing MTF must transfer all components of the beneficiary's paper-based DoD Health Record to the gaining MTF. Notable exceptions are as follows:

(1) Health Records for Service members Assigned to Sensitive Duties Programs. See Enclosure 4 for more information.

(2) RC Health Records. If the unit does not have access to CHCS, AHLTA, or HAIMS, following each completely closed and properly coded patient encounter, the patient encounter note should be printed, filed, or forwarded to the MTF or medical unit normally responsible for maintaining the RCSM's health records. If a local written agreement is in place that delineates health record documentation and transfer requirements and expectations, the local agreement may be used (if current and documented in the MTF) as a suitable exception to this rule.

(3) NSTR Record Retirement. Until further notice or until an automated solution is identified, MTFs are required to print all outpatient electronic health information (e.g., patient encounter notes, Clinical Notes section entries, telephone consultations, referral management/consultation results), and file it into the patient's paper NSTR before physically mailing the NSTR to the NPRC.

(4) MHS GENESIS®. Until MHS GENESIS® is fully deployed across the MHS, MTFs using MHS GENESIS® must produce a Master Report for each patient relocating to a site that does not have MHS GENESIS®, or is separating, retiring, or initiating a VA claim, and upload it into HAIMS with the following naming convention:

(a) Document Type (drop down): PCS_MHSG

(b) Document Title (free text): MHS GENESIS_ (MTF specific DMIS ID) _Dates of Report. For Service members, the dates of the report should be from the member's Date of Enlistment or Accession, through the departure date. For non-Service members, the dates of the report should be from the MTF go-live date in MHS GENESIS®, through the patient's departure date.

7. <u>SCANNING AND UPLOADING OF OUTPATIENT DOCUMENTS TO DESIGNATED DOCUMENTATION MANAGEMENT REPOSITORIES</u>. According to the instructions below, MTFs will use MHS GENESIS® or HAIMS as authorized documentation management repositories for uploading all loose documentation, to include clear and legible reports (CLRs) or loose documents detailing care received from network providers. USCG clinic practice sites will follow this scanning and uploading guidance only following implementation of MHS GENESIS®. All other USCG clinic sites will continue to file documentation in the paper health record until adoption of MHS GENESIS®.

a. <u>Oversight and QC</u>

(1) MTF Directors will monitor repeat delinquencies and implement corrective actions as needed and ensure all MTF new hires that will be charged with scanning and uploading documentation into the document management system receive initial training on scanning/uploading/QC no later than 30 calendar days after arrival and beginning duties, and annually thereafter.

(2) MTF patient administration offices or their equivalent will provide primary oversight over MTF QC processes, even if scanning and upload functions are decentralized within the MTF. MTF PAD offices will also provide MTF new hires with initial training and annual training. Standardized training will be available on the DHA PAD milSuite website as indicated in Reference (m).

(3) MTFs will follow the instructions in Reference (al) for correcting erroneously uploaded documentation identified during the QC process, in consultation with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer and patient administration personnel.

b. <u>General Scanning Instructions for both MHS GENESIS® and HAIMS</u>

(1) MTFs that have access to MHS GENESIS® or HAIMS will not file loose paperwork in the hard-copy health record and will instead scan and upload the documents, using the date of the document as the create date, into MHS GENESIS® or HAIMS. Once a loose document has been scanned, uploaded, and validated in MHS GENESIS® or HAIMS, the document will be destroyed. See paragraph 11 in this enclosure for detailed validation instructions.

(2) Electronic copies of CLRs or loose documents detailing care received from network providers or at other MTFs will be imported into MHS GENESIS® or HAIMS and the original documents must be destroyed no later than 30 calendar days following electronic file copy creation date (e.g., the date the document is imported into MHS GENESIS® or HAIMS).

(3) MTF personnel responsible for scanning assets will enter the relevant MHS GENESIS® or HAIMS metadata tags for each asset scanned. Metadata tagging is required in order to categorize the data, so it can subsequently be located in MHS GENESIS® or HAIMS, and in Joint Legacy Viewer (JLV).

(a) MTF personnel will enter the metadata before assets are uploaded and saved in MHS GENESIS® or HAIMS.

(b) MTFs will enter all known available metadata information, not just the required fields. MTFs will consult the original documents to enter appropriate metadata fields.

(4) MTF personnel will scan an asset into or manipulate an asset in HAIMS or MHS GENESIS® by using a locally attached scanner, the scanner's software, and tools and features within HAIMS and MHS GENESIS®.

(5) MTFs will only upload documents to HAIMS or MHS GENESIS® with the portable document format (PDF) file type. MTFs will convert non-PDF file type documents to PDF format as needed prior to upload to HAIMS or MHS GENESIS®. PDF format is the only file type U.S. Department of Veterans Affairs (VA) can view at this time.

(6) If documents being scanned are of poor visual quality, then MTFs will attempt to attain a better copy by requesting it from the document owner. If this is not possible, then the image will be enhanced as best as possible.

(7) If scanning multiple pages with information on both sides and one page does not have any information, MTF personnel will stamp pages as "Intentionally Left Blank" prior to scanning.

(8) All documents will be scanned with a minimum 300 dots per inch (dpi).

(9) In accordance with forthcoming guidance on the subject of standard appointed processes, procedures, hours of operation, productivity, performance measures, and appointment types in primary, speciality, and behavioral health care in MTFs, ensure processes are in place to confirm that all CLRs have been reviewed by the referring provider within 3 business days of notification that the CLR has been received. Use appropriate naming convention according to the aforementioned forthcoming guidance.

(10) In accordance with Reference (ai), ensure processes are in place to confirm that all results from care obtained outside of the MTF is reviewed by the treating provider within 3 business days of notification that the results have been received. Use appropriate naming convention according to Reference (ai).

(11) Once a loose document has been scanned, validated, and uploaded into HAIMS or MHS GENESIS®, the document shall be destroyed in accordance with Reference (r).

(12) All documents will include optical character recognition (OCR) prior to uploading the asset into HAIMS or MHS GENESIS®.

(13) All documents uploaded into HAIMS or MHS GENESIS® will become part of the medico-legal record. Documents will not be uploaded into HAIMS or MHS GENESIS® that would not be filed in the outpatient record.

(14) MTFs can access DHA PAD detailed guidelines for scanning artifacts, entering metadata, and associating assets in HAIMS or MHS GENESIS® at Reference (m).

c. Use of MHS GENESIS®

(1) At MTFs having implemented MHS GENESIS®, MTFs will adhere to the following instructions for scanning and uploading loose documentation, to include all CLRs and loose documents detailing care received from network providers or at other MTFs:

(a) If patients are enrolled at the MTF, the MTF will upload to MHS GENESIS® all loose documents.

(b) If patients are not enrolled at the MTF, the MTF will upload all loose documents to HAIMS.

(c) MTFs using MHS GENESIS® for document upload will follow the detailed scanning guidance published in Reference (m).

(2) Scanning Artifacts into MHS GENESIS®.

(a) MTFs will scan or import documents, forms, and images into MHS GENESIS® only using the Patient View Images tool.

(b) MTFs will ensure documents, forms, and images uploaded to MHS GENESIS® are available in JLV to ensure continuity of care.

1. Only specific scanned or imported documents in MHS GENESIS® are viewable in JLV so MTF personnel will make every effort to select one of the 143 "Images Types" viewable in JLV. When the document or image does not match one of the 143 JLV-viewable "Images Types," MTF personnel will select the best match and use the image "Title" field to include specific details about the document or image.

2. MTF personnel will not use the "Clinical Images" tab on the table of contents.

(c) When scanning or uploading documents, forms, or images into MHS GENESIS®, MTF personnel will create an "Image Title" for each asset according to the following criteria:

1. Government form number, if applicable.

2. Specialty abbreviated in all caps, if applicable.

3. Specific reason for the visit or leading diagnoses, in lower case letters.

<u>4</u>. Location of service or name of provider, if performed outside an MTF.

<u>5</u>. Avoidance of redundant terms found in the "Image Type" list.

(d) The "Date" field will default to the current date/time, so MTF personnel will ensure the date and time entered for assets is the date of service and not the date the asset was scanned or imported into MHS GENESIS®.

(e) MTF personnel will fill out the "Select a Parent" field to associate assets to an open encounter. The field should default to the open encounter, but MTF personnel will verify the correct encounter is selected for each asset.

<u>1</u>. MTF personnel will ensure the correct Medical Record Number and Financial Number are displayed.

<u>2</u>. Several "Image Types" do not allow encounter-level association, however patient-level association should be the exception. MTF personnel will use encounter-level association in every situation possible.

(f) DHA PAD will publish additional instructions for MHS GENESIS® artifact scanning on the website located in Reference (m).

d. <u>Use of HAIMS</u>. MTFs that have not yet implemented MHS GENESIS®, MTFs will use HAIMS to upload all CLRs and loose documents detailing care received from network providers or at other MTFs.

e. The following table lists the metadata entry fields and provides information about those fields, with the required fields bolded:

Table 1. Metadata Entry Fields

Metadata Entry Fields	Explanation
Patient Name	Auto-populates when you select the patient in the search function. Provides Patient Name, SSN, Date of Birth, Gender, and FMP/Sponsor SSN. Search function is similar to that currently employed with AHLTA.
Author Name	Free text. The author is considered the person responsible for the original artifact (e.g., ordering provider or network provider). Enter the full name of the author of the asset in 'last name, first name' format.
Date Document Created	Use the calendar icon function to enter the date the asset/document was created (**not the date scanned**). (e.g., MM/DD/YYYY)
MHS Form Number	Auto-populate field. Type a few characters contained in the form number (e.g., 600). Highlight the proper form number (e.g., SF 600) and enter.

Table 1. Metadata Entry Fields

Metadata Entry Fields	Explanation
Mark as Sensitive	Click on box. Mark the document as 'Sensitive' to restrict access to it. When an asset is restricted, unauthorized users will not have access to the document. All authorized users have access after acknowledging they will be viewing sensitive data and will be subject to auditing.
Document Type	Dropdown menu. Click on the down arrow, scroll down to and highlight the proper document type (e.g., Encounter Note) and enter.
Document Title	Free text. Type a descriptive title for the asset in this field.
Practice Setting	Auto-complete field. Type a few characters for the practice setting (e.g., out). Highlight the proper setting (e.g., Outpatient) and enter.
Specialty	Auto-complete field. Type a few characters contained in the specialty name (e.g., obstet). Highlight the proper service (e.g., Obstetrics) and enter.
Procedure or Service	Auto-populate field. Type a few characters contained in the procedure or service code number. Highlight the proper service (e.g., Ultrasound) or code number (e.g., 335.20) and enter.
DoD Organization	
Clinic	Dropdown menu. Click on the down arrow, scroll down to and highlight the proper clinic type (e.g., Cardiology) and enter.
Installation/Facility	Auto-populate field. Enter the first letter(s) of the installation/facility. A dropdown list will appear. Select the appropriate installation/facility and enter.
Non-DoD Organization	
Facility Name	Free text field. If the asset was received from a place not listed in the 'Installation/Facility' field, enter the name of the organization where the asset originated.

Table 1. Metadata Entry Fields

Metadata Entry Fields	Explanation
Phone	Free text field. If the asset was received from a place not listed in the 'Installation/Facility' field, enter the phone number for the organization where the asset originated.
DoD or Non-DoD Organization Address	
Address	Free text field. Enter the street address (number and street name) for the organization that originated the asset.
City/Province	Free text field. Enter the City or Province, as appropriate where the organization is/was located that originated the asset.
State/Territory	Dropdown list. Select proper state/territory where the organization is/was located that originated the asset.
Postal Code	Free text field. Enter the Zip Code for the area where the organization is/was located that originated the asset. If the organization that originated the asset is/was located in a foreign country, enter the postal code for the area where the organization is/was located.
Country	Dropdown list. Select the proper country where the organization is/was located that originated the asset.

(1) All assets included in current HAIMS functionality and found in the lists of forms included in the Appendices of this DHA-PM will be scanned and saved in HAIMS.

(2) Assets required to be marked as 'Sensitive' will be uploaded by the clinic or department in which the asset was created. These assets do not require the cover letter; however, the 'Sensitive' metadata filed must be checked. Examples of sensitive documents include, but are not limited to, behavior health notes, Human Immunodeficiency Virus - related information, etc.

f. Document Scanning and Upload Timeliness

(1) MTFs will upload emergency department documents generated at MTFs outside of the EHR into HAIMS or MHS GENESIS® within 48 actual hours of discharge to ensure continuity of care between the provider and the patient's PCM. If the patient is transferred from the emergency department and admitted to an inpatient ward, MTFs will instead upload the documents to HAIMS along with inpatient summaries after the final discharge. MTFs will upload emergency department documents generated at civilian facilities within 48 actual hours upon receipt of the documents.

(2) MTFs will upload non-emergency department clinical documentation generated at MTFs outside of the EHR into HAIMS or MHS GENESIS® within 3 business days of the encounter to ensure complete documentation is available for continuity of care and for accurate coding/billing. MTFs will upload non-emergency department documents generated at civilian facilities within three business days upon receipt of the documents.

(3) MTFs will upload administrative documents generated outside of the EHR normally filed in the outpatient record into HAIMS or MHS GENESIS® within 3 business days of receipt.

(4) Documents received by the facility after the paper-based record has been mailed to a gaining location, or dispositioned, will be scanned HAIMS or MHS GENESIS®, or the applicable document management system, in accordance with Reference (c). MTFs will not "blindly" (i.e., without prior verification or authorization) mail these documents or records to the MTF closest to where the beneficiary lives or works.

(5) MTFs will not scan entire original paper-based health records for permanent storage, importing, or uploading into HAIMS, AHLTA, MHS GENESIS®, or similar DoD-approved document management systems. Until a DHA-managed RPC is operational, only the primary STR processing centers (i.e., the Army Records Processing Center, the Air Force STR Processing Center, the United States Marine Corps Central Cell, the Navy Central Cell, and the USCG Central Cell) are authorized to "bulk scan" STRs. NSTRs and Occupational Health Treatment Records are not permitted to be bulk scanned at all.

g. Document Scanning and Uploading QC

(1) All MTFs will incorporate a QC plan into their local scanning/uploading policy. At a minimum, the QC plan will ensure:

(a) All scanned documents are legible, to the smallest font, with respect to the original documents.

(b) Three patient identifiers (e.g., name, date of birth, and DoD ID Number) are present on each page scanned and uploaded.

(c) All documents are uploaded and associated with the correct patient.

(d) Monthly random sample reviews are conducted for each batch of uploaded documents.

1. From a random sample of outpatient appointments from the reporting month, designated MTF verifiers will perform a quality check of documents uploaded into HAIMS or MHS GENESIS®, in accordance with Reference (n) and the most current Data Quality Statement.

2. Verifiers will ensure that there are no missing pages, blank pages, illegible pages, no "double" entries, and ensure the document has been placed/uploaded to the correct patient file. They will also ensure color photo images are clear and that the metadata entered for the asset is correct and complete, as detailed in paragraph 7.e of this enclosure.

3. Once documents are quality checked, an MTF-designated stamp must be placed on the scanned documents to include the initials of the individual who quality checked the documents. In the event a discrepancy is identified, the document(s) will be returned to the originating user identified by the initials on the right-hand corner. If PII discrepancies are identified, MTFs will follow the procedures outlined in Reference (al).

4. If a document is identified in the incorrect patient's medical record, the MTF will report the discrepancy to the MTF HIPAA Privacy and Security Officer(s) and follow the procedures outlined in Reference (al). The MTF HIPAA Privacy and Security Officer (s) may need to consult with other MTF personnel (such as legal or clinical quality personnel) to address filing issues. MTFs will determine if a higher priority Remedy ticket for discrepancy resolution is appropriate.

5. The Chief, Health Information Management Section, Patient Administration or similar designee will report the number of discrepancies to the Medical Record Review Committee or similar body monthly.

6. The MTF Data Quality Manager will brief the timeliness, accuracy, and completeness of data to the MTF Executive Staff or similar body monthly.

(e) Each MTF clinic, record room, or office that scans and uploads documents into HAIMS or MHS GENESIS® appoints a designated verifier to quality check all documents uploaded into HAIMS or MHS GENESIS® in their area of responsibility.

1. Verifiers will ensure there are no missing pages, blank pages, illegible pages, no "double" entries, and ensure the document has been placed/uploaded to the correct patient file. They will also ensure color photo images are clear and that the metadata entered for the asset is correct and complete in accordance with criteria detailed in this enclosure.

2. Once documents are quality checked, a clinic designated stamp must be placed on the scanned documents to include the initials of the individual who quality checked the

documents. In the event a discrepancy is identified, the document(s) will be returned to the originating user identified by the initials on the right-hand corner. If PII discrepancies are identified, MTFs will follow the procedures outlined in Reference (al).

   (f) Scanners are tested periodically to ensure production of the desired quality level of the documents being scanned.

   (g) All scanned documents meet the 300 dpi and OCR requirements outlined in this enclosure.

  (2) The QC plan will address the proper disposition of the paper copy as outlined in Enclosures 4, 5, and 7.

  (3) To ensure an accurate QC check is done, MTF personnel responsible for scanning will not perform QC on their own work prior to destroying the documentation. Documents which are uploaded into HAIMS or MHS GENESIS® and fail the QC check are rescanned and then reuploaded.

  (4) If a batch fails the QC check, then MTFs will review all documents in the batch for accuracy.

APPENDIX 1 TO ENCLOSURE 3

JACKETS, CONTENTS, AND FORMS OF OUTPATIENT RECORDS

OUTPATIENT RECORD JACKETS BY SERVICE

Refer to the following tables to determine the correct record jacket for outpatient records according to the primary group of the sponsor's SSN.

Table 2. Army Outpatient Record Jacket Forms

Primary Group	Record Jacket Color	DA Form
00-09	Orange	8005
10-19	Light green	8005–1
20-29	Yellow	8005–2
30-39	Grey	8005–3
40-49	Tan	8005–4
50-59	Light blue	8005–5
60-69	White	8005–6
70-79	Brown	8005–7
80-89	Pink	8005–8
90-99	Red	8005–9

Table 3. Navy Outpatient Record Jacket Forms

Primary Group	Record Jacket Color	Navy Medicine (NAVMED) Form
00-09	Orange	6150/10
10-19	Green	6150/11
20-29	Yellow	6150/12
30-39	Gray	6150/13
40-49	Tan	6150/14
50-59	Blue	6150/15
60-69	White	6150/16
70-79	Almond	6150/17
80-89	Pink	6150/18
90-99	Red	6150/19

Table 4. Air Force Outpatient Record Jacket Forms

Primary Group	Record Jacket Color	AF Form
00-09	Orange	2100
10-19	Light green	2110
20-29	Yellow	2120
30-39	Grey	2130
40-49	Tan	2140

50-59	Light blue	2150
60-69	White	2160
70-79	Brown	2170
80-89	Pink	2180
90-99	Red	2190

Note: MTF personnel will file outpatient civilian emergency records by SSN in a manila folder that may be maintained separately from the main file if desired. When retired to NPRC, however, MTF personnel must interfile the folders by SSN with the rest of the records.

MEDICAL AND DENTAL RECORD PARTS AND FORMS BY SERVICE

The following tables depict the paper forms filed in outpatient records by Service and Medical Part. The tables include forms that may be obsolete or may not be currently found on DoD or other form websites, but such forms will remain listed here as existing paper records may contain these forms if they were created and filed when still active.

Table 5. Air Force Medical Record Part 1

FORM NUMBER	FORM TITLE
DD Form 2766 and/or AF Form 1480a	Adult Preventive and Chronic Care Flowsheet
DD Form 2882 and/or, AF Form 4320	Pediatric and Adolescent Preventive and Chronic Care Flowsheet
DD Form 2766C or AF Form 1480B	Adult Preventive and Chronic Care Flowsheet – Continuation Sheet
DD Form 2795	Pre-Deployment Health Assessment Questionnaire
DD Form 2796	Post-Deployment Health Assessment
DD Form 2844	Medical Assessment Post-Deployment
DD Form 2900	Post-Deployment Health RE-Assessment
DD Form 2978	Mental Health Assessment
AF Form 1480	Summary of Care
AF Form 3899 series	Aeromedical Evacuation Patient Record
AF Form 3922	Adult Preventive Care – Flowsheet
AF Form 3923	Child Preventive Care – Flowsheet
DD Form 2569	Third Party Collection Program – Record of Other Health Insurance
AF Form 565	Record of Inpatient Treatment (or approved CHCS computer generated form)
AF Form 560	Authorization and Treatment Statement
SF 502	Medical Record - Narrative Summary
SF 509	Medical Record – Progress Notes
SF 515	Medical Record – Tissue Examination
SF 516	Medical Record – Operation Report
OF 517	Clinical Record – Anesthesia

Table 5. Air Force Medical Record Part 1

FORM NUMBER	FORM TITLE
OF 522	Medical Record – Request for Administration of Anesthesia and for Performance of Operations and Other Procedures

Table 6. Air Force Medical Record Part 2

FORM NUMBER	FORM TITLE
AF Form 745	Sensitive Duties Program Record Identifier.
AF Form 966	Registry Record
SF 600	Chronological Record of Medical Care
SF 558	Medical Record – Emergency Care and Treatment
DD Form 2161	Referral for Civilian Medical Care
SF 513	Consultation Sheet
AF Form 1535	Physical Therapy Consult
AF Form 1352	Hyperbaric Patient Information and Therapy Record
AF Form 1446	Medical Examination – Flying Personnel
DD Form 2697	Report of Medical Assessment
SF 78	Certificate of Medical Examination (Obsolete)
SF 88 or DD Form 2808	Report of Medical Examination
SF 93, DD Form 2807-1 or DD Form 2807-2	Report of Medical History or Accessions Medical Prescreen Report

Table 7. Air Force Medical Record Part 3

FORM NUMBER	FORM TITLE
AF Form 348	Line of Duty Determination
AF Form 422	Notification Of Air Force Member's Qualification Status
AF Form 469	Duty Limiting Condition Report
Prenatal Forms	Prenatal Forms
SF 533	Medical Record – Prenatal and Pregnancy (Obsolete)
DAF Form 618	Medical Board Report
AF Form 1042	Medical Recommendation for Flying or Special Operational Duty
AF Form 1418	Recommendation for Flying or Special Operational Duty – Dental
AF Form 137	Footprint Record
AF Form 3899 series	Aeromedical Evacuation Patient Record
DD Form 2341	Report of Animal Bite - Potential Rabies Exposure
All other forms not listed in Part 1, 2, and 4	File all other forms in chronological order by date, including letters and copies of reports of care from civilian sources (reviewed by the military healthcare provider) and locally generated forms.
DD Form 2005	PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

Table 7. Air Force Medical Record Part 3

FORM NUMBER	FORM TITLE
Disclosure Accounting Record	Record of patient information released.

Table 8. Air Force Medical Record Part 4

FORM NUMBER	FORM TITLE
Laboratory Forms	File in chronological order with most current laboratory results/report filed on top.
SF 601	Health Record – Immunization Record
SF 602	Health Record – Serology Record
SF 519B	Medical Record – Radiological Consultation Request Report
OF 520	Medical Record-Electrocardiographic Record, (or automated electrocardiographic report)
AF Form 1721	Spectacle Prescription
DD Form 2215	Reference Audiogram
DD Form 2216	Hearing Conservation Data
AF Form 1671	Detailed Hearing Conservation Data Follow-up
AF Form 190	Occupational Illness/Injury Report
AF Form 1527 (1-2)	History of Occupational Exposure to Ionizing Radiation
AF Form 1753	Hearing Conservation Examination
AF Form 2755	Master Workplace Exposure Data Summary
AF Form 2769	Supplemental Data Sheet
AF Form 895	Annual Medical Certificate
OTHER DIAGNOSTIC TEST RESULTS and/or flat disc digital MEDIA not already stored in the patient's EHR or specifically mentioned in this attachment.	
Advance Directives (Self Determination Act forms), durable Power of Attorney forms, organ donor forms	

Table 9. Air Force Dental Record Part 1

FORM NUMBER	FORM TITLE
AF Form 490	Medical/Dental Appointment (or locally generated form)
AF Form 1418	Recommendation for Flying or Special Operational Duty – Dental
AF Form 422A	Notification of Air Force Member's Qualification Status (AD only)
AF Form 469	Duty Limiting Condition Report

Table 9. Air Force Dental Record Part 1

FORM NUMBER	FORM TITLE
SF 513	Medical Record - Consultation, and other consult forms requiring responses
Active treatment plan (to include active AF Form 935)	
SF 603A	Health Record - Dental Continuation
SF 603	Health Record – Dental
Other permanent historical documentation in chronological order (most recent on top), including but not limited to:	
AF Form 935	Periodontal Diagnosis and Treatment Plan (not active)
AF Form 935A	Periodontal Maintenance Record
AF Form 935B	Plaque Index/Bleeding Point Record
AF Form 1417	Sedation Clinical Record
SF 515	Medical Record - Tissue Examination
OF 522	Medical Record - Request for Administration of Anesthesia and for Performance of Operations and Other Procedures
Memoranda of Understanding	
Civilian/Private Sector Care treatment referrals, and reports	
DD Form 2813	Department of Defense – AD/Reserve Forces Dental Examination
DD Form 2005	Privacy Act Statement - Health Care Records

Table 10. Air Force Dental Record Part 2

FORM NUMBER	FORM TITLE
AF Form 745	Sensitive Duties Program Record Identifier
AF Form 966	Registry Record
AF Form 696	Dental Patient Medical History
Envelope for Radiographs	

Table 11. Army Medical Record, Parts 1 through 4

PART	FORM NUMBER	FORM TITLE
Part 1	DA Form 4060	
Part 1	DA Form 5007A	Medical Record: Allergy Immunotherapy Record - Single Extract
Part 1	DA Form 5007B	Medical Record: Allergy Immunotherapy Record - Double Extract
Part 1	DA Form 5551-R	Spirometry Flow Sheet
Part 1	DA Form 5571	Master Problem List
Part 1	DA Form 8007-R	Individual Medical History

Table 11. Army Medical Record, Parts 1 through 4

PART	FORM NUMBER	FORM TITLE
Part 1	DD Form 1141	Record of Occupational Exposure to Ionizing Radiation; Automated Dosimetry Record
Part 1	DD Form 2215	Reference Audiogram
Part 1	DD Form 2216	Hearing Conservation Data
Part 1	DD Form 2482	Venom Extract Prescription
Part 1	DD Form 2493-1	Asbestos Exposure: Part I - Initial Medical Questionnaire
Part 1	DD Form 2493-2	Asbestos Exposure: Part II - Periodic Medical Questionnaire
Part 1	DD Form 2766	Adult Preventive and Chronic Care Flowsheet
Part 1	DD Form 2766C	Adult Preventive and Chronic Care Flowsheet – Continuation Sheet
Part 1	DD Form 2978	Mental Health Assessment
Part 1	DD Form 741	Eye Consultation
Part 1	DD Form 771	Eyewear Prescription
Part 1	OF 520	Clinical Record – Electrocardiographic Record
Part 1	SF 507 – Health Record (HREC)	Clinical Record
Part 1	SF 512	Clinical Record – Plotting Chart
Part 1	SF 519 - HREC	Medical Record – Radiographic Report
Part 1	SF 519-A - HREC	Medical Record - Radiographic Report (obsolete)
Part 1	SF 519-B - HREC	Radiographic Consultation Request/Report
Part 1	SF 524	Medical Record – Radiation Therapy
Part 1	SF 525	Medical Record – Radiation Therapy Summary
Part 1	SF 526	Medical Record: Interstitial/Intercavitary Therapy
Part 1	SF 541	Medical Record: Gynecologic Cytology
Part 1	SF 545	Laboratory Report Display
Part 1	SF 546	Chemistry I
Part 1	SF 547	Chemistry II
Part 1	SF 548	Chemistry III (Urine)
Part 1	SF 549	Hematology
Part 1	SF 550	Urinalysis
Part 1	SF 551	Serology
Part 1	SF 552	Parasitology
Part 1	SF 553	Microbiology I
Part 1	SF 554	Microbiology II
Part 1	SF 555	Spinal Fluid
Part 1	SF 556	Immunohematology
Part 1	SF 557	Miscellaneous
Part 1	SF 559	Medical Record: Allergen Extract Prescription New and Refill
Part 1	SF 560	Medical Record – Electroencephalogram Request and History

Table 11. Army Medical Record, Parts 1 through 4

PART	FORM NUMBER	FORM TITLE
Part 1	SF 601	Health Record – Immunization Record (See PDF)
Part 2	DA Form 3180 - HREC	Personnel Screening and Evaluation Record
Part 2	DA Form 3763	Community Health Nursing - Case Referral
Part 2	DA Form 3824	Urologic Examination
Part 2	DA Form 4186	Medical Recommendation for Flying Duty
Part 2	DA Form 4465	Patient Intake/Screening Record (PIR)
Part 2	DA Form 4466	Patient Progress Report (PPR)
Part 2	DA Form 4497	Interim (Abbreviated) Flying Duty Medical Examination
Part 2	DA Form 4515 - HREC	Personnel Reliability Program Record Identifier
Part 2	DA Form 4700 - HREC	Medical Record: Supplemental Medical Data
Part 2	DA Form 4970-E	Medical Screening Summary -- Over 40 Physical Fitness Program
Part 2	DA Form 5008	Telephone Medical Advice/Consultation Record
Part 2	DA Form 5181	Screening Note of Acute Medical Care
Part 2	DA Form 5569	Isoniazid (INH) Clinic Flow Sheet
Part 2	DA Form 7349	Initial Medical Review - Annual Medical Certificate
Part 2	DA Form 7389	Medical Record: Anesthesia
Part 2	DD Form 2161	Referral for Civilian Medical Care
Part 2	DD Form 2341	Report of Animal Bite - Potential Rabies Exposure
Part 2	DD Form 2697	Report of Medical Assessment
Part 2	DD Form 2795	Pre-Deployment Health Assessment
Part 2	DD Form 2796	Post-Deployment Health Assessment
Part 2	DD Form 2807-1	Report of Medical History
Part 2	DD Form 2807-2	Accessions Medical Prescreen Report
Part 2	DD Form 2808	Report of Medical Examination
Part 2	DD Form 2844	Medical Record: Post Deployment Medical Assessment
Part 2	DD Form 2900	Post-Deployment Health Reassessment
Part 2	FAA Form 8500-8	Medical Certificate - Class and Student Certificate
Part 2	OF 522 - HREC	Medical Record – Request for Administration of Anesthesia and Other Procedures
Part 2	SF 513 - HREC	Medical Record: Consultation Sheet
Part 2	SF 518	Medical Record – Blood or Blood Component Transfusion
Part 2	SF 527	Medical Record: Group Muscle Strength, Joint R.O.M. Girth and Length Measurements
Part 2	SF 528	Clinical Record – Muscle and/or Nerve Evaluation – Manual and Electrical: Upper Extremity
Part 2	SF 529	Medical Record – Muscle Function by Nerve Distribution: Trunk and Lower Extremity
Part 2	SF 558	Medical Record: Emergency Care and Treatment
Part 2	SF 600	Chronological Record of Medical Care

Table 11. Army Medical Record, Parts 1 through 4

PART	FORM NUMBER	FORM TITLE
Part 2	SF 602	Medical Record: Serology Record
Part 2	SF 88	Report of Medical Examination (See attachment)
Part 2	SF 93	Report of Medical History Form (See attachments)
Part 3	DA Form 199-1	Formal Physical Evaluation Board Proceedings
Part 3	DA Form 2173	Hard Copy of Active DA Form 2173 and/or DD Form 261
Part 3	DA Form 2631	Medical Care: Third Party Liability Notification
Part 3	DA Form 3349 Permanent	Permanent Physical Profile
Part 3	DA Form 3349 Temporary	Temporary Physical Profile
Part 3	DA Form 3365	Authorization for Medical Warning Tag
Part 3	DA Form 3947	Medical Evaluation Board Proceedings
Part 3	DA Form 4254	Request for Private Medical Information
Part 3	DA Form 4410-R - HREC	Disclosure Accounting Record
Part 3	DA Form 4707	Entrance Physical Standards Board
Part 3	AF Form 3899 series	Aeromedical Evacuation Patient Record
Part 3	DA Form 4876	Request and Release of Medical Information to Communications Media
Part 3	DA Form 5006	Medical Record: Authorization for Disclosure of Information
Part 3	DA Form 5303-R	Volunteer Agreement Affidavit
Part 3	DD Form 2569	Third Party Collection Program - Record of Other Health Insurance
Part 3	DD Form 2870	Authorization for Disclosure of Medical or Dental Information
Part 4	DA Form 3437	Department of the Army Nonappropriated Funds Certificate of Medical Examination
Part 4	DA Form 3647	Inpatient Treatment Record Cover Sheet
Part 4	DA Form 3666	Department of the Army Nonappropriated Funds Statement of Physical Ability for Light Duty Work
Part 4	DD Form 2005	Privacy Act Statement - Health Care Records
Part 4	DD Form 2770	Abbreviated Medical Record
Part 4	DD Form 5006	Medical Record - Authorization for Disclosure of Information (obsolete)
Part 4	DOL Form CA-1	Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
Part 4	DOL Form CA-16	Authorization for Examination and/or Treatment
Part 4	DOL Form CA-17	Duty Status Report
Part 4	DOL Form CA-2	Federal Employees Notice of Occupational Disease and Claim for Compensation
Part 4	DOL Form CA-20	Attending Physician's Report
Part 4	OF 275	Medical Record Report (Obsolete)
Part 4	OF 345	Physical Fitness Inquiry for Motor Vehicle Operators (Obsolete)

Table 11. Army Medical Record, Parts 1 through 4

PART	FORM NUMBER	FORM TITLE
Part 4	SF 177	Statement of Physical Ability for Light Duty Work (obsolete)
Part 4	SF 502	Clinical Record - Narrative Summary (outpatient) (See attachment)
Part 4	SF 509	Clinical Record – Progress Notes (See attachment)
Part 4	SF 515	Medical Record – Tissue Examination (outpatient) (See attachment)
Part 4	SF 516	Medical Record: Operation Report
Part 4	SF 531	Medical Record – Anatomical Figure
Part 4	SF 533	Medical Record – Prenatal and Pregnancy (Obsolete)
Part 4	SF 78	U.S. Civil Service Commission, Certificate of Medical Examination

Table 12. Army Dental Record, Part 1

Dental Record (DREC) SIDES	FORM NUMBER	FORM TITLE
DREC Left Side	Bitewing - Left Bicuspid	Left Bicuspid Bitewing
DREC Left Side	Bitewing - Left Molar	Left Molar Bitewing
DREC Left Side	Bitewing - Right Bicuspid	Right Bicuspid Bitewing
DREC Left Side	Bitewing - Right Molar	Right Molar Bitewing
DREC Left Side	DA Form 3180 - DREC	Personnel Screening and Evaluation Record
DREC Left Side	DA Form 4410-R - DREC	Disclosure Accounting Record
DREC Left Side	Panograph X-Ray	Soldier Panograph
DREC Right Side	DA Form 4515 - DREC	Personnel Reliability Program Record Identifier
DREC Right Side	DA Form 4700 - DREC	Medical Record: Supplemental Medical Data
DREC Right Side	DD Form 2005	Privacy Act Statement - Health Care Records
DREC Right Side	OF 522 - DREC	Medical Record – Request for Administration of Anesthesia and Other Procedures
DREC Right Side	SF 507 - DREC	Clinical Record
DREC Right Side	SF 513 - DREC	Medical Record: Consultation Sheet
DREC Right Side	SF 519 - DREC	Medical Record – Radiographic Report
DREC Right Side	SF 519-A - DREC	Medical Record - Radiographic Report (obsolete)
DREC Right Side	SF 519-B - DREC	Radiographic Consultation Request/Report

Table 13. Army Dental Record, Part 2

DREC SIDES	FORM NUMBER	FORM TITLE
DREC Left Side	DA Form 5570	Health Questionnaire for Dental Treatment
DREC Right Side	DA Form 3984	Dental Treatment Plan
DREC Right Side	DA Form 8-115	Register of Dental Patients

Table 13. Army Dental Record, Part 2

DREC SIDES	FORM NUMBER	FORM TITLE
DREC Right Side	DD Form 2813	Department of Defense Reserve Forces Dental Examination
DREC Right Side	SF 521	Clinical Record-Dental
DREC Right Side	SF 603	Dental Health Record

Table 14. Navy Medical Record Parts 1 through 4

FORM	EDITION DATE	TITLE
Left Side – Part 1		
DD Form 2766	Jan-00	Adult Preventive and Chronic Care Flowsheet
SF 601	10/1975	Immunization Record
NAVMED 6000/12	07-1989	Chronological Record of Human Immunodeficiency Virus Testing
DD Form 771	July 1996	Eyewear Prescription
NAVMED 6470/10	04-1999	Record of Occupational Exposure to Ionizing Radiation
NAVMED 6470/11	06-1992	Record of Exposure to Ionizing Radiation from Internally Deposited Radionuclide
DD Form 2215	JAN 2000	Reference Audiogram
DD Form 2216	JAN 2000	Hearing Conservation Data
NAVMED 6224/1	02-2001	Tuberculosis form - Initial Evaluation for Positive Tuberculosis Skin Test
NAVMED 6260/5	05-1990	Asbestos Medical Surveillance Program
DD Form 2493-1	JAN 2000	Asbestos Exposure Part I - Initial Medical Questionnaire
DD Form 2493-2	JAN 2000	Asbestos Exposure Part II - Periodic Medical Questionnaire
OPNAV 5100/15	05-1990	Medical Surveillance Questionnaire
Right Side - Part 2		
NAVPERS 5510/1		
SF 558	09/1996	Medical Record - Emergency Care and Treatment Record of Ambulance Care
SF 600	06/1997	Chronological Record of Medical Care
SF 513	04/1998	Medical Record - Consultation Sheet
DD Form 2161	OCT 1978	Referral for Civilian Medical Care
Top Forms in Part 2, Part A		
DD Form 2064	APR 2019	Certificate of Death Overseas
SF 503	07/2000	Medical Record - Autopsy Protocol
SF 523	12/1980	Medical Record - Authorization for Autopsy
SF 523A	12/1993	Disposition of Body
OF 523B		Authorization for Tissue Donation
DD Form 2341	JUN 2015	Report of Animal Bite - Potential Rabies Exposure
Right Side - Part 2 Part B		
NAVMED 6300/5	03/1992	Inpatient Admission/Disposition Record (Copy)

Table 14. Navy Medical Record Parts 1 through 4

FORM	EDITION DATE	TITLE
DD Form 2770		Medical Record – Abbreviated Medical Record (Copy)
SF 509	07/1991	Progress Report
SF 516	05/1983	Medical Record - Operation Report
OF 517		Anesthesia
SF 600	06/1997	Chronological Record of Medical Care
SF 533	12/1999	Prenatal and Pregnancy Record (Only for patients not admitted for delivery) (Obsolete)
DD Form 602	FEB 1963	Patient Evacuation Tag
Left Side - Part 3: Physical Qualifications, Administrative Forms		
NAVMED 1300/1	06-2000	Medical and Dental Oversea Screening Review for AD and Family Members
NAVPERS 1300/16	02/2003	Report of Suitability for Overseas Assignment
NAVMED 6100/1	10-1983	Medical Board Report Cover Sheet
NAVMED 6100/2	05-1981	Medical Board Statement of Patient
NAVMED 6100/3	03-1975	Medical Board Certificate Relative to a Physical Evaluation Board Hearing
NAVMED 6100/5	10-1989	Abbreviated Temporary Limited Duty (TLD) Medical Board Report
SF 78	10/1969	Certificate of Medical Examination
SF 88	10/1994	Medical Record - Report of Medical Examination
SF 93	06/1996	Report of Medical History
NAVMED 6120/1	01/1982	Competence for Duty Examination
NAVMED 6120/2	11-1979	Officer Physical Examination Questionnaire
NAVMED 6120/3	06-1991	Annual Certificate of Physical Condition
NAVMED 6150/2	04-1970	Special Duty Medical Abstract
NAVMED 6150/4	12-1967	Abstract of Service & Medical History
NAVJAG 5800/10		
NAVPERS 1754/1		
AF Form 3899 series		Aeromedical Evacuation Patient Record
DD Form 2569	MAR 2007	Third Party Collection Program/Medical Services Account/Other Health
OPNAV 5211/9	MAR 1992	Disclosure Accounting Form
DD Form 877	SEP 1967	Medical/Dental Records or Information, Request For
DD Form 2005	FEB 1976	Privacy Act Statement - Health Care Records
Right Side - Part 4		
SF 519B	08/1983	Radiologic Consultation Request/Report (Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

Table 14. Navy Medical Record Parts 1 through 4

FORM	EDITION DATE	TITLE
SF 518	09/1992	Medical Record - Blood or Blood Component Transfusion
SF 526	02/1995	Medical Record - Interstitial/Intercavitary Therapy
SF 527	09/1994	Medical Record - Group Muscle Strength, Joint R.O.M. Girth and Length Measurements
SF 531	06/1995	Medical Record - Anatomical Figure
SF 541	11/1997	Medical Record - Gynecologic Cytology
SF 557	03/1997	Medical Record - Miscellaneous
SF 559	04/1994	Medical Record - Allergen Extract Prescription - New and Refill
SF 511	07/1995	Vital Signs Record

Table 15. USCG Medical Record Contents

Required Forms *Required only if relevant	Record Type		
Forms	**Service Treatment Record**	**Non-Service Treatment Record (NSTR) Policy**	**Occupational Health Civilian Employee Treatment Record Policy**
Health Record Cover, CG-3443	X		
USCG Clinical Record, CG-3443-1		X	
Employee Medical Folder, SF 66D			X
Adult Preventive and Chronic Care Flowsheet, DD Form 2766*	X		
Consultation Sheet, Form SF 513*	X		
Medical Record, Narrative Summary SF 502*	X		
Pre-Deployment Health Assessment, DD Form 2795*	X		
Post-Deployment Health Assessment, DD Form 2796*	X		
Post-Deployment Health Re-Assessment, DD Form 2900*	X		
Medical Recommendation for Flying or Special Operational Duty, DD Form-2992*	X		
Report of Medical Assessment, DD Form 2697*	X		
Report of Medical Examination, DD Form 2808*	X		
Report of Medical History, DD Form 2807-1*	X		
Medical Board Report Cover Sheet, CG Form 5684*	X		

Form			
Chronological Record of Medical Care, Form SF 600*	X	X	X
Emergency Care and Treatment, Form SF 558*	X		X
Emergency Medical Treatment Report, CG Form 5214*	X		X
Radiographic Reports, Form SF 519 – or consult summary*	X		
Laboratory Reports SF 514, SF 515, SF 602*	X		X
Eyewear Prescription, DD Form 771*	X		
Request for Administration of Anesthesia and Performance of Operations and Other Procedures, Form OF 522*	X		
Audiogram Results*	X		X
Reference Audiogram, DD Form 2215*	X		X
Hearing Conservation Data, DD Form 2216*	X		X
Chronological Record of Service, CG Form 4057*	X		
Service Treatment Record (STR) Certification, DD Form 2963*	X		
Authorization for Disclosure of Medical or Dental Information, DD Form 2870*	X	X	X
Request to Restrict Medical or Dental Information, DD Form 2871*	X		
Disability Benefits Questionnaires (DBQ)*	X		
International Certificate of Vaccination, CDC 731	X		
Request for Medical/Dental Records or Information, DD Form 877	X	X	X
Modified Screening For: Overseas Assignment and/or Sea Duty Health Screening, CG Form-6100*	X		
Asbestos Exposure, Part I – Initial Medical Questionnaire, DD Form 2493-1*	X		X
Asbestos Exposure, Part II – Periodic Medical Questionnaire, DD Form 2493-2*	X		X
Acute Exposure Information, CG Form 6000-1*	X		X
Written Opinion, CG Form 6010B*	X		
Summary Report, CG Form 6010C*	X		
Civilian Medical Clearance, CG Form 6010D*	X	X	X
Occupational Medical History and Examination, Form CG-6010E*	X		X
Respirator Questionnaire, CG Form 6010F*	X		X
Respiratory Sensitizer Questionnaire, CG Form 6010H*	X		X

Dental Health Questionnaire, Form CG-5605*	X		
Dental Health Questionnaire, Form NAVMED 6600/3*	X		
Dental Record, Form SF 603*	X		
Dental Continuation, Form SF 603-A*	X		
Department of Defense AD/Reserve Forces Dental Examination, Form DD-2813*9	X		
U.S. Coast Guard Periodic Health Assessment, Form CG-6150*	X		
Interim (Abbreviated) Flying Duty Medical Examination, DA Form A4497*	X		
Status Profile, CG 5460A	X		

DENOTING SPECIAL CATEGORY RECORDS

<u>Army</u>. MTFs will denote special category or duty records by placing a conspicuous strip of tape on the block in the lower right portion of the health record jacket. MTFs will establish their own policies regarding the color of tape used.

<u>Navy</u>. MTFs will denote special category or duty records (e.g., submarines, flight status) by stamping or printing the appropriate entry on the lower portion of the imprinted patient ID label. If an imprinted label is not used, MTF personnel will place a small label with the appropriate stamped or printed entry on the health record jacket cover within the patient's ID box, immediately below the member's name. The same procedure will be used to annotate the records of flag and general officers, printing the phrase "**FLAG OFFICER**" or "**GENERAL OFFICER**," as appropriate, in the lower portion of the patient's ID box.

<u>Air Force</u>. MTFs will denote special category records (e.g., PRP, PSP, flight status, or sensitive duty program records), by using red permanent marker or tape instead of black to cover the last SSN digit on the health record jacket. Personnel will stamp or label PRP or PSP, as appropriate, on the outside of the record jacket in red block letters. PRP will be placed on the left portion of the front record jacket while a member is participating in the program; once a member is removed from the program, MTF personnel will cover the red marking with a black marking or black tape.

ENCLOSURE 4

SERVICE TREATMENT RECORDS

1. <u>PURPOSE</u>. In accordance with Reference (c), STRs are a component of the DoD Health Record comprised of the outpatient medical record and dental record for any AD member of the U.S. military, regardless of Service affiliation, to include members of the National Guard and Reserves.

    a. A complete STR spans the course of a Service member's career from the date of accession through the end of their AD (e.g., death, separation, retirement, or discharge). The STR is inactivated and dispositioned at the end of the Service member's military career.

    b. Only encounters and treatment information incurred during the member's AD career are included in the STR. All documentation of encounters occurring before or after a Service member's AD career are considered NSTR material and will not be filed or included in the STR. However, the STR may include NSTR documentation included and disclosed to the military service during Military Entrance Processing Station or part of the Military Entrance Processing Station packet. For instructions regarding the NSTR, refer to Enclosure 5.

2. <u>STR-SPECIFIC CONTENTS</u>

    a. The STR encompasses all care received by an AD Service member of the U.S. Military, to include National Guard and Reserve members on AD orders, from date of accession through date of separation. The STR includes care received at MTFs, theaters of operation, contingency locations, on ships, and outside the network of care.

    b. The primary content of the STR includes:

        (1) Outpatient records, which will be organized in parts and include the forms and documentation outlined in Enclosure 3 and Appendix 1 to Enclosure 3.

        (2) Dental records, which will be organized in parts and include the forms and documentation outlined in the tables in Appendix 3 to Enclosure 7.

    c. In accordance with Reference (c) and Reference (az), Enclosure 3, the STR is media neutral, and will include documentation in both paper and/or electronic formats.

    d. <u>STR Completeness</u>

        (1) In accordance with Reference (c), an STR will be determined to be complete if it includes all required elements. The STR must begin at the point the member joined the Service,

including the medical examination performed by U.S. Military Entrance Processing Command or DoD Medical Examination Review Board personnel, contain documentation which spans the course of the member's military career, and end with the separation physical or other similar document.

(2) STRs not containing all volumes of medical and dental records, and all information from the EHR, will not be considered complete.

3. STR MAINTENANCE

   a. Managing STRs

(1) MTFs will secure and maintain STRs for AD Service members in accordance with the instructions in Enclosures 3 and 7.

(2) All locations maintaining DoD Health Records will perform an annual STR inventory. All locations will follow the guidance in Reference (az), Enclosure 6 for specific instructions on performing the annual inventory of STRs and for performing due diligence of missing records. The USCG shall follow USCG policy with respect to conducting an annual STR inventory.

(3) STRs for members of the RC and National Guard will be maintained with their respective medical units, unless MTFs establish a local agreement or a Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) exists between Reserve/National Guard unit(s) requiring the MTF to maintain the STRs. Refer to Enclosure 3 for specific requirements and Reference (o) for guidance on support agreements.

(4) MTFs may maintain STRs for members of the Reserve and National Guard who have been or are placed on AD orders for more than 30 calendar days, are currently empaneled to an MTF PCM, or have provided the MTF records department with the original STR and a copy of the member's activation orders.

(a) In these instances, the Service member will notify the MTF records department upon completion or removal from AD and/or removal from active MTF enrollment.

(b) If the Service member's Reserve/National Guard unit does not provide the STR to the MTF during the period of AD activation and/or empanelment, the missing outpatient record will not negatively count against the MTF's paper records availability and accountability percentages described in Reference (az), Enclosure 6.

(5) MTFs will maintain separate paper-based health records for dual or multiple healthcare eligibility patients, (e.g., a dependent and an RCSM). See Enclosure 3 for additional guidance regarding dual or multiple eligibility patient record maintenance.

(6) Maintain STRs for IMA and Individual Ready Reserve members at the Service members' servicing MTFs co-located at or near the Service members' unit of attachment. IMA STRs will be maintained in accordance with the instructions below.

(a) Maintain STRs for centrally managed IMAs with the AD MTF unit of attachment.

(b) Maintain STRs of non-centrally managed IMAs with the AD MTF unit of assignment.

b. <u>Annual Inspection by Service Members</u>. In accordance with Reference (c), MTF personnel will establish local procedures to document completion of annual reviews of the STR and provide the Service member an opportunity to review key elements of the record, such as the problem list and documentation of care performed outside of the MHS. Where the annual review indicates that an STR is incomplete, MTF outpatient record personnel will follow the steps outlined in the missing records checklist in Reference (az), Enclosure 6 to locate the missing portion of the STR.

4. <u>DEPLOYED STR MANAGEMENT</u>. MTFs, deployed locations, clinics, and all other locations responsible for deployment health activities contributing to the STR will follow the guidance of References (ap) and (aq) for creating and maintaining DoD Health Record information before, during, and after deployment. Unit medical personnel are responsible for maintaining health records located at deployed locations. Deployed locations will also follow the guidance of patient administration-related concepts of operation and standard operating procedures developed by combatant commands.

a. <u>Deployment Health Record</u>. The deployment health record consists of the hard-copy DD Form 2766 Flowsheet or component-directed electronic equivalent, and will be available for an individual throughout the deployment cycle. The deployment health record is compiled to support primary health care for AD, Reserve, National Guard, and deployable federal civilian employees while in deployed locations. Reference (aq) details the content and forms contained within the deployed health record before, during, and after deployment. Records personnel will maintain inpatient documents generated from deployed locations according to the instructions in Reference (az), Enclosure 7.

(1) Service members' originating "home station" MTFs will compile the DD Form 2766 or electronic equivalent in accordance with Reference (aq). MTFs will use the EHR whenever possible to generate the contents in a standardized format.

(2) Originating MTFs will maintain Service members' original hard-copy STRs whenever possible. Unless necessary for deployment activities (e.g., for operational platforms or sensitive duty positions), originating MTFs will not ship or otherwise forward original paper STRs to non-MTF deployed locations. Conversely, deployed locations will not request original

hard-copy STRs for Service members in deployed environments. Service members may hand-carry original STRs to their deployed locations if authorized in accordance with Reference (az), Enclosure 6.

   (a) MTF medical records personnel will place one copy of the PCS orders related to the deployment in the original hard-copy STR medical volume.

   (b) MTF dental clinic records personnel will place one copy of the PCS orders related to the deployment in the original hard-copy paper STR dental volume.

   (3) In the event original hard-copy STRs are received by a deployed location, they will be maintained at the local servicing health clinic, and tracked in PRT (when available). Upon out-processing, deployed locations will file the deployment health records (i.e., DD Form 2766) within the original hard-copy STRs for shipment to the Service members' gaining MTF.

  b. <u>Documenting Patient Care</u>. MTFs, clinics, and deployed locations will follow the below procedures and guidance in Reference (aq) for documenting patient care during deployment.

   (1) AHLTA-Theater (AHLTA-T) will be utilized for documenting outpatient care in deployed locations when available, until such time that the Joint Operational Medicine Information Systems (JOMIS) or another comparable theater EHR is implemented.

   (2) Deployed locations will scan loose paper documents and forms and upload them into AHLTA-T and Theater Medical Data Store (TMDS) as applicable, and in accordance with Reference (aq).

   (a) Copies of documents and forms scanned and uploaded into TMDS must also be filed into the DD Form 2766 or original hard-copy STR, if available.

   (b) Deployed locations will annotate patient demographic data on each page and conduct a QC check prior to scanning, in accordance with the instructions in Enclosure 3, paragraph 7.

   (c) Facilities without scanning capabilities will utilize adjacent or higher roles of care with scanning capabilities to scan and upload documents into the appropriate repository. Facilities will include a deployed outpatient documentation list with any documents shipped to another facility for scanning and uploading.

   (3) If neither an EHR system nor the deployment health record (i.e., the DD Form 2766 or electronic equivalent) is available, deployed locations will use the SF 600 or equivalent electronic format to document patient care. The completed SF 600 must be incorporated into the EHR and STR when available.

   (4) Deployed locations will file copies of inpatient discharge summaries, narrative summaries, and operative reports in the respective DD Form 2766 or electronic equivalent.

Inclusion of the inpatient summaries in the deployment health record will be in addition to, and not in lieu of, scanning and uploading the documents to TMDS or filing them in the inpatient record. Refer to Reference (az), Enclosure 7 for procedures regarding inpatient records.

   c. <u>Out-Processing and Redeployment</u>. Deployed location medical staff will work with the deployed Personnel Offices and unit commanders to ensure all personnel are identified in a timely manner and have completed the appropriate medical screenings and out-processing activities no earlier than 30 calendar days prior to scheduled or projected departure.

      (1) Deployed locations will transfer all physical deployment health records to Service members' gaining MTFs according to the mailing guidelines described in Reference (az), Enclosure 5; and Enclosure 4, paragraph 6 of this DHA-PM.

         (a) Individual deployment health records and original STRs may be bundled and sealed together in a bulk courier package.

         (b) Deployed locations will insert a shipping roster of names and ranks for each corresponding deployment health record and STR placed inside each bulk courier package.

      (2) In accordance with Reference (az), and Enclosure 6 deployed locations should not allow Service members to hand-carry physical deployment health records or original hard-copy STRs unless there is an operational requirement (e.g., returning from operational platforms or special duty positions) requiring the health records remain with Service members during redeployment.

      (3) In the event deployed locations also possess original hard-copy STRs, they will transfer the STRs in the same shipment as paper deployment health records belonging to the same Service members.

   d. <u>Post-deployment Health Records</u>

      (1) Upon receipt, MTF medical records personnel will review deployment health records received from deployed locations and scan and upload the individual documents (including any inpatient discharge summaries, narrative summaries, and operative reports) into HAIMS in accordance with Enclosure 3.

      (2) MTFs will ensure that post-deployment health assessments are completed in accordance with References (ap) and (aq). All post-deployment health assessments not documented in primary DoD Health Record systems must also be individually printed, scanned, and uploaded into HAIMS upon completion.

5. <u>AEROMEDICAL EVACUATION (AE) DOCUMENTATION</u>

a. MTFs will ensure that AF Form 3899, Patient Movement Record, and related AE documentation received from AE teams or patients are included in the STR as necessary, regardless of Service affiliation of the patient.

b. For AE missions in deployed locations, appropriate deployed medical records personnel will file a copy of the AF Form 3899, if generated, in the DD Form 2766 or component-directed electronic equivalent along with any summaries of inpatient treatment.

c. If receiving AF Form 3899 as a loose document, MTFs will upload a copy of the form into HAIMS using appropriate metadata in accordance with the instructions in Enclosure 3, regardless of whether the forms may have been electronically uploaded or created within TMDS, TRANSCOM Regulating and Command & Control Evacuation System, or other systems.

6. <u>TRANSFERRING, HANDLING, AND MAILING STRs</u>

a. Transferring the STR occurs when a Service member transfers or changes MTFs. When a member is to be transferred to another unit or station, the gaining facility will receive both parts (i.e., outpatient medical and dental) of the STR from losing facility.

b. MTFs will transfer all physical records according to the mailing guidelines described in Reference (az), Enclosure 5 and the custody and control guidelines described in Reference (az), Enclosure 6, to include the use of the CHCS MRT module or PRT to initiate and track all STR transfers.

c. For STR transfers for Service members relocating from MTFs with MHS GENESIS® to MTFs without MHS GENESIS®, MTF personnel will generate the Master Report of MHS GENESIS® outpatient care covering the Service members' date of entry through departure date. MTF medical records personnel will then upload the MHS GENESIS® extract into HAIMS using the PCS_MHSG document type, with a document title comprising MHS GENESIS_DMIS ID_Dates of Report. Refer to the detailed scanning section in Enclosure 3 for additional information.

d. <u>PCS, permanent change of assignment (PCA), or Permanent Duty Location Reassignment</u>. Designated records personnel will complete the following to transfer STRs during PCS, PCA, or Permanent Duty Location Reassignment for Service members not assigned to sensitive duties programs or active flight status.

(1) <u>Service Member Out-processing Procedures</u>

(a) All Service members empaneled to the MTF and scheduled for reassignment to another station will "out-process" through the MTF (including dental clinics) before final installation departure. Service members will clear the MTF within 5 business days before their final installation out-processing appointment to ensure the medical and dental records are available to providers until the day of departure.

(b) Service members will provide four copies of their reassignment orders at their out-processing appointment – two for the MTF or Reserve Component Medical Unit (RCMU) and two for the dental clinic.

(2) <u>Dental Clinic Out-processing procedures</u>

(a) Dental clinic records managers will ensure one copy of the Service member's reassignment orders is place on top of all other documents in Part II of the dental treatment record (see Appendix 1 to Enclosure 3).

(b) Records managers will place the second copy of reassignment orders in a charge-out guide, which will be filed in place of the original dental record for 90 calendar days. No later than the close of business on the day following the Service member's out-processing, records managers will send the dental treatment record to the central MTF records room.

(c) Records managers will record the date and destination of the forwarding using the local tracking mechanism.

(3) MTF Medical Records Personnel Out-processing and STR Transfer procedures.

(a) Upon notification from the sponsor a member is to be transferred, MTF outpatient medical records personnel will check the Service member's typed PCS orders to determine if the reassignment is to be "ACCOMPANIED" (with family members) or "UNACCOMPANIED" (without one or more family members).

<u>1</u>. If the Service member's reassignment is "ACCOMPANIED," then MTF medical records personnel will ask if all of the family members are expected to accompany the Service member to the next assignment.

<u>a</u>. If all family members are accompanying the Service member, MTF medical records personnel will verify the departure date with the sponsor, obtain any available dental treatment records, and then combine all of the family member health records into one package, unless the package weakens the mailing packaging and an additional parcel is required. The STR may also be added to the same package.

<u>b</u>. If it is impractical to combine all of the family's records together, then MTF medical records personnel will separate the Service member's record from the package and mail separately.

<u>c</u>. MTF medical records personnel will make sure to enclose a copy of the sponsor's PCS reassignment orders in each package.

<u>d</u>. MTF medical records personnel will mail the health records package(s) to the destination MTF no later than five calendar days following the sponsor's departure date.

   2. If the Service member's reassignment is "UNACCOMPANIED", then the AD sponsor indicates one or more family members will not be accompanying the Service member or if the sponsor's PCS orders indicate "UNACCOMPANIED."

    a. MTF medical records personnel must verify with the sponsor if the remaining family member health record(s) should remain at the current MTF or whether the remaining health records should be forwarded to another facility where MTF TRICARE enrollment is expected.

    b. MTF medical records personnel will inform the sponsor if family members are expected to receive direct health care at another MTF apart from where the sponsor will be enrolled, then upon arrival and/or TRICARE re-enrollment at the new MTF, the sponsor, spouse, or legally aged family member must contact the outpatient medical records department and/or ROI office to complete the necessary records request paperwork.

    c. MTFs will provide the requestor valid telephone and fax numbers, as well as an appropriate point of contact (POC) with contact information.

    d. MTFs holding the requested records will not forward them until after they receive a completed DD Form 2138, or a DD Form 877 or another suitable request form from the requesting MTF.

   (b) MTFs will mail STRs to new duty stations no later than 5 business days following the Service member's departure. If the Service member is transferring to an operational platform such a ship or submarine as indicated by their reassignment orders, MTFs will instead package the STR for hand-carry by the Service Member. MTFs will seal the STR package using the guidance below in paragraph 6.e regarding PCS, PCA, or Permanent Duty Location Reassignment for Service members Assigned to Special or Sensitive Duty Programs.

  e. <u>PCS, PCA, or Permanent Duty Location Reassignment for Service Members Assigned to Special or Sensitive Duties Programs</u>. Designated MTF personnel will complete the following for Service members being reassigned to a special or sensitive duties program (e.g., PRP, PSP, flight crew, submarine).

  (1) As an exemption to the hand-carry guidance in Reference (az), and Enclosure 6, Service members assigned to a special or sensitive duties program may hand-carry their STRs in a sealed envelope or package from the losing location to the gaining MTF, RCMU, or other location responsible for maintaining health records.

   (a) Before transfer, MTF personnel will obtain the paper STR, seal it in a mailing package, and write or place a stamp indicating "During Transport, Open only for Medical Emergencies" across the package across the seal.

   (b) MTF personnel sealing packages will write their initials along the seal and identify the losing MTF name, office symbol, address, zip code, POC's name, and contact telephone number.

(2) If relevant Service members are not expected to perform the duties normally associated with his or her special or sensitive duties program, or if program access or permission(s) have been suspended or is expected to be suspended during or at the next installation or duty assignment or during an extended temporary duty period, only the identified MTF Competent Medical Authority may authorize individuals to travel to new duty stations without their STRs.

(3) MTFs personnel receiving STRs for Service members within special and sensitive duties programs will maintain those STRs in a separate, secured location. Access will be restricted to MTF medical personnel with an official need.

f. PCS to Foreign Combat, Combat Support Theaters, and Other Operational or Overseas Deployed Locations. Designated personnel will follow the instructions in Enclosure 4, paragraph 4 above for transferring STRs related to Service members being reassigned to foreign combat, combat support theater of operations, forward locations, or other overseas deployed locations and are not assigned to sensitive duties or active flight status.

g. PCS to GSUs or TRICARE Prime Remote Locations. MTFs will follow the guidance in in Enclosure 3, paragraph 5 for managing and transferring STRs for Service members transferring to a TRICARE Remote location or GSU. Losing and gaining MTFs will follow the record tracking procedures in Reference (az), Enclosure 6 for all STR transfers to and from GSUs and TRICARE Prime Remote locations.

h. Special Circumstances

(1) Desertion. When a member is officially declared a deserter or has been in an unauthorized absent status for 120 calendar days or longer, close the STR and send it in the next shipment to the STR RPC for HAIMS digitization. Make an explanatory entry of this fact on the SF 600 and any relevant service-specific forms. If a military patient is Absent Without Official Leave from a medical facility during an inpatient stay, report the individual to the servicing Military Personnel Section or equivalent. Close out the medical record of the individual after 10 calendar days.

(2) Service members Placed in Appellate Review Leave Status. According to the Uniform Code of Military Justice, a punitive service discharge or dismissal may not be executed until the appellate review is completed. The following guidance outlines instructions on how to manage and transfer the medical records of members on appellate leave.

(a) Following the conclusion of all punitive discharge processing, punitive legal proceedings, or general court martial trial, unless otherwise required by law, court order, or urgent medical necessity, MTF personnel will transfer Service members' STRs, in a sealed envelope, to a Service-designated location to be maintained until the appellate review is complete.

(b) If Service members in this status are unavailable to complete out-processing actions, MTF personnel will obtain or reproduce two copies of the individual's discharge orders.

(c) If Service members are officially and permanently discharged upon completion of the appellate review, MTFs will transfer the paper STRs to the RPC in accordance with the guidance in paragraph 8 below in this enclosure regarding STR Disposition.

(d) If cases are overturned during the appeal process and Service members are returned to AD status, MTF medical records personnel will transfer paper STRs to Service members' previous assignment support MTF, or to another MTF upon request. MTF personnel will not release or forward the STR to any person, place, or agency without obtaining written orders.

(3) <u>Confinement to a Correctional Facility Following Court Martial Trials</u>

(a) Following a court's ruling and/or sentencing, Service members may be immediately escorted to a correctional facility. The appellate review period will occur while the prisoner is confined.

(b) During the appellate review period, even if Service members are immediately transported to a correctional facility, MTFs where Service members' STR are normally maintained will forward the paper STR to a Service-designated location in accordance with the guidance in paragraph (2) above.

(c) MTFs will not or transfer original STRs to any prisoner escort detail or correctional facility but will instead provide a complete STR copy. If a copy cannot be immediately provided, MTFs will mail a copy to the destination military correctional facility within 5 business days. Copies of STRs may be mailed to state and federal prisons upon proper request.

(4) <u>Service Academy Cadets and Service members with Less than 180 Days of Continued Service</u>. MTF medical records personnel will forward STRs for these two beneficiary categories to the Service-specific RPC or Central Cell until such time DHA consolidates the records processing centers, in accordance with the disposition instructions identified for AD Service members and RCSMs in paragraph 8 below.

(5) <u>Death, Discharge, Separation, Retirement, or Move to Inactive Duty</u>. Refer to paragraph 8 below in this enclosure for instructions on handling and STRs for discharged, separated, retired, or inactive duty Service members.

7. <u>MANAGING STRS FOR SERVICE MEMBERS ASSIGNED TO SPECIAL/SENSITIVE DUTIES PROGRAMS AND ACTIVE FLIGHT STATUS</u>. STRs for Service members assigned to the PRP, PSP, active flying status, submarine, or other highly sensitive, national security operations and programs, require special handling to maintain program reliability and integrity.

a. MTF personnel will print patient encounter documents from the EHR for all episodes of care of each Service member assigned to a sensitive duties position. MTF personnel will print each patient encounter in order to document each individual's operational status unit notification stamp, notifier's name/initials, and time and date of notification.

b. MTF personnel will file printed encounters in the Service members' paper outpatient records.

c. MTFs will follow the instructions in this section until such time MHS EHRs are enhanced to support automated individual operational capability/status notifications for Service members assigned to any sensitive duties program or active flight status.

8. <u>STR DISPOSITION</u>. The instructions below apply to all locations authorized to maintain STRs. All locations will follow the instructions in this section to appropriately disposition STRs related to Service member discharge, release from AD, retirement, death, or separation.

a. Until such time DHA consolidates RPCs and assumes authority and control of the end-to-end STR disposition process, the Services are required to make complete STRs available to the VA no later than 45 calendar days after the Service member's date of separation in accordance with Reference (c).

(1) In coordination with the Services, the DHA PAD will track and provide detailed STR disposition timeliness metrics, including the percentage of STRs that were transmitted to the VA within the 45-calendar day separation timeline.

(2) A "Letter of Non-Availability" will not excuse any missing record. Additional information can be found in Reference (az), Enclosure 6.

(3) MTFs and RCMUs are required to continue to search for any records they cannot locate and will be held accountable for its acquisition and subsequent disposition. More information can be found in Reference (az), Enclosure 6.

b. STRs undergoing the disposition process will be sent to their respective Service RPC or Central cell until such time DHA assumes authority and control of consolidated RPC operations. STR RPCs and Central Cells are the only agencies or facilities authorized to forward, or otherwise make available, STRs to the VA. MTFs and RCMUs are not authorized to "bulk scan" nor mail records directly to the VA.

c. MTFs and RCMUs will implement thorough in- and out-processing procedures to ensure all STRs are available as soon as possible and avoid any circumstance in which a complete record cannot be located.

d. Providers may continue to document ongoing care in the EHR for eligible separated and retired Service members after their date of separation, but such documentation of care provided outside the member's dates of service will not be included in the STR and will instead be considered NSTR material.

e. <u>The Service Treatment Record Processing Operations Reporting Tracking Solution (SPORTS)</u>

(1) MTFs will not mail paper STRs to the Veterans Benefits Administration or any of its facilities or offices. SPORTS will be used for transmission, tracking and reporting of DoD and Coast Guard STRs to DoD and Coast Guard leadership, as well as supporting claims adjudication at the Veterans Benefits Administration.

(2) MTFs and Service RPCs are required to use SPORTS once it is implemented. Additional information and user guides on SPORTS can be found at Reference (m).

f. <u>Retirement, Separation, or Transition Orders</u>

(1) Service members will initiate the retirement or separation processes. Retiring or separating Service members will report to the central MTF health records customer service location and the installation dental clinic with their orders no later than five business days prior to their final out-processing appointment. These Service members will provide four copies of their orders; two for the medical records activity and two for the dental clinic records departments.

(2) Service members transitioning from AD to the RC will report to the central MTF health records customer service location with their service transition order, PCS order, or AD separation no later than 5 business days prior to their final out-processing appointment. These Service members will provide two copies of the service transition order, PCS order, or AD separation order.

(3) MTFs (including dental clinics) personnel will each place one copy of the orders in the Service members' paper outpatient medical and dental treatment records. In the paper outpatient medical record, the Service members' orders will be placed in Part II, on top of all other pages. In the dental treatment record, the Service member's orders will be placed on the inside right-side folder section on top of all other pages in a two-part record jacket, or in Part II on top of all other pages in a four-part record jacket.

(4) MTFs (including dental clinics) will place the second copy of the orders into a plastic Record Charge-Out Guide that is filed in place of the record. MTFs will include a reference to where the record is located until the record is mailed.

(5) In cases of missing orders, MTFs and RCMUs will not delay processing STRs for transfer to their respective RPC. If orders cannot be obtained after contacting the local Personnel

Office or member, STRs may be sent without orders, but MTF personnel will include a memo stating the reason for missing orders. The MTF Personnel Office will verify, prior to shipping, the Service member did not re-enlist or extend his or her enlistment.

    (6) "Virtual" or electronic out-processing checklist.

        (a) If an electronic out-processing checklist is used, MTF health records offices must be added as mandatory out-processing checklist destinations for each outbound Service member.

        (b) Other locations within the MTF will not sign off or approve any outpatient medical or dental treatment record out-processing tasks on a Service member's out-processing checklist.

        (c) MTF records managers and other MTF officials will work together to ensure each outbound member has fulfilled all of his or her MTF out-processing responsibilities.

        (d) All MTF records departments (including dental clinics records departments) will have at least two staff members assigned and granted access the electronic checklist to ensure each departing Service member is informed of the requirement to provide the medical and dental record personnel with copies of his or her orders at the time of out-processing.

    g. <u>Making and Providing STR Copies During Separation</u>. At time of separation, Service members are authorized one free of charge copy of their STR in either a hard-copy or electronic/digital medial format. MTFs will provide copies in accordance with the guidance in Reference (az), Enclosure 5.

    h. <u>Collecting and Preparing STRs for Shipment to RPCs</u>. MTFs will secure Service members' paper STRs, collect all unfiled, loose, or late flowing documents (LLFDs) and artifacts at the MTF, and file them properly in the STR.

    (1) No later than 30 business days after the date of separation or retirement, MTF personnel will perform the following tasks:

        (a) Remove the outpatient medical and dental records from record room shelves and insert a charge-out guide in its place to collect any LLFDs that may be located after the STR is shipped to their respective RPC and digitized. These additional documents will be digitized by MTFs as outlined in Enclosure 3 and be included as part of the STR.

        (b) Ensure the paper STR is organized into parts in accordance with the outpatient records part tables in Appendix 1 to Enclosure 3 and Appendix 3 to Enclosure 7.

        (c) Upload the following medical information into HAIMS:

        <u>1</u>. MTF personnel will access the Bidirectional Health Information Exchange in AHLTA and ensure any Essentris® discharge summaries not readily available in AHLTA Clinical Notes or HAIMS are printed and filed in the paper STR prior to digitization. If the staff

member(s) have the appropriate permissions, the Essentris® discharge summaries may instead be imported into HAIMS with the naming convention: "Discharge Summary-MM/YY" in which MM/YY is the date of discharge from the MTF. Refer to Enclosure 3 for additional information regarding the use of HAIMS.

    <u>2</u>. MTF personnel at MTFs with MHS GENESIS® will access MHS GENESIS® and generate the Master Report covering the Service members' date of entry through date of separation. MTF medical records personnel will then upload the report into HAIMS using the STR_MHSG document type and with the document title naming convention "MHS GENESIS_DMIS ID_Dates of Report."

  (2) MTF personnel will secure STRs removed from shelves and place them in a staging area separate from the main file. MTF personnel will file the records in chronological order according to date of separation. MTF personnel will ensure the dental treatment records for each separating and retiring Service member are forwarded to the same staging area. Medical and dental records will always be shipped together except cases in which the medical or dental records or other volume may be at another installation. MTF personnel will not print out and include outpatient information from the EHR in paper STRs.

  (3) Service members with STRs maintained outside an MTF (e.g., operational platform, or deployable unit), will ensure that all clinical documentation is returned to the records personnel of the platform for inclusion into their STRs.

  (4) <u>Collecting STRs for Service members Assigned to GSUs or TRICARE Prime Remote Locations</u>

    (a) If the responsible MTF identified is not the MTF maintaining the retiring/separating Service member's STR, the responsibility-named MTF must coordinate with the MTF where the record is regularly maintained in order to ensure the STR(s) is (are) mailed to the RPC by the deadline.

    (b) Once contacted, the MTF maintaining the STR will mail the STR to the applicable RPC or Central Cell in accordance with this DHA-PM.

  (5) For Service members empaneled to MTFs on other Services' installations, the MTFs in possession of the STR must perform one of the following actions upon Service member separation. Certified Markets, the SSO, and DHARs may implement further instructions or policies in support of circumstances particular to their areas of responsibility.

9. <u>SHIPMENT CONTAINERS</u>

 a. <u>Boxes</u>. Records personnel will use standard white record retirement boxes (e.g., General Services Administration product number NSN-8115-00-117-8249) or other shipping boxes

purchased specifically for shipping. MTF medical records personnel will ensure boxes are securely packed, labeled, and taped for shipping in order to prevent inadvertent opening during shipment in accordance with Reference (p).

   b. <u>Envelopes</u>. If the STR bundle will easily fit into an envelope, records personnel may use one. Envelopes must be tear-resistant (e.g., fiber/cloth-like construction such as Tyvek®), securely packed, labeled, and taped for shipping in order to prevent inadvertent opening during shipment in accordance with Reference (p).

10. <u>SHIPPING STRs</u>. MTF medical records personnel will mail STRs to designated RPCs or Central Cells no earlier than Service members' dates or retirement, discharge, separation, or transition to inactive duty status, to arrive no later than 30 calendar days after those dates. All Outside Continental United States MTFs will use commercially available global delivery services to mail the STR on the member's date of separation to prevent the STR from arriving late to the RPCs. MTFs shipping STRs will follow these instructions in accordance with the guidance for mailing Protected Health Information in Enclosure 5, paragraph 7 of Reference (az).

   a. MTFs will keep postage tracking/arrival confirmation notices for 100 years in accordance with Reference (q).

   b. Mailing location. MTF/RCMU records personnel will mail STRs for each Service to the following address as applicable:

      (1) Air Force: AF STR Processing Center, 3370 Nacogdoches Road, Suite 116, San Antonio, TX 78217.

      (2) Army: AMEDD Record Processing Center, 3370 Nacogdoches Road, Suite 116, San Antonio, TX 78217.

      (3) Navy: ANACOMP, Inc., 1856 Borman Court, St. Louis, MO 63146 (for MTFs and clinics), or Navy Medicine Records Activity, 4300 Goodfellow Boulevard, Building 103, St Louis, MO 63120 (for operational platforms and remote units).

      (4) Marine Corps: Headquarters U.S. Marine Corps, Manpower Management Records and Performance (MMRP-10), 2008 Elliot Road, Quantico, VA 22134-5030.

      (5) United States Coast Guard: Commanding Officer, HSWL Service Center, ATTN: Center Cell Health Records Processing Center, 300 E. Main St. Ste. 1000, Norfolk, VA 23510-9109.

   c. RCMUs will access all transferred STRs through HAIMS. Exceptions are authorized for RC members who will be entering sensitive duty programs at their gaining RC unit and are authorized to hand-carry STRs.

d. MTF medical records personnel will place a copy of the service transition orders or other similar document, in the outpatient medical and dental records when mailing to another MTF or RCMU.

e. <u>Managing Loose and/or Late-Flowing Medical Documents</u>. In accordance with Reference (c), MTF and other medical facilities records personnel will digitize all loose and/or late-flowing medical documentation into HAIMS. RCMUs without access to HAIMS will establish an MOU or MOA and forward the documentation to the nearest MTF, where records personnel will digitize the documentation. Specific instructions for uploading loose outpatient documentation into HAIMS can be found in Enclosure 3. After upload to HAIMS, and if their respective STRs have already been shipped to an RPC, MTFs and other medical facilities will destroy the paper original copies of the digitized loose and/or late-flowing medical documents after verifying the digitized copies were accurately and completely uploaded to HAIMS, in accordance with Reference (r).

f. <u>Tracking Record Movement</u>. Each time a record is mailed to another facility or agency, records personnel must document the action in the CHCS MRT function or PRT by transferring the record in the CHCS MRT or PRT menu to the appropriate location. If the appropriate location is not available, records personnel at the contact MTF will work with their local Systems Administrator to have the location created in CHCS, or with the DHA PAD to have the location created in PRT. The USCG shall follow USCG policy until the adoption of PRT. More information on the tracking of records can be found in Reference (az), Enclosure 6.

g. <u>Shipping STRs for Deceased Service Members</u>

(1) Immediately following an active Service member's death, MTF medical records personnel will make proper closing entries in the STR and add a copy of the death certificate. If the record is requested by an office, such as Casualty or Mortuary Affairs, process the request. If not requested by any office, the original STR will be sent to the RPC for record processing. The transfer will be recorded using the appropriate electronic records tracking mechanism (i.e., CHCS MRT or PRT).

(2) Contingent on completion of the processes above regarding the processing of deceased Service members' STRs, MTFs will forward deceased Service members' STRs to their respective RPC or Central Cell according to the processes identified in this publication within 30 calendar days of notification of the Service member's death.

11. <u>HANDLING CLARIFICATION QUERIES, SINGLE POINT OF ENTRY, AND VETERANS LIFETIME ELECTRONIC RECORD REQUESTS FROM RPCs</u>

a. RPC personnel will track RPC queries/Single Point of Entry/Veterans Lifetime Electronic Record requests and their outcomes in a local database according to local instructions.

b. MTF or RCMU records managers will respond within 2 business days of receipt of the inquiry with the results of their investigation. All delayed responses require immediate explanation. Communication between the MTF or RCMU and the RPC may be conducted via either email or phone.

12. <u>STR DIGITIZATION AND UPLOAD WORKFLOW</u>. Upon receipt of paper STRs, RPCs will organize, digitize, upload, and then certify STRs in accordance with the below instructions. See Reference (az), Enclosure 6 for guidance on securing records. At this time, RPCs will only upload digitized STRs into HAIMS.

a. RPCs will utilize scanners capable of digitizing all STRs with a minimum 300 dpi.

b. RPCs will perform OCR prior to uploading STRs into HAIMS.

c. RPCs will only upload STR files to HAIMS as PDF file types.

d. RPC personnel will generate the AHLTA.pdf of the Service member's electronic outpatient record using the AHTLA Web Print functionality, based on the member's dates of service (date of enlistment or accession through date of separation or retirement), and then upload it to HAIMS with the relevant document type, naming convention, and other metadata in accordance with Enclosure 3.

e. <u>Organization of The STR in HAIMS</u>. RPCs will organize the digitized STR in HAIMS into the below STR parts, in accordance with instructions in Enclosure 3 and Appendix 1 to Enclosure 3 regarding which forms and documents comprise said parts. If, after performing due diligence to include contacting previous MTFs, no documents are found to comprise a particular STR part, RPCs are authorized to upload a placeholder document in HAIMS indicating no documentation exists for said part. See Section g below regarding certification and Reference (az), Enclosure 6 for missing records and due diligence.

(1) STR AHLTA.pdf

(2) STR Medical Record Part 1

(3) STR Medical Record Part 2

(4) STR Medical Record Part 3

(5) STR Medical Record Part 4

(6) STR Dental Record Part 1

(7) STR Dental Record Part 2

(8) STR Dental Record Part 3 (Navy Only)

(9) STR Dental Record Part 4 (Navy Only)

(10) STR Administrative Documentation (includes Certification Memo)

f. <u>STR Digitization Process</u>. RPCs can use the HAIMS scanning tools and process identified below, or a scan to .pdf process. If using the scan to .pdf process, RPCs will follow the standards identified in paragraph 11 of this enclosure.

(1) <u>Ticket Creation</u>. When creating a ticket for bulk scanning, designated RPC staff will enter 'Patient Name,' 'Author Name,' and 'Document type. If these areas are not identified within the ticket, the information must be annotated separately during validation. These are the only entries being used for making the STR for separating and retiring Service members accessible to the VA for benefits determination. Tickets will be created and printed for each part of the STR.

(2) RPC personnel will enter demographic information for the Service member into the search window and select the desired patient from the search results displayed. This action will populate the 'Patient Name' field.

(3) RPC personnel will enter the name of the facility at which the record is scanned for the 'Author Name' field.

(4) RPC personnel will enter one of the STR parts described in Section 11 of this enclosure for the 'Document Type' field.

(5) <u>Asset (Document) Scanning</u>. Staff will place the printed tickets on top of the document sections and scan the record using the 'Scan to HAIMS' function.

(6) <u>Asset (Document) Validation</u>. Staff will verify that each scanned batch correlates to the correct patient and are legible. If the documents are not legible or are skewed, the HAIMS tools will be used to fix them. If the issues cannot be fixed using the HAIMS tools, the document(s) must be re-scanned prior to upload.

(a) Staff will place a verified batch in 'Hold' status until each additional section/batch (including STR Administrative Documentation) of the STR has be verified as complete and legible.

(b) Once all batches have been validated, the STR will be uploaded into HAIMS.

(c) Any LLFDs received after the STR has been uploaded into HAIMS must be scanned and uploaded into HAIMS in accordance with how to manage loose and/or late flowing medical documents in this Enclosure above.

(7) The ability to scan documents in bulk is only available via the HAIMS standalone site. Detailed instructions for bulk scanning will be published by the DHA PAD at Reference (m).

(8) If RPCs receive a large STR where a scanned file exceeds the file size limits of HAIMS, the file will be uploaded in sub-parts, each file will be indexed as the appropriate STR part, and the document title will identify Part A, B, etc. For example, if STR Medical Record Part 1 exceeds the file size and is broken up into three sub-parts, each subpart will have the Document Type of STR Medical Record Part 1, with a Document Title of STR Medical Record Part 1A, STR Medical Record Part 1B, and STR Medical Record Part 1C. An annotation will be made on the DD Form 2963 indicating that this record has three Administrative STR Medical Record Part 1 files.

g. <u>STR Certification</u>. In accordance with Reference (c), RPCs will certify STRs as complete once they have ensured all STR elements have been received, digitized, and uploaded to their respective STR parts in HAIMS.

(1) To certify STRs as complete, RPCs will fill out and sign all relevant fields of the DD 2963, STR Certification, before including it in the paper STR. Upon digitization of the STR, RPCs will also digitize the DD 2963 and upload it to HAIMS using the appropriate administrative document type. The DD 2963 will be the last document uploaded in the digitization sequence.

(2) If an STR is incomplete, i.e., missing one or more STR parts, RPCs will perform due diligence to locate the missing element(s), as identified in Enclosure 3 of this DHA-PM, unless these actions have already been accomplished by the MTF (for the same missing part, record or volume in question). RPCs will document missing STR parts on the DD 2963. If STR parts are missing, the RPC will not select "Complete STR (Medical and Dental)" in Section 4 of the DD 2963; RPC will only certify complete the portion of the STR being uploaded (i.e., medical or dental).

h. <u>Original Paper STR Destruction</u>. In accordance with Reference (s), destruction of paper STRs after their disposition to RPCs is prohibited until digitized STRs meet sustained accuracy rates. Thus, after digitization and certification, RPCs will store and maintain the original paper STRs in accordance with Reference (q) until DHA PAD verifies 99.0 percent accuracy through STR quality assurance activities. If a Service meets the 99.0 percent accuracy target as verified by DHA PAD for a given quarter's STRs, the Service will destroy that quarter's STRs in coordination with DHA PAD. RPCs and DHA PAD will follow instructions within forthcoming DHA guidance regarding the quality assurance and destruction of hard-copy STRs.

13. <u>STR QUALITY ASSURANCE PROGRAM</u>. In accordance with Reference (s), the DHA PAD will execute an enterprise-wide quality assurance program to verify digitized STRs are error-free and accurate. The program will be executed in accordance with forthcoming guidance regarding the quality assurance and destruction of hard-copy STRs.

14. <u>CROSS SERVICING OF STRS</u>. All MTFs, regardless of installation Service affiliation, will assume custody of STRs for Service members attached to their location for primary care.

ENCLOSURE 5

NON-SERVICE TREATMENT RECORDS

1. <u>PURPOSE</u>. In accordance with Reference (c), NSTRs are a portion of the DoD Health Record containing chronology of outpatient medical, dental, and mental health care received by non-Service members and applies to anyone that does not meet the criteria for STR.

   a. All other beneficiaries/non-Service members include, but are not limited to, the following: the spouse, un-remarried widow, un-remarried widower, or child of an AD Service member; retired Military Service members and their families; North Atlantic Treaty Organization members and their families; non-North Atlantic Treaty Organization foreign nationals; Army, Navy, Marine Corps, Air Force Reserve Officer Training Corps personnel at summer camp training, and Military Academy Cadets/Midshipmen not entering AD.

      (1) Documentation of care provided outside an eligible separated or retired Service member's dates of service will be considered NSTR as opposed to STR material.

      (2) Non-Service members may incur several PCS relocations while accompanying their sponsor.

   b. NSTRs for DoD family members are created at the MTF where beneficiaries are first seen. DoD MTF personnel are responsible for verifying eligibility and providing care in accordance with the beneficiary entitlement. Eligibility for medical benefits is determined in accordance with References (t) and (u).

   c. NSTRs adheres to the same standards of healthcare documentation as STRs but are created and maintained for beneficiaries other than AD Service members. See Enclosure 4 for information about STR requirements.

2. <u>NSTR-SPECIFIC CONTENTS</u>

   a. As with STRs, the primary content of the NSTR includes:

      (1) Outpatient records, which will be organized in parts and include the forms and documentation outlined in Appendix 1 to Enclosure 3.

      (2) Dental records will be organized in parts and include the forms and documentation outlined in the tables in Appendix 3 to Enclosure 7.

   b. In accordance with Reference (c) and Reference (az), Enclosure 3, the NSTR is media neutral, and will include documentation in paper and/or electronic formats.

c. NSTRs that do not contain all volumes of medical and dental records, and all information from the EHR, will not be considered complete.

3. NSTR MAINTENANCE

a. MTFs will secure and maintain NSTRs in accordance with the instructions in Enclosures 3 and 7.

b. Health records of AD family members are usually maintained at the MTF where the sponsor is assigned unless the sponsor is stationed at a remote or unaccompanied tour assignment. MTFs will file medical documents for family members of AD or retired military in the medical record at the MTF where the majority of care is provided or the MTF at which the individual is enrolled.

4. TRANSFERRING, HANDLING, AND MAILING NSTRs

a. Before any PCS reassignment, personal geographic location move, MTF reassignment, or change to TRICARE enrollment location, medical records personnel will take all steps necessary to ensure the gaining MTF has access to the beneficiary's complete NSTR in digital format whenever possible. If a beneficiary is moving or being assigned to a duty location that does not have access to the current DoD EHR system, the losing medical department will offer to provide the beneficiary a paper or digital copy (whichever is the beneficiary's preference), of all historical patient encounter notes, and all laboratory and radiology results.

b. MTFs will refer to the instructions in Enclosure 4 for transferring NSTRs for family members accompanying Service member sponsors.

c. Receiving Treatment at MTFs apart from the Sponsor's MTF

(1) MTF medical records personnel will inform the sponsor that if family members are expected to receive direct health care at another MTF apart from where the sponsor will be enrolled, then upon arrival and/or TRICARE re-enrollment at the new MTF, the sponsor, spouse, or legally aged family member must contact the outpatient medical records department and/or ROI office to complete the necessary records request paperwork.

(2) MTFs will provide the requestor valid telephone and fax numbers, as well as an appropriate POC with contact information.

(3) MTFs holding the requested records will not forward them until after they receive a completed DD Form 2138, or a DD Form 877, or another suitable request from the requesting MTF.

d. Tracking Record Movement

(1) Each time an NSTR is mailed to another facility or agency, records personnel must document the action in the CHCS MRT function or PRT by transferring the record in the CHCS MRT or PRT menu to the appropriate location. The losing MTF will remain responsible for the record(s) until the gaining MTF confirms receipt.

(2) If the appropriate location is not available, records personnel at the contact MTF will work with their local Systems Administrator to have the location created in CHCS, or with the DHA PAD to have the location created in PRT.

(3) More information on the tracking of records can be found in Reference (az), Enclosure 6.

5. NSTR DISPOSITION

a. NSTR disposition will occur in accordance with Reference (v), the guidance in Reference (az), Enclosure 6, and the user guides for the CHCS MRT System and PRT located on the Reference (m) website.

(1) If early retirement (i.e., out of cycle), is desired or required, MTF Directors must request early retirement from DHA PAD. MTFs will coordinate the request with their respective supervisory chain (e.g., Markets, SSO, DHARs, or other intermediate organizations) before submission.

(a) MTFs must submit requests for early retirement as soon as possible in these instances, due to the additional time needed for approval from NPRC, who once a decision is made will notify the MTF Director. For more information see Reference (az), Enclosure 6.

(b) MTF personnel will retire NSTRs to NPRC using the MRT application in CHCS or PRT.

(2) MTFs will develop policy and procedures for medical department compliance with the current National Archives and Records Administration (NARA) disposition schedules, including appropriate procedures to manage non-Service member beneficiary opt-out requests.

(3) MTFs will track all NSTR shipments until the NPRC confirms their receipt of the record(s).

b. Dental NSTR records maintain a different disposition schedule than medical NSTR records and thus a different timeline. Refer to Reference (v) and Enclosure 7 for additional instructions on the disposition of dental records.

c. Until necessary data communication links are permanently established between both the MHS and NPRC EHR systems, MTF medical records personnel will continue to print and file (into the patient's paper record) all available ancillary, diagnostic or clinical information electronically stored in standardized MHS or local MTF EHR systems prior to final outpatient records retirement processing and shipment.

(1) If designated MTF medical records personnel do not have access (sensitive/sequestered, etc.) to necessary EHR systems to identify and print patient encounters, radiology reports, and laboratory reports, then the patient's PCM support staff is expected to complete this requirement and forward the documents to the MTF outpatient medical departments for inclusion into the NSTR.

(2) MTF medical records custodians must ensure all AHLTA notes and documents within HAIMS are included in the paper jacket prior to being archived, in addition to patient encounters, radiology reports, and laboratory reports.

d. NSTRs are not permitted to be bulk scanned or otherwise digitized by MTFs or the RPCs until otherwise determined by DHA PAD.

e. MTFs are required to, at least annually, (no later than December 31st), retire or purge NSTRs to the NPRC Annex, 1411 Boulder Boulevard, Valmeyer, IL 62295.

(1) MTFs will retire NSTRs of all members of a family at the same time, two years after the calendar year of last treatment of all eligible family members. MTFs will retire records of all family members at the same time at end of the calendar year after the 2-year retention. Destroy 50 years after the end of the calendar year of the last date of treatment.

(a) MTFs will find the last date by reviewing the patient's appointment history in the EHR, not the most current treatment date identified inside the paper health record.

(b) Family Members of Service Members Assigned to GSUs. The 2-year maintenance period does not apply to NSTRs of family members of Service members assigned to GSUs. Although a family member's outpatient medical health record may be kept on file at the MTF closest to the Service member's GSU, his or her family members may be enrolled to TRICARE Prime Remote. If this is the case, there may be no evidence in either the military EHR or paper health record to indicate the family member has received MTF care within the last two years.

1. If records personnel suspect a family member, for whom the MTF maintains an NSTR, may be receiving care at a civilian network healthcare provider, the record technician researching the record must verify the sponsor and family member TRICARE enrollment status via DEERS.

2. If the enrollment information indicates the family member is enrolled into TRICARE Prime remote, then flag the outpatient medical record. If the DEERS information indicates no TRICARE Prime or Prime Remote enrollment, then retire the record(s).

(2) MTFs will place the NSTRs of deceased patients in a separate, secured file location within the records department, until it is time to retire the records.

f. MTFs must have and implement thorough in- and out-processing procedures in accordance with Reference (az), Enclosure 6 to ensure all records for a patient are available as soon as possible.

(1) A "Letter on Non-Availability" will not excuse any missing record. Additional records custody information can be found in Reference (az), Enclosure 6.

(2) MTFs are required to continue to search for any records they cannot locate and will be held accountable for its acquisition and subsequent disposition. More information can be found in Reference (az), Enclosure 6.

g. <u>Shipment Containers</u>

(1) <u>Boxes</u>. Records personnel will use standard white record retirement boxes or other shipping box purchased specifically for shipping. MTF medical records personnel will ensure boxes are securely packed, labeled, and taped for shipping in order to prevent inadvertent opening during shipment in accordance with Reference (p).

(2) <u>Envelopes</u>. If the STR bundle will easily fit into an envelope, records personnel may use one. Envelopes must be tear resistant (fiber/cloth-like construction, such as TYVEK), securely packed, labeled, and taped for shipping in order to prevent inadvertent opening during shipment in accordance with Reference (p).

h. A copy of the NSTR will be provided to DoD beneficiaries or their authorized agent upon written request in accordance with Reference (w), at any time prior to the end of the disposition period for that record. Refer to Reference (az), Enclosure 5 for additional information on copies and disclosures of health records.

ENCLOSURE 6

OCCUPATIONAL HEALTH CIVILIAN EMPLOYEE TREATMENT RECORDS

1. <u>OVERVIEW</u>. In accordance with References (c) and (x), the OHTR, also known as the "occupational health treatment record" or the "Employee Medical Folder," is the occupational health record for all categories of DoD civilian employees provided with occupational health services by the DoD. The OHTR is a chronological, cumulative record of occupational information pertaining to civilian employees during their employment and, when applicable, their deployment consistent with References (ap) and (aq). All occupational medical records are stored in the Employee Medical File System, which includes automated, microformed, and paper records.

   a. OHTRs will be handled similarly to personal health records in terms of accessibility and archiving. Civilian personnel have the right to access their exposure and medical records in accordance with References (aa), (ac), (at), and (aw).

   b. <u>Appropriated Fund (APF) and Non-appropriated Fund (NAF) Employee Distinctions</u>

      (1) Unless specified, the instructions within this DHA-PM apply to OHTRs for both APF and NAF employees within the DoD.

      (2) In accordance with Reference (x), APF employee OHTRs are owned, and are under the jurisdiction of, the Office of Personnel Management (OPM), even when in the physical custody of the DoD. OHTRs for NAF employees are owned by DoD and not subject to OPM policies and regulations. However, pursuant to Reference (ac), DoD will maintain NAF OHTRs in accordance with the guidelines of References (y), (z), (at), and (aw).

      (3) DoD relinquishes its custody of APF employee OHTRs upon their separation or transfer of APF employees to a non-DoD agency. In accordance with Reference (av), DoD retains legal custody and ownership of NAF employee OHTRs for the life of the record, even if merged into a Merged Personnel Records Folder after a transition between APF and NAF positions in accordance with Reference (at).

2. <u>CREATING OHTRS</u>

   a. <u>Guiding Principles of OHTR Creation</u>

      (1) MTFs will create an electronic OHTR for those patients who have never had a record initiated in accordance with the guidance in this publication. Electronic records are initiated once a patient is registered in the designated EHR. MTFs will refer to Reference (aj) for additional information on the registration process.

(2) MTFs will not create new paper-based OHTRs during the employment if all record content is already electronic and will only create paper-based or "hard-copy" records when necessary to meet operational or mission requirements. Paper-based OHTRs must also be created upon the separation or transfer of employees in accordance with Reference (x) due to the incompatibility of DoD EHR systems with OPM systems.

(3) MTFs may use either the appropriate Service-specific outpatient record jacket form or the SF 66D, Employee Medical Folder, to maintain paper-based OHTR documentation during employment.

(a) MTFs will refer to Appendix 1 to Enclosure 3 to determine the Service-specific record jacket that may be used for OHTRs, until such time that DHA standardizes MHS outpatient record jackets.

(b) MTFs must ensure that all OHTRs are within SF 66D folders upon employee separation or transfer, even if the OHTRs were previously maintained in Service-specific record jackets. MTFs must transfer all OHTR documentation to an SF 66D folder upon employee (APF or NAF) separation or transfer in accordance with References (x), and (at) through (av).

b. <u>Labeling OHTRs</u>

(1) MTFs will refer to Enclosure 3, paragraph 2 for instructions on labeling OHTRs when preparing Service-specific record jackets for paper-based OHTRs.

(2) MTFs will refer to Reference (au) for when preparing SF 66D folders for paper-based OHTRs.

(a) MTFs will affix a label on the indicated space on the right side of SF 66D with the employee's name (last, first, middle initial), date of birth, and SSN typed on the label.

(b) MTFs will affix an NoPP acknowledgment label to the center of the back outside cover of the SF 66D.

(c) MTFs will affix a printed CHCS or PRT barcode label to the back of the SF 66D for record tracking purposes.

(3) MTFs will ensure employees complete a separate DD Form 2005, Privacy Act Statement – Health Care Records regardless of the type of folder used for paper-based OHTRs.

c. <u>Dual Eligible Civilian Employees</u>. Civilian employees may also be retirees or dependents eligible for MHS health care and thus may possess NSTRs in their name. MTFs must ensure that occupational health documentation is never filed in the corresponding NSTRs for these employees. If a Service-specific outpatient record jacket is used for both their NSTRs and OHTRs, the jackets must be clearly labeled as such to avoid ambiguity. Refer to Enclosure 3, paragraph 2 for examples detailing how to create and label outpatient records (e.g., NSTRs in this scenario) for dual eligible patients.

3. <u>FILING OHTRs</u>

   a. MTFs will refer to Enclosure 3, paragraph 3 for general instructions on filing OHTRs and tracking their movement with the CHCS MRT module or PRT. MTFs will use the CHCS MRT module or PRT to track movement of outpatient records and establish procedures for loaning OHTRs in accordance with that Enclosure.

   b. MTFs using Service-specific record jackets for paper-based OHTRs will utilize the terminal digit filing system. MTFs using the SF 66D will file OHTRs in alphabetical order by last name.

   c. MTFs will maintain all OHTRs records and forms in a single numerical file in a central location except when the MTF Director authorizes decentralization.

      (1) If decentralization is authorized, OHTRs may be maintained in occupational health clinics. In MTFs with authorized decentralized records rooms, the CHCS MRT module or PRT will identify where the numerical file is regularly stored and will document inter-facility borrower history.

      (2) OHTRs must not be filed in the same files or folders as the Official Personnel Folders.

      (3) OHTRs may be collocated in outpatient records rooms, but MTFs should make efforts to keep them physically separated from outpatient records (both NSTRs and STRs), especially if the SF 66D folder is being used with an alphabetical filing system.

   d. In accordance with Reference (x), MTFs will not file non-occupational treatment records for employees receiving personal care in the same folder as the OHTR. Paper-based treatment records should be handled as NSTRs and be kept in folders separate from OHTRs for the same patients. Copies of occupationally related documentation may be included in the OHTR.

4. <u>OHTR CONTENTS</u>

   a. In accordance with References (x), (z), (ac), (aq) through (as), and (au) through (ax), the OHTR consists of:

      (1) Personal and occupational health histories

      (2) Written, opinions, notes, and evaluations generated in the course of diagnosis and employment-related treatment or examination by healthcare providers

      (3) Employee-specific occupational exposure records

      (4) Employee audiometric testing records

(5) Medical surveillance records

(6) Medical qualification records

(7) The Department of Labor's Office of Worker's Compensation Programs records

b. MTFs will allow employees an opportunity to submit health treatment documentation from their personal provided for consideration in the medical examination process. Designated MTF personnel must review and consider all such documentation supplied. The employee must authorize the release of this documentation to all authorized MTF representatives following the disclosure procedures in Reference (az), Enclosure 5. MTFs should coordinate with their servicing legal personnel to ensure the collection of health information (particularly family histories) is done in accordance with the guidance and restrictions of Reference (ay).

c. MTF medical records personnel and occupational health clinics will work with the applicable human resources office or supervisory chain to ensure the collection and filing of occupational health documentation not generated at the MTF. For example, the OF 178, Certificate of Medical Examination, used to record pre-employment physical examination results for APF employees, is first created by the applicable human resources office or supervisory chain before entries are made by occupational health clinics. The OF 178 is then returned to the appropriate human resources representative for completion and signature; MTF records personnel or occupational health clinics must request the original OF 178 or a copy for inclusion in the OHTR.

d. Hard-copy OHTRs may include the forms and documentation outlined in Appendix 2 to Enclosure 6.

5. OHTR MAINTENANCE

a. MTFs will maintain the OHTR in accordance with Reference (y) and the filing instructions in this Enclosure, paragraph 3.

b. MTFs should make all efforts to utilize EHR systems for occupational health services, only creating paper-based SF 66D folders with printouts of the occupational health information upon employee separation or transfer. MTFs may utilize Service-specific outpatient record jackets or the SF 66D to maintain paper-based long-term and short-term occupational health information for the period of employment.

c. If standard outpatient record jackets are used, MTFs will need to move to the contents of the OHTR to the SF 66D prior to retirement or disposition.

6. ACCESS, AMENDMENT, AND DISCLOSURE OF OHTRs

a. MTFs will ensure employees' rights to access and review their records in accordance with References (x), (aa) through (ac), (at), and (aw).

b. MTFs will refer to References (x), (ab), and (aw) for guidance on the access, amendment, and disclosure of OHTRs, as OHTRs are not patient treatment records despite maintaining outpatient data. In accordance with Reference (ae), PHI excludes individually identifiable health information in employment records held by a DoD covered entity in its role as employer. MTFs will consult local servicing legal personnel for additional guidelines for disclosing OHTRs.

c. Employees must be informed at the time of employment, and annually thereafter, of the existence, location, and availability of any OHTRs. MTF medical records and occupational health personnel will work with their applicable human resources offices to provide this information.

d. If a request for retirement benefits or personnel data is expedited, MTFs – in consultation with their applicable human resources offices – will advise separating employees in writing of the status and location of the storage and disposition of their employment records.

7. DEPLOYED OHTR MANAGEMENT. MTFs, deployed locations, clinics, and all other locations responsible for deployment health activities contributing to the OHTR will follow the guidance of References (ap) and (aq) for creating and maintaining DoD Health Record information before, during, and after deployment.

a. Occupational health information generated during deployment will be maintained at the deployed location where the employee is assigned.

b. MTFs, clinics, and deployed locations will follow the guidance in Enclosure 4, paragraph 4 regarding general procedures for managing deployed employees' OHTRs. MTFs, clinics, and deployed locations may use the DD Form 2766 for civilian employee OHTR documentation generated before, during, and after deployment.

c. Originating MTFs will maintain civilian employees' original hard-copy OHTRs whenever possible. Unless necessary for deployment activities, originating MTFs will not ship or otherwise forward original paper OHTRs to non-MTF deployed locations. Conversely, deployed locations will not request original hard-copy OHTRs for civilian employees in deployed environments.

d. In the event original hard-copy OHTRs are received by a deployed location, they will be maintained at the local servicing health clinic, and tracked in PRT (when available). Upon out-processing, deployed locations will file the deployment occupational health documentation within the original hard-copy OHTRs for shipment to the employees' gaining MTF.

e. <u>Documenting Occupational Health Services</u>. MTFs, clinics, and deployed locations will follow the below procedures and guidance in References (aq) through (as) for deployment-related occupational health services.

(1) AHLTA-T will be utilized for documenting occupational health services in deployed locations when available, until such time that JOMIS or another comparable theater EHR is implemented.

(2) Documents and forms that cannot be completed electronically will be maintained in a DD Form 2766 or original hard-copy OHTR.

(3) If neither an EHR system nor the OHTR is available, deployed locations will use the SF 600, Chronological Record of Medical Care or equivalent electronic format to document occupational health services. The completed SF 600 must be incorporated into the EHR and OHTR (DD Form 2766 or original hard-copy OHTR) when available.

(4) Personal patient care and treatment rendered to civilian employees before, during, and after deployment will be created and maintained with procedures consistent with the guidance in Reference (aq) and Enclosure 4, paragraph 4. Personal patient care and treatment unrelated to occupational health should be documented electronically whenever possible.

f. <u>Out-Processing and Redeployment</u>. Deployed location medical staff will work with the relevant human resources offices and supervisory chains to ensure all civilian personnel are identified in a timely manner and have completed the appropriate medical screenings and out-processing activities no earlier than 30 calendar days prior to scheduled or projected departure.

(1) Deployed locations will transfer all physical OHTRs, if any, to civilian employees' gaining MTFs according to the mailing guidelines described in Reference (az), Enclosure 5, and Enclosure 4, paragraph 6.

(a) Individual paper-based OHTRs may be bundled and sealed together in a bulk courier package.

(b) Deployment locations will insert a shipping roster of names for each corresponding OHTR placed inside each bulk courier package.

(2) In accordance with Reference (az), Enclosure 6, deployed locations should not allow civilian employees to hand-carry OHTRs unless there is an operational requirement requiring the health records remain with the employees during redeployment.

(3) In the event deployed locations also possess original hard-copy OHTRs, they will transfer the OHTRs in the same shipment as paper deployment health records belonging to the same Service members.

g. <u>Post-deployment Health Records</u>

(1) Upon receipt, MTF medical records personnel will review the occupational health documentation from deployed locations (to include the DD Form 2766 and any documentation within) and combine it with any original hard-copy OHTRs already at the MTF. If no original paper-based OHTRs exist, the occupational health information from the deployment will be filed and maintained as the original OHTR in accordance with the instructions of this Enclosure. MTF records personnel will consult with their corresponding occupational health clinics to ensure original hard-copy OHTRs do not already exist.

(2) MTFs will ensure that post-deployment health assessments are completed in accordance with References (ap) and (aq). All post-deployment health assessments not documented in primary DoD Health Record systems must also be individually printed and filed into a paper-based OHTR.

8. <u>TRANSFERRING, HANDLING, MAILING, AND DISPOSITION OF OHTRs</u>

a. An OHTR is transferred when a civilian employee transfers to another agency (DoD or non-DoD agency) or transfers positions in another location. Only one OHTR should exist for an employee throughout their period of employment, thus the gaining facility or agency will receive all OHTR documentation in one folder from the losing facility.

b. MTFs will transfer all physical records according to the mailing guidelines described in Reference (az), Enclosure 5, the custody and control guidelines described in Reference (az), Enclosure 6, and the personnel record transfer instructions in Reference (au).

c. MTFs will use the CHCS MRT module or PRT (when available) to initiate and track all OHTR transfers.

d. MTF medical records and occupational health clinic personnel will establish procedures to consult with human resources offices or other civilian employee supervisory chains in a timely manner to ensure OHTRs are transferred in a timely manner in conjunction with Official Personnel Folders.

e. MTFs transferring OHTRs to another agency will not include drug testing records created under Reference (ag), records relating to employee drug and alcohol abuse counseling or treatment, or other counseling programs conducted under and in accordance with Chapter 79 of Reference (ba).

f. If a paper-based OHTR does not exist for an employee at the time of transfer, MTFs will create a paper-based OHTR using an SF 66D and populate the folder with printed occupational health documentation from the EHR and other sources.

g. <u>Employee Transfer within DoD to a Location Serviced by an MTF</u>. If another MTF is identified by the human resources office or employee as the new facility responsible for performing the employee's occupational health services, the losing MTF will forward the OHTR to the gaining facility with a cover letter explaining why the records were forwarded. MTF

medical records personnel must first consult the employee's current human resources office or supervisory chain to verify if the OHTR should be forwarded to the gaining MTF separately from other personnel records.

    h. <u>Employee Transfer to Another Agency or Separation from the Federal Government</u>. MTFs will maintain OHTRs until the employee is transferred to another agency within the Federal government or has separated from the Federal Service. Upon employee transfer or separation, MTFs will follow the below procedures in accordance with Reference (au):

        (1) The civilian employee will complete agency and installation (if applicable) out-processing checklists.

        (2) The civilian employee will visit the local servicing MTF medical records department to ensure the MTF receives notice of the transfer or retirement. Alternatively, the employee's corresponding human resources office or supervisory chain may notify the MTF medical records department in writing with notice of the transfer.

        (3) MTF medical records personnel will consult with the relevant occupational health clinic to confirm the availability of paper-based OHTRs.

        (4) MTF medical records personnel will construct the OHTR within an SF 66D folder, printing out EHR occupational health documentation as needed. If a standard Service-specific outpatient record jacket was used to maintain the OHTR, the contents will be refiled in an SF 66D before transfer.

        (5) MTF medical records personnel will forward the SF 66D to the appropriate human resources office within 10 calendar days of separation.

        (6) The human resources office will forward the OHTR to the appropriate custodian (e.g., NARA or the gaining agency) along with other personnel records.

    i. If civilian employee records are found after the employee has relocated or retired, MTFs will complete the following in accordance with References (z) and (au):

        (1) Ensure occupational health records are in a SF 66D and each employee (if there are many) has their own folder.

        (2) Annotate the SF 66D with employee's last name, first name, middle initial, and SSN on the upper right-hand corner.

        (3) Box and ship records in accordance with Reference (p), in a container that will safely make it through the mailing or shipping process.

        (4) Create a shipping list for each container. Detail the contents by name and SSN of each employee's record. An SF 135, Records Transmittal and Receipt is not needed.

(5) Mail the container(s) to: NARA-NPRC-CPR Annex, 1411 Boulder Blvd, Valmeyer, IL 62295.

(6) Mail the record containers using standard first-class mail, certified mail, or other available option. If standard first-class United States Postal Service is used, return receipt confirmation is required.

APPENDIX 2 TO ENCLOSURE 6

CONTENTS AND FORMS OF OHTRS

The following table depicts the forms and contents of OHTRs when they are printed out for storage, transfer, and/or disposition. OHTR contents may include, but are not limited to, the below forms and their electronic equivalents. Refer to References (ac), (aq) through (as), and other applicable occupational health DoD and Service-specific guidance for additional forms included in the OHTR or Employee Medical Folder. All forms should be filed in the SF 66D or Service-specific outpatient record jacket in chronological order. The tables include forms that may be obsolete or may not be currently found on DoD or other form websites, but such forms will remain listed here as existing paper records may contain these forms if they were created and filed when still active.

Table 16. OHTR Forms and Documents

FORM NUMBER	FORM TITLE
Automated Dosimetry Record	
Automated laboratory report forms	
DD Form 741	Eye Consultation
DD Form 771	Eyewear Prescription
DD Form 1141	Record of Occupational Exposure to Ionizing Radiation
DD Form 2005 (must be in all OHTRs at the bottom)	Privacy Act Statement
DD Form 2215	Reference Audiogram
DD Form 2216	Hearing Conservation Data
DD Form 2341	Report of Animal Bite - Potential Rabies Exposure
DD Form 2493-1	Asbestos Exposure Part 1 – Initial Medical Questionnaire
DD Form 2493-2	Asbestos Exposure Part II – Periodic Medical Questionnaire
DD Form 2766 (attach the DD Form 2766, SF 601, and any automated immunization printouts if using the DD Form 2766 folder construction)	Adult Preventive and Chronic Care Flowsheet
DD Form 2766C	Adult Preventive and Chronic Care Flowsheet – Continuation Sheet
DD Form 2795 (file with the DD Form 2796 as a set)	Pre-Deployment Health Assessment
DD Form 2796 (file with the DD Form 2795 as a set)	Post-Deployment Health Assessment
DD Form 2807-1	Report of Medical History

DD Form 2808	Report of Medical Examination
DD Form 2870	Authorization for Disclosure of Medical or Dental Information
DOL Form CA-1	Federal Employee's Notice of Occupational Disease and Claim for Compensation
DOL Form CA-2	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
DOL Form CA-16	Authorization for Exam and/or Treatment
DOL Form CA-17	Duty Status Report
DOL Form CA-17	Attending Physician's Report
Flying status examinations, documents, and correspondence	
OF 178	Certificate of Medical Examination (Obsolete)
OF 345	Physical Fitness Inquiry for Motor Vehicle Operators (Obsolete)
OF 520	Clinical Record – Electrocardiographic Record
OSHA Respirator Medical Evaluation Questionnaire	
Personnel Reliability Program documentation	
SF 507	Report on or Continuation of SF
SF 512	Clinical Record – Plotting Chart
SF 513	Medical Record – Consultation Sheet
SF 519B	Radiographic Consultation Request/Report
SF 545	Laboratory Report Display
SF 546 (attach to SF 545 in reverse chronological order)	Chemistry I
SF 547 (attach to SF 545 in reverse chronological order)	Chemistry II
SF 548 (attach to SF 545 in reverse chronological order)	Chemistry III (Urine)
SF 549 (attach to SF 545 in reverse chronological order)	Hematology
SF 550 (attach to SF 545 in reverse chronological order)	Urinalysis
SF 551 (attach to SF 545 in reverse chronological order)	Serology
SF 552 (attach to SF 545 in reverse chronological order)	Parasitology
SF 553 (attach to SF 545 in reverse chronological order)	Microbiology I
SF 554 (attach to SF 545 in reverse chronological order)	Microbiology II

SF 555 (attach to SF 545 in reverse chronological order)	Spinal Fluid
SF 557 (attach to SF 545 in reverse chronological order)	Miscellaneous
SF 558	Medical Record – Emergency Care and Treatment
SF 500 Series Forms (all others)	
SF 600	Health Record – Chronological Record of Medical Care
SF 601 (file any automated immunization printouts with this form)	Health Record – Immunization Record
SF 603A	Health Record – Dental Continuation
Surveillance exams and documentation	

ENCLOSURE 7

DENTAL RECORDS

1. PURPOSE. Dental records are a component of the DoD Health Record. A dental record is a compilation of the history of illness, physical exams, and dental treatment provided to Service members and their families.

a. The dental record is part of the STR. A complete dental record spans the course of a Service member's career from the date of accession through the end of their AD (e.g., death, separation, retirement, or discharge). The dental record is inactivated and dispositioned at the end of the Service member's military career. Only encounters and treatment information incurred during the member's AD career is included in the dental record.

b. The dental record is part of the NSTR. Dental records for family members are created only in certain, specific instances as described in Enclosure 5 of this DHA-PM, but have a different disposition schedule than the NSTR.

c. USCG dental records are a component of both the STR and NSTR and are filed within one record jacket. Creation, management, and maintenance of USCG dental records shall be in accordance with USCG health record procedures.

2. DENTAL RECORD-SPECIFIC CONTENTS

a. As part of the STR, the dental record encompasses all care received by an AD Service member of the U.S. Military, to include National Guard and Reserve members on AD orders, from date of accession through date of separation. As part of the NSTR, the dental record encompasses all care received by eligible non-Service members, including any dental care rendered to Service members outside of their dates of service. The dental record includes care received at dental clinics, theaters of operation, contingency locations, on ships, and civilian private sector care.

b. In accordance with Reference (c) and Reference (az), Enclosure 3, the dental record is media neutral, and may include documentation in paper and/or electronic formats. However, until such time that MHS GENESIS® is fully deployed, the dental record will primarily be printed out in paper format for transfer, storage, and disposition.

c. Dental records personnel will organize dental records in parts and include the forms and documentation outlined in the tables in Appendix 3 to Enclosure 7, as appropriate.

d. Dental records for Service members (i.e., STRs), will be filed separately from non-Service member beneficiaries (i.e., NSTRs).

e. Dental Record Completeness

(1) In accordance with Reference (c), a dental record will be determined to be complete if it includes all required elements. The dental record for STRs must begin at the point the member joined the Service (including the medical examination performed by U.S. Military Entrance Processing Command or DoD Medical Examination Review Board personnel), contain documentation which spans the course of the Service member's military career, and end with the separation exam or other similar document. The dental NSTRs must contain documentation spanning the episodes of dental care rendered.

(2) Dental records that do not contain the information provided above, to include the relevant information from the applicable EHR, will not be considered complete.

3. <u>CREATING DENTAL RECORDS</u>

a. <u>Guiding Principles of Dental Record Creation</u>

(1) Dental clinics will create an electronic dental record for Service members and beneficiaries as needed. Electronic records are initiated once a patient is registered in the designated EHR. Dental clinics will refer to Reference (aj) for additional information.

(2) Dental clinics will minimize the creation of new paper-based dental records. Dental clinics will not create new paper-based dental records if all record content is already electronic and will only create paper-based or "hard-copy" records when necessary to meet mission requirements (e.g., patient assigned to a GSU or a sensitive duty program that requires the creation and maintenance of a paper-based file). In the event a hard-copy paper-based record needs to be established, dental clinic personnel will create the dental record based upon the patient's status in accordance with Reference (aj).

(3) Under normal circumstances, only one dental record will be established for each individual being treated in the dental clinic. Dual eligible members (as defined in Reference (ah); e.g., General Schedule beneficiary or spouse who is also a Reservist) may require creation of multiple patient records; however, this practice should be minimized if feasible and records should be combined at the earliest convenience. Dental clinics will refer to Reference (aj) for guidance regarding multiple "same-patient" dual eligibility situations.

b. <u>Labeling Dental Records</u>

(1) Dental clinics will select the appropriate Service-specific form (e.g., record jacket or folder), according to the last two digits of the applicable SSN.

(2) Dental clinics will refer to Service-specific guidance to determine the correct record jacket, until such time that DHA standardizes MHS dental record jackets.

(a) Dental clinic personnel will label file folders as follows:

1. Print the first name, middle initial, and last name of the patient in the space provided according to standards outlined in Reference (az), Enclosure 4 in the upper right-hand corner of the cover in the patient ID area. Address labels prepared by the Personnel Data System are permitted. Once PRT has been implemented, dental clinics will use the PRT label.

2. Print the sponsor's SSN in the preprinted blocks in the applicable part of the record jacket.

3. Print the FMP in the two circles next to the SSN. Check the TRICARE DEERS website (https://opsconnect.dmdc.osd.mil/opsconnect/) for the DEERS Dependent Suffix for the patient or, if not available, number in birthdate order for family member children.

    a. The FMP should not change as long as the patient is still associated with the same sponsor and SSN.

    b. When a military member marries a person with children, assign family member prefix numbers in sequence following the last family member prefix already assigned to children of the sponsor (if any). Assign the oldest child the next number in numerical sequence, etc.

    c. Spouse Prefix Assignment: Assign the family member prefix "30" to the first spouse authorized care. If the member remarries due to spousal death, divorce, etc., assign the number "31" to the next authorized current spouse. Increase prefix numbers by 1 (e.g., 32, 33) for any additional dependent spouse authorized care. Only one current dependent spouse is authorized health care.

    d. Un-remarried Former Spouses: All un-remarried former spouses are now self-sponsored. Un-remarried former spouses who have met the requirements in accordance with Reference (l) are treated in the MTF as their own sponsor. Create health records for these patients using a "20" FMP and the un-remarried spouse's own SSN. If the patient's previous record, filed under the deceased sponsor's SSN, is still in the file, remove the documents and place in the new record. Annotate previous folder with cross-reference to new folder. If the patient is still in CHCS under the deceased sponsor's SSN, work with the Systems Office to correct this. See Reference (l) more definitive information regarding authorized care for former spouses of military members.

4. Standard Folder Markings: Blot out the area of the folder that corresponds to the sponsor's last SSN digit using an approved method according to Service-specific instructions.

5. On the front leaf cover, on the right side of the record jacket, blot out the year that corresponds to the patient's most recent documented visit.

(b) Dental clinics will identify the patient's status on the dental record jacket and enter the service and rank for AD and retired personnel. Enter the country for non-U.S. military personnel and place a copy of the military member's orders in the health record. Pencil will be used for rank only.

(c) Dental clinics will follow Service-specific instructions to clearly identify PRP, PSP, or other sensitive duties programs.

(d) Once PRT is operational at a facility, attach a PRT barcode label to the dental record folder in the right-hand corner. See the PRT user guide published on the Reference (m) website for instructions on label requirements.

(e) Acknowledgement of NoPP. Each patient will receive a copy of the MHS NoPP, as described in Reference (az), Enclosure 5.

4. <u>DENTAL RECORD MAINTENANCE</u>

a. <u>Managing Dental Records</u>. Dental clinics will secure and maintain dental records in accordance with the instructions in this enclosure and local facility guidance.

(1) Once implemented at their locations, Dental clinics will use PRT to track, charge out, and transfer records.

(2) Dental records of AD Service members will be filed separately from family members.

(3) Dental records for members of the RC and National Guard may be maintained with their respective medical units, unless dental clinics (through the MTF) establish a local agreement or an MOU/MOA exists between with Reserve/National Guard unit(s) requiring the dental clinic to maintain the dental records. Refer to Enclosure 3 for specific requirements.

(4) Dental clinics may maintain dental records for members of the Reserve and National Guard who have been or are currently placed on AD orders for more than 30 calendar days, are currently assigned to a dental clinic, or have provided the dental clinic records department with the original dental record and a copy of the member's activation orders.

(a) In these instances, the Service member will notify the dental clinics records department upon completion or removal from AD and/or removal from active dental clinics enrollment. See Reference (az), Enclosure 5 for more information on in and out-processing requirements.

(b) If the Service member's Reserve/National Guard/IMA unit does not provide the STR to the dental clinic during the period of AD activation and/or empanelment, the missing outpatient record will not negatively count against the dental clinic's paper records accountability percentages described in Reference (az), Enclosure 6.

(5) Dental clinics may be required to maintain separate paper-based health records for dual or multiple healthcare eligibility patients, (e.g., a dependent and an RCSM). Temporary records may be created for dual eligible members (as defined in Reference (ah); e.g., civilian or spouse who is also a Reservist); however, this practice should be minimized, and records should be combined at earliest convenience if feasible. See Enclosure 3 for additional guidance regarding dual or multiple eligibility patient record maintenance.

(6) Dental records personnel may maintain dental records for IMAs at the servicing dental clinic co-located at or near the Service members' unit of attachment. IMA dental records will be maintained in accordance with the instructions below.

(a) Maintain dental records for centrally managed IMAs with the AD dental clinic unit of attachment.

(b) Maintain dental records of non-centrally managed IMAs with the AD dental clinic unit of assignment.

(7) All locations that maintain dental records will perform an annual inventory of AD Service member dental records (i.e., STRs). Refer to the guidance in Reference (az), Enclosure 6 for specific instructions on performing the annual inventory of dental records and for performing due diligence of missing records.

b. <u>Documenting Dental Health Records</u>. Dental personnel must document all services provided to patients in the proper health record(s) in a clear, concise, timely, and accurate manner.

(1) Handwritten entries must be legible.

(2) Rubber stamps and stick-on labels will not be used to document treatment but can be used for administrative notes.

(3) Documentation should occur the day of the encounter. The narrative must be printed out on SF 603.

(4) If not completed the day of the encounter, documentation will be completed, signed, and included in the paper (if applicable), and/or electronic dental patient record by close of business next duty day, but no more than 72 actual hours.

(5) Use only authorized designations and abbreviations to document treatment.

(a) Documentation standards. Dental clinic personnel will use the designated EHR or the SF 603 and SF 603A to record all dental treatment provided to any patient.

<u>1</u>. If using the SF 603 and SF 603A, dental personnel must complete section 1, including items 4 and 5, when providing definitive care to any patient. Use SF 603A when no more space is available in item 17 of the SF 603.

2. For patients seen by civilian dentists, patients or dental clinics will request treatment narrative summaries from the civilian dentist. Information from the civilian provider should include the dentist's name, address, phone number, and dentist's signature. Upon receipt, a military dentist must review the treatment entry for classification purposes and annotate review on SF 603/603A.

(b) In accordance with Reference (c), dental clinic personnel will establish local procedures to document completion of annual reviews of the dental record and provide the Service member an opportunity to review key elements of the record, such as the problem list and documentation of care performed outside of the MHS. Where the annual review indicates that an STR is incomplete, dental clinic record personnel will follow the steps outlined in the missing records checklist in Reference (az), Enclosure 6 to locate the missing portion of the STR.

5. DEPLOYED DENTAL RECORD MANAGEMENT

a. Until such time that JOMIS or another deployed EHR system equivalent is operational, MTFs, deployed locations, clinics and all other locations responsible for deployment health activities contributing to the dental record will follow Service-level guidance and References (ap) and (aq) for creating and maintaining DoD Health Record information before, during, and after deployment. Deployed locations will also follow the guidance of patient administration-related concepts of operation and standard operating procedures developed by combatant commands.

b. Deployed health record personnel are responsible for maintaining dental records located at deployed locations in accordance with Reference (az), Enclosure 5.

c. Originating "home station" dental clinics will compile any dental records needed for deployment in accordance with Reference (aq) and Service-level guidance. Originating dental clinics will maintain patients' original hard-copy dental records whenever possible. Dental clinic dental records personnel will place one copy of the PCS orders related to the deployment in the original hard-copy paper STR dental volume.

(1) Unless necessary for deployment activities (e.g., for operational platforms or sensitive duty positions), originating dental clinics will not ship or otherwise forward original paper dental records to non-MTF deployed locations. Conversely, deployed locations will not request original hard-copy dental records for patients in deployed environments. Service members may hand-carry original STRs (both medical and dental volume) to their deployed locations if authorized in accordance with Reference (az), Enclosure 6.

(2) In the event original hard-copy dental records are received by a deployed location, they will be maintained at the local servicing dental clinic and tracked in PRT (when available). Upon out-processing, deployed locations will file any deployment-generated dental records within the original hard-copy dental records for shipment to the Service members' gaining MTF (and dental clinic).

d. Deployed dental records personnel will complete the following for returning Service members:

(1) Label each individual sealed envelope with the returning or re-deploying member's name, rank, home unit, and assignment installation.

(2) Package and seal the dental records for each returning Service Member. Individual dental records may be bundled together and sealed together in a bulk courier package.

(3) Deployed locations will insert a shipping roster of names and ranks for each corresponding dental record placed inside each bulk courier package.

(4) For bulk courier and individual health record packages, address the outside envelope or package with the following pre-printed or stamped message, "PROTECTED HEALTH INFORMATION ENCLOSED. THIS ENVELOPE MUST BE DELIVERED TO THE FORCE HEALTH MANAGEMENT OFFICE AT YOUR HOME DUTY STATION."

(5) In accordance with Reference (az), Enclosure 6, deployed locations should not allow Service members to hand-carry physical dental records dental records unless there is an operational requirement (e.g., returning from operational platforms or special duty positions) requiring the health records remain with Service members during redeployment.

(6) In the event deployed locations also possess original hard-copy dental records, they will transfer the original dental records in the same shipment as paper dental records generated during the deployment belonging to the same Service members.

e. Upon receipt of dental records from redeploying patients, dental clinics will review dental records received from deployed locations and interfile documentation with the original hard-copy dental records.

6. TRANSFERRING, HANDLING, AND MAILING DENTAL RECORDS

a. A dental record is transferred when a Service member PCS's, transfers or changes MTFs. When a member is to be transferred to another unit or station, the gaining facility will receive both parts of the STR from losing facility.

b. MTFs will transfer all physical records according to the mailing guidelines described in Reference (az), Enclosure 5, and the custody and control guidelines described in Reference (az), Enclosure 6, to include the use of Corporate Dental Application/Corporate Dental System (or PRT once operational) to initiate and track all STR transfers.

c. For STR transfers of Service members relocating from MTFs with DENTRIX to MTFs without DENTRIX, dental clinics personnel will generate a report of the care documented in

DENTRIX covering the Service members' date of entry through departure date. Dental clinic personnel will then include the printed DENTRIX report in the dental record folder for transfer in coordination with MTF medical records personnel.

    d. <u>PCS, PCA, or Permanent Duty Location Reassignment</u>. Designated dental clinic personnel will complete the following to transfer STRs during PCS, PCA, or Permanent Duty Location Reassignment for Service members not assigned to sensitive duties programs. Dental clinics will follow the below out-processing procedures in coordination with MTF medical records personnel:

    (1) Dental records managers will ensure that one copy of the Service member's reassignment orders is place on top of all other documents in Part II of the dental treatment record.

    (2) Dental Records managers will place the second copy of reassignment orders in a charge-out guide, which will be filed in place of the original dental record for 90 calendar days.

    (3) No later than the close of business on the day following the Service member's out-processing, dental clinic personnel will send the dental treatment record to the central MTF records room, or other similar designated office or location in the MTF responsible for STR Disposition procedures. Dental clinic personnel will track the movement of records (i.e., the date, destination, and recipients, in CHCS MRT, PRT, Corporate Dental Application/Corporate Dental System, or other local tracking mechanism as appropriate).

    e. <u>PCS, PCA, Death, Discharge, Separation, Retirement, Move to Inactive Duty, or Permanent Duty Location Reassignment for Service members Assigned to Special or Sensitive Duties Programs</u>

    (1) <u>Transferring STRs</u>. Designated dental clinic personnel will refer to Enclosure 4 for detailed instructions for transferring STRs for Service members being reassigned to a special or sensitive duties program (e.g., PRP, PSP, flight crew, submarine, etc.). Dental clinics will provide dental records to MTF medical records personnel to accomplish these procedures.

    (2) <u>Dispositioning STRs</u>. Dental clinic personnel will refer to Enclosure 4 for instructions on disposition the dental record portion of the STR for discharged, separated, retired, or inactive duty Service members.

    (3) The process for handling patient dental records is described below:

    (a) Dental clinic personnel will print patient encounter documents from the applicable EHR for all episodes of care of each Service member assigned to a sensitive duties position and document each individual's operational status, unit notification, notifier's name/initials, and time and date of notification.

    (b) Dental clinic personnel will file printed encounters in the Service members' paper dental records.

(c) Dental clinics will follow the instructions in this section until such time that MHS EHRs are enhanced to support automated individual operational capability/status notifications for Service members assigned to any sensitive duties program or active flight status.

f. PCS to Foreign Combat, Combat Support Theaters, and Other Operational or Overseas Deployed Locations. Designated dental clinics personnel will refer to existing Service-level dental record procedures for deployment and operational activities until such time that JOMIS or another deployed EHR system equivalent is operational. Refer to Enclosure 7, paragraph 5 for additional guidance.

g. PCS to GSUs or TRICARE Prime Remote Locations. Dental clinics will follow the guidance in section "TRICARE Prime Remote and Geographically Separated Units (GSU) Outpatient Records Management" within Enclosure 3 for managing and transferring dental records for Service members transferring to a TRICARE Remote location or GSU. Losing and gaining dental clinics will also follow the record tracking procedures in Enclosure 6 of Reference (az) for all dental record transfers to and from GSUs and TRICARE Prime Remote locations. If Service members are assigned to a GSU, their records will be assigned to a servicing dental clinic for maintenance. Dental clinics will coordinate transfers and updates of dental records accordingly.

h. Special Circumstances. Dental clinics will coordinate with MTF medical records personnel to facilitate the transfer of STRs in the following circumstances:

(1) Desertion. Dental clinics will refer to existing Service-specific guidance for instructions on transferring dental records for Service members who have been declared a deserter or have been in an unauthorized absent status for 120 calendar days or longer.

(2) Service members Placed in Appellate Review Leave Status. According to the Uniform Code of Military Justice, a punitive service discharge or dismissal may not be executed until the appellate review is completed. Refer to Enclosure 4 for additional guidance.

(3) Confinement to a Correctional Facility Following Court Martial Trials. Refer to Enclosure 4 for procedures on this matter.

(4) Service Academy Cadets and Service members with Less than 180 Days of Continued Service. Dental clinics will coordinate with MTF medical records personnel to forward STRs for these two beneficiary categories to the Service-specific RPC or Central Cell until such time DHA consolidates the records processing centers, in accordance with the disposition instructions identified for AD Service members and RCSMs in Enclosure 4.

(5) Death, Discharge, Separation, Retirement, or Move to Inactive Duty. Refer to Enclosure 4 for instructions on dispositioning the dental record portion of the STR for discharged, separated, retired, or inactive duty Service members.

7. <u>DENTAL RECORD DISPOSITION</u>. Dental clinics will refer to Enclosure 4 for instructions on how to appropriately disposition dental records for Service members. All other dental records for non-Service members will be dispositioned by dental clinics in coordination with MTF medical records personnel in accordance with Reference (v). Once implemented, dental clinics will use PRT to transfer and disposition dental records.

8. <u>SHIPPING DENTAL RECORDS</u>. MTFs and dental clinics will refer to Reference (az), Enclosure 5, and Enclosure 4 for instructions on how to appropriately ship dental records.

   a. <u>Boxes</u>. Dental clinics and medical records personnel will use standard white record retirement boxes or other shipping box purchased specifically for shipping. Dental clinics and medical records personnel will ensure boxes are securely packed, labeled, and taped for shipping in order to prevent inadvertent opening during shipment in accordance with Reference (p).

   b. <u>Envelopes</u>. If the dental record bundle will easily fit into an envelope, records personnel may use one. Envelopes must be tear resistant (fiber/cloth-like construction, such as TYVEK), securely packed, labeled, and taped for shipping in order to prevent inadvertent opening during shipment in accordance with Reference (p).

9. <u>CROSS SERVICING OF DENTAL RECORDS</u>. All dental clinics, regardless of installation Service affiliation, will assume custody of dental records for Service members attached to their location for primary and dental care in accordance with the instructions in Reference (az), Enclosure 6.

APPENDIX 3 TO ENCLOSURE 7

CONTENTS AND FORMS OF DENTAL RECORDS

The tables include forms that may be obsolete or may not be currently found on DoD or other form websites, but such forms will remain listed here as existing paper records may contain these forms if they were created and filed when still active.

Table 17. Air Force Dental Record Part 1

FORM NUMBER	FORM TITLE
AF Form 490	Medical/Dental Appointment (or locally generated form)
AF Form 1418	Recommendation for Flying or Special Operational Duty – Dental
AF Form 422A	Notification of Air Force Member's Qualification Status (AD only)
AF Form 469	Duty Limiting Condition Report
SF 513	Medical Record - Consultation, and other consult forms requiring responses
Active treatment plan (to include active AF Form 935)	
This includes any provisional/temporary treatment plan forms and/or temporary charting/overlay forms, removed upon completion of treatment	
SF 603A	Health Record – Dental Continuation
Other permanent historical documentation in chronological order (most recent on top), including but not limited to:	
AF Form 935	Periodontal Diagnosis and Treatment Plan (not active)
AF Form 935A	Periodontal Maintenance Record
AF Form 935B	Plaque Index/Bleeding Point Record
AF Form 1417	Sedation Clinical Record
SF 515	Medical Record - Tissue Examination
OF 522	Medical Record - Request for Administration of Anesthesia and for Performance of Operations and Other Procedures
Memoranda of Understanding	
Civilian/Private Sector Care treatment referrals, and reports	
DD Form 2813	Department of Defense – AD/Reserve Forces Dental Examination

DD Form 2005	Privacy Act Statement - Health Care Records

Table 18. Air Force Dental Record, Part 2

FORM NUMBER	FORM TITLE
AF Form 745	Sensitive Duties Program Record Identifier
AF Form 966	Registry Record
AF Form 696	Dental Patient Medical History
Envelope for Radiographs	
Hard-copy of extraoral images, if present	

Table 19. Army Dental Record, Part 1

DREC SIDES	FORM NUMBER	FORM TITLE
DREC Left Side	Bitewing - Left Bicuspid	Left Bicuspid Bitewing
DREC Left Side	Bitewing - Left Molar	Left Molar Bitewing
DREC Left Side	Bitewing - Right Bicuspid	Right Bicuspid Bitewing
DREC Left Side	Bitewing - Right Molar	Right Molar Bitewing
DREC Left Side	DA Form 3180 - DREC	Personnel Screening and Evaluation Record
Left Side	DA Form 4410-R - DREC	Disclosure Accounting Record
DREC Left Side	Panograph X-Ray	Soldier Panograph
DREC Right Side	DA Form 4515 - DREC	Personnel Reliability Program Record Identifier
DREC Right Side	DA Form 4700 - DREC	Medical Record: Supplemental Medical Data
DREC Right Side	DD Form 2005	Privacy Act Statement - Health Care Records
DREC Right Side	OF 522 - DREC	Medical Record – Request for Administration of Anesthesia and Other Procedures
DREC Right Side	SF 507 - DREC	Clinical Record
DREC Right Side	SF 513 - DREC	Medical Record: Consultation Sheet
DREC Right Side	SF 519 - DREC	Medical Record – Radiographic Report
DREC Right Side	SF 519-A - DREC	Medical Record - Radiographic Report (obsolete)
DREC Right Side	SF 519-B - DREC	Radiographic Consultation Request/Report
DREC Right Side	OF 517 – DREC	Clinical Record – Anesthesia (obsolete)
DREC Right Side	DA Form 7389 - DREC	Medical Record - Anesthesia
DREC Right Side	SF 5071 – DREC	Report on or Continuation of SF

Table 20. Army Dental Record, Part 2

DREC SIDES	FORM NUMBER	FORM TITLE
DREC Left Side	DA Form 5570	Health Questionnaire for Dental Treatment
DREC Right Side	DA Form 3984	Dental Treatment Plan

DREC Right Side	DA Form 8-115	Register of Dental Patients
DREC Right Side	DD Form 2813	Department of Defense Reserve Forces Dental Examination
DREC Right Side	SF 521	Clinical Record-Dental
DREC Right Side	SF 603	Dental Health Record
DREC Right Side	SF 603-A	Health Record—Dental—Continuation
DREC Right Side	SF 603-EF	Exam Form
DREC Right Side	SF 603-PN	Progress Notes
DREC Right Side	MEDCOM Form 741D	Universal Protocol: Dental Procedure Verification Checklist
DREC Right Side	DA Form 8006	Pediatric Dentistry Diagnostic Form

Table 21. Navy Dental Record, Parts 1 through 4

FORM	TITLE
Part 1	
	Pencil entries (inside cover)
	Radiographs, disk or printed copies of electronic radiographic images
NAVMED 6150/7	Health Record Receipt
Part 2	
DD Form 2005	Privacy Act
NAVMED 6600/3	Dental Health Questionnaire
Part 3	
NAVMED 5211/9	Disclosure Record (inside cover)
NAVMED 6600/13	Oral Exam Form
NAVMED 6660/1	Plaque Control Record (when used)
NAVMED 6660/2	Periodontal Chart (when used)
Part 4	
	Forensic Exam (inside cover)
NAVMED 6600/14	Dental Treatment Form (when used per BUMEDINST 6620.4 series.)
NAVMED 6620/2	Emergency Dental Treatment Record
NAVMED 6670/1	Endodontic Evaluation
NAVMED 6670/2	Nonsurgical Endodontic Treatment
NAVMED 6670/3	Endodontic Surgery
NAVMED 6600/16	Oral Problem List
NAVMED 6600/15	Current Status

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	Active Duty
AE	aeromedical evacuation
AHLTA	Armed Forces Health Longitudinal Application
AHLTA-T	AHLTA-Theater
APF	Appropriated Fund
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CHCS	Composite Health Care System
CLR	clear and legible report
DAD	Deputy Assistant Director
DEERS	Defense Enrollment Eligibility Reporting System
DHA-PM	Defense Health Agency-Procedures Manual
DHAR	Defense Health Agency Region
dpi	dots per inch
DREC	Dental Record
DTF	Dental Treatment Facility
EHR	electronic health record
FMP	Family Member Prefix
GSU	Geographically Separated Units
HAIMS	Health Artifact and Image Management Solution
HCO	Healthcare Operations
HREC	Health Record
HRM	Health Records Management
ID	Identification
IMA	Individual Mobilization Augmentee
JLV	Joint Legacy Viewer
JOMIS	Joint Operational Medicine Information Systems
LLFD	loose or late flowing document
MHS	Military Health System
MILDEP	Military Department

MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRT	Medical Records Tracking
MTF	Military Medical Treatment Facility
NAF	Non-appropriated Fund
NARA	National Archives and Records Administration
NAVMED	Navy Medicine
NoPP	Notice of Privacy Practices Procedures
NPRC	National Personnel Records Center
NSTR	Non-Service Treatment Record
OCR	optical character recognition
OHTR	Occupational Health Civilian Employee Treatment Record
PAD	Patient Administration Division
PCA	permanent change of assignment
PCM	Primary Care Manager
PDF	portable document format
PHI	protected health information
PII	personal identifiable information
POC	point of contact
PRP	Personnel Reliability Program
PRT	Physical Record Tracking
PSP	Personnel Security Program
QC	quality control
RC	Reserve Component
RCSM	Reserve Component Service Member
RCMU	Reserve Component Medical Unit
ROI	release of information
RPC	Record Processing Center
SPORTS	Service Treatment Record Processing Operations Reporting Tracking Solution
SSN	Social Security number
SSO	Small Market and Stand-Alone Military Medical Treatment Facility Organization
STR	Service Treatment Record
TMDS	Theater Medical Data Store
USCG	United States Coast Guard
VA	Department of Veterans Affairs

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-PM.

advance directive. Legal document stating the patient's oral and written instructions about future medical care, in the event that the patient is not able to communicate these instructions. Examples include a living will and do not resuscitate orders.

AHLTA. The EHR system used by the DoD since its initial implementation in January 2004. Though the term has sometimes been described as an acronym (Armed Forces Health Longitudinal Application), the term itself is the correct name of the system.

archive. To remove objects no longer in day-to-day use from the online system and place them into long-term, retrievable storage.

authorized personnel. Personnel who, through a verification process, have presented a legitimate requirement to access medical records and been approved.

beneficiary. A person eligible to receive care in an MTF.

Competent Medical Authority. In accordance with DoD Manual 5210.42, "Nuclear Weapons Personnel Reliability Program," a U.S. military healthcare provider or a U.S. healthcare provider employed by or under contract or subcontract to the U.S. Government or U.S. Government contractor. Providers are specifically trained as a CMA and appointed in accordance with procedures established by DoD Component heads, especially with regards to determining medical qualifications for the Personnel Reliability Program and other sensitive duties.

CLR. Specialty care consultation and referral reports, histories and physicals, progress notes, notes on episodes of care, and other patient information (such as laboratory reports, X-ray readings, operative reports), and discharge summaries for beneficiaries referred by an MTF, or reports of any other such care provided without a referral, in accordance with Reference (ad).

DEERS. The authoritative data repository for identity information. DEERS will be used to verify an individual's identity, affiliation with the DoD, and eligibility for benefits, privileges, and entitlements.

dental record. The set of dental care documentation recorded during dental treatment and is part of the STR.

DENTRIX. The EHR used by the dental communities within the DoD.

disposition. The way in which a health record is handled after its period of active use.

digitization. The conversion of a paper health record into an electronic PDF stored in the HAIMS document management system.

document management system. Used to capture, index, display, or store the following types of documentation, which may be provided on paper, electronically, or on other media and can include:

Paper documents not available in digital format
Digital images
Photos
Video files
Audio files (including but not limited to voicemails)
Waveforms
E-mail

DoD Health Record. Includes all medical and dental care documentation, including mental healthcare documentation that has been recorded for that individual. Information may be recorded and maintained in paper or electronic media. Three principal component records maintained within the DoD healthcare system, each of which is a specific subset of the information in the DoD Health Record are the STR, NSTR, and OHTR. Inpatient records are also a part of the DoD Health Record for an individual. Certain documents from an inpatient record are also included in the STR and OHTR. Administrative documents created to communicate copies of information contained in the health record to non-healthcare related activities are not part of the DoD Health Record.

DTF. A stand-alone, fixed facility of the DoD that is outside of a deployed environment and used primarily for dental care and services. DTFs are unaffiliated with an MTF.

EHR. The electronic portion of a Service member's health record. This health record may be comprised of Essentris®, AHLTA, and/or MHS GENESIS® documentation.

functional equivalence. The degree to which a digitized health record mirrors its paper original. If a digitized health record copy is the exact same as its paper copy, it is 100 percent functionally equivalent.

HAIMS. The health artifact image management system used by the DoD to store digitized health record PDFs and other portions of a Service member's health record. HAIMS makes these health records available to the VA for claims adjudication purposed.

inpatient. A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

inpatient record. The set of healthcare documentation recorded during a period of hospitalization.

LLFDs. Documents that are discovered unattached to a medical record folder (orphaned or loose flowing) or that are received or discovered after a record has been archived (late). Generally applied to documents pertaining to an STR and discovered in an MTF after the STR has been archived or sent away.

medico-legal record. Records and documentation pertaining to both medicine and law. Medico-legal considerations are a significant part of the process of making many patient care decisions and determining definitions and policies for the treatment of patients. Medico-legal considerations, decisions, definitions, and policies provide the framework for aspects of current healthcare practices.

metadata tag. In information systems, a non-hierarchical keyword or term assigned to a document or other piece of information. The entry of metadata information about a scanned document allows for categorization of the data so the document can subsequently be located.

MHS GENESIS®. As of the publication of this document, the DoD's most recent EHR system, built around the commercial Cerner EHR product.

MTF. In accordance with Reference (ap), an MTF is any fixed facility of the DoD that is outside of a deployed environment and used primarily for health care, and any other location used for purposes of providing healthcare services as designated by the Secretary of Defense. MTFs include medical, dental, behavioral health, occupational health, and other healthcare clinics.

NSTR. Chronology of outpatient medical, dental, and mental health care received by non-Service members and applies to anyone that does not meet the criteria for STR.

occupational health. The ID and control of the risks arising from physical, chemical, and other workplace hazards to establish and maintain a safe and healthy working environment.

OHTR. The occupational health record for all categories of DoD civil service workers, covered contractors, or other groups provided occupational health services by the DoD.

outpatient. A patient who is not admitted into a hospital. Outpatient care includes care in emergency rooms, same-day surgery centers, and ambulatory procedure clinics for patients who are not subsequently hospitalized overnight during the episode of care.

outpatient record. The set of healthcare documentation recorded during outpatient treatment and is part of the STR.

PHI. Defined in Reference (ae).

PII. Defined in Reference (aa).

record jacket. The physical folder used to hold and organize all paper portions of a Service member's medical record.

quality assurance. For the purposes of this DHA-PM, quality assurance refers to the process by which an enterprise program verifies the accuracy of scanned STR documents verified in accordance with Reference (s).

retirement. Regarding a health record, the act of compiling and appropriately dispositioning the record as dictated by the NARA disposition schedule.

ROI. The process of the DoD releasing health information upon request of a Service member or beneficiary.

RPC. The physical location where a separating Service member's health record is sent to be digitized and uploaded to HAIMS. As of the publication of this document, each Service maintains their own RPC.

sequester. To secure paper-based copies of health information separately in a special category Record File in accordance with Service-specific instructions.

STR. The chronologic record of medical, dental, and mental health care received by Service members during the course of their military career. It includes documentation of all outpatient appointments (i.e., without overnight admittance to a hospital, clinic, or treatment facility), as well as summaries of any inpatient care (Discharge Summaries), and care received while in a military theater of operations. The STR is the official record used to support continuity of clinical care and the administrative, business-related, and evidentiary needs of the DoD, the VA, and the individual.

STR Certification (DD Form 2963). A form used to indicate that a paper STR folder is complete. When uploaded to the electronic record archive, this form certifies that the STR is complete as of the form completion date. It is an administrative document added to an STR.

TRICARE. The DoD healthcare program that provides healthcare coverage for medical services, medications, and dental care for military families, retirees and their families, and survivors.