BY ORDER OF THE COMMANDER
59TH MEDICAL WING

AIR FORCE INSTRUCTION 41-210

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Health Services

TRICARE OPERATIONS AND PATIENT ADMINISTRATION FUNCTIONS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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AFI 41-210, TRICARE Operations and Patient Administration Functions, 6 June 2012 is supplemented as follows: establishes policies and uniform procedures for completeness of reports, assembly and data required for outpatient and ambulatory medical record content, ensuring accuracy, internal consistency, and correlation of medical record documentation. This supplement applies to all personnel assigned, attached, or on contract to the 59th Medical Wing (59 MDW) and 959th Medical Group (959 MDG). This instruction does not apply to the Air National Guard or Air Force Reserve. This publication may require the collection and maintenance of information protected by the Privacy Act of 1974 authorized by Title 10, United States Code, Section 8013. Privacy Act System of Record F044 AF SG D, Automated Medical/Dental Record System, and F044 AF SG E, Medical Record System, apply. Any collected information is “For Official Use Only.” Request to release Privacy Act information to persons or agencies outside the DoD must be in accordance with (IAW) AFI 33-332, Air Force Privacy & Civil Liberties Program, DoD 5400.7, Freedom of Information Act, DoDI 6025.18, DoD Health Information Privacy Regulation, the Health Insurance Portability & Accountability Act of 1996 (HIPAA), Title 5 United States Code Section 552A, and Title 10 United States Code.
1102. The applicable SORN(s) F044 AF SG D, and Automated Medical/Dental Record System is available at: http://dpclo.defense.gov/privacy/SORNs/SORNs.htm. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, Recommendation for Change of Publication. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual 33-363, Management of Records, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

**SUMMARY OF CHANGES**

This publication has been revised. This rewrite of AFI 41-210 59 MDW Supplement includes changes, addition of eligibility verification, and placement of patients on quarters.

2.40.3.1.1. *(Added)* Member Services verify eligibility on all patients who request medical care, and whose eligibility is in question. The office also submits the DEERS Ineligibility Report to the Uniformed Business Office (Third Party Collections) monthly.

2.40.3.1.2. *(Added)* All points of service:

2.40.3.1.2.1. *(Added)* Verify eligibility on all patients presenting for care.

2.40.3.1.2.2. *(Added)* Complete 100% DEERS check for all outpatient visits.

2.40.3.1.2.3. *(Added)* Verify eligibility using the two step process. For family members and retirees, check the reverse side of the ID card to ensure they are Direct Care Eligible. The expiration date must be verified on all ID cards when the patient presents for an appointment. This card identifies eligibility of care and medical services authorized to the member. If the patient does not present a card, the patient must complete a 59 MDW Form 5036, Medical Treatment Eligibility Statement. Clinic personnel must ensure the patient reads, understands and signs the 59 MDW Form 5036 before proceeding with the scheduled appointment.

2.40.3.1.2.4. *(Added)* Forward the completed 59 MDW Form 5036 to Member Services. Furthermore, direct the patient to report to the Member Services office within 30 days with proof of eligibility.

4.1.3.2.1. *(Added)* Responsibilities of the Medical Law Consultant and Base Legal Office. The Medical Law Consultant will provide final approval for unusual requests for release of medical information. The medical legal office reviews health records pertaining to drug and alcohol abuse or rehabilitation determining their releasability and provides guidance on the nature of the reply to the request for information. If the medical law consultant or Base Staff Judge Advocate determines that the records are not releasable under the Drug and Alcohol Abuse Act, inform the requester that law prohibits release of the record. If a portion of the record is not releasable, provide that portion which can be released. Inform the requester that the records being released are all that are allowed for release by law. Questions concerning the applicability of psychotherapist-patient privilege, whether from the mental health provider or requestor, will be referred to the Medical Law Office per AFI 44-172, Mental Health, paragraph 6.5.
4.1.7.1. **(Added)** The 59 MDW Form 3326, *59th Medical Wing Custodian of Medical Records Affidavit*, will be utilized whenever true copies of medical records are requested. The Custodian of Records will complete the form.

4.2.1.1. **(Added)** Release of Healthcare Information (RHI) receives and reviews all incoming requests and authorizations for release of medical information or records, and releases only the minimum necessary information. Requests for x-ray films will be forwarded to the Diagnostic Radiology Flight to provide copies to RHI for completion. All patients requesting a copy of their or their family members’ medical records must be referred to the RHI service desk. All walk-in customers must complete a DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*. Prescribed fees, if any, will be collected at the time of release. For underage persons, or physically or mentally challenged persons, a parent or legal guardian must sign the written authorization and the guardian must furnish a copy of the court order appointing guardianship. For adult patients unable to sign, the NOK, power of attorney, or a court appointed guardian signs the authorization, furnishes the appropriate court order appointing guardianship. An attending physician can provide, in writing, a medical statement as to why the patient is unable to sign. For deceased patients, the NOK or a court appointed executor or administrator signs a written authorization, furnishes the appropriate court order, and provides proof of death. RHI will ensure the request includes a valid authorization. The request will be returned if requirements are not met.

4.2.5.1.1. **(Added)** Advance Directives. TOPA, specifically Member Services, will be responsible for educating clinic staff on the proper disposition of patients requesting Advance Directives and ensuring proper marketing. Refer to 59 Medical Wing Instruction (MDWI) 44-150, *Advance Directives and End of Life* for all other guidance regarding advance directives.

4.4.1.1.1. **(Added)** Medical Affirmative Claims [Third Party Liability (TPL)] Requests. Claims regarding accidental injuries (e.g., motor vehicle accidents), in which DoD beneficiary is involved and a third party may be liable for the cost of medical care for the beneficiary, will be referred to the TPL Section for their review and action.

4.4.3.5.1. **(Added)** A general authorization for the release of medical or other healthcare information is NOT sufficient for disclosing information from records containing drug or alcohol abuse, treatment, or substance abuse rehabilitation information. A specific written authorization is required for requests for health records relating to Human Immunodeficiency Virus, Alcohol and Drug Abuse, and substance abuse rehabilitation. The Blood Alcohol Test may only be released to an active duty member’s commander or first sergeant upon presentation of an official written request and verification of identification.

4.5.2.2.1. **(Added)** Law Enforcement Requests. An agent of the OSI, Federal Bureau of Investigation, Department of Investigative Services, Police Department or other law enforcement agencies may have access to health records upon presentation of their proper identification and a written request. The request must be specific and limited in scope to the extent reasonably practical in light of the purpose for which the information is sought. Before providing access to any agent, the medical records are reviewed by the Medical Record Administrator or designee. OSI agents will not seize original health records without MLC coordination. If such coordination is received, official copies of the seized records will be retained by the medical facility.
4.9.1.1. **(Added)** Patient registration access, through CHCS, will be granted to specific personnel in the following sections: Medical Records, Member Services, Urgent Care Clinic, Laboratory, Radiology, Pharmacy, and Reid Clinic.

4.9.2.1. **(Added)** Registration responsibilities include:

4.9.2.1.1. **(Added)** Member Services will be responsible for maintaining patient registration appointment letters for all authorized clinics, ensuring initial training has been conducted prior to personnel utilizing CHCS, and tracking monthly training via Defense Connect Online (DCO).

4.9.2.1.2. **(Added)** Systems will only authorize access to key personnel listed on the appointment letter endorsed by Member Services.

4.9.2.1.3. **(Added)** TOPA staff and other identified personnel from Reid Clinic and the Urgent Care Clinic will be the only members authorized to register Foreign Military Members and their families. Primary registration location is the Defense Language Institute building by Reid Clinic Outpatient Records staff.

4.9.2.1.4. **(Added)** End users will be responsible for completing initial registration training, attending monthly training via DCO, and submitting patient registration appointment letters when changes occur, or at least annually (Attachment 2).

4.9.2.1.5. **(Added)** Foreign Military Members will need to have a copy of their ITO and a valid Military ID card in order to be registered. During this appointment the members will bring any medical documents they have for themselves and their families. Family members will be registered if they are listed on the ITO and in the General Inquiry of Deers. All medical paperwork will be scanned and uploaded into Health Artifact and Imaging Management Solution (HAIMS) then returned back to the member. For situations involving emergency healthcare, registration may be done at Wilford Hall Urgent Care Clinic.

4.9.2.1.6. **(Added)** Incoming Basic Military Trainees will be batch registered by Reid Clinic Outpatient Records staff.

4.14.1.1. **(Added)** When the complication is due to pregnancy, indicate OB Patients on Section 1 of 59 MDW Form 4015, *Quarters Authorization*. There is no duration limitation, but the attending provider must see the patient at least weekly.

4.14.2.1. **(Added)** Responsibility for the management of the quarters program is accomplished by the clinic placing the individual on quarters. When members are placed on quarter by a sister service MTF provider or civilian facility, it is the members’ responsibility to notify their PCM.

4.14.2.1.1. **(Added)** Providers will complete 59 MDW Form 4015, Sections I and II.

4.14.2.1.2. **(Added)** Clinic personnel will complete 59 MDW 4015, Sections III and IV, make the required notifications, have patient read, sign, and complete Section IV.

4.14.2.2. **(Added)** Providers will complete 59 MDW Form 4015 to place the patient on quarters. **Note:** This form will replace 59 MDW Form 4015 for Reid Clinic’s use only.

4.15.13.7.1. **(Added)** Reserve/National Guard members that have a LOD determination requiring follow up care must make the appointment directly with the clinic.

4.15.13.7.2. **(Added)** RCSM members must show their LOD at every appointment and are only eligible for care associated with the diagnosis listed on the LOD.
4.16. The 59th Medical Support Squadron/Member Services (59 MDSS/SGSBTA). The 59th Medical Support Squadron, Member Services (59 MDSS/SGSBTA) is responsible for ensuring proper control procedures are followed in requesting SECAF Designee (SECDES) status for patients and ensuring proper administrative management of approved cases.

4.18. Applying for Air Force Designee Status. Providers identify candidates by submitting a package to the Member Services. Member Services will process requests and route for the 59 MDW/SGH and 59 MDW/CC approvals. Approved requests are routed to SAF/AA through the Air Force Medical Operations Agency (AFMOA)/Health Benefits Division (SGAT).

4.18.2. Member Services will compile the specific SECDES request package, and depending on the type of case, it will consist of the designee request from the physician, an endorsement by the appropriate division chief, an endorsement by GME and legal review by a Medical Legal Consultant (MLC).

4.18.3.1. (Added) A retroactive SECDES package must be accomplished when an ineligible patient was treated, and for which a SECDES request is appropriate. This should be rare and should be produced as soon as possible. Retroactive packages include requests for SECDES status based on continuity of care, best interest of the Air Force and teaching case requests. In addition to the mandatory requirements for a standard package, the retroactive package also includes an official memorandum requesting retroactive SECDES status signed by the 59 MDSS/CC and endorsed by the 59 MDW/CC.

4.18.9. If the SECDES request is disapproved by SAF/AA, Member Services will notify the requesting physician of the disapproval, who then notifies the patient. A copy of the denial letter will be scanned into HAIMS.

4.18.9.1. (Added) Medical staff and clinic personnel will be briefed annually to ensure eligibility letters and ID cards are checked prior to providing treatment to patients and to ensure proper procedures are followed in managing these cases. Questions will be referred to Member Services for resolution.

4.18.10. Member Services will maintain a suspense log of all approved, disapproved, and pending SECDES requests. The log will also track expiration dates of all approved requests.

4.34.2. (Added) Cancelled Procedure/Surgery.

4.34.2.1. (Added) After the patient checks in on the day of the procedure or surgery:

4.34.2.1.1. (Added) Walk patient in CHCS as a KEPT appointment.

4.34.2.1.2. (Added) Document reason (e.g., elevated labs, equipment malfunction, patient decision to cancel procedure) for cancellation of procedure/surgery on SF 509, Medical Record – Progress Report. Attending staff needs to sign note.

4.34.2.1.3. (Added) Disposition record in CHCS (discharge in Essentris).

4.34.2.1.4. (Added) Forward record to record completion. Record will be coded as a visit. Print out documents from Essentris. Bind document together and forward to Outpatient Records Section to be scanned into HAIMS.

4.34.2.2. (Added) No show on day of procedure/surgery.

4.34.2.2.1. (Added) Walk patient into CHCS as a NO SHOW.
4.34.2.2.2. (Added) Document on DD Form 1924, Surgical Checklist, “NO SHOW” and also on SF 509 or Discharge Note in Essentris that patient was a NO SHOW. Provider does not have to sign document.

4.34.2.2.3. (Added) Disposition record in Essentris, if applicable.

4.34.2.2.4. (Added) Forward record to record completion. Print out documents from Essentris. Bind document together and forward to Outpatient Records Section to be scanned into HAIMS. Record will not be coded.

4.34.2.3. (Added) Cancelled prior to day of surgery.

4.34.2.3.1. (Added) If patient will be rescheduled for a procedure within 30 days of initial pre-admission assessment, maintain document for upcoming procedure in suspense file.

4.34.2.3.2. (Added) If no decision to reschedule or surpasses timeframe, annotate “CX” on DD Form 1924.

4.34.2.3.3. (Added) Discharge patient in Essentris and make a note indicating reason surgery was cancelled. Provider does not need to sign document.

4.34.2.3.4. (Added) Forward record to record completion. Print out documents from Essentris. Staple documents together and forward to Outpatient Records Section. Record will not be coded.

5.1.1.1. (Added) In accordance with the Privacy Act 1974 and DoD Health Information Privacy Regulations, the Air Force protects the personal privacy of individuals from unwarranted invasion. Also, under the Freedom of Information Act, prompt release of information will occur when appropriate. The medical information being released IAW with these directives will be released only to the extent considered necessary for the accomplishment of the legitimate purpose specified in the request. Original medical records are the property of the United States Government.

5.1.3.1. (Added) The 59th Medical Wing Commander or his representative, the Chief Medical Records Department, is responsible for the release of medical information from any patient’s records maintained at 59 MDW or any electronic record to include those from other DoD facilities.

5.1.6.1. (Added) The Wilford Hall Ambulatory Surgical Center professional staff will provide additional medical information to RHI, when medical information contained in the patient’s record is not sufficient to comply with the request received.

5.2.1. (Added) Symbols and Abbreviations in Health Records. In order to ensure consistent and accurate interpretation of written documentation, only standard abbreviations and symbols will be used in medical records at the 59 MDW. It is highly recommended that words be spelled out in their entirety, without the use of abbreviations.

5.2.1.1. (Added) 59 MDW Visual Aid 44-107, Do Not Use Abbreviations, lists abbreviations that have been determined to contribute to healthcare errors and are not authorized for use at the 59 MDW.

5.2.1.2. (Added) Review of compliance with use of abbreviations will be included in the Ambulatory Retrospective Audits. Findings will be presented to the Medical Record Review Function (MRRF) quarterly. The reviewers will collect information on the use of inappropriate
abbreviations per provider. If a provider is found noncompliant with abbreviation use, a letter will be sent to the provider explaining the noncompliance issue and the need to comply.

5.3.2.1. **(Added)** If a patient requests an amendment to their medical record, the patient or guardian must complete and sign 59 MDW Form 5087, *Request for Amendment or Correction of the Medical Record*. This form may be provided to the patient by either the Wing Patient Advocate or the Wing Privacy Officer (PO), and when completed will be forwarded to RHI for investigation and fulfillment.

5.4.1.1. **(Added)** With AHLTA being the official electronic health record for outpatient care, personnel must be aware there is a possibility an outpatient record volume may not exist for the AHLTA patient in the CHCS Medical Record Tracking (MRT) module. Personnel will need to check AHLTA as well as CHCS MRT to verify a record exists for patients.

5.4.2.2.1. **(Added)** All Ambulatory Procedure Visits (APVs) are to be documented electronically in Essentris.

5.8.6.1. **(Added)** Sequestered Records. Sequestered Records are maintained in the RHI Office in locked cabinets.

5.9.1.1.1. **(Added)** APVs. The Quality Improvement Section within the Health Information Management Branch will conduct quarterly audits with a sample size of 70 records to assess the quality of documentation, timely entry and completion of medical records.

5.9.1.1.2. **(Added)** Ambulatory (Outpatient) Retrospective Audits. The Quality Improvement Section within the Health Information Management Branch will audit outpatient clinics monthly for a total of 150 randomly selected records utilizing an approved checklist to assess the quality of documentation, timely entry and completion of the medical record.

5.9.1.1.3. **(Added)** Concurrent/retrospective audit results will be presented to the MRRF quarterly for discussion and approval. Copies of the report will also be provided to the Chief of Medical Staff (SGH).

5.9.1.5. **(Added)** APV Delinquency Rate. At no time will the APV delinquency rate at 30 days post visit exceed more than fifty percent (50%) of the monthly average dispositions.

5.9.1.5.1. **(Added)** Each provider with incomplete records will be notified electronically of records that are incomplete/delinquent weekly. Department chairs, service chiefs, chiefs of medical staff and program directors (for residents) will be included in notifications on the 1st and 15th of each month.

5.9.1.5.2. **(Added)** After day 60, the SGH will review the provider’s opportunity and attempt(s) to sign records in a timely manner. The SGH will inform the provider that an action by the Credentials Function to place the provider in abeyance is imminent. If the provider is deemed noncompliant by the Credentials Function, the SGH will send a Letter of Noncompliance (Attachment 37) to the group and department chair notifying them that the provider’s clinical privileges are to be put in abeyance until all delinquent records have been completed or the department chair decides otherwise. The exact timing of the abeyance for this infraction should be agreed upon by the SGH and group commander so as not to inordinately disrupt clinical operations. Continued failure to complete medical records can lead to more severe privileging action IAW AFI 44-119, *Medical Quality Operations*, chapter 7.
5.9.1.5.3. (Added) Clinic service chiefs or designee will review and sign statement (Refer to Attachment 38) indicating record can be filed as incomplete if provider is no longer assigned to this facility or record cannot be completed for any other reason. The MRRF will review and approve requests as appropriate.

5.19.1.14.2.1.1. (Added) For requested medical records that have been retired to the NPRC, the requester is provided the Accession number and referred to the NPRC.

5.29.1.9.2.1. (Added) If the dental record has not been forwarded to OPR for shipping by the fourth duty day after member’s final out, the Dental Group is responsible for shipment of records to gaining base.

5.29.5.3.1. (Added) Providers requesting medical records from other facilities for continuity of care must provide RHI with patient’s demographic information. DD Form 877, Request for Medical/Dental Records or Information, is submitted when requesting medical records from another federal Medical Treatment Facility. DD Form 2870 may be submitted when requesting records from other treatment facilities, if that facility requires patient authorization for the disclosure.

5.37.7.5. (Added) Outpatient history and physical examinations performed for surgical and other outpatient procedures involving moderate or deep sedation or anesthesia will include the following:

5.37.7.5.1. (Added) Current complaint or reason for the procedure; any history relevant to such current complaint or reason; family or social history; current medications (which may be documented on the Medication Reconciliation List) IAW 59 MDWI 44-115, Pharmacy & Medication Management, including a review of diagnostic test results, if applicable; and a physical examination which includes vital signs and examination of organ systems, which pertain to the current complaint or reason.

5.40.3.1. (Added) It is the responsibility of all providers, nurses, and ancillary staff to complete all documentation at point of service or within a timely manner. Records will be maintained in an organized manner accessible to staff for record completion on the unit up to 24 hours post discharge. Records not completed within 24 hours will be forwarded to the Physician Records Completion Section for completion.

5.40.4.1.1. (Added) Discharge Summaries and Operative Reports located in Essentris will not be forwarded to the Outpatient Records Section as those reports are located in the BHE data system. Discharge summaries are also included in AHLTA as a clinical note.

5.40.4.1.2. (Added) A discharge note or Physician Discharge Summary may be substituted for an APV in lieu of a Summary of Care. In Essentris, the provider must scroll down to the bottom of the page and check appropriate attending staff box to authenticate the report.

5.40.4.1.2.1. (Added). For Gastroenterolog APVs, the discharge note is located on the Colonoscopy Report under the heading “Plan.”

5.40.4.1.3. (Added) The right of the adult or emancipated minor to refuse blood or blood products for religious or personal reasons must be respected to the extent allowed by law. (Refer to 59 MDWI 51-302, Informed Consent and Refusal of Care) for further guidance.
5.40.4.1.4. **(Added)** Anesthesia performed in the Same Day Surgery Unit will be documented in Innovian and Essentris (also referred to as ARMD, Anesthesia Recording Monitoring Device) utilizing 59 MDW Form 1251, *Anesthesia Preoperative Evaluation*.

5.40.4.3.1.1. **(Added)** 59 MDW Form 175, *Authorization/Treatment Statement*, must bear the stamp and signature of Licensed Independent Provider by close of business following the procedure. This form will be utilized in Ambulatory Procedure Units not utilizing Essentris.

5.40.4.3.4.1. **(Added)** Complete information should be given at the onset of dictation for operative reports: e.g., name of the provider dictating the report, name of the patient, APV number or FMP/SSN, and the name of the surgeon (if different from the dictating). If dictated, annotate the dictation job number either in the Post-Op Note or Dictated Operation Report (Topic section) in Essentris.

5.40.4.3.4.2. **(Added)** If report is transcribed by the transcription staff, report will be cut and pasted into Essentris; otherwise, provider will place report directly into Essentris. The report is automatically transmitted into BHIE.

6.5.4. **(Added)** NoPP Acknowledgement.

6.5.4.1. **(Added)** Staff will offer the TMA Notice of Privacy Practices pamphlet to patients or their representatives (e.g., parents of children under the age of 18, court-appointed guardians), when individuals register in CHCS at the time they are added to the 59th MDW.

6.5.4.2. **(Added)** The individual will be asked to sign the 59 MDW Form 28, *Acknowledgement of Military Health System Notice of Privacy Practices*, also known as the NOPP Acknowledgement. The patient or representative is not required to sign the NOPP Acknowledgement and may decline to sign.

6.5.4.3. **(Added)** If the patient or representative declines to sign the NOPP Acknowledgement, staff will check the box at the bottom of the form, “Pt, or Pt’s Rep, Declined to Sign”, and sign with his/her initials.

6.5.4.4. **(Added)** Staff will ensure that the patient’s name and last four of the SSN can be easily read on the NOPP Acknowledgement, regardless of whether the patient or representative signs the NOPP Acknowledgement.

6.5.4.5. **(Added)** NOPP Acknowledgements 59 MDW Form 28 will be scanned into HAIMS under the documentation type “Administrative-Privacy”; after legibility and accuracy are confirmed, the paper copy will be destroyed.

6.5.4.6. **(Added)** Clinic personnel may replenish their supply of NOPP pamphlets by contacting the 59 MDW PO.

6.6.1. Privacy-related complaints may be filed with the Patient Advocates or with the Wing PO directly. When the Patient Advocates receive a privacy complaint, they must immediately forward it to the Wing PO for investigation and mitigation.

6.6.2. **(Added)** Privacy complaints must be filed in writing. Any narrative format is acceptable, including an email, letter, note, etc. The complaint must be specific in nature, with details about the alleged privacy violation, including date of alleged violation(s); name of individual(s) involved Subject(s); location, if applicable; and the complainant’s name and contact information.
6.6.3. (Added) When possible, audits in AHLTA will be run by the Wing PO to confirm whether a violation has taken place. This is not the only evidence of a violation, but is normally used to provide evidence when available. Audits in CHCS and HAIMS may also be performed, if warranted by the Wing PO.

6.6.4. (Added) When a violation has been confirmed by evidence, such as an audit or other documentation, the Wing PO will make the appropriate notifications:

6.6.4.1. (Added) If the subject is an active duty member or government civilian, the Wing PO will notify the individual’s commander (with G-series orders) immediately, by email. If the subject is also enlisted, the appropriate first sergeant will be contacted, as well.

6.6.4.2. (Added) If the subject is a contractor, then the Wing PO will immediately contact the Chief of Medical Contracting Services (59 MLRS/SGSKC), and ask that authorization to interview the subject be obtained.

6.6.5. (Added) The Wing PO will also contact by email the Cyber Security Officer (59 MDSS/SGSBH) and request that the subject’s network account be suspended pending outcome of the privacy violation, along with the subject’s AHLTA, CHCS, and HAIMS accounts. The subject’s commander and, where appropriate, first sergeant, will be copied on this email.

6.6.6. (Added) When it is confirmed that the subject is available for interview, the Wing PO will arrange the interview. The subject may bring a friend or co-worker as personal support. The subject’s commander, first sergeant when applicable, supervisor, and others of the commander’s choosing may attend the interview. The Wing PO will also have a witness present.

6.6.7. (Added) The purpose of the interview is to allow the Subject to explain any evidence that the Wing PO may have regarding an alleged privacy violation, and to present any mitigating factors.

6.6.8. (Added) When Contractors are interviewed, the 802 Contracting Services [or Joint Base San Antonio (JBSA)-Randolph equivalent] may send the appropriate contracting official to witness the interview. Representatives from the subject’s company may also attend either in person or by conference call.

6.6.9. (Added) Any witnesses that the complainant or subject names may also be interviewed by the Wing PO.

6.6.10. (Added) Once all interviews are complete, the Wing PO will weigh the evidence and make a determination whether a privacy violation occurred. Once the determination is made, then the Wing PO will write a detailed Memorandum for Record, which will be made available to the subject’s commander, the first sergeant when applicable, and Contracting Services when applicable.

6.6.11. (Added) AFI 41-210, paragraph 6.11, allows the Wing PO to make recommendations for sanctions in the event that the violation is substantiated.

6.6.12. (Added) When a violation is confirmed, the Subject’s Commander will request in writing to the Cyber Security Officer that the subject’s network access be restored. The subject will be required at a minimum to re-accomplish HIPAA & Privacy Act Training using the JKO training platform, and the Cyber Awareness Challenge using the ADLS training platform, regardless of when the subject previously completed either training. The subject will provide copies of the training certificates to their commander, who may then request in writing to the
Cyber Security Officer that the Subject’s AHLTA, CHCS, and HAIMS accounts be restored, as applicable. Both the restoration of the network account and other accounts will be at the discretion of the subject’s commander.

6.6.13. **(Added)** Once the investigation is completed, the Wing PO will save all email communications as PDF files and store them in a folder on a secured share drive; both the folder and the individual PDF documents will be marked “FOUO”.

6.7. **Managing PHI Disclosure Accounting for Providers.**

6.7.1. In accordance with DoDI 6025.18, C7.11, Commanders (G-series orders) and their designees in writing, along with First Sergeants, are authorized Minimum Necessary access to Protected Health Information (PHI) of Active Duty Members under the Commander’s direct authority (this does not apply to Government Civilians, Contractors, Volunteers, dependents, etc.). This authorization applies when a Commander, First Sergeant, or Designee, requests in writing PHI about an individual, directly from a provider or from the Wing PO (See also AFI 41-210, paragraph 6.7.)

6.7.2. Once the information requested has been provided, the provider will send an encrypted email to the Wing PO with the following information:

6.7.2.1. **(Added)** Name of Individual.

6.7.2.2. **(Added)** Identifier of Individual (Date of Birth, or DoD ID Number).

6.7.2.3. **(Added)** Date of disclosure.

6.7.2.4. **(Added)** Name of Individual to whom the PHI was disclosed (must be full name; “Col Smith” will not be accepted).

6.7.2.5. **(Added)** Brief description of the PHI that was disclosed.

6.7.2.6. **(Added)** Purpose of the disclosure (such as, Fitness for Duty, Commander Directed Investigation, etc.).

6.7.3. When the information from the provider’s email has been confirmed for accuracy, the Wing PO will forward to RHI (MDSS/SGSBTH) for entry into the PHIMT disclosure accounting system.

6.8. **Managing PHI Disclosures to Investigative Agencies.**

6.8.1. All requests for PHI from an investigative agency (Air Force Office of Special Investigations, AFOSI; Army Criminal Investigation Agency, CID; Navy Criminal Investigation Service, NCIS; etc.), or U.S. Attorney’s office, any military services Judge Advocate General, etc., must be submitted in writing to the Wing PO. The following information must be included in any request for PHI regarding the Subject of an Investigation (see also DODI 6025.18, C7.6):

6.8.1.1. **(Added)** The request must be specific: what information exactly is being requested.

6.8.1.2. **(Added)** The request is limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought: only information that is pertinent to the current investigation may be requested.

6.8.1.3. **(Added)** The request must confirm that de-identified information could not reasonably be used.
6.8.2. The Wing PO will review the request and send it to the MLCs (59 MDW/JA) for review and approval. Once the MLCs have approved the request, they will forward it along with their approval back to the Wing PO who will save all email communications regarding the request as PDF files and store them in a folder on their home drive; both the folder and the individual PDF documents will be marked “FOUO”.

6.8.3. If the MLCs should deny the request, they will forward the request and the reasons for denial back to the Wing PO who will send the denial back to the requesting agent or attorney. The requesting agent or attorney may consult with the MLCs as to the nature of the denial and recommendations for edits that will make the request acceptable, and then re-submit the request to the Wing PO.

6.8.4. **(Added)** When requests are approved, then the Wing PO will forward the request to RHI for entry into the PHIMT disclosure accounting system, and fulfillment of the request. RHI will send the fulfillment (copies of requested records) directly to the requesting agent or attorney. Records will usually be provided in electronic format.

6.9.1. Annually, the Wing PO will visit a minimum of 25% of the clinics located within the 59th MDW (except the clinics located at the 359th Medical Group (MDG), JBSA-Randolph, where the 359 MDG PO will accomplish the clinic visits), and review each for privacy compliance. Visits will not be considered as Staff Assisted Visits.

6.9.2. Visits will be conducted during duty hours that will cause the least interruptions for clinic operations, normally mid- to late-afternoons. The Wing PO may elect to conduct the visits with or without a 59 MDW or 359 MDG badge in order to assess whether staff will take appropriate actions to question an unknown/unknown individual walking through their clinics.

6.9.3. Any findings will be reported by the Wing PO to the clinic’s flight commander and NCOIC, either at the conclusion of the visit or by email.

6.9.4. Unattended CACs actively engaged will be removed from keyboards by the Wing PO and immediately reported/provided to the flight commander or NCOIC. The individual to whom the CAC belongs will be required to complete Cyber Awareness Challenge within 30-days of the unattended CAC violation. In addition, the member’s name and rank will be provided to the applicable command team (CC and CCC) to ensure the required computer-based training is completed and to apply more progressive discipline should like incidents occur in the future.

6.9.5. **(Added)** Unattended open offices where PHI or PII are located and unsecured, will be closed and the doors locked. The location and explanation of the finding will be provided to the flight commander or NCOIC.

6.9.6. **(Added)** The Wing PO will serve as a member of the Wing Inspection Team, and assess privacy compliance throughout the Wing, including the 359 MDG, as a part of that program.

6.10.1. **(Added)** Any privacy-related complaint or breach originating in any unit of the 59th MDW will be forwarded, at the time of receipt or discovery, to the Wing PO for review. The complaint or breach may be mitigated by the unit if it has an appointed PO, but the Wing PO will oversee all investigative and mitigation activities.

6.10.2. **(Added)** Any privacy-related inquiry to the 59th MDW (or any of its units) from either Health & Human Services Office for Civil Rights, or from the Federal Trade Commission, or from any State of Texas Agency including the Office of the Attorney General of Texas, will be
immediately referred to the Wing PO for investigation and mitigation. The Wing PO will prepare an Investigator's Report, and draft the response to the inquiry for signature by the 59MDW/CC.

6.10.3. **(Added)** Any questions regarding the contents of the Privacy Act (DODI 5400.11; AFI 33-332, especially chapters 1 - 6, etc.) or HIPAA (DODI 6025.18-R; AFI 41-210, especially chapters 4 and 6, etc.) will be referred to the Wing PO. Units with questions for the 502 PO will direct their questions first to the Wing PO; if an answer is unknown or unclear, the Wing PO will submit the query to the 502 PO and request that the unit be copied on the answer.

6.10.4. **(Added)** Any Group with a PO will submit each month to the Wing PO information about the Group's current privacy complaints, violations, and breaches (which should include both HIPAA and Privacy Act). Information should include a brief narrative and the current status of the mitigation. Privacy-related slides for the Group’s Information Management Committee (IMC) meetings should also be submitted to the Wing PO prior to the Wing IMC (i.e., the Wednesday prior to the Wing IMC, which is the third Thursday of each quarter).

SCOTT C. SUCKOW, Colonel, USAF, MSC
Administrator
Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References
59 MDWI 44-115, Pharmacy & Medication Management, 20 August 2013
59MDWI 44-150, Advance Directives and End of Life, 11 August 2014
59MDWI 51-302, Informed Consent and Refusal of Care, 20 October 2016
59 MDW Visual Aid 44-107, Do Not Use Abbreviations, 30 June 2015
DoDD 6025.18, Privacy of Individually Identifiable Health Information in DoD Health Care Program, 2 December 2009

Prescribed Forms
59 MDW Form 28, Acknowledgement of Military Health System Notice of Privacy Practices
59 MDW Form 175, Authorization/Treatment Statement
59 MDW Form 1251, Anesthesia Preoperative Evaluation
59 MDW Form 3326, 59th Medical Wing Custodian of Medical Records Affidavit
59 MDW Form 4015, Quarters Authorization
59 MDW Form 5036, Medical Treatment Eligibility Statement
59 MDW Form 5087, Request for Amendment or Correction of the Medical Record

Adopted Forms
SF 509, Medical Record – Progress Report
AF Form 847, Recommendation for Change of Publication
DD Form 877, Request for Medical/Dental Records or Information
DD Form 2870, Authorization for Disclosure of Medical or Dental Information
DD Form 1924, Surgical Checklist

Abbreviations and Acronyms
APV—Ambulatory Procedure Visit
BHIE—Bidirectional Health Information Exchange
DCO—Defense Connect Online
HAIMS—Health Artifact and Imaging Management Solution
IAW—in Accordance With
IMC—Information Management Committee
JBSA—Joint Base San Antonio
MDG—Medical Group
MDW—Medical Wing
MDWI—Medical Wing Instruction
MLC—Medical Legal Consultant
MRRF—Medical Record Review Function
MRT—Medical Record Tracking
OPR—Office of Primary Responsibility
RHI—Release of Healthcare Information
SECDES—SECAF Designee
TPL—Third Party Liability
LETTER OF NONCOMPLIANCE

Figure A37.1. Sample Letter of Noncompliance.

MEMORANDUM FOR
THRU Group Commander
Squadron Commander
FROM: Chairperson, Credentials Function
SUBJECT: Notice of Noncompliance
1. You are hereby notified your clinical privileges are held in abeyance until all delinquent medical records have been completed or until your squadron commander decides otherwise. The problems of delinquent records could potentially hamper patient care by preventing the patient’s medical history from being available when needed. No action will be taken if records are incomplete due to unavailability, deployment, or TDY. Your privileges are held in abeyance for a maximum of 30 calendar days from the above date. At the end of either period, as appropriate, if I have not reinstated your privileges, they will be automatically suspended. Should suspension occur, appropriate command authorities will be notified of this action according to AFI 44-119, Medical Quality Operations, Chapters 9. In addition, all requests for leaves and TDYs will be cancelled until all delinquent medical records have been completed.

2. I will reinstate your privileges upon completion of the delinquent medical records unless there is indication otherwise. If the decision is made for further action to be taken on your credentials, the basis for this action will be investigated. Following that, the credentials function will make a recommendation on whether to reinstate, limit, deny or revoke your clinical privileges. The Wing Commander will review this recommendation and notify you of the proposed action. At that time, if you are not satisfied with the outcome, you will have the right to request a hearing.

3. Depending on the outcome of this action, HQ AFMOA/SGPC may report the matter to appropriate professional regulatory agencies. I refer you to AFI 44-119, Chapter 4, for more information on the specific procedures involved with this action and your rights.

Chairperson, Credentials Function
1st Ind, __________________

TO: Chairperson, Credentials Function
I acknowledge receipt of the Notification of Noncompliance, dated ____________________.

____________________________
(Typed Name and Grade/Signature of Provider)
MEMORANDUM FOR
FROM: 59 MDW/SGSBTH
SUBJECT: Incomplete Medical Record Review Statement
1. Upon review of record on ____, (Patient Name)(APV#)
it was noted to be incomplete due to the following reason:
a. Missing provider signature(s) on ________________________________
b. Missing
c. Provider has completed a permanent change of station, separated, retired (circle one)
d. Other:
And is forwarded for your (your designee) review.
2. If you have any questions, please call 292-6961. Thank you for your assistance.
Chief, Health Information Management Branch
1st Ind,
(Date)
MEMORANDUM FOR 59 MDW/SGSBTH
This record has/not been reviewed and is incomplete as indicated above. It will be
filed/noted as incomplete/lost as of .
(Date)
(Branch Chief’s Signature and Stamp)
“FOUO. This document contains personal information that is protected by the Privacy Act of
1974 and AFI 33-332, Privacy Act Program, and must be safeguarded from unauthorized
disclosure.”
Table A39.1. Order of Ambulatory Procedure Visit Records

Note: All Essentris documentation will be filed together and then hard-copy record as follows:

<p>| SECTION 1: PATIENT INTRODUCTION AND SUMMARY OF CARE |</p>
<table>
<thead>
<tr>
<th>FORM #</th>
<th>FORM TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>59 MDW 175</td>
<td>Authorization /Treatment Statement</td>
</tr>
<tr>
<td>SF 502</td>
<td>Medical Record-Narrative Summary (Clinical Resume)</td>
</tr>
<tr>
<td>59 MDW 1280</td>
<td>Cardiac/Respiratory Arrest Report</td>
</tr>
<tr>
<td>59 MDW 1280</td>
<td>Test Cardiac/ Pulmonary Arrest Record</td>
</tr>
<tr>
<td>SF 502</td>
<td>Code Blue Resuscitation Report (Computer Printout)</td>
</tr>
<tr>
<td></td>
<td>Advance Directive/Living Will</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 2: PATIENT HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF 600</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>DD Form 2770</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>SF 504</td>
</tr>
<tr>
<td>SF 505</td>
</tr>
<tr>
<td>SF 506</td>
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<tr>
<td>SF 507</td>
</tr>
<tr>
<td>SF 509</td>
</tr>
<tr>
<td>SF 513</td>
</tr>
<tr>
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<table>
<thead>
<tr>
<th>SECTION 3: CONSENT FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AETC 1202</td>
</tr>
<tr>
<td>AF 1225</td>
</tr>
<tr>
<td>AF 1302</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 4: TREATMENT &amp; PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF 522</td>
</tr>
<tr>
<td>SF 507 OP</td>
</tr>
<tr>
<td>59 MDW 1251</td>
</tr>
<tr>
<td>SF 516</td>
</tr>
<tr>
<td>DD 1924</td>
</tr>
<tr>
<td>59 MDW Form 97</td>
</tr>
<tr>
<td>SF 515</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 5: SPECIAL TEST/EVALUATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>SECTION 6: LAB DATA</strong></td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Electromyography Consultation (EMG)</td>
</tr>
<tr>
<td>Treadmill Test (Computerized Print Out)</td>
</tr>
<tr>
<td>Patient Cumulative Report (Computerized Print Out)</td>
</tr>
<tr>
<td>SF 515 Tissue Examination</td>
</tr>
<tr>
<td>AF 1226 Pulmonary Function Studies</td>
</tr>
<tr>
<td>Pulmonary Lab (Computer printout)</td>
</tr>
<tr>
<td>AF 422 Physical Profile Serial Report</td>
</tr>
<tr>
<td>Spirograph Chart (Computer printout)</td>
</tr>
<tr>
<td>AF 3066 Doctor’s Orders</td>
</tr>
<tr>
<td>AF 3066 Doctor’s Orders with Overprints</td>
</tr>
<tr>
<td>Medication Reconciliation List (computerized)</td>
</tr>
<tr>
<td>AF 3069 Medication Administration Record (Yellow)</td>
</tr>
<tr>
<td>Chemotherapy (green)</td>
</tr>
<tr>
<td>AF 3068 PRN Medication Administration Record</td>
</tr>
<tr>
<td>AF 3067 Intravenous Record</td>
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<thead>
<tr>
<th><strong>SECTION 7: NURSING DOCUMENTATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital Sign Flow Sheet</td>
</tr>
<tr>
<td>Treatment Flow Sheet</td>
</tr>
<tr>
<td>Medication Report</td>
</tr>
<tr>
<td>I&amp;O Flow Sheet</td>
</tr>
<tr>
<td>AF 3241 Adult Admission Note/Assessment</td>
</tr>
<tr>
<td>AF 3256 Patient/Family Teaching Flow Sheet (Include specialty overprints)</td>
</tr>
<tr>
<td>AF 3257 ADL/Treatment Flow Sheet</td>
</tr>
<tr>
<td>AF 3258 Generic Flow Sheet</td>
</tr>
<tr>
<td>Discharge Instructions</td>
</tr>
<tr>
<td>AF 3260 Discharge/Transport Summary</td>
</tr>
<tr>
<td>SF 512 Plotting Chart</td>
</tr>
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<tr>
<th><strong>SECTION 8: MISCELLANEOUS FORMS</strong></th>
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<tbody>
<tr>
<td>AF 568 Patient Transfer Report/Memorandum of Transfer Out</td>
</tr>
<tr>
<td>AF 569 Patient Absence Record</td>
</tr>
<tr>
<td>AF 570 Notification of Patient’s Medical Status</td>
</tr>
<tr>
<td>AF 1122 Personal Property Inventory</td>
</tr>
<tr>
<td>DD 602 Patient Evacuation Tag TRANSFER - IN Record (Copy)</td>
</tr>
<tr>
<td>AF 3260 Discharge/Transport Summary</td>
</tr>
<tr>
<td>Social Work History Questionnaire</td>
</tr>
<tr>
<td>Department of Social Work Service Questionnaire</td>
</tr>
<tr>
<td>Left Against Medical Advice Letter</td>
</tr>
<tr>
<td>DD 2569 Third Party Collection Program</td>
</tr>
<tr>
<td>AF 438 Third Party Liability Notification</td>
</tr>
<tr>
<td>AF 577 Patient Clearance Record</td>
</tr>
<tr>
<td>AETC 3552 Consent for Release of Information</td>
</tr>
</tbody>
</table>