

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**



AIR FORCE MANUAL 41-210

**59TH MEDICAL WING
Supplement**

7 JANUARY 2021

Health Services

**TRICARE OPERATIONS AND PATIENT
ADMINISTRATION**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Lt Col Michael J. Kersten)

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AFMAN 41-210, *TRICARE Operations and Patient Administration*, 10 September 2019 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), to include the 959th Medical Group (959 MDG) and possibly when care is rendered at the 59 MDW. 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 Directive 5400.7, *DoD Freedom of Information Act (FOIA) Program*, DoDM 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs*, the Health Insurance Portability & Accountability Act of 1996 (HIPAA), Title 5 United States Code **Section 552A**, and Title 10 United States Code Section 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 IAW AFI 33-322, *Records Management and Information Governance Program*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

This publication has been significantly revised. This rewrite of AFMAN 41-210_59 MDW Supplement includes changes, addition of eligibility verification, placement of patients on quarters, and the removal of instructions now directed solely by AFI 41-200, *Health Insurance Portability and Accountability Act (HIPAA)*; 59 MDW Form 28, *Acknowledgement of Military Health System Notice of Privacy Practices* and 59 MDW Form 5036, *Medical Treatment Eligibility Statement* rescinded.

4.1.1.4. **(Added)** Disclosures of medical and dental health records are made IAW the requirements of DODM 6025.18 (2019), Section 4; AFI 41-200, chapters 4 and 5; and AFI 44-172, chapter 6.

4.1.6.1.1. **(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, 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.

4.1.6.1.2. **(Added)** When requested by the 59th Medical Wing Privacy Officer or the Release of Health Information office, the Medical Legal Consultant(s) may provide guidance regarding unusual requests for uses and disclosures of medical (including mental health) and dental information. The Medical Legal Consultant (MLC) may also be consulted as follows:

4.1.6.1.2.1. **(Added)** Regarding confidentiality in cases where minors may consent to treatment without parental notification (see AFI 41-200, 4.1.1.1.2).

4.1.6.1.2.2. **(Added)** Regarding state requirements for a personal representative under HIPAA (see AFI 41-200, 4.1.2).

4.1.6.1.2.3. **(Added)** Regarding determinations of legal sufficiency for law enforcement requests (see DODM 6025.18, 4.4.f(1) through 4.4.f(7), and AFI 41-200, 4.3.6).

4.1.6.1.2.4. **(Added)** Regarding requests for disclosures where litigation is pending (see (AFI 41-200, 4.3.5.1).

4.1.6.1.2.5. **(Added)** Regarding questions pertaining to powers of attorney or other legal documents that authorize an individual to act as attorney-in-fact (see AFI 41-200, definitions).

4.2.4.5.3. **(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.

4.2.4.9.1. **(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.

4.4.1.1.1. **(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.

4.4.2.3. **(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 next of kin, 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 next of kin 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.

4.4.2.4. **(Added)** Dunn Dental Clinic Records section receives and reviews all incoming requests and authorizations for disclosure of dental information or records.

4.4.2.5. **(Added)** Individuals who would like to request a copy of their own *medical* records may using one of the following methods:

4.4.2.5.1. **(Added)** Directly from the Patient Records front desk, WHASC C Wing, first floor.

4.4.2.5.2. **(Added)** Directly from Reid Clinic Medical Records, first floor.

4.4.2.5.3. **(Added)** Directly from Randolph Clinic Patient Administration office, first floor.

4.4.2.5.4. **(Added)** By email to the RHI organizational mailbox: usaf.jbsa.59-mdw.mbx-59-mdss-rhi@mail.mil or by fax, 210-292-7127.

4.4.2.5.5. **(Added)** By standard Postal Service mail, 59th Medical Wing/RHI, 1100 Wilford Hall Loop, Bldg. 4554, JBSA-Lackland, TX 78236.

4.4.2.6. **(Added)** Individuals who would like to request a copy of their own *dental* records may do so directly from Dunn Dental Clinic Dental Records section, first floor.

4.4.2.7. **(Added)** Generally, all records requests by individuals must be accompanied either by a signed DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*, or any other written and signed authorization that contains the core elements and requirements for a valid authorization as defined in DODM 6025.18, Section 4.2.c. Disclosures will not be made if the authorization is determined to be invalid.

4.4.2.8. **(Added)** Prescribed fees, if any, will be invoiced at the time of disclosure.

4.4.2.9. **(Added)** When requesting a copy of medical or dental records on behalf of a spouse, the requesting individual must provide a valid written authorization signed by the spouse and accompanied by a copy of a photo ID with the spouse's signature. (A copy of a Common Access Card, CAC, is authorized; see DODI 100.13, Enclosure 3, section 2.a: Examples of authorized photocopying include photocopying of DoD ID cards to facilitate medical care processing.)

4.4.2.10. **(Added)** If Mental Health records are requested and deemed subject to privilege under MRE 513 and the patient wishes their information to be protected from disclosure, the patient, their guardian or their conservator may claim the privilege. The psychotherapist (or assistant to the psychotherapist) may claim the privilege on behalf of the patient. No other individuals may claim the privilege on behalf of the patient. See AFI 44-172, 6.3.

4.4.2.11. **(Added)** Requests for medical radiologic images may be made directly from the Diagnostic Radiology front desk, WHASC B Wing, first floor.

4.4.2.12. **(Added)** Requests for dental radiologic images must be made at Dunn Dental Clinic.

4.4.2.13. **(Added)** Either parent may request copies of the medical records of their minor children (under the age of 18). Certain exceptions may apply in the case of divorced parents.

4.4.2.14. **(Added)** When picking up copies of medical or dental records, a spouse must either be named on the DD Form 2870 as authorized to receive the records, or the spouse may present a letter from the requestor designating the spouse as authorized to pick up the records; the letter must be accompanied by a copy of a photo ID with the spouse's signature. (A copy of a Common Access Card, CAC, is authorized; see DODI 100.13, Enclosure 3, section 2.a: Examples of authorized photocopying include photocopying of DoD ID cards to facilitate medical care processing.)

4.4.2.15. **(Added)** If the patient has been legally declared incompetent by a licensed physician, the request must be accompanied by a medical/dental authorization signed by the patient's appointed legal guardian.

4.4.2.16. **(Added)** In the event that medical records are requested for a deceased individual, the requestor must present a court order authorizing their appointment as the Personal Representative of the deceased. No other documentation is required or will be accepted. Refer to Texas Estates Code Section 304.001.

4.4.2.17. **(Added)** Refer to AFI 41-200 (2017), 4.1., regarding uses and disclosures for unemancipated minors. The MLC(s) should be consulted in such matters.

4.4.2.18. **(Added)** Requests for ADAPT health records (alcohol and substance abuse) are made using 59 MDW Form 47, *Authorization for Disclosure of Alcohol and Substance Abuse Records*. The DD Form 2870 authorization will not be used for alcohol and substance abuse records.

4.4.2.19. **(Added)** Disclosure of Family Advocacy Program (FAP) Records. (See also AFI 40-301, *Family Advocacy Program*.)

4.4.2.20. **(Added)** When an individual requests a copy of their FAP records, the Family Advocacy Officer (FAO) will temporarily redact the records as appropriate and send the documents to the 502 Legal Office for review.

4.4.2.21. **(Added)** When a request for FAP records is received from law enforcement or the individual's commanding officer, the request must be sent to the Release of Healthcare Information (RHI) organization mailbox, usaf.jbsa.59-mdw.mbx-59-mdss-rhi@mail.mil. RHI will forward the request to the Wing Privacy Officer for an initial review, and then to the 502 Legal Office for a determination of legal sufficiency.

4.4.2.22. **(Added)** Requests for FAP records from other third parties must be forwarded to the 502d FOIA organizational mailbox, 502CS.FOIAandPAWorkflow.Workflow@us.af.mil.

4.4.2.23. **(Added)** If a subpoena for FAP records is received from an attorney (and signed by the attorney or anyone other than a judge), the request must be sent to the Release of Healthcare Information (RHI) organization mailbox, usaf.jbsa.59-mdw.mbx-59-mdss-rhi@mail.mil. Note: the request will be denied.

4.4.2.24. **(Added)** If a subpoena or court order for FAP records is received from a court and signed by a judge, the documents will be sent to the 502 Legal Office for review.

4.4.2.25. **(Added)** If the requested FAP records are deemed subject to privilege under MRE 513 or 514, and the patient or victim wishes their information to be protected from disclosure, the FAP psychotherapist or FAP victim advocate will claim the privilege for the protected information on behalf of the patient or victim, and comply with any subsequent direction from the military judge or impartial legal advisor overseeing the relevant UCMJ or administrative proceeding. Refer to the Policy Clarification on Release of Personnel and Medical Information in Case Records Maintained by the Family Advocacy Program, Assistant Secretary of Defense, January 2020.

4.4.2.26. **(Added)** When FAP Central Registry data records are deemed subject to the HIPAA Privacy Rule, the FAO, in consultation with their servicing legal advisor, will ensure that the requirements of Section 4 of DODM 6025.18 are met prior to any disclosure of information. Refer to the Policy Clarification on Release of Central Registry Data Maintained by the Family Advocacy Program, Assistant Secretary of Defense, January 2020.

4.4.8. **(Added)** Managing Protected Health Information (PHI) Disclosure Accounting for Providers.

4.4.8.1. **(Added)** In accordance with DoDM 6025.18, 4.K.1.B.1, Commanders (G-series orders) and their designees in writing, along with First Sergeants, are authorized Minimum Necessary access to PHI of Active Duty Members under the Commander's direct authority (this does not apply to Government Civilians, Contractors, Volunteers, dependents, etc.).

4.4.8.2. **(Added)** Once the information requested has been provided, the provider will send an encrypted email to the Wing Privacy Officer (PO) with the following information:

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

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

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

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

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

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

4.4.8.3. 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.

4.4.9. **(Added)** Managing PHI Disclosures to Investigative Agencies.

4.4.9.1. **(Added)** Law enforcement requests for medical and dental records will be made in writing IAW DODM 6025.18, 4.4.f.(1) through 4.4.f.(7). The requests must be sent by encrypted email to the RHI organizational mailbox, usaf.jbsa.59-mdw.mbx-59-mdss-rhi@mail.mil. Before providing records to any agent, the request is reviewed by a Release of Health Information Technician and the Wing Privacy Officer; legal sufficiency is determined by the MLC(s). Once the request has been confirmed to be legally sufficient, then copies of the records are provided to the requesting agent, usually within 30 days or less, when possible.

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

4.4.9.1.2. **(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.

4.4.9.1.3. **(Added)** The request must confirm that de-identified information could not reasonably be used.

4.4.9.2. **(Added)** 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 the their home drive; both the folder and the individual PDF documents will be marked “FOUO”.

4.4.9.3. **(Added)** 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.

4.4.9.4. **(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.

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. 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.

4.14.2.1. 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.

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

4.15. 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 Readiness Agency (AFMRA)/Health Benefits Division (SGAT).

4.15.2. 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 MLC.

4.15.3.1. **(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.

4.15.9. 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 Health Artifact and Imaging Management Solution (HAIMS).

4.15.9.1. 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.

4.15.10. **(Added)** 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.

4.34.2.1. Cancelled Procedure/Surgery.

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

4.34.2.1.2. **(Added)** Walk patient in Composite Health Care System (CHCS) as a KEPT appointment.

4.34.2.1.3. **(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.

4.34.2.1.4. **(Added)** Disposition record in CHCS (discharge in Essentris).

4.34.2.1.5. **(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.

5.1.3.4. **(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.

5.2.1. **(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 Armed Forces Health Longitudinal Technology Application (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 Ambulatory Procedure Records 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)** 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. Completeness of the entire APV medical record, to include coding, will not exceed more than 30 days.

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)** For concerning provider trends (excessive number of delinquent charts or prolonged completion times) a measured response is required with elevation of the issue by the medical director to their squadron commander and respective group SGH or SGD. Reason(s) for failure to complete records in expected times should be explored and corrective actions taken. Health issues, social stressors, appropriate clinic orientation, time management strategies should all be explored. Staff may need additional time to catch up and commanders may direct staff to stay late or come in on weekends to complete notes/catch-up. Ongoing failures unrelated to health issues should be addressed through administrative command action and for contractors with the contract agency. In addition, the member may need to be placed in Focused Practice Professional Evaluation with Monitoring and Evaluation. Recalcitrant performance may lead to

an adverse action per DHA-PM 6025.13, Clinical Quality Management in the Military Health System.

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.

5.19.1.12. **(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.

5.37.7.5. **(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 Bidirectional Health Information Exchange (BHIE) data system. Discharge summaries are also included in AHLTA as a clinical note.

5.40.4.1.2. **(Added)** A discharge note, a fully completed Post Procedure Release/Discharge Summary, or MultiD 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 Gastroenterology 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, or legible print of the provider's name, 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.

5.40.4.3.4.3. **(Added)** If transcribed, the complete full operative report will be signed by the provider within 24 hours of being transcribed.

R. CRAIG LAMBERT, Colonel, USAF, MSC
Administrator

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DHA-PM 6025.13, *Clinical Quality Management in the Military Health System*, 1 October 2019
AFI 41-200, *Health Insurance Portability and Accountability Act (HIPAA)*, 25 July 2017
59MDWI 44-115, *Pharmacy & Medication Management*, 13 November 2020
59MDWI 51-302, *Informed Consent and Refusal of Care*, 6 November 2020
59 MDW Visual Aid 44-107, *Do Not Use Abbreviations*, 12 July 2018
DoDM 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DOD Health Care Programs*, 13 March 2019

Prescribed Forms

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 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 2870, *Authorization for Disclosure of Medical or Dental Information*
DD Form 1924, *Surgical Checklist*

Abbreviations and Acronyms

APV—Ambulatory Procedure Visit
AHLTA—Armed Forces Health Longitudinal Technology Application
BHIE—Bidirectional Health Information Exchange
CHCS—Composite Health Care System
HAIMS—Health Artifact and Imaging Management Solution
IAW—In Accordance With
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

PHI—Protected Health Information

PO—Privacy Officer

RHI—Release of Healthcare Information

SECDES—SECAF Designee

TPL—Third Party Liability

Attachment 12 (Added)

**59TH MEDICAL WING INCOMPLETE AMBULATORY PROCEDURE VISIT
MEDICAL RECORD REVIEW STATEMENT**

Figure A12.1. Incomplete Ambulatory Procedure Visit Medical Record Review Statement.

	(Date)
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/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."	

Attachment 13 (Added)

**HEALTH INFORMATION MANAGEMENT SERVICES ASSEMBLY ORDER OF
AMBULATORY PROCEDURE VISIT RECORDS**

Table A13.1. Order of Ambulatory Procedure Visit Records.

Note: All Essentris documentation will be filed together and then hard-copy record as follows:	
SECTION 1: PATIENT INTRODUCTION AND SUMMARY OF CARE	
FORM #	FORM TITLE
59 MDW 175	Authorization /Treatment Statement
SF 502	Medical Record-Narrative Summary (Clinical Resume)
59 MDW 1280	Cardiac/Respiratory Arrest Report
59 MDW 1280	Test Cardiac/ Pulmonary Arrest Record
SF 502	Code Blue Resuscitation Report (Computer Printout)
	Advance Directive/Living Will
SECTION 2: PATIENT HISTORY	
SF 600	Health Record Chronological Record of Medical Care (Form # should be ink change to 509)
DD Form 2770	Medical Record - Abbreviated Medical Record
	OR
SF 504	Clinical Record - History Part 1 (Includes specialty overprints)
SF 505	Clinical Record - History Part 2 & 3 (Includes specialty overprints)
SF 506	Clinical Record - Physical Examination (Includes Specialty overprints)
SF 507	Clinical Record - Report on or Continuation of SF
SF 509	Medical Record - Progress Notes (Includes specialty overprints, ie Physician Progress Note - Restraint)
SF 513	Medical Record-Consultation Sheet (overprints) (Discharge Planning/Foundation Health)
SECTION 3: CONSENT FORMS	
59 MDW 1202	Disclosure and Consent - Medical & Surgical Procedures
AF 1225	Informed Consent - Blood Transfusion
AF 1302	Request and Consent for Sterilization
SECTION 4: TREATMENT & PROCEDURES	
OF 522	Medical Records - Request for Administration of Anesthesia and for Performance of Operation and other procedures
SF 507 OP	Anesthesia Care Record for Transesophageal Echocardiogram
59 MDW 1251	Clinical Record Anesthesia Records
SF 516	Medical Record Operation Report
DD 1924	Surgical Checklist
59 MDW Form 97	Medical Record – Universal Protocol: Procedure Verification Record
SF 515	Medical Records Tissue Examination (CHCS computerized)
SECTION 5: SPECIAL TEST/EVALUATIONS	
	Radiological Report (Computer printout)
	Clinical Records Electrocardiographic Record (EKG)

	Electromyography Consultation (EMG)
	Treadmill Test (Computerized Print Out)
SECTION 6: LAB DATA	
	Patient Cumulative Report (Computerized Print Out)
SF 515	Tissue Examination
	Pulmonary Lab (Computer printout)
AF 422	Physical Profile Serial Report
	Spirograph Chart (Computer printout)
AF 3066	Doctor's Orders
AF 3066	Doctor's Orders with Overprints
	Medication Reconciliation List (computerized)
AF 3069	Medication Administration Record (Yellow)
	Chemotherapy (green)
AF 3068	PRN Medication Administration Record
AF 3067	Intravenous Record
SECTION 7: NURSING DOCUMENTATION	
	Vital Sign Flow Sheet
	Treatment Flow Sheet
	Medication Report
	I&O Flow Sheet
AF 3241	Adult Admission Note/Assessment
SF 512	Plotting Chart
SECTION 8: MISCELLANEOUS FORMS	
AF 570	Notification of Patient's Medical Status
AF 1122	Personal Property Inventory
	Social Work History Questionnaire
	Department of Social Work Service Questionnaire
	Left Against Medical Advice Letter
DD 2569	Third Party Collection Program
AF 438	Third Party Liability Notification
AF 577	Patient Clearance Record