DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMEDINST 1730.2D
BUMED-N01G
12 May 2025

BUMED INSTRUCTION 1730.2D

From: Chief, Bureau of Medicine and Surgery

Subj: RELIGIOUS MINISTRY IN NAVY MEDICINE BUDGET SUBMITTING OFFICE 18 ACTIVITIES

Ref: (a) SECNAVINST 1730.7E
(b) OPNAVINST 1730.1F
(c) SECNAVINST 1730.8B
(d) Navy Regulations, 1990
(e) SECNAVINST 1730.11
(f) NWP 1-05
(g) SECNAVINST 1730.10A
(h) BUMEDINST 1521.1
(i) DoD Instruction 1304.28 of 12 May 2021
(j) DoD Instruction 1100.22 of 12 April 2010
(k) OPNAVINST 5450.215F
(l) COCINST 1521.1E
(m) SECNAVINST 7010.6C
(n) COCINST 5351.1

Encl: (1) Definitions
(2) Confidential Communication to Chaplains in Budget Submitting Office 18 Activities

1. Purpose. This instruction establishes policies and assigns responsibilities for delivery of Religious Ministry (RM) throughout all commands assigned to the Chief, Bureau of Medicine and Surgery (BUMED) exclusively supported by Budget Submitting Office (BSO) 18 per references (a) through (n). Enclosure (1) clarifies guidance on confidential communication to chaplains within BSO-18. Enclosure (2) expands on terms used throughout the instruction. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 1730.2C.

3. Scope and Applicability. This instruction applies to all U.S. Navy forces assigned to BUMED and supported by BSO-18, including operational staffs and training commands. In this instruction "Religious Ministry Team" (RMT) refers to chaplains and religious program specialists (RP), volunteers, and those hired to work within or support the Command Religious Program (CRP).

4. Policy. Commanding officers, hereinafter referred to as commanders, fulfill their responsibilities per references (a) through (c) and reference (d), chapter 8, sections 817 and 820 by executing CRP which support the free exercise of religion and enhance the operational and spiritual readiness of assigned personnel and the wellness of patients and their family members.

a. Commander's plan and implement a CRP pursuant to references (a), (b), and this instruction. Commanders will provide supporting staff, logistical support, travel funds, training, expeditionary ecclesiastical equipment and supplies, budgetary support, and dedicated spaces adequate to support RMT tasks and meet the requirements for chaplain confidential care per reference (e). Commanders may fund chaplains and RPs travel to annual Chaplain Corps Professional Development Training Workshop and Course as a Navy requirement, and to the annual BUMED Religious Ministry Symposium. The Navy considers training required by a chaplain's Religious-Endorsing Organization to be official duty. Therefore, commanders are authorized to use appropriated funds in support of annual training as required by the chaplain's Religious-Endorsing Organization.

b. Commanders hold all RMT personnel accountable to Professional Naval Chaplaincy standards set forth in references (a), (b) and (n) as advised by supervisory chaplains per reference (f), and this instruction.

c. Commanders support collaborative RM per references (a) and (f). Chaplains will stand area-wide duty in homeport and permanent duty station unless specifically granted an exception by the Chaplain (BUMED-N01G) of BUMED.

d. Commanders without an assigned chaplain may coordinate chaplain support with the Medical Region chaplain at Naval Medical Forces Atlantic (NAVMEDFORLANT) or Naval Medical Forces Pacific (NAVMEDFORPAC). References (a) and (c) articulate the responsibility of commanders and chaplains to provide for the free exercise of religion and the spiritual care and readiness of staff members, patients and their families through the CRP. This provision may be accomplished through cooperation with local installation chaplains.

e. Religious Offering Fund (ROF). Commands assigned under BSO-18 will not establish or maintain ROF funds or accounts unless specifically authorized to do so by the Chaplain of Navy Medicine. Requests to establish a ROF will be submitted to the NAVMEDFORLANT or NAVMEDFORPAC chaplain for endorsement and further consideration for approval by the Chaplain of Navy Medicine. Commands with an authorized ROF will manage funds per reference (m).

f. Per reference (a), commanders are responsible for the Spiritual Readiness of personnel serving under their command. Spiritual readiness is defined as the strength of spirit that enables the warfighter (or caregiver) to accomplish the mission with honor. As such, Spiritual Readiness is a critical component of total Sailor toughness and readiness. Navy Medicine RMTs execute CRP that strengthen Spiritual Readiness.

g. Commanders must assign the senior chaplain at a command (e.g., the command chaplain) as a special assistant with direct access to the commander.

h. Commanders are encouraged to include RPs in command-wide peer groups for appropriate competitive marks on evaluations.

i. Commanders are encouraged to ensure that the RMT is fully integrated into command emergency management and disaster response plans, to include required training, and mass casualty responses.

j. Commanders ensure civilian religious ministry professionals (RMP) are supervised by a Navy chaplain in support of references (a) through (c).

5. Responsibilities

a. Chaplain of Navy Medicine. Also referred to as the Chaplain of BUMED, the senior chaplain assigned to BSO-18. The functions of the Chaplain of Navy Medicine include:

(1) Advise the Surgeon General of the Navy and other senior leaders on the effectiveness of RM, policy oversight, and guidance per references (a), (b), and (g).

(2) Advise the BUMED Medical Inspector General (BUMED-N01IG) on RM to include pastoral care concerns, Spiritual Readiness of the medical force, and operational readiness of RMTs. Annually review the inspection checklist and debrief with the responsible regional chaplain after inspections are complete.

(3) Coordinate delivery of RM in liaison with external agency partners, to include the lead medical chaplains of the military Services, Defense Health Agency (DHA), and others as appropriate.

(4) Direct and coordinate RM to ensure standardization, quality, and operational readiness of RMTs across units assigned to BSO-18.

(5) Advise the Navy Chief of Chaplains regarding execution of Professional Naval Chaplaincy in BSO-18 per references (a), (b), and (n).

(6) Deliver and coordinate RM to BUMED Headquarters staff.

(7) Plan, program, and budget for the execution of training plans and any training contract support across the enterprise limited to RM in support of operational medicine.

(8) Coordinate with the Chaplain of the DHA regarding the development of policy, standards of care, protocols, training, and execution to ensure parity of care throughout the Military Health System (MHS).

(9) Plan, program, budget and select participants for the Mental Health Integration for Chaplain Services program per reference (h). Provide overall program guidance for the Pastoral Care Residency (PCR) program.

b. Force RP. The Force RP is the senior enlisted advisor for the RP rating assigned to BUMED. The Force RP will:

(1) Provide direct advisement and support to the Chaplain of Navy Medicine and serves as a subject matter expert and advisor on RP rating matters to the BUMED Force Master Chief, command master chiefs, command chaplains, BUMED RPs and others on RP matters within and outside BSO-18.

(2) Mentor and advocate for the RPs assigned to BSO-18 in matters of professional standards, training, career management, advancement, in collaboration with various resource stakeholders. The Force RP is assisted in these functions by the chief RPs at Navy Medicine Readiness and Training Command Portsmouth and Navy Medicine Readiness and Training Command San Diego as needed.

c. Medical Region Chaplains. Medical Region chaplains are the senior chaplains assigned to NAVMEDFORLANT and NAVMEDFORPAC and have supervisory oversight of subordinate RMTs. RMTs assigned to Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD) Bethesda, NAVMEDREADTRNCMD Fort Belvoir, the Uniformed Services University of the Health Sciences, the James A. Lovell Federal Health Care Center, and Navy Medicine Training Support Commands are supervised by the NAVMEDFORLANT chaplain. Medical Region chaplains will:

(1) Advise commanders per reference (a), (b), (g), and (n) are directly responsible for manning, training, and equipping of RMTs in their area of responsibility.

(2) Direct, coordinate, and deliver RM on behalf of their commander per references (a) through (c) and (n).

(3) Ensure subordinate RMTs are ready for inspections.

(4) Ensure subordinate RMTs uphold Professional Naval Chaplaincy standards per reference (a), (b) and (n).

(5) Ensure subordinate RMTs stand duty per subparagraph 4c of this instruction

(6) Advise the Chaplain of Navy Medicine on RMT manning, personnel, quality of service, operational readiness and on unit Spiritual Readiness issues within the respective region.

(7) Ensure RMTs comply with periodic reporting and metrics analytics requirements.

(8) Support the Chaplain of Navy Medicine in execution of strategic-level initiatives and requirements by ensuring execution at the operational and tactical level.

(9) Provide professional advisement per references (a), (b), and (c) to echelon 4 and 5 commands that do not have chaplains assigned.

(10) Plan, program, and budget for the delivery of RM at subordinate medical treatment facilities (MTF).

(11) Ensure operational readiness of RMTs assigned to expeditionary medical (EXMED) platforms.

(12) Supervise and manage the Pastoral Care Residency program at NAVMEDREAD-TRNCMD Portsmouth and NAVMEDREADTRNCMD San Diego, respectively. This may require collaboration with the Chief of Chaplain Service at the respective Veterans Affairs Medical Center training sites for joint programs.

(13) Plan and execute annual BUMED Symposia in NAVMEDFORLANT and NAVMEDFORPAC as directed by the Chaplain of Navy Medicine.

(14) Chaplains at NAVMEDFORLANT and NAVMEDFORPAC will function as the senior supervisory chaplain with direct supervisory responsibility for RMTs serving at NAVMEDREADTRNCMD Portsmouth and NAVMEDREADTRNCMD San Diego, respectively.

d. Command Chaplains. Per references (a) through (n), command chaplains administer the commander's CRP and ensure the delivery of RM with focus on the chaplain corps core competencies of provision, facilitation, care, and advisement, to include:

(1) Plan, program, and budget for the delivery of RM at the unit level. This may include management of contracted or Government Service (GS) civilian RMP.

(2) Advise and assist commanders in development and strengthening of Spiritual Readiness of unit personnel.

(3) Ensure chaplains and RPs under their supervision maintain a high level of operational readiness.

(4) Ensure assigned chaplains and RPs under their supervision document RM delivered through reporting mechanisms required by the Navy Chaplain Corps or Chaplain of Navy Medicine. Command chaplains use metrics data to brief commanders on the effectiveness of the CRP.

(5) Ensure assigned chaplains participate in clinical interdisciplinary teams as appropriate.

e. RP. RP is further defined in enclosure (2) and reference (a).

(1) RPs provide CRP support as per references (a) through (c) and (n).

(2) Per reference (a), RPs support the delivery of care through pastoral triage, referrals, charting, data collection and transmission, and explaining the types of ministries available.

(3) The RP's primary duties to the Pastoral Care department and as direct assistant to the chaplain take precedence over any collateral duties. Reassignment to non-RP duties must only occur with the commander's approval and must be in consultation with the command chaplain.

6. EXMED Systems. Many RMT members in BSO-18 are assigned to EXMED platforms to include Expeditionary Medical Facility (EMF), Expeditionary Medical Unit (EMU), Expeditionary Medical Ship (EMS), and the T-AH class hospital ships.

a. BSO-18 RMTs assigned to EXMEDs will meet and maintain all platform readiness requirements and be ready to deploy on their assigned platform.

b. RMTs assigned to EXMEDs must prepare for deployment by performing a unit religious needs assessment, preparing lay leaders, ensuring deployment kit items are ordered and up to date, and RM supplies are stocked and ready.

c. When not deployed, RMTs assigned to EXMEDs operate under the supervision of the Command Chaplain of the MTF to which their EXMED detachment is assigned.

7. Pastoral Care Residency (PCR)

a. The PCR is a BUMED sponsored pastoral care clinical residency program. It is supported by the Navy Chaplain Corps as an Advanced Education Program (Post-Graduate Residency) as outlined in reference (m) and qualifies graduates for a sub-specialty code.

b. The PCR program consists of a 12-month Clinical Pastoral Education (CPE) residency conducted at NAVMEDREADTRNCMD Portsmouth and NAVMEDREADTRNCMD San Diego. Historically, the program has included partnership training sites at the Hampton Veterans Affairs Medical Center, Hampton, Virginia and Jennifer Moreno Department of Veterans Affairs Medical Center, La Jolla, California. Completion of the PCR program grants Navy chaplain participants four units of CPE.

c. CPE tuition costs for each resident chaplain are fully funded each year by Navy Medicine. Temporary additional duty travel for the PCR program is funded by each NAVMEDREADTRNCMD training site.

d. Resident chaplains, in consultation with the CPE educator, will complete research in an area of interest. Completed research projects will be shared with the Chaplain Corps via the Chaplain of Navy Medicine, when requested.

e. Residents in the PCR program incur a service obligation of 2 years after completion of the program. Additionally, as the program is funded by BUMED, residents are subject to assignment in BSO-18 billets per the needs of Navy Medicine as determined by the Chaplain of Navy Medicine.

8. Training, Competencies, and Professional Development

a. Peer Review. It is expected that echelon 4 and 5 chaplains serving in BSO-18 billets will present a verbatim case report in a peer review learning environment at least once per fiscal year. Chaplains in the PCR program already meet this requirement.

b. Annual Training. All chaplains and RPs assigned to BSO-18 activities will participate in mandatory professional development training, to include the BUMED Religious Ministry Symposium and the Navy Chaplain Corps Professional Development Training Workshop and Conference, unless otherwise excused by the Chaplain of Navy Medicine. Additionally, chaplains are expected to attend their respective Religious Endorsing Organization annual training. Per ref (a) and (b) commands are authorized to pay for travel to endorser training.

c. Subspecialty Codes. To be fully qualified to provide independent clinical pastoral care to patients in BSO-18 activities, chaplains serving in BSO-18 must have earned four units of CPE from an accredited, certifying body and be awarded the 1440N Navy subspecialty code. Unless specifically excepted (e.g., certain non-clinical billets at training command or strictly administrative billets), the requirement for the 1440N subspecialty code applies to all chaplains serving in BSO-18, whether assigned to MTFs or EXMEDs.

(1) 1440N subspecialty code is awarded to chaplains based on BUMED mission requirements and in recognition of a particular skill set. The 1440N subspeciality code indicates to the Chaplain of Navy Medicine and the Chaplain Corps detailer that a chaplain completed 4 units of CPE in the context of a hospital setting from an accredited organization and certifies that a chaplain is capable of functioning independently in a hospital setting as part of the interdisciplinary care team.

(2) To qualify for the 1440N subspecialty code for the CPE units must include an in-person residency component (i.e., not a distance education), with a minimum of 2 of the clinical units hours conducted in a hospital setting. The BUMED PCR program meets all requirements for the 1440N. Graduates of other programs may apply for the 1440N subspecialty code based on the equivalency of their program(s) to the PCR program, as determined by the Chaplain of Navy Medicine.

(3) A 1440M subspecialty code may be awarded to chaplains who have completed 4 units of CPE, possess the 1440N subspecialty code, have subsequently served in a billet that requires the 1440N and have completed at least 18 months in a 1440N coded billet. The1440M indicates utilization of the 1440N (CPE) skillsets in a clinical environment and have significant experience in clinical pastoral care. Chaplains assigned to non-1440N coded billets are ineligible to receive the 1440M.

(4) Chaplains with 1440N are encouraged to continue their professional development by earning board certification, which may lead to awarding of the Navy Additional Qualification Designator (AQD) 531 as a Board-Certified Chaplain (BCC). A chaplain may request AQD 531 if the chaplain has been board certified by an accredited organization, has 4 units of CPE, is recommended for approval by the Chaplain of Navy Medicine, and submits a formal request to the Chaplain Corps detailer.

(5) Board certified chaplain (BCC). Certifying organizations who meet the minimum requirements for AQD 531 include the Association of Professional Chaplains (APC) and the BCCI arm of APC, Neshama Association of Jewish Chaplains (NAJC), National Association of Veterans Affairs Chaplains (NAVAC), Canadian Association for Spiritual Care (CASC), and National Association of Catholic Chaplains (NACC). Board certification by other organizations will be evaluated based on equivalency to one of these organizations.

9. Confidential communication in BUMED and MHS Facilities. Confidential communications to chaplains and RPs are further described in reference (e) and enclosure (1).

a. RMT members must document their care in patient electronic health records to communicate to the treatment team that a patient received pastoral care. Documentation of care will follow facility standards of practice under the guidance and advisement of the Medical Region chaplain.

b. Per reference (e), a patient's expectation of confidentiality surpasses any requirement to document patient encounters. All RMT members have a professional obligation to keep private all communications disclosed to them in their official capacities, which are intended to be held in confidence by the patient or family member.

10. Command, Control, and Administration

a. Regional Communications. NAVMEDFORLANT and NAVMEDFORPAC Medical Region chaplains will maintain communications with all subordinate command chaplains, commanders of subordinate units, and the Chaplain of Navy Medicine to ensure delivery of RM aligned with the Surgeon General of the Navy/Chief, BUMED and the Chief of Chaplains.

b. Data Analytics. With the guidance of the Region chaplain, RMTs will use quality productivity metrics, dashboard indicators, and other business tools to inform the delivery of RM and to support commanders and chaplain corps leaders with data-informed advisement.

c. Reporting Requirements. Per reference (c), RMTs will submit periodic and special reports as required to the BUMED Chaplain, including any Chaplain Corps specific reporting requirements. Reports relating to command climate or tone of force concerns must be briefed to the respective commander for awareness prior to sending outside command lines.

11. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-InformationManagement/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

12. Review and Effective Date. Per OPNAVINST 5215.17A, NO1CS will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense (DoD), Secretary of the Navy and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

13. Forms or Information Management Control. The reports required in subparagraphs 5c, 7d, 8a, and 10c of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.

D. K. VIA

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DEFINITIONS

1. Budget Submitting Office (BSO) 18. A Navy manpower code supporting the operational and manpower budget for the Chief, Bureau of Navy Medicine and Surgery (BUMED) and all assigned subordinate units and activities.

2. Chaplain. Defined in references (a) and (i). Navy Chaplains are commissioned officers who advise and assist commanders in discharging their responsibilities to provide free exercise of religion in the context of military service pursuant to the first amendment of the United States Constitution. To avoid confusion in authority or responsibility the term "chaplain" must not be used in reference to civilian clergy, but only refers to uniformed personnel serving as commissioned officers in the Chaplain Corps of a Military Service.

3. Clinical Pastoral Education. A chaplain education program centered in the hospital or clinical setting. Clinical Pastoral Education (CPE) uses an Action-Reflection-Action training modality which employs a combination of professional education and hands-on experience, providing spiritual care to patients, family, and staff members in a multi-faith clinical setting.

4. Command Religious Program (CRP). Per reference (a), the CRP is the commander's method of supporting the free exercise of religion in the context of military Service. Chaplains execute the CRP on behalf of the commander.

5. Defense Health Agency (DHA). DHA supports the delivery of integrated, affordable, and high-quality health services to Military Health System (MHS) beneficiaries and is responsible for driving greater integration of clinical and business processes across the MHS. DHA is charged with managing the daily operations of all military treatment facilities.

6. Expeditionary Medical (EXMED). EXMED platforms are deployable medical units with versatility to accomplish select missions in support of forward deployed medical forces or operational forces. Select Religious Ministry Teams (RMT) are assigned to EXMEDs to include: Theater Hospital Ships (T-AH), Expeditionary Medical Ships (EMS), Expeditionary Medical Facilities (EMF), and Expeditionary Medical Units (EMU).

7. MHS. The health system responsible for providing health services through direct care and private sector care to uniformed Service members, retirees, and family members. The MHS includes embedded medical teams in the military operating forces.

8. Navy Medicine. The term "Navy Medicine" is a term of art which includes both medical forces assigned to the Surgeon General of the Navy and Chief, BUMED and medical assets assigned anywhere else within Department of the Navy.

9. Network. As defined by DHA, a network is a geographical area in which authorized personnel are eligible for and may receive medical care in the MHS. There are nine networks in the DHA construct.

10. Network Lead. Civilian or military official appointed by DHA who is responsible for healthcare delivery to patients within a given network.

11. Network Chaplain. The senior chaplain designated by DHA to provide support and advisement to the network lead on all religious support and chaplaincy matters within the DHA network, in coordination with the DHA chaplain.

12. Pastoral Care. For the purposes of this instruction, pastoral care refers to Service provided in the clinical setting outside of a faith-specific context (e.g., chapel Service) as a component of religious ministry. Pastoral care can be delivered by a chaplain or a civilian religious ministry professionals (RMP). Due to the complexities of the religious and pastoral issues in the healthcare context, within BSO-18 providers of pastoral care must meet the competencies specified in section 8c of this instruction.

13. Pastoral Care Department. The department in the Navy Medicine Readiness and Training Command or Navy Medicine Readiness and Training Unit supervised by the command chaplain and charged with the provision of Religious Ministry (RM) and building Spiritual Readiness. The department may include any assigned military or civilian personnel as RMT members.

14. Pastoral Counselor. A civilian specialist in pastoral counseling who is an ordained member of the clergy possessing the ecclesiastical endorsement of their respective faith group, has earned a graduate degree from an accredited seminary or theological institution, and has completed a CPE residency in a hospital clinical setting. Secondary certification in a mental health or counseling discipline is desired but not required. Per reference (a), the pastoral counselor must function within the bounds of their position description and not be referred to by the title "chaplain."

15. RM. Per reference (a), RM refers to professional duties performed by Navy chaplains and designated personnel as part of the CRP, to include providing religious services, facilitating (referral) for religious needs the chaplain cannot perform, caring for all Service members, and advising individuals, commanders, and leaders throughout the chain of command.

16. RMP. Includes contract civilian clergy or Government Service (GS) clergy. Per reference (a), contracted or GS civilian clergy may be utilized to meet religious requirements that are beyond the capability of the chaplains at the command. Within BUMED, RMPs are used for the limited purpose of the delivery of patient, family, and staff care, for specific faith group needs only in the case of contract clergy, or as pastoral counselors in the case of GS clergy. Contract or GS civilian clergy are part of the CRP and RMT, and therefore function with the level of confidentiality described in reference (e) when performing the delivery of RM according to their faith tradition. RMPs must be supervised by the command chaplain and may not perform any duties that fall within certain aspects of professional naval chaplaincy, which include but are not limited to supervising personnel or programs, prayers at official command events, or advising leaders. They are not to be referred to as "chaplain," but by their civilian title.

17. RMT. Per reference (a), chaplains, religious program specialists (RP), volunteers, and those hired to work within or in support of the CRP at a Navy command.

18. RP. RP is a Navy enlisted rating. Per reference (a), RPs directly support their chaplains and manage, support, and execute the CRP. RPs are full combatants and provide force protection for chaplains in combat. RPs are not ordained clergy they do not perform religious services and are prohibited from acting as lay leaders.

19. Spiritual Readiness. Per references (b) and (n), Spiritual Readiness is the strength of spirit that enables the warfighter or caregiver to accomplish the mission with honor. Spiritual Readiness is the capacity for mission accomplishment that results from one's connection to the transcendent defined by a connection to the divine, participation in a community of faith, sacrifice for the greater good, and the pursuit of meaning, purpose, value, and service.

20. Medical Region. NAVMEDFORLANT and NAVMEDFORPAC are identified as medical regions. Medical regions coordinate the manning, training, and equipping of ready medical forces for BUMED on behalf of the Navy, the Marine Corps, and combatant commanders of the joint force.

CONFIDENTIAL COMMUNICATION TO CHAPLAINS IN BUDGET SUBMITTING OFFICE 18 ACTIVITIES

1. Chaplains, civilian religious ministry professionals working in the CRP, and RPs (as directed by the command chaplain), document their care in patient records. The purpose of charting notes is to communicate pastoral care interventions to the treatment team to facilitate continuity of care. Entries in the patient charting system are part of the medical record and may be viewed by the patient, or other parties in certain situations. Care must be taken in charting to safeguard confidentiality in patient communications with chaplains.

2. Per reference (e), discussions between RMT members and patients or their family members are confidential unless specifically waived by the patient. General notes indicating that the chaplain visited, or patient requested a chaplain visit, and general observations are intended to be of use to the healthcare team to benefit the overall welfare of the patient and may be charted. Specific items in the conversation with the chaplain are not to be charted except with the permission of the patient. Chaplains should inform non-DoD affiliated civilian patients that communications between Navy chaplains and non-DoD civilian patients treated in an MTF may not be held to be confidential or privileged in a court of law, in accordance with reference (e).

3. The delivery of RM, including pastoral care to patients, by its very nature requires the RMT members to use professional judgment regarding the level of detail to be communicated in order to provide sufficient information to other care team members while respecting the privacy of patients. Pastoral care that is documented in patient records, orally conveyed to other team members, or used otherwise for healthcare operations purposes must be limited to information that is a pre-existing part of the patient record or authorized by with the patient and clinically relevant to the care of the patient.

4. Chaplains and RMPs should inform the patient of their dual role as both a pastoral caregiver and a member of the healthcare treatment team, and that certain information communicated to a chaplain may be shared with other members of the treatment team unless the patient specifically requests that such information remain in confidence.