



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 5216.13  
BUMED-M09B3  
30 Mar 2011

BUMED INSTRUCTION 5216.13

From: Chief, Bureau of Medicine and Surgery

Subj: RESPONSES TO CONGRESSIONAL INQUIRIES

Ref: (a) SECNAVINST 5730.5J  
(b) SECNAVINST 5211.5E  
(c) DOD 6025.18-R  
(d) SECNAVINST 5720.42F  
(e) 45 CFR parts 160 and 164

Encl: (1) Sample Letter to Member of the Senate Requesting a Release of Information  
(2) Sample Letter to Member of the House Requesting Release of Information  
(3) Sample Letter to Individual Requesting Release of Information  
(4) Sample Template  
(5) Sample Letter Federal Tort Claim  
(6) Sample DD Form 2870  
(7) TMA Privacy Office Information Paper, June 2010

1. Purpose

a. To ensure Bureau of Medicine and Surgery (BUMED) and Navy Medicine Regions have the first opportunity to resolve issues locally or coordinate via their subordinate commands by providing prompt replies to members of Congress.

b. To reduce the length of time it takes to respond to members of Congress, while expediting responses.

c. To provide standards and guidance for responding to Congressional Inquiries (CIs).

2. Cancellation. NAVMEDCOMINST 5216.2.

3. Scope. This instruction applies to BUMED and all subordinate echelons who are assigned responsibility for responding to CIs.

4. Action. With few exceptions, CIs pertaining to the delivery of healthcare and patient administration matters received at BUMED will be forwarded to Navy Medicine Regions for review and coordination via their subordinate commands. Navy Medicine Regions will ensure responses are expedited and directed to the appropriate representative of the Senate and House. Unless otherwise directed, and per reference (a), CIs must be answered within 5 working days from the time of receipt by an addressed activity or as indicated by the established due date.

Any extensions must be approved by the BUMED Secretariat office (BUMED-M09B3). Navy Medicine Regions will ensure a PDF copy of the signed and dated response is entered into the enterprise Knowledge Management (eKM) tracking system and forwarded to BUMED-M09B3.

5. Internal CIs directed to Chief, BUMED for a direct response will be forwarded to BUMED single-digit codes having ultimate responsibility for the coordination and preparation of final responses. BUMED single-digit codes have sole responsibility for initiating contact with the appropriate activities to obtain information necessary to provide a substantive reply. Internal CIs going to higher authority or that which establishes policy must be prepared for signature of the Chief, BUMED/Surgeon General of the Navy or Deputy Chief, BUMED/Deputy Surgeon General of the Navy.

6. Those assigned must ensure the following actions are taken:

a. Appoint a single position in the code or command to screen and assign all congressional and special inquiries.

b. Provide final responses to members of Congress within 5 working days from the time of receipt by an addressed activity and adhere to the established due date in eKM.

c. Activities unable to meet the established due date will prepare an interim letter of acknowledgement to the representative indicating an approximate date their office can expect a final response. Interim responses must be completed prior to the established due date and should provide as much relevant information available and the reason additional time is required.

d. In lieu of a written interim response to members of Congress, telephonic interim responses may be utilized and must be well documented and coordinated with all appropriate parties. Telephonic interim responses must take place in advance of the established due date and be documented in eKM with direct consultation to BUMED-M09B3.

e. Review all cases in which the quality of care rendered may be in question as part of the command's quality assurance (QA) program. Ensure responses are reviewed by the command's legal advisor and risk manager, and referred to the appropriate Special Assistant for Healthcare Resolutions. QA data is protected and cannot be released.

7. Individuals assigned to prepare responses to CIs and special inquiries must:

a. Become familiar and proficient with references (a) through (d). Enclosures (1) through (6) are helpful samples.

b. References (b) and (c) as well as enclosure (7) provide guidance to Department of the Navy (DON) activities regarding the safeguarding of Protected Health Information (PHI). DON activities are required to establish appropriate administrative, technical, and physical safeguards

to ensure that individual records are protected from unauthorized alteration or disclosure and that their confidentiality is protected. Special rules may apply regarding the release of mental health and drug and alcohol abuse treatment records. Consultation with the Staff Judge Advocate or local Navy Legal Service office is required in these instances.

c. Ensure there is a release of information statement following the guidance in reference (b) accompanying all inquiries about a patient when the inquirer is not the patient. Enclosures (1) and (2) are examples of letters to members of the Senate and House respectively, requesting release of information statements. Enclosure (3) is an example of a request directed to a private citizen. Enclosure (4) is an example detailing components of a completed response to a member of the Senate and identifies proper spacing and alignment. Refer to reference (b) and enclosure (7) for additional detailed guidance.

d. DD Form 2870, Authorization for Disclosure of Medical or Dental Information provides medical treatment facilities, dental treatment facilities, and the TRICARE Health Plan with a means to request the use and disclosure of an individual's PHI. Enclosure (6) is a sample DD Form 2870. The routine use is for the authorization and disclosure of PHI to any third party on behalf of the individual for which the information is being requested. It is a voluntary form to be signed and dated by the individual whose PHI is being requested. Failure by the individual to sign the authorization form will result in the non-release of the PHI. Please refer to references (c) and (e) for additional guidance.

e. In the case of an inquiry concerning a deceased individual, the DD Form 2870 may be executed by the decedents legal representative, in most cases, the decedents primary next of kin. In these instances, consult the command legal advisor, Health Insurance Portability and Accountability Act (HIPAA) Privacy Office if there are any questions about requests involving sensitive matters. All personal information related to third parties (i.e., next-of-kin addresses, discussion of family members from medical histories, social security numbers of all individuals) must be deleted before release unless third parties submit release of information statements. If the request is made subject to the Freedom of Information Act, the records may be released without the consent of the decedents legal representative; contact the Staff Judge Advocate for additional information.

f. CIs requesting copies of medical records must be counted as Freedom of Information Act requests or Privacy Act requests, per reference (d), for reporting purposes. The Staff Judge Advocate should be consulted for current reporting criteria.

g. Ensure that all Medical Department issues in the inquiry are addressed.

h. Responses to members of the Congress should be concise and written in layman's terminology. A one-page response is preferable to a long, step-by-step accounting. If it is essential to include extensive information to adequately address numerous issues, an enclosure should be provided to a summarized cover letter. Some of the issues in the inquiry

may need to be referred to other commands. Your response must indicate the forwarding command's appropriate point-of-contact, telephone number, and address of the command(s) to which you refer other concerns.


i. Responses to inquiries involving a Federal Tort Claim filed against the U.S. Government should not provide an opinion on the medical care rendered. Enclosure (5) is a sample letter which can be used in this instance. Check with the Staff Judge Advocate or local Navy Legal Service office if you believe a claim may have been filed even though the inquiry does not state this action.

j. Inquiries that can be resolved telephonically or in person may be closed out with concurrence from members of Congress or their designee. Accurate conversation records must be maintained.

8. Assistance regarding CI matters is available through the BUMED Congressional Liaison in BUMED-M09B3.

9. Form. DD Form 2870 (DEC 2003) is available electronically from the Department of Defense Forms Management Web site at:

<http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2870.pdf>

  
A. M. ROBINSON, JR.

Distribution is electronic only via the Navy Medicine Web Site at:  
<http://www.med.navy.mil/directives/pages/BumedInstructions.aspx>

BUMEDINST 5216.13  
30 Mar 2011

**SAMPLE LETTER TO MEMBER OF THE SENATE  
REQUESTING RELEASE OF INFORMATION**

6320  
Ser M09B3/10UCON-00000  
January 2, 2011

The Honorable John Doe  
United States Senator  
World Trade Center  
101 W. Main Street, Suite 4900  
Norfolk, VA 23510

Dear Senator Doe:

Thank you for your letter on December 21, 2010, on behalf of your constituent, Mrs. Deborah L. Devine and the concerns she has raised concerning medical care and treatment for her daughter, Petty Officer First Class (PO1) Irene Devine, USN, at the National Naval Medical Center (NATNAVMEDCEN), Bethesda in June 2010.

I have reviewed your letter and the concerns expressed regarding Mrs. Devine's daughter. A thorough review of the concerns and issues raised by Mrs. Devine are being conducted. However, per Title 45 Code of Federal Regulations (45 CFR) parts 160, 162, and 164 and Department of Defense Regulation 6025.18-R of 24 January 2003, protected health information may not be released without the patient's authorization or the patient's legal representative's authorization. For us to reply in a timely manner, we respectfully request PO1 Irene Devine complete the attached DD Form 2870, Authorization for Disclosure of Medical or Dental Information. After your office receives the completed DD Form 2870 you may fax it to the Patient Relations Department at (000) 111-2222. Once a signed copy of the DD Form 2870 is received by NATNAVMEDCEN and circumstances surrounding PO1 Devine's case have been reviewed, the Commander, NATNAVMEDCEN will be happy to provide the information you have requested. If we do not receive the completed DD Form 2870 within 30 days from the date of this letter, we will close this case and provide you with a final response. Please know that we remain available and are committed to assisting your constituent.

Should you require any additional assistance in the interim, please feel free to contact Mr. D. Assistant at (202) 555-1234.

Sincerely,

I. M. SAILOR  
Captain, Nurse Corps  
United States Navy  
By direction of the Chief  
Bureau of Medicine and Surgery

Enclosure: DD Form 2870

Enclosure (1)

BUMEDINST 5216.13  
30 Mar 2011

**SAMPLE LETTER TO MEMBER OF THE HOUSE  
REQUESTING RELEASE OF INFORMATION**

6320  
Ser M09B3/10UCON-00000  
January 5, 2011

The Honorable Ned Flanders  
Member, United States House of  
Representatives  
115 Enterprise Court, Suite B  
Greenwood, SC 29649

Dear Mr. Flanders:

Thank you for your letter of December 21, 2010, on behalf of your constituent, Mrs. Deborah L. Devine and the concerns she has raised concerning medical care and treatment for her daughter, Petty Officer First Class (PO1) Irene Devine, USN, at the National Naval Medical Center (NATNAVMEDCEN), Bethesda in June 2010.

I have reviewed your letter and the concerns expressed regarding Mrs. Devine's daughter. A thorough review of the concerns and issues raised by Mrs. Devine are being conducted. However, per Title 45 Code of Federal Regulations (45 CFR) parts 160, 162, and 164 and Department of Defense Regulation 6025.18-R of 24 January 2003, protected health information may not be released without the patient's authorization or the patient's legal representative's authorization. For us to reply in a timely manner, we respectfully request PO1 Irene Devine complete the attached DD Form 2870, Authorization for Disclosure of Medical or Dental Information. After your office receives the completed DD Form 2870 you may fax it to the Patient Relations Department at (000) 111-2222. Once a signed copy of the DD Form 2870 is received by NATNAVMEDCEN and circumstances surrounding PO1 Devine's case have been reviewed, the Commander, NATNAVMEDCEN will be happy to provide the information you have requested. If we do not receive the completed DD Form 2870 within 30 days from the date of this letter, we will close this case and provide you with a final response. Please know that we remain available and are committed to assisting your constituent.

Should you require any additional assistance in the interim, please feel free to contact Mr. D. Assistant at (202) 555-1234.

Sincerely,

I. M. SAILOR  
Captain, Nurse Corps  
United States Navy  
By direction of the Chief  
Bureau of Medicine and Surgery

Enclosure: DD Form 2870

Enclosure (2)

BUMEDINST 5216.13  
30 Mar 2011

**SAMPLE LETTER TO INDIVIDUAL  
REQUESTING RELEASE OF INFORMATION**

6320  
Ser M09B3/10UCON-00000  
January 9, 2011

Mrs. Deborah L. Devine  
12110 Woodland Drive  
Nashville, TN 02010

Dear Mrs. Devine:

Thank you for your letter on December 21, 2010, on behalf of your daughter, Petty Officer First Class (PO1) Irene Devine, USN, concerning her medical care and treatment at the National Naval Medical Center (NATNAVMEDCEN), Bethesda in June 2010.

I appreciate the concerns you have for your daughter. A thorough review of your daughter's medical care and treatment at NATNAVMEDCEN has been initiated and is expected to be complete within 30 days.

Before I can provide you with specific medical information about your daughter, the provisions of the Privacy Act of 1974 require that PO1 Devine authorize such disclosure. Please have PO1 Devine complete the enclosed DD Form 2870, Authorization for Disclosure of Medical or Dental Information. Once the DD Form 2870 is received by NATNAVMEDCEN and circumstances surrounding PO1 Devine's case have been reviewed, the Commander, NATNAVMEDCEN will be happy to provide the information you have requested. If we do not receive the completed DD Form 2870 within 30 days from the date of this letter, we will close this case and provide you with a final response.

Should you require any additional assistance in the interim, please feel free to contact Mr. D. Assistant at (202) 555-1234.

Sincerely,

I. M. SAILOR  
Captain, Nurse Corps  
United States Navy  
By direction of the Chief  
Bureau of Medicine and Surgery

Enclosure: DD Form 2870

Enclosure (3)





Letterhead  
Paper

**DEPARTMENT OF THE NAVY**

BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

BUMEDINST 5216.13

30 Mar 2011

DoD Seal

Ser and DCN #

SSIC

6320

IN REPLY REFER TO

Ser M09B3/10UCON-00000

Date

January 1, 2011

2 lines

The Honorable John Doe  
United States Senator  
World Trade Center  
101 W. Main Street, Suite 4900  
Norfolk, VA 23510

Inside Address

Dear Senator Doe:

Salutation

Body

5 space

Thank you for your letter on December 21, 2010, on behalf of your constituent, Mrs. Deborah L. Devine and the concerns she has raised concerning medical care and treatment for her daughter, Petty Officer First Class (PO1) Irene Devine, USN, at the National Naval Medical Center (NATNAVMEDCEN), Bethesda in June 2010.

5 space

I have reviewed your letter and the concerns expressed regarding Mrs. Devine's daughter. A thorough review of the concerns and issues raised by Mrs. Devine are being conducted. However, per Title 45 Code of Federal Regulations (45 CFR) parts 160, 162 and 164 and Department of Defense Regulation 6025-18-R of 24 January 2004, protected health information may not be released without the patient's authorization or the patient's legal representative's authorization. For us to reply in a timely manner, we respectfully request PO1 Irene Devine complete the attached DD Form 2870, Authorization for Disclosure of Medical or Dental Information Form. After your office receives the completed DD Form 2870 you may fax it the Patient Relations Department at (000) 111-2222. Once a signed copy of the DD Form 2870 is received by NATNAVMEDCEN and the circumstances surrounding PO1 Devine's case have been reviewed, the Commander, NATNAVMEDCEN will be happy to provide the information you have requested. If we do not receive the completed DD Form 2870 within 30 days from the date of this letter, we will close this case and provide you with a final response. Please know that we remain available and are committed to assisting your constituent.

5 space

Should you require any additional assistance in the interim, please feel free to contact Mr. D. Assistant at (202) 555-1234.

Complimentary  
Closing

Sincerely,

Signature  
Block

I. M. SAILOR

Captain, Nurse Corps  
United States Navy  
By direction of the Chief  
Bureau of Medicine and Surgery

Center Aligned

Enclosure as stated

Enclosure: DD Form 2870

Closing

Enclosure (4)



BUMEDINST 5216.13  
30 Mar 2011

**SAMPLE LETTER FEDERAL TORT CLAIM**

6320  
Ser M09B3/10UCON-00000  
January 5, 2011

The Honorable John Warner  
United States Senator  
World Trade Center  
101 W. Main Street, Suite 4900  
Norfolk, VA 23510

Dear Senator Warner:

I am responding to your inquiry of December 21, 2010 concerning Mrs. Deborah L. Devine and the concerns she has raised concerning medical care and treatment for her daughter, Petty Officer First Class (PO1) Irene Devine, USN, at the National Naval Medical Center (NATNAVMEDCEN), Bethesda in June 2010.

Since Mrs. Devine filed a Federal Tort Claim against the U.S. Government and there has been no final legal decision rendered in the case, it would not be appropriate for me to comment on the medical care provided. Please be assured that a thorough investigation is being conducted to review the circumstances surrounding the medical care provided PO1 Devine. If any deficiencies are noted, we will make sure appropriate corrective action is taken to prevent a recurrence.

If Mrs. Devine or PO1 Devine have any questions concerning the status of the claim, they can write the Office of the Judge Advocate General, Claims and Tort Litigation (Code 15), 200 Stovall Street, Alexandria, VA 22332.

Sincerely,

I. M. SAILOR  
Captain, Nurse Corps  
United States Navy  
By direction of the Chief  
Bureau of Medicine and Surgery

Enclosure (5)

30 Mar 2011

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION		
<b>PRIVACY ACT STATEMENT</b>		
<p>In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.</p> <p><b>AUTHORITY:</b> Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.</p> <p><b>PRINCIPAL PURPOSE(S):</b> This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.</p> <p><b>ROUTINE USE(S):</b> To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.</p> <p><b>DISCLOSURE:</b> Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.</p> <p>This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.</p>		
<b>SECTION I - PATIENT DATA</b>		
1. NAME (Last, First, Middle Initial) DEVINE, IRENE	2. DATE OF BIRTH (YYYYMMDD) 19900622	3. SOCIAL SECURITY NUMBER 000-00-0000
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD) 20080523-20090422	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> BOTH	
<b>SECTION II - DISCLOSURE</b>		
6. I AUTHORIZE <u>NAVAL MEDICAL CENTER, PORTSMOUTH</u> TO RELEASE MY PATIENT INFORMATION TO: (Name of Facility/TRICARE Health Plan)		
a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN MRS. DEBORAH L. DEVINE	b. ADDRESS (Street, City, State and ZIP Code) 12345 WOODLAND DRIVE NASHVILLE, TN 00000	
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)	
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)		
<input checked="" type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL		
8. INFORMATION TO BE RELEASED		
9. AUTHORIZATION START DATE (YYYYMMDD)		
10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED		
<b>SECTION III - RELEASE AUTHORIZATION</b>		
<p>I understand that:</p> <p>a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.</p> <p>b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.</p> <p>c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.</p> <p>d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.</p> <p>I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.</p>		
11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
<b>SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)</b>		
14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		
SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:		

DD FORM 2870, DEC 2003

Adobe Professional 8.0

Enclosure (6)



# TMA Privacy Office Information Paper

Records Management • FOIA • DUAs • HIPAA Compliance • Privacy Act/System of Records • PIAs



## RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION TO CONGRESS OR CONGRESSIONAL OFFICES

HIPAA Privacy • June 2010

This paper provides guidance on release of Personally Identifiable Information (PII), including protected health information (PHI), to members of Congress and Congressional offices.

### ***I. Member Acting on Behalf, and at the Request, of the Individual to Whom the Information Pertains***

- A. The Military Health System (MHS) may disclose PII to a Member of Congress (including a staff member acting on the Member's behalf) inquiring about an individual at the request of that individual. Disclosures at request of a third party (e.g., spouse, family member, friend) are not permitted, unless the individual signs a written authorization (see below), or unless the third party has legal authority to act for the individual (e.g. a parent of a minor, or a legal guardian).
- B. Special rules apply if the PII to be disclosed includes individually identifiable health information, but only if the MHS maintains that information to furnish health care by a military treatment facility or through a provider network of the TRICARE Management Activity (TMA) managed care support contractors. This information is called protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule (45 CFR Part 164).
  1. PHI generally does not include health information in DoD personnel files not maintained by the MHS for health care purposes.
  2. When in doubt, assume that health information needed to respond to Congressional inquiries directed to the MHS constitutes PHI.
- C. The following special rules apply when responding to a Congressional inquiry involves disclosure of PHI:
  1. The individual must authorize the release of his or her PHI. Without a signed authorization form, any response disclosing PHI should only be issued directly to the individual and not to the Congressional office. In this case, the Congressional Office should be informed that the response was sent directly to the individual in accordance with the HIPAA Privacy Rule and the DoD regulation implementing that rule (DoD 6025.18-R).

PrivacyMail@tma.osd.mil • [www.tricare.mil/tma/privacy](http://www.tricare.mil/tma/privacy)

TMA Privacy Office 5111 Leesburg Pike, Suite 810 Falls Church, VA 22041

Enclosure (7)



# TMA Privacy Office Information Paper

Records Management • FOIA • DUAs • HIPAA Compliance • Privacy Act/System of Records • PIAs



## RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION TO CONGRESS OR CONGRESSIONAL OFFICES

### HIPAA Privacy • June 2010

2. If the information is to be sent to the Congressional Office, the individual should first be asked to complete and sign a valid authorization form such as a DD Form 2870, Authorization for Disclosure of Medical or Dental Information. The individual's social security number need not be included on the authorization form if it is not necessary to locate the information to be released.
3. HIPAA Privacy Rule authorization forms other than DD Form 2870 may be accepted if the requirements of DoD 6025.18-R (para C5) are satisfied, as explained below.

#### **II. HIPAA Privacy Rule Requirements for an Authorization to Release Protected Health Information in the absence of the DD Form 2870**

- A. When an individual's authorization is required to release PHI, the request must be in writing and include the following:
  1. The name of the individual to whom the information pertains.
  2. A description of the information to be released that identifies the information in a specific and meaningful fashion. An authorization to release psychotherapy notes must be made separately and may not be combined with an authorization to release any other type of information.
  3. The name, or other specific identification, of the person(s), class of persons, or office designation(s) authorized to release the information.
  4. The name or other specific identification of the person(s), class of persons, or office designation(s) to whom the MHS may release the information requested.
  5. A description of each purpose of the request. A statement "at the request of the individual" is sufficient when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

PrivacyMail@tma.osd.mil • www.tricare.mil/tma/privacy

TMA Privacy Office 5111 Leesburg Pike, Suite 810 Falls Church, VA 22041



# TMA Privacy Office Information Paper

Records Management • FOIA • DUAs • HIPAA Compliance • Privacy Act/System of Records • PIAs



## RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION TO CONGRESS OR CONGRESSIONAL OFFICES

### HIPAA Privacy • June 2010

6. An expiration date or event that relates to the individual or the purpose of the disclosure.
  7. The signature of the individual, or someone with the authority to act on behalf of the individual (e.g., a parent of a minor or a guardian), and date signed.
  8. A statement that the individual has the right to revoke the authorization in writing except to the extent that use or disclosure in reliance on it has already occurred, and a description of how the individual may revoke the authorization (e.g., to whom the revocation is provided).
  9. A statement that MHS may not condition treatment, payment, enrollment, or eligibility for benefits based on the individual completing an authorization.
  10. A statement that information disclosed pursuant to the authorization may no longer be protected by Federal laws or regulations and may be subject to re-disclosure by the recipient.
- B. Photocopies, scanned documents, or faxes of authorizations are acceptable after the validity of the form has been verified.

### *III. Congressional Committee Inquiry about a Matter within Its Jurisdiction*

- A. In accordance with the Privacy Act of 1974, the MHS may provide records, without the consent of the individual to whom they pertain, to a member of Congress, or to a Congressional Committee if the records relate to a matter within the Committee's jurisdiction. See DoD 5400.11-R (para C4.2.9). If, however, the records contain PHI, then the TMA Office of General Counsel should be consulted before any PHI is released.
- B. All requests must be confirmed as to their validity and right of the requestors to access the information before it is disclosed.
- C. Records may also be disclosed to the Government Accountability Office (GAO) in the course of its official activities.

PrivacyMail@tma.osd.mil • www.tricare.mil/tma/privacy

TMA Privacy Office 5111 Leesburg Pike, Suite 810 Falls Church, VA 22041



# TMA Privacy Office Information Paper

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## RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION TO CONGRESS OR CONGRESSIONAL OFFICES

### HIPAA Privacy • June 2010

- D. Each time a record is disclosed to a member of Congress, a Congressional Committee, or to the GAO, the disclosure must be reported to the appropriate MHS Privacy Officer, who should log the disclosure to enable responding to any subsequent request for an accounting of disclosures by the individual under the HIPAA Privacy Rule.
  - 1. This requirement does not apply when individual authorizations are obtained.
- E. Those disclosures made on the TMA level are to be reported to the TMA Privacy Office.

If you have any questions about any of the information above, please contact the TMA Privacy Office at [privacymail@tma.osd.mil](mailto:privacymail@tma.osd.mil).

[PrivacyMail@tma.osd.mil](mailto:PrivacyMail@tma.osd.mil) • [www.tricare.mil/tma/privacy](http://www.tricare.mil/tma/privacy)

TMA Privacy Office 5111 Leesburg Pike, Suite 810 Falls Church, VA 22041