



Guide for Commanding Officers of Service Members Living with HIV

(Updated June 2025)

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1.0 Notification Procedures

SECNAVINST 5300.30F grants commanding officers the responsibility of notifying service members with initial positive HIV screening of their diagnosis along with communicating preventive medicine requirements. Upon receiving an initial positive HIV test result from the Navy Bloodborne Infection Management Center (NBIMC) for one of their service members, COs are responsible for ensuring timely notification to the member. The purpose of this guide is to provide helpful information for this notification process and the immediate administrative expectations.

1.1 Notification of the Service Member

One of the most difficult things a Commanding Officer may ever have to do is notify a service member that he or she is newly diagnosed with Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS). Due to individualities, it is not feasible to design an all- purpose counseling statement for such an event. However, the following facts and ideas may be helpful when informing one of your service members of their new diagnosis.

- **Vital facts to know.**
 - HIV positive does not mean AIDS – The initial positive confirmed and verified test means the member has been infected with HIV. It does not mean the member has AIDS.
 - Positive HIV testing results provided by NBIMC are confirmed through multiple testing modalities, ensuring validity.
 - There is no risk to the health of the infected member, shipmates, fellow Marines, or co-workers in performing ordinary activities such as sharing heads, berthing spaces, galleys, and workspaces.
 - The virus is not spread by casual contact such as sneezing, shaking hands, sharing eating utensils, sweating, etc.
- **Preparing for the Notification**
 - **Timely Notification** – Notification must be conducted within 10 working days of receipt of the commanding officer’s notification letter from NBIMC but notifying members as soon as possible is best practice to limit transmission to others.
 - When possible, notify the member early in the week, preferably during duty hours.
 - **Correct Member Verification**– ensure verification of the member’s full name, SSN or DOD ID, and date of birth prior to proceeding with the notification process.
 - Having a physician in the room for the notification is highly encouraged, but not required if it could delay a notification. In any case, a medical officer or independent duty corpsman and chaplain should be immediately available to the member after notification for medical and emotional support.
- **Exercise Discretion**
 - Make sure the member is in a private area. Always protect member’s privacy.

- Avoid telling the member on a Friday or the day before the member's leave or liberty period when the member may have inadequate emotional support. There continues to be reports of events of self-injurious behavior by members following an HIV diagnosis.
- If conditions require notifying a member on a Friday (or prior to or during leave/liberty period), ensure that an initiative-taking plan is in place to mitigate risk of self-harm. This includes availability of, and follow-up, by a chaplain, a medical provider, or the chain of command.
- **Delivering the Notification of HIV Diagnosis**
 - Be direct and calm. Sample script:
 - *"The result of your recent HIV screening test came back positive. This means you have a diagnosis of HIV."*
 - You may offer them a printed copy of the lab result provided by NBIMC at this time.
 - Wait to see how s/he reacts. Unless the person had anticipated or suspected this result, s/he may be shocked and not say much. Some people may say, "It can't be true," or ask if, you are sure. Some may break down and cry. Others may appear stoic or blank. These reactions are not unusual.
 - Next, emphasize that although HIV is a serious infection, today many people with HIV are living longer, healthier lives due to new medications that keep the immune system strong. Sample script:
 - *"People with HIV who receive the care they need can live long and healthy lives. With proper treatment you can as well."*
 - Reassure the member that she/he is not alone – medical care, emotional support and other services are available. There is still a prosperous career available for them in the Navy/Marine Corps.
- **Post Notification Support**
 - Initial counseling about HIV infection is often difficult to comprehend. Offer to make yourself or another person (i.e., Executive Officer (XO), Command Master Chief (CMC), Medical Officer (MO) in the command available for questions that may follow the initial notification.
 - Do not treat a newly infected member differently than any other member of your command. If the HIV specimen was drawn at a Military Treatment Facility (MTF), please note that patients will have access to their HIV result through the MHS Genesis Patient Portal about 36 hours after the result is released in the system.
- **OCONUS, and Operational Sailors and Marines**
 - A Medical Officer at the member's local command must place the member on Limited Duty Status (LIMDU) expeditiously to facilitate service member movement CONUS to receive appropriate medical care.

1.2 Avoid Notifying Sexual Contacts

Due to various state laws, neither you nor other members of your command are legally authorized to notify assumed prior/potential sexual partners of their contact with a member with HIV.

1.3 United States Navy (USN) Commanding Officers Requirements

- Send an encrypted email to NBIMC confirming that the individual has been notified within 10 working days of receiving the command notification documents. Please contact the NBIMC POCs for any questions.
- The Navy Bloodborne Infection Management Center (NBIMC) POCs:
 - **Officer in Charge: CDR Marshall Hoffman**
 - Commercial: 301-295-5246
 - DSN: 312-295-5246
 - Email: marshall.m.hoffman.mil@health.mil
 - **Health Science Specialist: Ms. Denise Chambers**
 - Commercial: 301-295-1644
 - DSN: 312-295-1644
 - Email: denise.a.chambers6.civ@health.mil

1.4 United States Marine Corps (USMC) Commanding Officers Requirements

- Guided by SECNAVINST 5300.30 series for counseling and disposition of Marines that are HIV positive upon receipt of the notification letter.
- The commanding officer will also supervise the execution of the Command Orders Transmittal (Active Duty) found in Appendix (F) of the NAVMC 2904.
- The POC for HIV questions are: Marine Corps Manpower Management Integration Branch at DSN 278-9387 or 703-784-9387; or Marine Corps Monitor – Liaison at DSN 278-9968 or 703-784-9968.

1.5 OPNAVINST 1300.20 Information

- Per OPNAVINST 1300.20; member's Medical Officer/Physician will put him/her on a limited duty status (LIMDU). While placing the service member on a LIMDU status, the Medical Officer or physician must NOT enter the member's diagnosis on the physical or electronic form to ensure that the member's privacy is protected. The LIMDU office will be in contact with the member to provide LIMDU orders to a location near their medical unit for the duration of LIMDU. All members' questions/concerns should be addressed with the respective HIV Evaluation Treatment Unit (HETU) coordinator.

1.6 SECNAVINST 5300.30 Information

- Per SECNAVINST 5300.30, the member's Commanding Officer will issue to the service member an order to follow preventive medicine requirements, as specified in the SECNAVIST 5300.30F (Enclosure 2). The service member shall acknowledge the order, as specified in SECNAVIST 5300.30F (Enclosure 2). The order is intended to educate

the service member on how to prevent transmission to others and direct the service member to do the following:

- Inform all sexual partners (military, dependents, or other civilian persons) about their HIV status prior to sexual relations.
- Use proper methods to prevent the transmission of HIV to other individuals.
- If the service member requires emergency medical care, he or she shall inform personnel responding to the emergency about the service member's HIV status.
- When seeking medical or dental care, the servicemember shall inform the provider about his or her HIV status.
- Not donate blood, tissues, sperm, or other organs.

1.7 Initial Positive Notification Checklist

Notification Procedures

- ☐ Read the Guide for Commanding Officers of Service Members Living with HIV.
- ☐ Verify service member's full name and social security number.
- ☐ Ensure that the service member's privacy/confidentiality are protected by sharing this information **only with the minimum number of personnel with a need to know.** NBIMC's guidance is to keep this confidential information only with the CO and the Senior Medical Officer (SMO). Please carefully review the guidance in paragraph 2.4 on page 8 of the CO guide.
- ☐ Inform the service members of the positive result face-to-face in a timely manner
- ☐ Exercise discretion.
- ☐ Confirm the notification of the service member to the Navy Bloodborne Infection Management Center within 10 working days of receiving command notification documents by replying to the original email. Please include the following NBIMC staff members below:
 - ☐ CDR Marshall Hoffman: marshall.m.hoffman.mil@health.mil
 - ☐ Ms. Denise Chambers: denise.a.chambers6.civ@health.mil
 - ☐ Ms. Julia Wolfrey: julia.d.wolfrey.ctr.@health.mil

Assignment to a HIV Evaluation and Treatment Unit (HETU):

The service member will undergo initial medical evaluation at one of the three HIV Evaluation and Treatment Units (HETU). NBIMC assigns the service member to the HETU.

- ☐ Naval Medical Center Portsmouth
- ☐ Naval Medical Center San Diego
- ☐ Walter Reed National Military Medical Center (WRNMMC), Bethesda

Travel to the HIV Evaluation Treatment Unit (HETU)

- ☐ Members newly diagnosed with HIV are assigned to shore duty (type 1) to facilitate their medical care.
- ☐ Members currently on shore duty and returning to parent shore duty command after initial evaluation shall be sent to the HETU on Temporary Duty (TDY) orders for treatment.
- ☐ Members currently stationed aboard ship, operational command, or from any OCONUS duty station shall be transferred via PCS orders to shore duty (type 1).
- ☐ OCONUS and Shipboard, and Deployed Sailors and Marines- A Medical Officer/Physician at the member's local command must place the member on Limited Duty Status (LIMDU) expeditiously to facilitate medical care.

BUMED/Line of Accounting (LOA) Temporary Duty Travel (TDY) Orders Requirements:

The LOA is used for Bureau of Medicine and Surgery (BUMED) responsible travelers only. BUMED will provide funding for the service member's TDY for the duration of the medical appointment not to exceed 2 weeks. The command contacts BUMED POC and PERS-454 to arrange TDY and/or PCS for the service member.

☐ Mr. Brian Phillips

Email: brian.g.phillips14.civ@health.mil

☐ Mr. Michael Rozanski

Email: michael.m.rozanski.civ@health.mil

SECNAV Forms to be reviewed/completed:

- ☐ **Medical Counseling Statement:** Medical Officer completes the Bloodborne Pathogen Counselling Statement, SECNAV Form 5300/1, at initial notification and then annually.
- ☐ **Order to Follow Preventive Medicine Requirements:** The Commanding Officer completes the SECNAV Form 5300/2, (Enclosure (2)) at initial notification and at each duty station; followed by member's signature of acknowledgement.
- ☐ Review the DODI 6485.01 and SECNAVINST 5300.30F to learn more about policy regarding service members with HIV.

2.0 Frequently Asked Questions

The following are frequently asked questions during the notification process.

2.1 Career

What will happen to my career?

- Service members newly diagnosed with HIV who have been medically evaluated to have controlled HIV disease may be considered for OCONUS or large ship platform tours. Numerous factors will affect the suitability of a service member living with HIV for operational and OCONUS assignments. These factors include but are not limited to the availability of medical capabilities at the operational or OCONUS site, the nature of the assignment itself, and the Status of Forces agreements with host nations. Newly diagnosed members are initially transferred to shore duty to ensure that the service member can obtain medical care.
- Once certain medical criteria are met, service members may apply for OCONUS and operational duty as per MPM 1300-1300 for Navy members and MCO 1300.8S for Marine members. Service members living with HIV will not be considered for overseas individual augmentee (IA) tours given the austere environments where they potentially could be placed.
- Alternatively, junior enlisted members in sea intensive ratings (i.e., OS, BT, QM, etc.) may consider a change in their rate to a more shore favorable rate (i.e., HM, YN, PS).
- Some personnel in special communities such as aviation duty, diving duty, special warfare, or submarine duty may request a BUMED waiver of medical standards to continue in these programs. In our recent experience, service members living with HIV in the submarine, aviation, and special forces communities have encountered challenges in remaining in their rating, specialty, or position.

2.2 Advancement

Can I advance?

- Yes. By law, personnel records cannot contain a member's HIV status, nor can a member be denied reenlistment or promotion solely because of HIV infection.
- Outstanding performance is the key, service members living with HIV are subject to high- year- tenure, ENCORE, Continuation Boards and Selected Early Retirement Boards (SERB).

2.3 Informing Spouse/Partner of Positive Diagnosis

Will I have to inform my spouse/significant other that I have HIV?

- It is your moral responsibility to personally notify people you may have infected.
- When you get to the military hospital, you will be asked to list all the people you may have infected.
- Without providing your name, the military will officially inform all active-duty members and state health departments in which they reside will officially inform civilians.

2.4 Protecting the Member's Privacy

Who in the command knows I am HIV positive?

Right now, just I, Chaplain (if desired) and Dr. _____ (or an Independent Duty Corpsman when no physician is available). I will also inform _____, so that they may help you prepare for MEDEVAC/transfer from the command to the Military Treatment Facility and be available to answer any questions you may have after our meeting today.

One of the most prominent issues to a service member with a positive HIV test is knowing that only a very select few are aware of their HIV status. It is understood that the CO must be extremely vigilant to ensure the member's privacy and confidentiality are not compromised. If you inform someone else in your command, you should advise the newly infected service member of your decision.

2.5 Information Resource for Members with a New Diagnosis of HIV

- This is a useful website from the Department of Health and Human Services regarding the next steps after receiving a diagnosis.

<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/just-diagnosed-next-steps-after-testing-positive-hiv>

3.0 Medical Evaluations

The Department of Defense Instruction 6485.01 and SECNAVINST 5300.30 series govern the policy regarding newly infected members.

3.1 Initial Medical Evaluation

The initial medical evaluation includes the following:

- HIV positive validation, complete physical, psychological counseling, drug/alcohol training, legal counseling, and treatment options.

- Determination of fitness for duty. Most members are found fit for full duty within 2-4 months after initiating HIV treatment. Members may not be assigned or reassigned without NAVPERSCOM (PERS-454) and Navy Bloodborne Infection Management Center (NBIMC) approval at OCONUS or operational duty stations. Members not fit for full duty shall be processed IAW SECNAVINST 1850.4F, Disability Evaluation System.

3.1.1 Reporting for Evaluation

- Evaluations are conducted at one of the three HIV Evaluation and Treatment Units (HETU):
 - Naval Medical Center Portsmouth
 - Naval Medical Center San Diego.
 - Walter Reed National Military Medical Center (WRNMMC), Bethesda
- Initial medical evaluation and administrative processing may take up to two weeks. Initial medical evaluation may take less time for service members who are already on shore duty (type 1) and whose current duty stations are located within driving distance to the HETUs.
- Do not rush the member to the HETU immediately after notification.
 - Rapid removal from the command can be incredibly stressful for the member and adds more disruption, confusion, and sense of loss on top of the initial news.
 - However, if confidentiality has not been maintained, remaining at the command can also be stressful.
- Ensure the individual reports through normal regulating channels.
- Direct the individual to bring medical and dental records as well as appropriate uniform and civilian attire.
- Members who need to return to CONUS from overseas may need a longer period to begin to arrange and supervise movement of household goods and family members.
- Ten to fourteen days is usually sufficient time to arrange personal matters. The active-duty member must designate an agent in writing to care for and store household goods until shipment to next duty station can be arranged.

3.1.2 Travel to HETU

- All members with newly diagnosed HIV must be assigned to shore duty (type 1) for medical care.
- Members currently on shore duty and returning to parent shore duty command after initial evaluation shall be sent to the HETU on Temporary Duty (TDY) orders for treatment.
- Members currently stationed aboard ship, operational command, or from any OCONUS duty station shall be transferred via PCS orders to shore duty (type 1). NAVPERSCOM 454 Medical Officer shall assist with transfer orders to the new

shore duty command (type 1) (mill_DAOPERS-454@navy.mil or 901-874-3201). Prior to detaching the current command, the member shall receive PCS orders with an intermediate stop at the HETU with follow on orders to report to new shore duty (type 1) command. Alternatively, if NAVPERSCOM is unable to execute PCS orders in a timely manner (10-14 days after initial notification), Temporary Duty (TDY) orders for further assignment may be written to the HETU. While at the HETU, the member will await PCS orders to shore duty assignment. This information (TDY versus PCS) should be communicated to NAVPERSCOM and BUMED accordingly.

- **For confidentiality purposes, indicate only the NAME of the military treatment facility on the orders (WRNMMC Bethesda, NMC Portsmouth, or NMC San Diego).**
- **DO NOT indicate on any Orders that the member is going to the “Navy HIV Evaluation and Treatment Unit.”**
- BUMED provides TDY funding for transfer of Navy/Marine Corps members worldwide (and one non-medical attendant (e.g., spouse) from OCONUS commands) to the initial evaluation visit using the line of accounting data below.

3.2 Line of Accounting (LOA) for Temporary Duty Travel (TDY) Orders Requirements

- The LOA is used for BUMED responsible travelers only.
- BUMED will provide funding for the duration of the medical appointment not to exceed 2 weeks. If the member is waiting for orders at HETU sites enroute to the next duty station, the parent command will be responsible for funding.
- Physician recommendation is required for non-medical attendant (CONUS/OCONUS).
- The BUMED Data Sheet for Cross-organizational LOA in Support of METU Travel (**Enclosure 1**) must be completed and sent to BUMED for the LOA to be processed.

Requesting Sites must –

- Use the Defense Travel System (DTS)
- Ensure Government issued credit card is activated.
- Provide a memo documenting non-availability of government quarters if BEQ/BOQ/Navy Lodge/Gateway Inn and Suites/are not used.
- Requesting sites must contact at the POCs at BUMED to obtain a Managed Care Line of Accounting for a member to go to the specified (HETU)
 - **Mr. Brian Phillips:**
 - Email: brian.g.phillips14.civ@health.mil
 - COMM: 703-681-9338
 - **Alternate (1): Mr. Michael Rozanski:**
 - Email: michael.m.rozanski.civ@health.mil
 - **Alternate (2): Ms. Tonja Campbell**
 - Email: tonja.g.campbell.civ@health.mil
 - COMM: 703-681-9381

Travel funds for additional (above ONE allowable) OCONUS non-medical attendants and for any CONUS non-medical attendants are the parent command's responsibility.

3.3 Re-Evaluation

- Members must complete medical re-evaluation and follow-up HIV counseling and education at one of the HETUs every 6 months. On a case-by-case basis, follow up HIV evaluations at smaller naval MTFs may occur, and the results of those appointments are reported to the cognizant HETU and NBIMC for tracking purposes.
- The duration will be one to three days based on the member's medical condition and needs.
- The member's command is responsible for providing TDY funding for their follow-up medical evaluations (See Joint Federal Travel Regulations).
- Though the command has no funding obligation, the spouse of an HIV-positive member should be strongly encouraged to attend evaluations.
- Direct the individual to bring medical and dental records as well as appropriate uniform and civilian attire.

4.0 General HIV Education and Training Information

SECNAVINST 5300.30 requires that all commands conduct HIV preventive training in command health promotion programs. Emphasize modes of transmission and methods of prevention.

- DON civilian employees and their supervisors (military and civilian) should receive information relevant to HIV/AIDS and workplace policies, procedures, and resources.
- Resources to assist you with training materials are available from local MTFs, Navy chaplains and the following:

Navy Bloodborne Infection Management Center

<https://med.navy.afpims.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/Field-Activities/Navy-Bloodborne-Infection-Management-Center/>

Navy and Marine Corps Force Health Protection Command

<https://med.navy.afpims.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/>

CDC National Prevention Information Network (NPIN)

<https://npin.cdc.gov/disease/hiv>



BUMED DATA SHEET FOR CROSS-ORGANIZATIONAL LOA IN SUPPORT OF METU TRAVEL

1. The patient is an ACTIVE-DUTY SERVICE MEMBER.

2. The patient is traveling from _____ to _____ for METU care on the first available MILITARY / COMMERCIAL (select one) flight.

Patient Name/SSN: _____ GOVCC Expiration Date: _____ GOVCC ACTIVATED: _____
Email Address(es): _____
Phone Number(s): _____
Grade: _____

Non-Medical Attendant Name (Spouse or Significant other)/

SSN: Physician's Recommendation Statement Required.

Email Address(es): _____

Phone Number(s): _____

Grade: _____ GOVCC Expiration Date: _____ GOVCC ACTIVATED: _____
(If Applicable)

LODGING REQUIREMENTS FOR METU PATIENT:

Mandatory DTS/CTO Lodging Reservations must be utilized.

NMC Portsmouth, VA: The Navy Gateway Inn and Suites, Navy Lodge or the BEQ/BOQ will be utilized.

Walter Reed National Military Medical Center, Bethesda, MD: The BEQ/BOQ, Navy Lodge, Gateway Inn and Suites will be utilized.

NMC San Diego, CA: The BEQ/BOQ, Navy Lodge, Gateway Inn and Suites will be utilized.

***NOTE: For E-6 and above, Navy Lodge, Gateway Inn and Suites (Government Quarters) will be utilized.**

Non-availability statements from each lodging facility below are required if the member obtains other lodging. Lodging reimbursement will not exceed the maximum daily-authorized rate in DTS.

An economy or compact rental car is authorized (Bethesda excluded). Additional cost for an upgrade will not be reimbursed. POV must not exceed the cost of a plane ticket (plane comparison must be attached to DTS authorization). An E-Z pass may be required for bridges and tolls (authorized one round trip toll).

Failure to provide a liquidation claim within the allotted time will warrant contact with the traveler's Executive Officer.

BUMED must approve the authorization and voucher.

Service members and DoD civilian employees who are eligible to a Government Travel Charge Card (GTCC) must use their Individual Billed Account (IBA) when submitting a travel authorization and voucher. Member is authorized to travel to NMC Portsmouth, NMC San Diego Balboa or Walter Reed NMMC, MD only.

I (Patient) _____ certify that I understand and will comply with the above information.

Signature: _____ Date: _____

Approximate Dates (from/to): _____

Estimated Cost: _____

CO or XO's Name: _____

Email Addresses: _____

Phone Number(s): _____

3. TAD point of contact is _____, Navy Liaison, at (phone number) and (email address).

4. Travel claims must be submitted within 5 days upon return and liquidated. All vouchers must be liquidated prior to transfer or detaching.

5. BUMED funds command to MTF travel only. This request must be completed prior to LOA being issued for travel. The military member must provide an SSN to utilize DTS. Requesting official's signature is required. PII must be blackened out prior to uploading documents into DTS.

Requesting official signature, printed name and title

Date: _____

Enclosure (1)

ORDER TO FOLLOW PREVENTIVE MEDICINE REQUIREMENTS

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 1095, Health Care Services Incurred on Behalf of Covered Beneficiaries; Collection from Third-Party Payers; 10 U.S.C. 5131 (as amended), 10 U.S.C. 55, Medical and Dental Care; 42 CFR 290DD, Drug and Alcohol Treatment Records; Bureaus: names; location; 10 U.S.C. 5132, Bureaus: distribution of business; orders; records; expenses; 44 U.S.C. 3101, Records Management by Agency Heads; 10 CFR part 20, Standards for Protection Against Radiation; 5 CFR 293.502, Subpart E; Employee Medical File System Records; 29 CFR, Part 5, Labor Standards; 5 CFR 339.101-306, Coverage; DoDD 6485.1, Human Immunodeficiency Virus-1 (HIV-1); DoD 6025.18-R, DoD Health Information Privacy Regulation; and E.O. 9397 (SSN), as amended, and SORN N06150-2.

PURPOSE(S): This system is used by officials, employees and contractors of the Department of the Navy (and members of the National Red Cross in naval military treatment facilities) in the performance of their official duties relating to the health and medical treatment of active duty members, retirees, family members, other beneficiaries, and civilian employees; physical and psychological qualifications and suitability of candidates for various programs; personnel assignment; law enforcement; dental readiness; claims and appeals before the Council of Personnel Boards and the Board for Correction of Naval Records; member's physical fitness for continued naval service; litigation involving medical care; performance of research studies and compilation of statistical data; implementation of preventive medicine programs and occupational health exposure assessment and surveillance programs; implementation of communicable disease control programs; and management of the Bureau of Medicine and Surgery's Radiation program and to report data concerning individual's exposure to radiation; initiation and processing for reimbursement of claims against potential third party payers.

ROUTINE USES: Information will only be accessed by medical personnel with a need to know in order to in-process patients, provide treatment, collect payments, and healthcare operations, etc...

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations

DISCLOSURE:

Voluntary. However, failure to provide the requested information may result in a delay, comprehensive healthcare services may not be possible, and you may be rejected for service or an assignment.

Because of the necessity to safeguard the overall health, welfare, safety, and reputation of this command and to ensure unit readiness and the ability of the unit to accomplish its mission, certain behavior and unsafe health procedures must be proscribed for members who are diagnosed as positive for bloodborne pathogen infections (HIV, chronic HBV, or chronic HCV).

As a military member who has been diagnosed as positive for HIV, chronic HBV or HCV infection, you are hereby ordered:

- (1) To verbally inform sexual partners that you are HIV, HBV and/or HCV positive prior to engaging in sexual relations. This order extends to sexual relations with other military members, military dependents, civilian employees of DoD components or any other persons;
- (2) To use proper methods according to medical counseling to prevent the transfer of body fluids during sexual relations, including the use of condoms, providing an adequate barrier (e.g., latex);
- (3) In the event that you require emergency care, to inform personnel responding to your emergency that you are HIV, HBV and/or HCV positive as soon as you are physically able to do so;
- (4) When seeking medical care, you may wish to inform the provider that you have HIV, HBV and/or HCV so that the provider can use that information to optimize your evaluation and treatment;
- (5) Not to donate blood, tissues, sperm, or other organs.

Violating the terms of this order may result in adverse administrative action or punishment under the Uniform Code of Military Justice for violation of a lawful order.

Member's Names (Print):

Commander's Signature:

Date:

ORDER TO FOLLOW PREVENTIVE MEDICINE REQUIREMENTS

ACKNOWLEDGEMENT

I have read and understand the terms of this order and acknowledge that I have a duty to obey this order. I understand that I must inform sexual partners, including other military members, military dependents, civilian employees of DoD components, or any other persons, that I am HIV, chronic HBV and/or HCV positive prior to sexual relations; that I must use proper methods to prevent the transfer of body fluids while engaging in sexual relations, including the use of condoms providing an adequate barrier; that if I need emergency care I will inform personnel responding to my emergency that I am HIV positive as soon as I am physically able to do so; that when I seek medical or dental care I may wish to inform the provider that I have HIV, chronic HBV and/or HCV in order to optimize my evaluation and treatment; and that I must not donate blood, sperm, tissues, or other organs. I understand that violations of this order may result in adverse administrative actions or punishment under the Uniform Code of Military Justice for violation of a lawful order.

Member's Names (Print):

Member's Signature:

Date:

INSTRUCTIONS

With coordination from personnel Navy Personnel Command (PERS 454) or US Marine Corps Headquarters) upon initial notification and each instance of a permanent change of station (PCS), the member will be required to meet in person with the Commanding Officer (CO) for issuance of general orders pertaining to preventive medicine requirements as outlined. The member's full name will be printed, and the CO will sign (handwritten) and date in spaces provided. The member will read the Acknowledgement page (on reverse side), print full name, and sign (handwritten). The completed signed forms shall be returned to personnel and all paper/ electronic copies destroyed upon PCS.