SUBJECT: Custody and Control of Outpatient Medical Records

References:  
(a) DoD Directive 6040.41, "Medical Records Retention and Coding at Military Treatment Facilities," April 13, 2004  
(c) DoD Directive 5400.11, "DoD Privacy Program," December 13, 1999  
(d) DoD Directive 6025.18, "Privacy for Individually Identifiable Health Information in DoD Health Care Programs," December 19, 2002

1. PURPOSE

This Instruction implements policy, assigns responsibilities, and prescribes procedures under references (a) and (b) for the custody and control of medical records at all Department of Defense (DoD) Military Treatment Facilities (MTFs) and the monitoring, review, and evaluation of medical record availability at MTFs.

2. APPLICABILITY AND SCOPE

This Instruction applies to:

2.1. The Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the "DoD Components").
2.2. The Coast Guard, under agreement with the Department of Homeland Security, when it is not operating as a Military Service under the Department of the Navy; and the Commissioned Corps of the United States Public Health Service (USPHS) and of the National Oceanic and Atmospheric Administration (NOAA), under agreements with the Department of Health and Human Services (hereafter referred to collectively as the "Other Uniformed Services"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, the Marine Corps and the Coast Guard; and their respective National Guard and Reserve components. The term "Uniformed Services" refers to the Army, the Navy, the Air Force, the Marine Corps, the Coast Guard, the Commissioned Corps of the USPHS, and the Commissioned Corps of the NOAA.

3. POLICY

It is DoD policy that all beneficiary medical records are the property of the Department of Defense and their maintenance and availability at MTFs is key to appropriate medical care and legal and administrative proceedings.

4. RESPONSIBILITIES

4.1. The Assistant Secretary of Defense (Health Affairs), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall:

4.1.1. Establish overall policy and procedures to include a Military Health System (MHS) communications plan that is designed to educate the beneficiary population regarding the control, release, and safeguarding of MHS beneficiary medical records to eliminate the unauthorized retention of medical records by beneficiaries.

4.1.2. Monitor compliance with this Instruction.

4.1.3. Modify or supplement this Instruction, as needed.

4.2. The Secretaries of the Military Departments shall ensure that the Surgeons General of the Military Departments and MTF commanders comply with and oversee and execute the procedures outlined in this Instruction.
5. **PROCEDURES**

The following are procedures for MTF custody and control of medical records:

5.1. Each Military Department shall develop a medical records retention and control policy for implementation at MTFs that shall include the following elements:

5.1.1. The establishment of a medical records control process. This process shall include a communications plan that focuses on educating the beneficiaries on the procedures to be utilized by each MTF to store, verify, and locate medical records.

5.1.2. The medical records control process should include procedures to ensure 95 percent availability of all outpatient medical records (goal is 100 percent). "Availability" is defined as located within the MTF having functional responsibility for maintaining the record. "Availability" is not to be confused with "provider availability." "Provider availability" is defined as the ability of the MTF having functional responsibility for the record to produce the entire medical record (e.g., outpatient, mental health, and dental) for healthcare purposes. At a minimum, the procedures initiated should include the following processes:

5.1.2.1. A review and analysis by a qualified person to determine whether the clinical business processes in each clinic regarding medical records should be improved.

5.1.2.2. The implementation of an educational program for technical and professional staff regarding their responsibilities in the custody and control of medical records. It is highly recommended that MTF leadership include this subject at meetings attended by staff and beneficiaries, such as commander's "calls," community town hall meetings, and grand rounds.

5.1.2.3. The establishment of a policy that ensures "no hand-carrying" of medical records by beneficiaries. A process should be implemented to retrieve medical records from those beneficiaries who hand-carry their records. Every effort should be made to ensure that patients do not leave the MTF with their medical records.

5.1.2.3.1. MTF commanders have the authority to set policy on exceptions to the "no hand-carrying guidance." Examples of exceptions could include circumstances in which the inconvenience to the beneficiary or break in continuity of care outweighs the record custody concerns.
5.1.2.3.2. A process to provide a beneficiary with a copy of the medical record upon his/her request in accordance with DoD Directive 5400.11 and DoD Directive 6025.18 (references (c) and (d)).

5.1.2.4. The establishment of a tracking and reporting program to identify delinquent records. The Composite Health Care System Medical Records Tracking Module should be used as a tool to monitor and track the availability and movement of outpatient medical records and to facilitate the development and maintenance of a closed records system within the MTF.

5.1.2.5. The establishment of a system that allows for the delivery of records to clinics for scheduled and walk-in appointments in order to avoid the beneficiary hand-carrying the record.

5.1.2.6. The implementation of a process to identify and establish an outpatient record for those beneficiaries who have never had a record initiated.

5.1.2.7. The establishment of a process to ensure that all loose documents contain the necessary beneficiary identification information, to include the name of the MTF where the record is maintained, in order to allow for proper filing.

5.2. The Military Departments' Surgeons General offices shall ensure MTF compliance with the custody and control of medical records through their review of monthly performance measures.

5.2.1. MTF performance shall be evaluated on the effectiveness of its medical records control process to ensure a minimum of 95 percent availability (goal is 100 percent) of all outpatient records and compliance with performance measures, as outlined in reference (b).

5.2.1.1. MTF commanders shall meet the established standard of 95 percent records availability.

5.2.1.2. The commander's effectiveness in improving and sustaining medical record availability should be considered during his/her annual performance evaluation.

5.2.2. The Military Departments' Surgeons General shall implement medical records custody and control compliance standards through their respective Inspector General and Military Department audit agencies that incorporate the performance standards identified in this Instruction.
5.2.3. The availability of outpatient medical records shall be monitored and evaluated as an Assessable Unit under the Military Department Management Control Program.

5.2.4. The Military Departments' Surgeons General shall facilitate external audits of their MTFs' medical record control process by the Government and other contracted auditors, as needed.

6. EFFECTIVE DATE

This Instruction is effective immediately.

William W. Winkenwerder, Jr., MD
Assistant Secretary of Defense (Health Affairs)

Enclosures - 1
E1. Medical Record Availability
E1. ENCLOSURE 1

MEDICAL RECORD AVAILABILITY

E1.1. MEDICAL RECORD AVAILABILITY

The medical record must be available to provide:

E1.1.1. A communications link to healthcare providers for the continuity of patient care.

E1.1.2. Information to healthcare providers for quality assurance, evaluation, and improvement of treatment methods.

E1.1.3. Evidence of treatment and justification for reimbursement claims to third-party payers.

E1.1.4. Information for disability evaluation and processing.

E1.1.5. Accurate documentation of healthcare provided to patients.

E1.1.6. Supporting documentation for education and training for MTF staff, students, and patients.

E1.1.7. Increased provider productivity.

E1.1.8. Assurance that accurate medical information is documented in records of deployed forces and facilitates pre- and post-deployment health assessments.