

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
1650 COCHRANE CIRCLE  
FORT CARSON, COLORADO 80913-4604

MCXE  
MEDDAC Regulation  
No. 40-8

JUN 16 2014

Medical Services  
**IMPAIRED HEALTH CARE PERSONNEL PROGRAM (IHCPP)**

**History.** This is the third version of this regulation. This regulation was first printed 10 March 2010.

**Summary.** This regulation establishes policy, responsibilities and procedures at Evans Army Community Hospital (EACH) for Impaired Health Care Personnel (IHCP), which includes any staff member who interacts with patients.

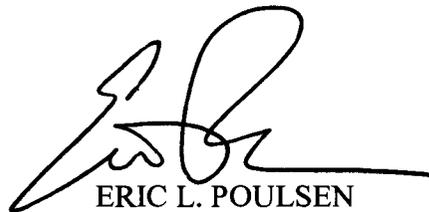
**Applicability.** The policies and procedures established in this regulation apply to all officer, enlisted, or civilian (GS and personal services contract) health care staff members assigned or attached to EACH (active duty, reserve, or National Guard) who have direct patient care responsibilities or supervise patient care, whether or not privileged, or employees who function in an administrative or ancillary services support capacity.

**Proponent and exception authority.** The proponent of this regulation is the Chief of Quality Support Division. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling directives.

**Army Management Control Process.** This regulation is not subject to the requirements of AR 11-2, as it contains no internal management control provisions.

**Suggested Improvements.** Users are invited to send comments and suggested improvements on a DA form 2028 to the Chief, Quality Support Division, ATTN: MCXE-QSD.

FOR THE COMMANDER:  
OFFICIAL:



ERIC L. POULSEN  
LTC, MS  
Deputy Commander for  
Administration



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Chief, Telemangement  
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\*This regulation supersedes MEDDAC Reg 40-8 (January 4, 2012)

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**1. Purpose.** US Army Medical Department Activity-Evans Army Community Hospital (EACH), Fort Carson has an obligation to protect patients from harm. This regulation establishes the procedures for education of staff regarding the health of health care personnel, addresses prevention of physical, psychiatric, or emotional illness, and facilitates confidential diagnosis, treatment, and rehabilitation of health care personnel who suffer from potentially impairing conditions. It is designed to provide support, assistance, and rehabilitation to those health care personnel who suffer from a condition that negatively influences, or has the potential to negatively influence, optimal performance.

### **2. References.**

- a. Public Law 91-513, The Comprehensive Drug Prevention and Control Act of 1990.
- b. The Joint Commission Accreditation Manual for Hospitals
- c. AR 40-66, Medical Record Administration.
- d. AR 40-68, Quality Management Program.
- e. AR 600-85, Army Substance Abuse Program.
- f. AR 614-5, Stabilization of Tours.
- g. DA Pam 600-85, Army Substance Abuse Civilian Services.
- h. DOD Directive 6490.1, Mental Health Evaluations of Members of the Armed Forces.

i. DOD 6490.04 Instructions, Requirements for Mental Health Evaluations of the Armed Forces.

### **3. Terms. Explanation of Terms and Abbreviations.**

a. **Advocacy.** To work in the support of impaired health care personnel, acting as their advocate, within the limitations of the system.

b. **Aftercare.** The program of activities following inpatient or partial hospitalization treatment includes the remainder of the one year enrollment following completion of treatment as an outpatient or discharge from a residential treatment facility.

c. **Clinical Privileges.** Recommended by the Credentials Committee to the Executive Committee of the Medical Staff and approved by the Medical Treatment Facility (MTF) Commander, to provide specific patient care and treatment services in the organization, within defined limits, based on an individual's license, education, training, experience, competence, judgment and health care status.

d. **Personnel enrolled in the EACH Impaired Health Care Personnel Committee (IHPC).** Any health care staff member assigned or attached to EACH (active duty, reserve, National Guard or civilian) with impairment due to medical, psychiatric, or alcohol or drug misuse, abuse, or dependence which could result in an inability to provide safe patient care.

e. **Intervention.** Used when the behavior that impairs or potentially impairs clinical performance is clearly related to alcohol or other drug misuse, abuse or dependence.

f. **Monitoring Plan.** This is a contractual plan between the impaired health care staff member, the treating physician (if applicable), supervisor and the IHPC. The Army Substance Abuse Program clinic will monitor during the first year of aftercare. The supervisor, department chief, and the IHPC will continue monitoring for the second year.

g. **DD Form 2499, Health Care Practitioner Action Report.** A Department of the Army form used to report privileging actions and impairment.

h. **Re-entry.** This refers to the return to duty and re-entry into clinical practice of recovering impaired staff member. This is a gradual process based on the circumstances of the individual case and the staff member's response to treatment and aftercare. The commander makes the determinations for re-entry into practice based on recommendations of the IHPC in coordination with the Credentials Committee.

### **4. EACH Impaired Health Care Personnel Committee Membership.**

a. The IHPC is an ad hoc committee and membership will include the following:

(1) Chief Department of Psychiatry, Chairman.

- (2) Adult Primary Medical Clinician (Internal Medicine)
- (3) Deputy Commander for Clinical Services
- (4) Senior Army Nurse (to be appointed by the DCHSN).
- (5) Clinical Director, Army Substance Abuse Program (ASAP).
- (6) A recovering impaired provider with at least two years in recovery (if available).
- (7) Chief, Quality Support Division
- (8) Credentials Coordinator
- (9) Human Resources Representative
- (10) Mid-level Provider, (PA, NP, CNM, CRNA)

b. Other attendees:

(1) Others, as requested (Post Advocate General (JAG), Medical Company Commander, senior enlisted Soldier).

(2) Credentials Coordinator, as recorder.

c. Additional members will be nominated by the IHPC and approved by the DCCS.

d. The IHPC will meet monthly or as needed to for disposition of urgent IHPC cases, IAW AR 40-68.

**5. Responsibilities.**

a. EACH Impaired Health Care Personnel Committee (IHPC)

(1) Evaluate health care personnel referred to the IHPC for evidence of impairment resulting from a physical condition, mental condition, or substance or alcohol misuse, abuse, or dependence.

(2) Evaluate the credibility of complaints or allegations of health care staff member impairment.

(3) Recommend procedures for management of health care personnel identified as impaired or potentially impaired. Recommendations to limit or change the privileges of privileged providers will be forwarded to the Credentials Committee for action. The Credentials

Committee will take action on the recommendations and forward the information through the ECMS to the Commander, EACH. Recommendations for all others will be provided through the individual's department chief to the commander.

(4) Make recommendations regarding evaluation and/or monitoring the clinical practice of health care personnel referred to the IHCP to ensure quality care and patient safety.

(5) Monitor rehabilitation of health care personnel during treatment, aftercare/follow-up care and monitoring periods.

(6) Make recommendations regarding the phased return to full clinical practice after treatment during re-entry.

(7) Make recommendations regarding appropriate restrictions of clinical practice for personnel enrolled in the IHCPP.

(8) Report personnel enrolled in the IHCPP to the Credentials Committee if the IHCP determines a staff member has impairment. The Credentials Committee will report all impaired healthcare personnel to MEDCOM through Western Regional Medical Command using DD Form 2499. Only the Surgeon General may report personnel enrolled in the IHCPP to the National Practitioner Data Bank or other professional regulating authorities

(9) Develop and provide educational programs for the institution on recognition, responsibilities and procedures regarding the impaired staff member and the role of the IHCPP and Committee. The details of the educational program are outlined in AR 40-68, paragraph 11-5, c,1,c.

(10) The committee will notify supervisors of their responsibilities.

b. Medical Company Commander. The Medical Company Commander will be responsible for referrals to ASAP and initiating any appropriate military action to ensure the security and safety of the military mission.

c. Deputy Commander for Clinical Services (DCCS).

(1) The DCCS is responsible for overall management and implementation of the IHCPP. The DCCS will call an ad hoc meeting of the IHCP when a potential case is discovered.

(2) Responsible for ensuring confidentiality of the IHCPP and ensuring all communications of staff and health care personnel in relation to this program are kept confidential.

(3) Protects staff who report incidents under the auspices of this program from potential retribution.

d. Risk Manager. Reports issues of potential health care staff member impairment identified by the risk analysis or quality management activity to the DCCS.

e. EACH Staff Responsibilities.

(1) All staff members will bring issues of potential health care staff member impairment to the attention of the DCCS or IHCPP. All communications of this nature will be kept in the strictest confidentiality.

(2) All health care personnel may self-refer to the IHCPP through the DCCS or a peer who will bring the issue to the DCCS or IHCPP. All communications of this nature will be kept in the strictest confidentiality.

(3) All staff members are responsible for cooperating with the IHCPP and the IHCP in accordance with AR 40-68 and this regulation.

f. Human Resources

(1) Responsible for informing the staff member the he/she has been referred to the IHCP and obtaining the signed Receipt of Notice from the employee.

(2) Provide the staff member with a copy of the Role and Function of the EACH IHCP.

**6. Psychiatric or Medical Impairment Management.**

a. Any health care staff member known or suspected of having a medical or psychiatric problem that impairs or could impair their ability to perform will be reported to the IHCP either verbally or in writing. The Chairman of the IHCP will initiate the following inquiries and call a meeting of the committee to review the information.

(1) A statement by an appropriate physician which includes diagnosis, prognosis and implications for clinical performance, preferably the primary physician treating the health care provider.

(2) A statement concerning the current clinical performance from at least one immediate supervisor.

(3) A recommendation regarding the health care staff member's scope of clinical practice from his/her service chief.

b. The IHCP will review the statements and recommendations, discuss and recommend limitations of practice when required. For privileged providers, those recommendations will be forwarded to the Credentials Committee for their action and forwarded to the ECMS for review before final approval by the commander. For non-privileged providers, recommendations will be

made directly to the department chief and/or DCCS as appropriate, forwarded to the Commander and copy furnished to the Credentials Committee.

c. The IHPCP will serve as an advocate for all health care personnel and liaison to the military health system for protection of health care personnel and patients, to preserve confidentiality, expedite evaluation and/or treatment, and promote fair and equitable treatment of all health care personnel within the military health system's boundaries.

d. Reports.

(1) Health care personnel will be notified by the IHPCP when they are being evaluated for possible impairment due to a medical condition, mental health condition or alcohol/drug misuse, abuse and/or dependence, and of the role of the committee.

(2) The supervisor of the monitored personnel enrolled in the IHCPP will submit written reports regarding duty competence during the monitoring period to the IHPCP according to the predetermined contract between the personnel enrolled in the IHCPP, the supervisor and the committee.

(3) Individuals monitoring personnel enrolled in the IHCPP will notify the supervisor and the IHPCP immediately upon any sign of relapse or failure to follow the monitoring plan.

(4) Progress reports will be submitted to the Credentials Committee on any individual privileged personnel enrolled in the IHCPP who is being followed by the IHPCP. The Chairperson of the IHPCP or their designee will present the report at a schedule determined by the DCCS (e.g. monthly, quarterly).

(5) Reports will be provided to the Commander on a regular basis through Credentials Committee minutes. The Commander will be notified immediately when the personnel enrolled in the IHCPP has been officially added to the Personnel Health Program log. Confidentiality will be maintained through use of confidential cover sheets.

(6) The Credentials Coordinator will be responsible for the preparation of all DD Forms 2499. All DD Forms 2499 will be approved and signed by the DCCS prior to submission to higher command (Western Regional Medical Center). WRMC routes paperwork to MEDCOM for definitive action. All IHCPP documentation will be secured in the Credentials Office of the Quality Support Division.

## **7. Alcohol or Drug Abuse/Dependence/Impairment Management.**

a. Case Finding – All MTF personnel are required by AR 40-68 to report health care personnel (military, civilian and contract) whose clinical practice is impaired or potentially impaired to the DCCS or the IHPCP. An open door policy on the part of the IHPCP will encourage self-referral as well as identification of suspected or potential impairment. Contract personnel will be brought to the attention of the contracting agency for management and

appropriate follow-up according to State licensing board requirements. The IHPCP will ensure that the department chief is informed and will serve as a resource to the department chief for recommendation on notification and monitoring of the provider. Once a determination is made that the impaired staff member will be enrolled in the IHCPP, the supervisor will accompany the staff member to the Company Commander (military) or to the C, HR (civilian) for notification and a full explanation of the role and function of the IHCPP and IHPCP.

(1) Monitoring or enhanced supervision. This action will be used only when there is no clear evidence of impairment. A memorandum for record (MFR) will be sent from the department chief to the IHPCP describing the circumstances and specifying the type of monitoring or enhanced supervision that will be conducted.

(2) Confrontation. Where there is evidence of impairment, the supervisor will present the objective, documented evidence of the staff member's deteriorating job performance. The supervisor will not discuss any suspicion of alcohol/drug abuse but will focus only on the deteriorating job performance. Should the impairment be manifest, the supervisor will take immediate and appropriate protective action.

(3) The supervisor of civil service providers will notify the ASAP clinic civilian program coordinator, the management-employee relations representative from the CPOC/CPAC, and the bargaining unit (union) representative.

(4) The supervisor of contract health care personnel will contact the Contracting Officer's Representative (COR) Office when there is a concern about the conduct or performance of a contract employee.

(5) The supervisor will provide an MFR to the IHPCP describing the evidence, the future expectation as given to the staff member, and the staff member's response. The staff member will not, under any circumstances, be questioned about the impairment, or cause thereof, without appropriate legal advice concerning the staff member's Article 31, UCMJ, and/or other employee rights, as appropriate. For active duty personnel, the action will be coordinated with the individual's company commander and JAG.

b. Intervention will be used when the behavior that impairs or potentially impairs clinical performance is clearly related to alcohol or other drug misuse, abuse or dependence. The staff member will be removed from direct patient contact until the committee determines that the problem ceases to pose a threat to clinical performance.

(1) Active duty, reserve and National Guard health care personnel will be referred to ASAP through the individual's Company Commander.

(2) Treatment will be coordinated through ASAP for active duty personnel under the provisions of AR 600-85, and ASAP for civilian personnel under the provisions of DA Pam 600-85. The individual's Company Commander will coordinate ASAP enrollment and monitoring.

(a) If ASAP recommends any form of treatment, inpatient or outpatient, impaired staff members will have their clinical practice privileges examined and limited as required.

(b) Upon completion of treatment as an outpatient or discharge from a Residential Treatment Facility (RTF), the active duty staff member will begin a mandatory aftercare program for the remainder of one year.

(c) An aftercare plan will be developed prior to discharge from the RTF. For active duty personnel, the plan will be reviewed for approval by the ASAP Clinical Director and the DCCS. The aftercare plan will include provision that the impaired staff member demonstrates evidence of attendance at Alcoholics Anonymous, Narcotics Anonymous, or other approved support group three times weekly; use of Antabuse if prescribed; participation of any classes or groups as described in the aftercare plan; and compliance with random testing for illegal drug, misuse of prescription medications, and/or alcohol use.

(d) The IHPC will be provided a copy of the aftercare/follow-up care plan, as part of the staff member's monitoring by the committee. The IHPC will provide the Company Commander with the aftercare plan if applicable.

(e) Upon consultation with the ASAP Clinical Director, the Company Commander will designate a rehabilitation testing program that will be followed by the IHPC.

c. Monitoring During Aftercare.

(1) Evidence of compliance will be monitored by the IHPC for two years after completion of treatment as an outpatient or after discharge from a RTF. The ASAP clinic will be involved in monitoring during the first year of aftercare. The supervisor, department chief, and IHPC will continue monitoring for the second year. The IHPC will monitor progress of each impaired staff member monthly for the first three months of treatment and at least quarterly thereafter until two years from the last date of treatment.

(2) In the event of relapse, the staff member will be immediately suspended from clinical duties and a full reassessment will be accomplished. This action requires notification of the IHPC. The reassessment report will contain a recommendation for processing the staff member for release from Federal service or for continued treatment.

(3) Tours of duty for active duty personnel enrolled in the IHCPP will be stabilized at least 12 months from the date of admission to the RTF or initiation of outpatient treatment. Exceptions may be made by the RMC commander if sufficient aftercare resources are lacking, it is considered in the best interest of the enrollee and/or the facility, or levels of staffing are not sufficient and replacement of the recovering staff member is necessary to support the patient care mission.

d. Reports

(1) While the staff member is in aftercare the ASAP Clinical Director will prepare monthly written reports to the IHPC for the first three months and then at least quarterly for the

remainder of the year. The IHCPD may require more frequent reporting after the first three months.

(2) While the staff member is in aftercare, the immediate supervisor will prepare monthly reports for the IHCPD for the first three months and then at least quarterly until 2 years from the last date of treatment. The IHCPD may require more frequent reporting after the first three months.

(3) Individuals monitoring impaired staff members will notify the supervisor and the IHCPD immediately upon any sign of relapse or failure to follow the treatment and/or aftercare plan. IHCPD will coordinate with the ASAP Clinical Director.

(4) Reports will be provided to the command on a regular basis through committee minutes, approved by the DCCS. These will be forwarded thru the ECMS to the commander. Confidentiality will be maintained through confidential cover sheets.

**8. Records.** IHCPD records will be maintained in the Credentials Office of the Quality Support Division under lock and key. Documents of the IHCPD are considered quality assurance documents and are protected under Title 10 USC, Section 1102 (b). Unauthorized disclosure is prohibited.



**APPENDIX A**

**DEPARTMENT OF THE ARMY**  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
1650 COCHRANE CIRCLE  
FORT CARSON, COLORADO 80913-4604

MCXE-QSD

Date: \_\_\_\_\_

MEMORANDUM FOR DCCS, Chairperson, Credentials Committee

SUBJECT: Recommendation from \_\_\_\_\_ Service

1. I recommend that \_\_\_\_\_ be enrolled and monitored by the Impaired Health Care Personnel Committee. The reason for this recommendation: \_\_\_\_\_  
\_\_\_\_\_
2. He/she is reporting to assigned duty as required.
3. POC is the undersigned at (719) XXX-XXXX.

**SUPERVISOR SIGNATURE BLOCK**



## APPENDIX B

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
1650 COCHRANE CIRCLE  
FORT CARSON, COLORADO 80913-4604

MCXE-QSD

Date: \_\_\_\_\_

MEMORANDUM FOR (Health Care Personnel, Dept, Specialty)

SUBJECT: Impaired Health Care Personnel (IHCP) Notification Memo

1. Based upon discussion during the Credentials Committee Meeting *date* and IAW 40-68, Chapter 11, you are hereby notified that you are enrolled in the EACH Impaired Health Care Provider Program (IHCPP). The IHCPP is designed to provide support, assistance, and rehabilitation to those health care personnel who suffer from a condition that negatively influences, or has the potential to negatively influence, optimal performance.
2. The IHCP facilitates implementation of the guidelines set forth in AR 600-85 (The Army Substance Abuse Program) in a health care setting. The committee is charged with the identification, treatment, and return to service of health care personnel with alcohol/other drug problems/dependency and medical, psychiatric, or emotional conditions.
3. The IHCP will design a staff development plan that incorporates elements of impairment prevention, education about health care personnel impairment, and well-being issues. The committee will recommend restrictions on the clinical privileges/practice of IHCPs. The need for treatment varies but all identified drug or alcohol abusers will immediately be referred to the ASAP clinic for evaluation. Treatment will be coordinated by the alcohol/other drug abuse clinical staff.
4. Ongoing monitoring includes the observations, reports, and meetings required over a 2-year period to assess your progress. This 2-year period begins from the day you complete treatment as an outpatient or are discharged from a residential setting. The ASAP clinic is involved in monitoring during the first year of aftercare. The supervisor, department chief, and IHCP will continue monitoring for the second year. The committee will review the progress of each impaired staff member monthly for the first three months of treatment and at least quarterly thereafter until two years from the last date of treatment.
  - a. The ASAP clinic staff will submit monthly written reports to the IHCP for the first three months and quarterly thereafter. The report will state the status of compliance with the aftercare plan, current progress, and prognosis.
  - b. The immediate supervisor or designated peer will submit monthly reports to the ASAP regarding the staff member's duty competence during the first three months and quarterly thereafter until completion of aftercare monitoring.

c. Reports forwarded to the credentials committee on privileged personnel will be maintained in the Provider Activity File. Reports on nonprivileged staff members will be maintained in a confidential protected QA file which will be destroyed when the staff member is successfully returned to full practice.

5. The ASAP's role in the staff member's recovery program ends one year after the date treatment was completed. The role of all others generally ends after the second year. At this time the IHCP will recommend termination of monitoring unless findings based on review of the case or relapse necessitate further involvement.

6. The IHCP Committee will meet on an as-needed basis to accomplish functions IAW AR 40-68, Chapter 11 and provide monthly updates to the Credentials Committee members.

7. The staff member will be asked to sign the DD Form 2870, Authorization for Disclosure of Medical or Dental Information.

NAME OF HR REPRESENTATIVE  
TITLE

NAME OF SUPERVISOR  
TITLE

CF:  
Committee Members  
Provider

MEMORANDUM FOR Commander, Evans Army Community Hospital, ATTN: *Name*,  
Chairman, Credentials Committee/DCCS, Fort Carson, CO

SUBJECT: Receipt of Notice of Placement in the Impaired Health Care Personnel Program

Receipt acknowledged. The memorandum notifying me of the Credentials Committee's decision to place me in the Impaired Health Care Personnel Program is dated \_\_\_\_\_, and I received it on \_\_\_\_\_.

NAME OF IHCP  
TITLE



## APPENDIX C

DEPARTMENT OF THE ARMY  
Fort Carson Medical Department Activity  
1650 Cochrane Circle  
Fort Carson, Colorado 80913-4604

MCXE-QSD

Date: \_\_\_\_\_

### ROLE AND FUNCTION OF THE EVANS IMPAIRED HEALTH CARE PERSONNEL COMMITTEE (IHCPC)

The Impaired Personnel Committee will identify impairment of health care personnel as early as possible in order to promote recover and ensure patient safety.

The IHCPC is charged with the identification, treatment, and return to service of health care personnel with alcohol/other drug problems/dependency and medical, psychiatric, or emotional conditions.

#### **The IHCPC will meet as needed to accomplish the following functions:**

- Recommend to the Commander a plan for management of health care personnel impaired by alcohol/other drug abuse/dependence, as well as psychiatric problems including emotional and behavioral disorders.
- Recommend facility-specific procedures for management of impaired personnel. Recommendations will be consistent with all requirements contained in both DODD6490.1 and DODI 64990.4 when a mental status evaluation is considered for a health care provider, regardless of the reason for the evaluation.
- Evaluate any health care staff member reported, or self referred, for alcohol/other drug abuse/dependence for evidence of impairment.
- Recommend restrictions on the clinical privileges/practice of impaired personnel. Recommendations for privileged providers will be forwarded through the Credentials Committee and to the Commander. Recommendations for all others will be provided through the individual's department chief to the commander, with copy furnished to the credentials committee. Recommendations are routed through to the credentials committee to ensure the committee is aware of all staff members with an identified impairment.
- Monitor the progress of impaired individuals during treatment, through aftercare, until the completion of the ongoing monitoring phase.
- Recommend an individualized plan for the gradual return to full clinical practice for each impaired staff member who has completed treatment.

When an impaired staff member from a particular department is discussed, the dept chief may be requested to attend the meeting, if their direct participation is deemed beneficial to the individual in question.

When impairment is due to alcohol or other drugs, the IHCPC will review input from the alcohol/other drug abuse clinical staff, the duty supervisor, and the involved health care staff member's dept chief, as appropriate.

In cases of medical or psychiatric impairment, the IHCPC will review statements of progress and recommendations from the impaired individual's physician and duty supervisor and recommend appropriate actions.

**REPORTING IMPAIRED PERSONNEL:**

All health care personnel (military and civilian) known or suspected of having an alcohol/other drug abuse/dependence problem will be reported or may self-report to the IHCPC.

**APPENDIX D**

<b>HEALTH CARE PRACTITIONER ACTION REPORT</b>		<b>1. DATE OF REPORT (YYYYMMDD)</b>	<b>REPORT CONTROL SYMBOL</b> DD-HA(AR)1611
<b>2. TYPE OF REPORT (X one)</b>		<b>3. DATE OF ACTION (YYYYMMDD)</b>	<b>4. EFFECTIVE DATE OF ACTION (YYYYMMDD)</b>
<input type="checkbox"/> a. INITIAL	<input type="checkbox"/> c. REVISION TO ACTION		
<input type="checkbox"/> b. CORRECTION OR ADDITION	<input type="checkbox"/> d. VOID PREVIOUS REPORT		
<b>5. MEDICAL TREATMENT FACILITY (MTF)</b>			
a. NAME		b. ADDRESS (Street, City, State, ZIP Code)	c. DMIS CODE
<b>6. PRACTITIONER INFORMATION</b>			
a. NAME (Last, First, Middle)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)
d. NAME OF PROFESSIONAL SCHOOL ATTENDED		(1) United States (2) Foreign	e. DATE GRADUATED (YYYYMMDD)
f. STATUS (X one)			
<input type="checkbox"/> (1) Army	<input type="checkbox"/> (3) Air Force	<input type="checkbox"/> (5) Civilian GS	<input type="checkbox"/> (7) Partnership External
<input type="checkbox"/> (2) Navy	<input type="checkbox"/> (4) PHS	<input type="checkbox"/> (6) Partnership Internal	<input type="checkbox"/> (8) Personal Services Contract
			<input type="checkbox"/> (9) Non-Personal Services Contract
g. SOURCE OF ACCESSION (X all that apply)			h. PAY GRADE
(1) Military		(2) Civilian	
<input type="checkbox"/> (a) Volunteer	<input type="checkbox"/> (d) National Guard	<input type="checkbox"/> (a) Civil Service	i. FEDERAL DEA NUMBER (If known)
<input type="checkbox"/> (b) Armed Forces Health Professional Scholarship Program	<input type="checkbox"/> (e) Reserve	<input type="checkbox"/> (b) Contracted	
<input type="checkbox"/> (c) Uniformed Services University of Health Sciences	<input type="checkbox"/> (f) Other (Specify)	<input type="checkbox"/> (c) Consultant	
		<input type="checkbox"/> (d) Foreign National (Local Hire)	
		<input type="checkbox"/> (e) Other (Specify)	
j. LICENSING INFORMATION			
(1) State of License	(2) License Number	(1) State of License	(2) License Number
<b>7. TYPE OF PRACTITIONER AND SPECIALTY (FIELD OF LICENSURE) (X all that apply)</b>			
a. PHYSICIAN DEGREE		M.D. (010)	D.O. (020)
(1) Highest Level of Specialization			
<input type="checkbox"/> (a) Board Certified	<input type="checkbox"/> (b) Residency Completed	<input type="checkbox"/> (c) In Residency (015/025)	<input type="checkbox"/> (d) No Residency
(2) Primary Specialty		(h) Internal Medicine (Continued)	(l) Otorhinolaryngology
<input type="checkbox"/> (a) In Training	<input type="checkbox"/> (h.c) Infectious Disease	<input type="checkbox"/> (m) Orthopedics	<input type="checkbox"/> (t) Surgery, General (Continued)
<input type="checkbox"/> (b) General Practice (GMO)	<input type="checkbox"/> (h.d) Nephrology	<input type="checkbox"/> (n) Pathology	<input type="checkbox"/> (t.d) Oncology
<input type="checkbox"/> (c) Anesthesiology	<input type="checkbox"/> (h.e) Pulmonary	<input type="checkbox"/> (o) Pediatrics	<input type="checkbox"/> (t.e) Pediatric
<input type="checkbox"/> (d) Aviation Medicine	<input type="checkbox"/> (h.f) Rheumatology	<input type="checkbox"/> (p) Physical Medicine	<input type="checkbox"/> (t.f) Peripheral Vascular
<input type="checkbox"/> (e) Dermatology	<input type="checkbox"/> (h.g) Tropical Medicine	<input type="checkbox"/> (q) Preventive Medicine	<input type="checkbox"/> (t.g) Plastic
<input type="checkbox"/> (f) Emergency Medicine	<input type="checkbox"/> (h.h) Allergy/Immunology	<input type="checkbox"/> (r) Psychiatry	<input type="checkbox"/> (u) Underseas Medicine
<input type="checkbox"/> (g) Family Practice	<input type="checkbox"/> (h.i) Cardiology	<input type="checkbox"/> (s) Radiology	<input type="checkbox"/> (v) Urology
<input type="checkbox"/> (h) Internal Medicine	<input type="checkbox"/> (h.j) Endocrinology	<input type="checkbox"/> (t) Surgery, General	<input type="checkbox"/> (w) Intensivist
<input type="checkbox"/> (h.a) Gastroenterology	<input type="checkbox"/> (i) Neurology	<input type="checkbox"/> (t.a) Cardio-Thoracic	<input type="checkbox"/> (x) Neonatologist
<input type="checkbox"/> (h.b) Hematology - Oncology	<input type="checkbox"/> (j) Obstetrics/Gynecology	<input type="checkbox"/> (t.b) Colon-Rectal	<input type="checkbox"/> (y) Other (Specify)
	<input type="checkbox"/> (k) Ophthalmology	<input type="checkbox"/> (t.c) Neurosurgery	
(3) Board Certification(s)			
b. DENTIST		DENTIST (030)	
(1) Highest Level of Specialization			
<input type="checkbox"/> (a) Board Certified	<input type="checkbox"/> (c) In Residency (035)	(2) Primary Specialty	
<input type="checkbox"/> (b) Residency Completed	<input type="checkbox"/> (d) No Residency	<input type="checkbox"/> (a) General Dental Officer	<input type="checkbox"/> (c) Other (Specify)
		<input type="checkbox"/> (b) Oral Surgeon	
(3) Board Certification(s)			
c. OTHER PRACTITIONERS		OTHER PRACTITIONERS	
<input type="checkbox"/> Audiologist (400)	<input type="checkbox"/> Nurse Anesthetist (110)	<input type="checkbox"/> Optometrist (636)	<input type="checkbox"/> Registered Nurse (100)
<input type="checkbox"/> Clinical Dietician (200)	<input type="checkbox"/> Nurse Midwife (120)	<input type="checkbox"/> Physical Therapist (430)	<input type="checkbox"/> Emergency Medical Technician
<input type="checkbox"/> Clinical Pharmacist (050)	<input type="checkbox"/> Nurse Practitioner (130)	<input type="checkbox"/> Physician Assistant (642)	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Clinical Psychologist (370)	<input type="checkbox"/> Occupational Therapist (410)	<input type="checkbox"/> Podiatrist (350)	
<input type="checkbox"/> Clinical Social Worker (300)		<input type="checkbox"/> Speech Pathologist (450)	

8. ACTION TAKEN												
a. PRIVILEGING ACTIONS TAKEN/REASON CODE (See Page 3, Item 14a)	b. ACTIONS OTHER THAN PRIVILEGING (ADMINISTRATIVE)/ REASON CODES (See Page 3, Item 14b)	c. LENGTH OF ACTION (In months)										
NONE	NONE											
d. LIST HOW AND WHY WHAT PRIVILEGES ARE AFFECTED BY THE ACTION:												
e. OTHER ACTIONS TAKEN (X all that apply) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> (1) Review</td> <td><input type="checkbox"/> (3) Retraining</td> <td><input type="checkbox"/> (5) Separated for Cause</td> <td><input type="checkbox"/> (7) Separated</td> <td><input type="checkbox"/> (9) Retired</td> </tr> <tr> <td><input type="checkbox"/> (2) Rehabilitation</td> <td><input type="checkbox"/> (4) On-the-Job Training</td> <td><input type="checkbox"/> (6) Fired/Terminated</td> <td><input type="checkbox"/> (8) Resigned</td> <td><input type="checkbox"/> (10) Other</td> </tr> </table>			<input type="checkbox"/> (1) Review	<input type="checkbox"/> (3) Retraining	<input type="checkbox"/> (5) Separated for Cause	<input type="checkbox"/> (7) Separated	<input type="checkbox"/> (9) Retired	<input type="checkbox"/> (2) Rehabilitation	<input type="checkbox"/> (4) On-the-Job Training	<input type="checkbox"/> (6) Fired/Terminated	<input type="checkbox"/> (8) Resigned	<input type="checkbox"/> (10) Other
<input type="checkbox"/> (1) Review	<input type="checkbox"/> (3) Retraining	<input type="checkbox"/> (5) Separated for Cause	<input type="checkbox"/> (7) Separated	<input type="checkbox"/> (9) Retired								
<input type="checkbox"/> (2) Rehabilitation	<input type="checkbox"/> (4) On-the-Job Training	<input type="checkbox"/> (6) Fired/Terminated	<input type="checkbox"/> (8) Resigned	<input type="checkbox"/> (10) Other								
9. CIVILIAN CONTRACTOR NAME												
10. PRACTITIONER'S LAST KNOWN ADDRESS OR HOME OF RECORD (Street, Apartment/Suite Number, City, State, ZIP Code)		11. MEDICAL TREATMENT FACILITY (MTF) POINT OF CONTACT										
		a. NAME (Last, First, Middle Initial) <table style="width:100%; border:none;"> <tr> <td style="width:50%;"></td> <td style="width:50%;">b. TELEPHONE NUMBER (Include Area Code)</td> </tr> </table>		b. TELEPHONE NUMBER (Include Area Code)								
	b. TELEPHONE NUMBER (Include Area Code)											
12. REMARKS												
13. OFFICE OF THE SURGEON GENERAL (OTSG) INDIVIDUAL SUBMITTING REPORT												
a. NAME (Last, First, Middle Initial)	b. TITLE	c. TELEPHONE NUMBER										
d. ADDRESS Office of the Surgeon General	e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)										
<b>INSTRUCTIONS</b> (All other items are self-explanatory.)												
<b>2b. Correction or Addition.</b> An administrative change intended to supersede or add information to the contents of the current version of a report. <b>2c. Revision to Action.</b> A new action which is related to and modifies a previously submitted adverse action. <b>3. Date of Action.</b> Enter the date of formal approval of the MTFs action as indicated by the OTSG. <b>4. Effective Date of Action.</b> Enter the date on which the action became effective. <b>14a. Privileging Actions Taken/Reason.</b> This entry is equivalent to NPDB's Adverse Action Classification Code.												

**14a. PRIVILEGING ACTIONS TAKEN/REASON CODES****610 REVOCAATION - CLINICAL PRIVILEGES**

- 610.01 Alcoholism and Other Substance Abuse
- 610.02 Incompetence/Malpractice/Negligence
- 610.03 Narcotics Violations
- 610.04 Felony
- 610.05 Fraud
- 610.10 Unprofessional Conduct
- 610.20 Mental Disorder
- 610.30 Allowing Unlicensed Person to Practice
- 610.50 Disciplinary Action Taken in Another State
- 610.70 Violated Previous Action
- 610.80 Physical Impairment
- 610.90 Other

**645 OTHER RESTRICTION - CLINICAL PRIVILEGES**

- 645.01 Alcoholism and Other Substance Abuse
- 645.02 Incompetence/Malpractice/Negligence
- 645.03 Narcotics Violations
- 645.04 Felony
- 645.05 Fraud
- 645.10 Unprofessional Conduct
- 645.20 Mental Disorder
- 645.30 Allowing Unlicensed Person to Practice
- 645.50 Disciplinary Action Taken in Another State
- 645.70 Violated Previous Action
- 645.80 Physical Impairment
- 645.90 Other

**630 SUSPENSION - CLINICAL PRIVILEGES**

- 630.01 Alcoholism and Other Substance Abuse
- 630.02 Incompetence/Malpractice/Negligence
- 630.03 Narcotics Violations
- 630.04 Felony
- 630.05 Fraud
- 630.10 Unprofessional Conduct
- 630.20 Mental Disorder
- 630.30 Allowing Unlicensed Person to Practice
- 630.50 Disciplinary Action Taken in Another State
- 630.70 Violated Previous Action
- 630.80 Physical Impairment
- 630.90 Other

**650 DENIAL (ORIGINAL OR SUBSEQUENT) - CLINICAL PRIVILEGES**

- 650.01 Alcoholism and Other Substance Abuse
- 650.02 Incompetence/Malpractice/Negligence
- 650.03 Narcotics Violations
- 650.04 Felony
- 650.05 Fraud
- 650.10 Unprofessional Conduct
- 650.20 Mental Disorder
- 650.30 Allowing Unlicensed Person to Practice
- 650.50 Disciplinary Action Taken in Another State
- 650.70 Violated Previous Action
- 650.80 Physical Impairment
- 650.90 Other

**635 VOLUNTARY SURRENDER OF ALL PRIVILEGES WHILE UNDER INVESTIGATION FOR INCOMPETENCE OR MISCONDUCT OR TO AVOID SUCH INVESTIGATION - CLINICAL PRIVILEGES**

- 635.01 Alcoholism and Other Substance Abuse
- 635.02 Incompetence/Malpractice/Negligence
- 635.03 Narcotics Violations
- 635.04 Felony
- 635.05 Fraud
- 635.10 Unprofessional Conduct
- 635.20 Mental Disorder
- 635.30 Allowing Unlicensed Person to Practice
- 635.50 Disciplinary Action Taken in Another State
- 635.70 Violated Previous Action
- 635.80 Physical Impairment
- 635.90 Other

**680 - 699 REVISION TO ACTION - CLINICAL PRIVILEGES**

- 680.00 Reinstatement, Complete
- 681.00 Reinstatement, Conditional
- 689.00 Reinstatement, Denied
- 690.00 Partial Reinstatement of Privileges - Reduction of Previous Action
- 695.00 Extension of Previous Action
- 699.00 Reversal of Previous Action Due to Appeal or Review

**640 REDUCTION IN PRIVILEGES - CLINICAL PRIVILEGES**

- 640.01 Alcoholism and Other Substance Abuse
- 640.02 Incompetence/Malpractice/Negligence
- 640.03 Narcotics Violations
- 640.04 Felony
- 640.05 Fraud
- 640.10 Unprofessional Conduct
- 640.20 Mental Disorder
- 640.30 Allowing Unlicensed Person to Practice
- 640.50 Disciplinary Action Taken in Another State
- 640.70 Violated Previous Action
- 640.80 Physical Impairment
- 640.90 Other

**14b. ACTIONS OTHER THAN PRIVILEGING (ADMINISTRATIVE)/ REASON CODES**

- 810.01 Alcoholism and Other Substance Abuse
- 810.02 Referral for Courts Martial
- 810.03 Narcotics Violations
- 810.04 Felony
- 810.05 Fraud
- 810.10 Unprofessional Conduct
- 810.20 Mental Disorder
- 810.30 Allowing Unlicensed Person to Practice
- 810.50 Disciplinary Action Taken in Another State
- 810.70 Violated Previous Action
- 810.80 Physical Impairment
- 810.90 Other



## APPENDIX E

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
1650 COCHRANE CIRCLE  
FORT CARSON, COLORADO 80913-4604

MCXE-QSD

Date: \_\_\_\_\_

### SUPERVISOR CHECKLIST

#### Alcohol or Drug Abuse/Dependence/Impairment Management

- \_\_\_\_\_ 1. Where there is evidence of impairment, the supervisor will present the objective, documented evidence of the staff member's deteriorating job performance. Do not discuss any suspicion of alcohol/drug abuse; focus only on the deteriorating job performance. Should the impairment be manifest, the supervisor will take immediate and appropriate protective action.
- \_\_\_\_\_ 2. The supervisor of civil service providers will notify the ASAP clinic civilian program coordinator, the management-employee relations representative from the CPOC/CPAC, the bargaining unit (union) representative if applicable, and refer all civilian personnel to the Employee Assistance Program (EAP) for tracking.
- \_\_\_\_\_ 3. The supervisor of contract health care personnel will contact the Contracting Officer's Representative (COR) Office when there is a concern about the conduct or performance of a contract employee.
- \_\_\_\_\_ 4. The supervisor of an Active Duty Soldier will contact the Company Commander.
- \_\_\_\_\_ 5. The supervisor will provide an MFR to the IHPCP describing the evidence, the future expectation as given to the staff member, and the staff member's response. The staff member will not, under any circumstances, be questioned about the impairment, or cause thereof, without appropriate legal advice concerning the staff member's Article 31, UCMJ, and/or other employee rights, as appropriate.
- \_\_\_\_\_ 6. Once the decision is made to enroll the staff member in the IHPCP, the supervisor will accompany the civil service staff member to the Chief, Human Resources for formal notification of enrollment in the program. For active duty, the supervisor will escort the Soldier to the Company Commander.
- \_\_\_\_\_ 7. Intervention will be used when the behavior that impairs or potentially impairs clinical performance is clearly related to alcohol or other drug misuse, abuse or dependence. The staff member will be removed from direct patient contact until the committee determines that the problem ceases to pose a threat to clinical performance.
- \_\_\_\_\_ 8. While the staff member is in aftercare, the immediate supervisor will prepare monthly reports for the IHPCP for the first three months and then at least quarterly until 2 years from the

last date of treatment. The IHPC may require more frequent reporting after the first three months.



APPENDIX F

DEPARTMENT OF THE ARMY
Fort Carson Medical Department Activity
1650 Cochrane Circle
Fort Carson, Colorado 80913-4604

MCXE-QSD

Date: \_\_\_\_\_

MEMORANDUM FOR \_\_\_\_\_
(Supervisor's name)

FROM: USAMEDDAC-Evans Army Community Hospital Impaired Health Care Personnel Committee (IHPCP).

You are asked to respond to the following questions in regards to

\_\_\_\_\_
(IHCP Name)

This provider is being followed by the IHPCP, has been notified of the Committee's role and is aware reports are being solicited. Further information is available from the IHPCP (Chairperson 719-524-4207 or Credentials Manager 719-526-7708). The report will be filed in the Provider's PAF file which is maintained under lock in the Quality Support Division.

Table with 2 main columns: BEHAVIOR and CIRCLE. Rows include: Ability to perform current job description, Interpersonal work relationships, Ability to complete tasks/assignments on time, Overall Performance. CIRCLE options: Excellent, Average, Poor, N/A.

Table with 2 main columns: Question and Answer options. Rows include: There is no evidence of relapse at this time, There is no evidence of deterioration of duty performance. Answer options: Concur, Non concur, N/A.

Comments:

Three horizontal lines for writing comments.

Signature \_\_\_\_\_

"Quality Assurance Document under 10 USC § 1102. Copies of this document, enclosure thereto and information there from will not be further released under penalty of the law. Unauthorized disclosure carries a statutory penalty of not more than \$3,000 in the case of a first offense and not more than \$20,000 in the case of a subsequent offense. In addition to these statutory penalties, unauthorized disclosure may lead to unfavorable actions under the UCMJ and/or adverse administrative action, including separation from military or civilian service."

**APPENDIX G**

**AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION**

**PRIVACY ACT STATEMENT**

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.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

**PRINCIPAL PURPOSE(S):** 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.

**ROUTINE USE(S):** 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.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information. 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.

**SECTION I - PATIENT DATA**

<b>1. NAME</b> (Last, First, Middle Initial)	<b>2. DATE OF BIRTH</b> (YYYYMMDD)	<b>3. SOCIAL SECURITY NUMBER</b>
<b>4. PERIOD OF TREATMENT: FROM - TO</b> (YYYYMMDD)	<b>5. TYPE OF TREATMENT</b> (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	

**SECTION II - DISCLOSURE**

**6. I AUTHORIZE** \_\_\_\_\_ **TO RELEASE MY PATIENT INFORMATION TO:**  
 (Name of Facility/TRICARE Health Plan)

<b>a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN</b>	<b>b. ADDRESS</b> (Street, City, State and ZIP Code)
<b>c. TELEPHONE</b> (Include Area Code)	<b>d. FAX</b> (Include Area Code)
<b>7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION</b> (X as applicable) <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL	

**8. INFORMATION TO BE RELEASED**

<b>9. AUTHORIZATION START DATE</b> (YYYYMMDD)	<b>10. AUTHORIZATION EXPIRATION</b> <input type="checkbox"/> DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED
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**SECTION III - RELEASE AUTHORIZATION**

I understand that:

- 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.
- 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.
- 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.
- 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.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

<b>11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE</b>	<b>12. RELATIONSHIP TO PATIENT</b> (If applicable)	<b>13. DATE</b> (YYYYMMDD)
---	---	----------------------------

**SECTION IV - FOR STAFF USE ONLY** (To be completed only upon receipt of written revocation)

<b>14. X IF APPLICABLE:</b> <input type="checkbox"/> AUTHORIZATION REVOKED	<b>15. REVOCATION COMPLETED BY</b>	<b>16. DATE</b> (YYYYMMDD)
---	------------------------------------	----------------------------

<b>17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE</b>	<b>SPONSOR NAME:</b> <b>SPONSOR RANK:</b> <b>FMP/SPONSOR SSN:</b> <b>BRANCH OF SERVICE:</b> <b>PHONE NUMBER:</b>
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# APPENDIX H

## ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCSPER.

### SECTION A - CONSENT

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,   
 (client's full name)  
do hereby voluntarily consent to the release of the following information by \_\_\_\_\_   
 (name of installation ADAPCP)  
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with  
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to \_\_\_\_\_  
\_\_\_\_\_ for the purpose of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ namely,  
\_\_\_\_\_  
 (extent or nature of information to be disclosed)

### SECTION B - EXPIRATION/REVOICATION

(Check applicable paragraph)

1.  I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.
- Or -
- (For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)
2.  I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to \_\_\_\_\_  
\_\_\_\_\_

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS (Type or print)	SIGNATURE	DATE

### SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of \_\_\_\_\_   
 (client's name)  
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)	DATE
SIGNATURE	