

## **SOLDIER FAMILY MEDICAL CLINIC**

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William Beaumont Department of Primary Care  
**Soldier Family Medical Clinic**  
Patient Centered Medical Home



**Hours of Operation:**

0700-1600

Monday through Friday

**915-742-2260**

*Closed in the afternoon on the second Thursday of each month  
for training*

**Mission:** Provide Safe, High-Quality, Patient-Centered Care to Build  
and Sustain a Ready Medical Force and a Medically Ready Force.

**Vision:** Military Medicine's Most Trusted Healthcare Provider

Provider\_\_\_\_\_

Team RN\_\_\_\_\_

Team LVN/Medic\_\_\_\_\_

Team/MSA\_\_\_\_\_



## **What is Different about a Medical Home**

In a Patient Centered Medical Home, you partner with a primary care clinician, nurses and medics to take responsibility for your health and care coordination. This core team works with you over time to take care of new health concerns as they arise, ensure delivery of preventive screening and services, manage chronic health problems, and promote a spirit of health and wellness.

This relationship between you and your health care team is the heart of the Medical Home.

## **Enhanced Role of Nursing**

When you do come in for a visit, you will notice that your nurse and medic play a greater role than you might be used to. Your nurse and medic will spend more time listening to your concerns, help you communicate those concerns to your doctor, and then make sure that you understand the care plan and that all of your questions are answered.

## **PCM Team**

Each patient will partner with a team of healthcare providers – physicians, nurses, behavioral health, clinical pharmacists, physical therapy, and case management professionals to develop a comprehensive, personal healthcare plan.

You have the right to request a change to your Primary Care Manager, a second opinion, or specialty care consult.

## **Your Rights and Responsibilities**

In the Patient Centered Medical Home, you share responsibility for your health. We encourage you to take an active role in your care by asking questions, participating in the decisions that affect you and your family's health, and proactively communicating with your team when you receive care outside of your Medical Home.

To that end, we will go the extra mile to ensure that when you need care, you get care from your own health care team, the doctor and nurses who know you and your family.



## **SFMC Scope of Care and Services Available**

### **Laboratory 915-742-3080**

Monday through Friday 0700-1545

### **Radiology 915-742-6384**

Monday through Friday 0700-1545

### **Immunizations Clinic 915-742-1811**

Monday through Friday 0730-1100 & 1300-1500

*Please have immunization records with you*

### **Physical Therapy 915-742-6205**

Monday through Friday 0700-1145 & 1245-1600

### **Audiology 915-742-2524**

Monday through Friday 0730-1500. Closed for training every Thursday afternoon.

### **Traumatic Brain Injury (TBI) Clinic 915-742-6007 / 915-742-4517**

Monday through Friday 0730-1600.

**Behavioral Health Consultant (BHC)** Must be scheduled at front desk

**Clinical Pharmacist** By appointment only. Please discuss with your PCM.

# What is the MHS GENESIS *Patient Portal?*

The MHS GENESIS Patient Portal provides access to a patient's EHR and contains their most current medical and dental information, on a secure website. It connects the patient to their clinic's or hospital's health care team and is available anytime, anywhere with internet access. It provides a complete view of a patient's and their family's health records.



MHS GENESIS is a registered trademark  
of the Department of Defense,  
Defense Health Agency.  
All rights reserved.

MILITARY HEALTH SYSTEM  
**MHS GENESIS**



*Patient Portal*

Military Health System  
7700 Arlington Boulevard  
Falls Church, VA 22042  
[www.health.mil/MHSGENESIS](http://www.health.mil/MHSGENESIS)



# What is *MHS GENESIS?*

MHS GENESIS is the new electronic health record (EHR) for the Military Health System. It is the single, continuous record of care that will support the provision and coordination of care for 9.5 million TRICARE (i.e., service members, retirees, and family members) beneficiaries worldwide. Full deployment of MHS GENESIS, in all military hospitals and clinics, is expected to be complete by 2023.



# Does the Patient Portal have *New Features?*

The MHS GENESIS Patient Portal is a secure website for 24/7 access to your health records from any internet connected device. It allows you to:



**Review** your health record



**Securely send** messages and documents to your doctor



**Request** prescription refills



**Book** an appointment



**Fill** out forms before your appointments



**Access** educational content



**Complete** an eVisit



# How do I access the *Patient Portal?*

To access the MHS GENESIS Patient Portal, visit [patientportal.mhsgenesis.health.mil](https://patientportal.mhsgenesis.health.mil). Beneficiaries can log in using their DS Logon. A free Premium Access (Level 2) account is required to view the health record. The DS Logon Premium account allows you to view personal data about yourself in the Department of Defense and Department of Veterans Affairs systems, apply for benefits online, check the status of your claims, update your address information, and more.

For questions regarding the DS Logon, visit [www.dmdc.osd.mil/milconnect](https://www.dmdc.osd.mil/milconnect) or contact the Global Support Center at 1-800-600-9332



### **Making an appointment**

Making an appointment with your health care team is simple over the phone or online:

Call the SFMC front desk at 915-742-2260

Call the Central Appointment line at 915-742-2273.



To access the MHS GENESIS Patient Portal, visit [patientportal.mhsgenesis.health.mil](https://patientportal.mhsgenesis.health.mil).

#### **MHS GENESIS Patient portal allows 24/7 access to:**

- Book an appointment
- Review your health record-lab/radiology results and clinic notes from your visit.
- Securely send messages and documents to your doctor
- Request prescription refills
- Fill out forms before your appointments
- Access educational content
- Complete an eVisit

For questions regarding the DS Logon, visit [www.dmdc.osd.mil/milconnect](http://www.dmdc.osd.mil/milconnect) or contact the Defense Manpower Data Center at (800) 538-9552.

### **Access to Care Available**

Let us take care of your routine and urgent needs. Only use the emergency room for emergencies. We have same day appointments and future appointments. If none of these appointments satisfies your needs, you can leave a telephone message for your healthcare team via Central Appointments or use MHS GENESIS Patient Portal Secure Messaging to leave a Secure Message (Email). Office policy is to respond to messages within 1 day of routine hours after message delivery. You will be notified by email when your provider replies to your message.

Looking for telehealth options for medical or mental health and wellness? Visit

[www.tricare-west.com](http://www.tricare-west.com)

For available and covered providers. You can also call directly at 1-844-866-9378.

### **Appointment Availability**

In your Medical Home, we make every effort to ensure you get an appointment when you want it including same day appointments. We strive to provide same day access for acute care with your health care team so that you won't have to rely on the emergency room for your primary care. For routine care, we strive to get you an appointment with your health care team within 7 days.

Studies show that when you receive care from the same health care team over time, hospitalizations, unnecessary lab tests, imaging studies, and prescriptions, are reduced.

### **What If I Need Emergency Care?**

An emergency is a sudden and unexpected medical condition, or the worsening of a condition, which poses a threat to life, limb or sight, and requires immediate treatment.

If you need emergency care, go directly to the emergency room at the nearest hospital or call 911 for an ambulance.

If you do go to an ER or receive care outside of your Medical Home, contact your Medical Home team as soon as you can. By keeping your health care team informed you help the team better coordinate your care and ensure that you get the follow up care that you need.

### **Additional resources**

Call 911 for an ambulance

Nurse Advice Line (NAL) 1-800-874-2273 Option 1

Poison Control Center 1-800-222-1222 Option 2

Suicide and Crisis Lifeline 988



### **Preparing For Your Visit**

- Before your health care appointment, there are several things you can do to help make it a productive visit:
- Make a list of questions for the Health Care Team. Put the most important questions at the top of the list.
- Make a list of health care providers visited outside the clinic since your last visit (emergency room visits, hospital admissions, both host nation, and military hospitals, and specialty doctor's visits or referrals).
- Maintain and bring a list of all medications, prescription, over-the-counter, herbal remedies, vitamins, to your visit. Make a list of all your food and/or drug allergies.
- Bring a trusted friend or family member to your visit, if needed.

### **How to Request a Second Opinion**

Please schedule a virtual appointment with your PCM to have a second opinion referral placed. Please keep in mind the specialty clinic at WBAMC has the authority to keep the second opinion referral in WBAMC with another provider or defer it to the network.

### **How to Change Your Primary Care Manager**

Simply contact HealthNet Federal Services at 1-844-866-9378 and request a change.

### **Advanced Directives**

**Advance Directives:** Allows patients to document preferences regarding their health care and treatment in the event that they become impaired or severely diminished in their capacity to make decisions in the future.

If you have an advance directive in place please bring a copy to the clinic for uploading into the Electronic Medical Record.

You may obtain additional information on advanced directives from the Patient Admissions office at WBAMC.

NOTE: Advance directives will not be completed in the clinic, patients must go to WBAMC or the Fort Bliss Legal Office to begin the process and complete the paperwork for advance directives. Additionally, more detailed information on advance directives can be obtained by calling the WBAMC Legal Office at (915) 569-3222 or Fort Bliss Legal Office 915-568-7141. Please leave a voice mail and they will contact you.

### **Patient Satisfaction**

We encourage our patients to provide feedback, positive and negative, to allow us to continually improve. Patients can provide feedback through:

- Joint Outpatient Experience Survey [www.ipsosresearch.com/joessurvey/](http://www.ipsosresearch.com/joessurvey/)
  - This will be sent out in the mail
- Interactive Customer Evaluation (ICE): [ice.disa.mil/](mailto:ice.disa.mil)
- Patient Advocate in the TRICARE Service Center at 915-742-2692/2508

## **YOUR REFERRAL**

Your healthcare provider is referring you to a medical specialist for a more in-depth evaluation of your health care problem or concern.



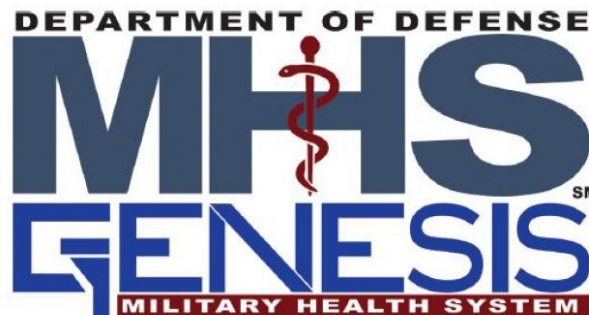
William Beaumont  
Army Medical Center

# **Take Control of your Healthcare**

## **MHS GENESIS PATIENT PORTAL**

- ❖ Health Record
- ❖ Messaging
- ❖ Appointments
- ❖ Medications

<https://myaccess.dmdc.osd.mil/>



# **Stay Informed**

William Beaumont  
Army Medical Center

## **Specialty Care Referral**



## **What You Need To Know**

## RECEIVING CARE FROM A MILITARY CLINIC

Whenever possible, we will try to offer you an appointment with a specialist at a military clinic. If the clinic is able to see you, you may receive a phone call from the clinic within 3-4 business days.

If you do not receive a call please call  
Central Appointments at  
**(915) 742-2273 (Select Option 1).**

It is very important that your phone number and address are current in DEERS since this is the information we will use to contact you about your appointment.



## RECEIVING CARE FROM A CIVILIAN PROVIDER IN TOWN

If an appointment is not available at the military clinic, you will be referred to a civilian specialist for medical care.

### **IF YOU HAVE TRICARE AND DO NOT HAVE OTHER HEALTH INSURANCE**

**Health Net Federal Service (844)866-9378**

is the TRICARE contractor for the  
Western US.

As of 1 January 2018, you must go online to [www.tricare-west.com](http://www.tricare-west.com) to check on the status of your authorization determination. You WILL NOT receive authorization notices in the mail. You have to register for a secure account through your regional contractor.

Read the letter and follow the directions to make an appointment with the civilian provider. Report the appointment date and the name of the provider to WBAMC Referral Management Center (RMC) by calling:

**(915)742-2273 (Select Option 3)**

We will use this information to post the report to your electronic medical record. WBAMC Referral Center is committed to your on-going healthcare.

## **IF YOU HAVE MEDICARE OR OTHER HEALTH INSURANCE**

You will receive a letter in the mail from the WBAMC Referral Management Center within 7-10 days. **You will not receive a letter for any Radiology Referrals. If you don't receive a call by the treating facility or RMC within 3-4 business days, please call RMC (915) 742-2273 (Option 3) to check on the status.**

Read the letter and follow the directions to make an appointment with the civilian provider.

Report the appointment date and the name of the provider to the Referral Management Center by calling:

**(915)742-2273 (Select Option 3)**

We will use this information to post the report to your electronic medical record. WBAMC Referral Center is committed to your on-going healthcare





HEALTH NET  
FEDERAL SERVICES  
A Wholly-Owned Subsidiary of Centene Corporation



# Beneficiaries' Guide to Log In/Registration at [www.tricare-west.com](http://www.tricare-west.com)

Health Net Federal Services, LLC (HNFS) provides secure online tools that allow beneficiaries to access information and conduct many TRICARE transactions at [www.tricare-west.com](http://www.tricare-west.com).

## Why log in?

Accessing our secure online tools will let you make enrollment payments, check TRICARE eligibility, view authorization and claim status, change a network provider on an authorization, and more. New TRICARE rules require beneficiaries to access authorizations and individual claims Explanation of Benefits statements online. Once logged in, you can set notification preferences to receive immediate text messages or emails when a claim or authorization is processed. You can set other notification preferences, too.

## Who can log in/register?

Any adult with an active DS Logon or a valid account in the Defense Eligibility Enrollment Reporting System (DEERS) may use the secure tools. Dependents under age 18 may not register as they do not have the authority to attest to the agreements required in the registration process. The sponsor or spouse may add dependents under age 18 to their account. At this time, guardians and others not listed under the sponsor's DEERS account cannot register and must get information by phone or in writing.

## Step 1: Log In/Register

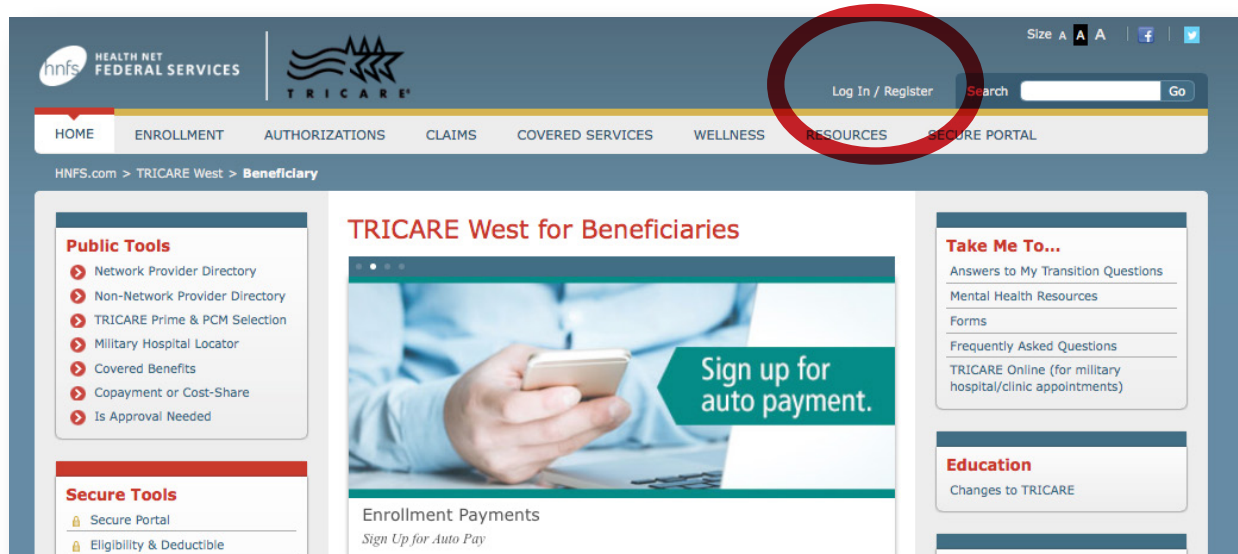
**Using DS Logon:** The fastest and preferred way to log in is with your Department of Defense Self-Service Logon (DS Logon) if you have one. It eliminates several steps and gives you immediate access to your information and account preferences.

Go to [www.tricare-west.com](http://www.tricare-west.com) and choose **Beneficiary** under the **Secure Login** section. Or if you are already in the beneficiary portal, click **Log In** at the top of the page. (Mobile users already in the beneficiary portal can select **Secure Portal** from the main menu in the top left corner.)

Choose the DS Logon option and a separate screen will appear to enter your DS Logon username and password.

You can then complete the first-time log in options explained in **Step 2** on the next page.

**Registering without a DS Logon:** Registration takes less than five minutes. Go to [www.tricare-west.com](http://www.tricare-west.com) and chose **Beneficiary** under the **Register** section or, if you are already in the beneficiary portal, click **Register** at the top of the page. You will be asked basic registration information about yourself and your sponsor, including branch of service, sponsor status (active, retired), pay grade, and relationship to the sponsor. *(For survivors, the answers should match the information in DEERS when the sponsor passed.)*

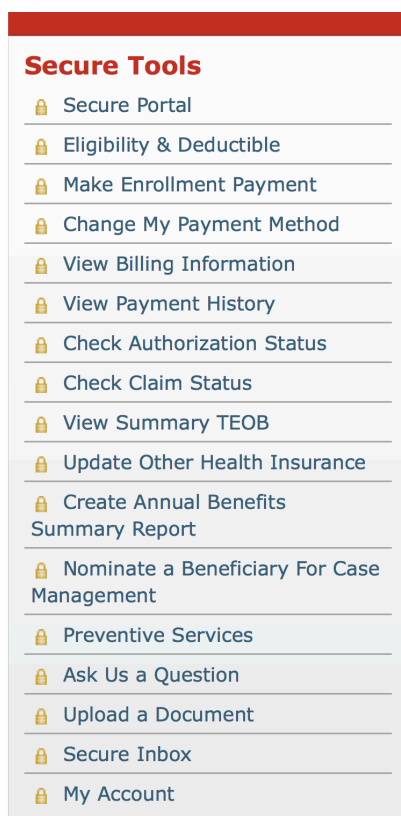


Confirm your information to complete the registration.

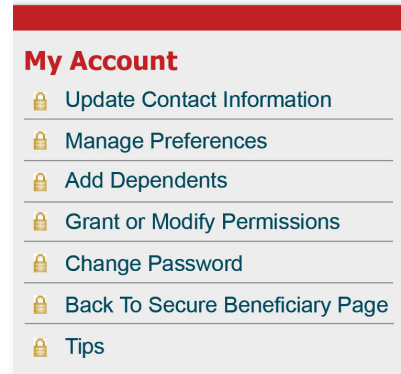
You will be asked to log in and again confirm your information (we hope to remove this small step in the future). You will also see a pop-up notice that passwords expire every 60 days, which helps ensure your information is secure.

*Note: If the sponsor's information you entered does not match DEERS, after three attempts you will be mailed a Secure Key Code to your address listed in DEERS. Please note the username and password you selected. Once you receive the code in the mail, use the log in screen to enter your username and password. You will be prompted to enter the code and complete **Step 2**.*

You can now start using the **Secure Tools**, but we recommend you first follow **Step 2** to set additional account preferences.



## Step 2: First Time Log-In Options

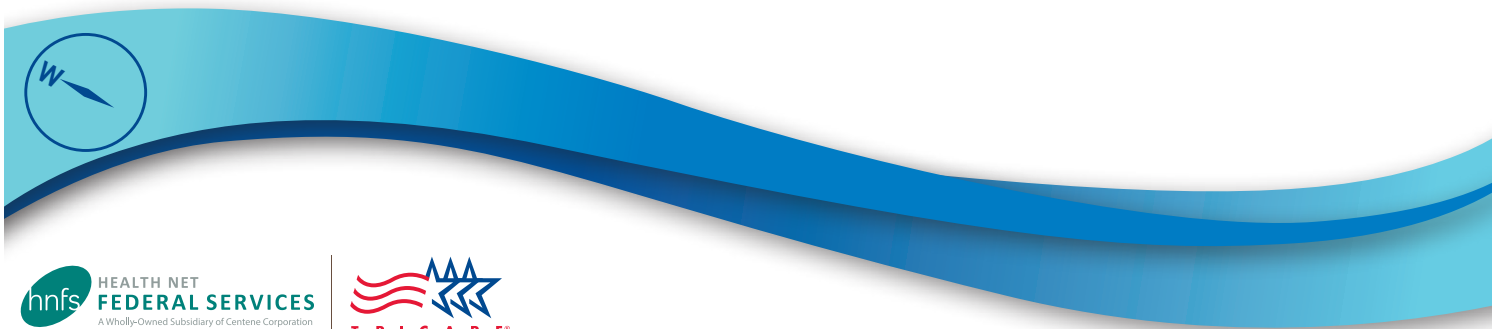


Follow the prompts to:

- **Add Dependents:** Add dependents (minors) to your [www.tricare-west.com](http://www.tricare-west.com) account so you can see their information.
- **Grant or Modify Permissions:** Allows others to see your information if they are registered at [www.tricare-west.com](http://www.tricare-west.com) (they must be adults listed under the same sponsor). You can also grant permission for another adult family member to have access to your information by phone or correspondence.
- **Update Contact Information:** Confirm or update contact information.
- **Manage Preferences:** Choose how you want to receive notification of processed authorizations, claims, enrollment letters, etc., for yourself and your dependent minors. Email notification is the default for claims and authorizations, but you can choose text messages for some items. Note: Not all options are available for every notification type.

## More information

For an overview of the public and secure self-service tools available to beneficiaries online 24/7, go to [www.tricare-west.com](http://www.tricare-west.com) > *I'm A Beneficiary* > *Resources* > *Handbooks and Brochures* > *General TRICARE Information* > *Web Resources*.





# Primary Care Behavioral Health



## Patient-Centered Medical Home (PCMH)

Department of Defense Patient-Centered Medical Homes are designed to meet more of your health care needs under one roof. You will find new and expanded treatment options within the clinic itself for patients with a wide range of behavioral and health concerns.

Our expanded primary care teams are staffed to better address the needs of our service members, their family members and military retirees. If you have served or are serving our country, we want to provide superior care to keep you and your family healthy and ensure our active duty force remains ready to meet the mission.

## Integrating Behavioral Health Consultants into PCMH

Statistics show that nearly half of all people with treatable behavioral health symptoms do not seek care from a behavioral health professional. However, 80 percent will visit their primary care manager (PCM) at least once a year. Emotional and behavioral factors can also have a significant impact on many health conditions.

The good news is these problems often can be prevented or addressed earlier in primary care through the support of a behavioral health consultant (BHC) working as part of the PCMH. BHCs are specially trained psychologists or social workers who focus on helping patients develop healthy behaviors or change current behaviors that interfere with overall health and well-being.

BHCs often work with PCMs to treat a wide range of concerns, including smoking cessation, weight management, relationship problems, sleep problems, anger management, medication management, bereavement, depression, anxiety, PTSD, chronic pain, and many more.

## How the PCMH Team Works Together

As part of your primary care visit, you may be given questionnaires about behavioral health concerns or asked questions about behaviors related to your health. Your PCM will use this information to better understand your condition and develop a plan for your care. **This may include coordinating a consultation with the BHC in your clinic to help you manage your health and behavioral needs.** These consultations can occur the same day as your PCM visit.



## What to Expect from Your BHC

Consultations with a BHC are usually brief (<30 minutes) and specifically targeted to your concerns. During the consultation, your BHC will ask you a series of questions to better understand your concern and how they are impacting your health, quality of life, and functioning.

The BHC will work with you to identify goals and come up with a plan to reach those goals. This plan may include providing you with information, teaching you skills, or developing a behavior change plan you can implement on your own after your visit. BHCs do not prescribe medications or provide long-term psychotherapy, but can help you get those services when needed.

The BHC will follow-up with your PCM to provide feedback and ensure all PCMH team members are aware of and can support any behavior change goals that you may have.

Another option for continuing care in some PCMHs is working with a behavioral health care facilitator (BHCF). A BHCF will contact you by phone periodically to monitor your symptoms and check on how you are managing your health concerns. The care facilitator will then share your progress with your primary care team. In many cases, care facilitators and behavioral health consultants will work together with your PCM to make quick, effective change your treatment and address your symptoms.

## Benefits of Prevention

Many health-related concerns can be prevented if identified and addressed early. For example, maintaining a healthy diet and engaging in regular physical activity can reduce the risk of many health concerns, such as obesity, diabetes, and hypertension. In addition, behavioral health symptoms can also have a significant impact on many aspects of your life. Addressing these concerns early can improve your overall health, personal relationships, and work performance.

## Problem Areas Addressed by Primary Care Behavioral Health

- Depression and Anxiety
- Stress Management
- Unhealthy Lifestyle Behaviors (smoking, overeating)
- Relationship Problems
- Coping with Chronic Health Concerns
- Lack of Physical Activity
- Chronic Pain/Headaches/Fibromyalgia
- Sleep Problems
- Fatigue
- Hypertension and Heart Disease
- Diabetes
- Alcohol/Substance Problems
- And more...

Talk with your PCM about a consultation or schedule an appointment with a Behavioral Health Consultant at the front desk.

## Soldier Family Medical Clinic

### Behavioral Health Consultant

Scheduling is done in person at SFMC front desk





# Primary Care Behavioral Health Care Facilitator



## Primary Care Expands its Focus

Statistics show that nearly half of all people with a treatable behavioral health disorder do not seek care from a behavioral health professional. However, 80 percent will visit their primary care manager (PCM) at least once a year.

Therefore, Department of Defense primary care clinics are expanding their focus to meet more of your health care needs under one roof. You will now find new and expanded treatment options within the clinic itself across all branches of the military for patients with behavioral health issues.

We are changing our primary care teams to better address the needs of our service members, their adult family members and military retirees. If you have served or are serving our country, we want to keep you and your family well while also providing superior care when you get sick.

## Integrating Behavioral Health into Primary Care

Adult patients may experience stress related to family and work or due to post-deployment behavioral health problems. These problems may result in depression, posttraumatic stress disorder (PTSD) and/or general anxiety disorders. The good news is these problems often can be addressed in primary care through the support of behavioral health services integrated into the clinic.

Other common behavioral health issues may also be treated by a consultant in your primary care clinic. These include such issues as smoking cessation, weight management, relationship problems, sleep problems, anger management, medication management, bereavement and chronic pain. For more complex issues, you may receive a referral to a specialist outside the primary care clinic. But if your concern can be addressed in primary care, it will be.

## What Happens When You Seek Help

Primary care clinics can identify and address behavioral health needs through simple screening processes. You will be asked a few questions at each of your health care appointments. Based on your answers, if it looks like you have a behavioral health concern, you and your PCM have several options to help manage your health and well-being. Your treatment may include prescription medications, counseling or both.

## How Will Team Members Help?

After you have completed your screening and talked with your PCM, you will have options about how to proceed with your care. Your PCM may recommend services from a behavioral health consultant in your clinic to help you manage your health and behavioral needs. They are specially trained psychologists or social workers who focus on helping patients develop healthy behaviors or change current behaviors that interfere with overall health and well-being. These providers can address issues such as family or relationship problems, as well as behaviors that affect

your physical health.

Another option for continuing care is working with a behavioral health care facilitator. A care facilitator will contact you by phone periodically to monitor your symptoms and check on how you are managing your health concerns. The care facilitator will then share your progress with your primary care team. In many cases, care facilitators and behavioral health consultants will work together with your PCM to make quick, effective changes to your treatment and address your symptoms.

## How Much Time Will It Take?

Consultations with behavioral health consultants usually involve one to four 30-minute appointments. These consultations help you and your primary care team set a health care plan that involves specific attainable goals and the support, skills development and lifestyle change necessary to meet those goals.

## Road to Recovery is the Primary Goal

We want to provide you with a health care experience designed to recognize and solve problems early. When treatment in primary care is not possible, we will make recommendations for specialty care outside of your primary care clinic to best meet your current needs.

## Treatment Provides Relief

Our past and ongoing health care program evaluation shows us that a range of problems like depression, PTSD, anxiety, stress, grief, relationship problems, sleep difficulties, obesity, chronic pain, diabetes tobacco use and other substance challenges can be treated effectively in primary care. Speak with your PCM, nurse or other health care staff to find out more about the behavioral health services offered within your clinic.

## Seeking Help = Strength

Although many service members suffer from behavioral health problems/concerns, only about one in four seeks help. You may be worried about how treatment will affect your chances of deployment or promotions or that seeking help is a sign of weakness. In fact, a diagnosis of depression, PTSD or anxiety does not automatically prevent deployment and may not impact promotions.

## Prevention is Key

Not seeking care could have a negative impact on your life. If you are having any physical, emotional, professional or personal relationship challenges, your PCM can help you decide which assistance options might work best for you. Pursuing treatment can help you or your family member prevent more serious problems.



**William Beaumont Army  
Medical Center**  
**Behavioral Health Care Facilitator**  
**915-742-2260**









**Health** *Performance*  
Nutrition  
*Fitness*

## ARMY Wellness Center

### AWCs and YOU

*You set the goals; the AWC staff puts you on the health path to achieving them and walks the path with you.*

*Programs are FREE!  
From private sources this testing would cost you about \$3000*

### Who do we serve?

Active Duty (All Branches)  
Family Members  
Retirees/Veterans  
DA Civilians

\*Self-Referral,  
Medical Referral, ACFT  
Failure, Unit Referral\*



### **Location & Hours**

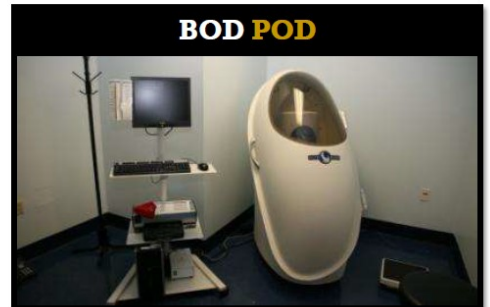
2415 Carrington Road  
Fort Bliss, Texas 79916  
Mon-Fri 06:30-15:30  
Lunch 12:00-13:00

### **Social Media**

Facebook.com/FortBlissAWC  
Instagram - @FtBlissAWC  
Twitter - @FortBlissAWC



### Stress Reduction with Biofeedback



## ***What are your goals?***

Weight Management (Loss/Gain)  
Increasing Physical Activity  
Improving Body Composition  
Decreasing Your Risk for Disease  
Better Eating Habits  
Stress Management  
Tobacco Education

***It is our mission at the AWC to help you achieve your goals!***

Make Your Appointment Today!

**Call: (915) 742-9566**



## PATIENT RESPONSIBILITIES

### 1. Providing Information.

Patients are responsible for providing accurate, complete, and up-to-date information about complaints, past illnesses, hospitalizations, medications, and other matters relating to their health to the best of their knowledge. Patients are responsible for advising their healthcare provider of whether they understand the diagnosis, treatment plan, and prognosis.

### 2. Respect and Consideration.

Patients are responsible for being considerate of the rights of other patients and WBAMC healthcare personnel. Patients are responsible for being respectful of the property of other persons and of WBAMC.

### 3. Adherence with Medical Care.

Patients are responsible for adhering to the medical and nursing treatment plan, including follow-up care, recommended by healthcare providers. This includes keeping appointments on time and notifying WBAMC when appointments cannot be kept.

### 4. Medical Records.

Patients are responsible for returning medical records promptly to WBAMC for appropriate filing and maintenance if records are transported by the patients for the purpose of medical appointments, consultations, or changes of duty location. All medical records documenting care provided by any military medical treatment facility are the property of the U.S. Federal Government.

### 5. WBAMC Rules and Regulations.

Patients are responsible for following WBAMC rules and regulations affecting patient care and conduct. Regulations regarding smoking must be followed by all patients.

### 6. Refusal of Treatment.

Patients are responsible for their actions if they refuse treatment, or do not follow the practitioner's instructions.

### 7. Healthcare Charges.

Patients are responsible for meeting financial obligations incurred for their healthcare as promptly as possible.

### 8. Patient Complaints and Compliments.

The patient has the responsibility to assist the Hospital Commander in providing the best possible care to all beneficiaries. Patients and visitors should direct their recommendations, questions, complaints, and/or compliments to the Patient Assistance Office.

### 9. Patient Safety.

Both patient and patient visitors have the responsibility to report any unsafe situation that involves either health care treatment or the hospital environment. These situations should be reported to any staff member or to the Patient Safety Manager.

In accordance with WBAMC Regulation 40-81 dated 12 September 2019. WBAMC compliance data to include quality goals, patient safety goals and accreditation status can be accessed on TJC Quality Check at <https://www.jointcommission.org>  
Facility performance data can be found at <https://health.mil>

## William Beaumont Army Medical Center



## Patient Rights And Responsibilities

## PATIENT RIGHTS

**1. Medical Care.** Patients have the right to quality care and treatment that is consistent with available resources and generally accepted standards, including timely access to specialty care and to pain assessment and management.

**2. Respectful Treatment.** Patients have the right to considerate and respectful care, with recognition of personal dignity, psychosocial, spiritual, and cultural values and belief systems. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

### 3. Privacy and Security.

a. Patients have rights, defined by Federal law, to reasonable safeguards for the confidentiality, integrity, and availability of their protected health information, and similar rights for other personally identifiable information, in electronic, written, and spoken form. These rights include the right to be informed when breaches of privacy occur, to the extent required by Federal law.

b. Limits of confidentiality. Patients have the right to be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others. Release of such treatment information shall only be as authorized by current law and military regulations.

c. A patient has the right to access, request amendment to, and receive an accounting of disclosures regarding his/her own health information as permitted under applicable law.

**4. Provider Information.** Patients have the right to receive information about the individual(s) responsible for, as well as those providing, his or her care, treatment, and services. WBAMC will inform the patient of the names, and as requested, the professional credentials of the individual(s) with primary responsibility for, as well as those providing, his or her care, treatment, and services.

**5. Explanation of Care.** Patients have the right to an explanation concerning their diagnosis, treatment options, procedures, and prognosis in terms that are easily understood by the patient or responsible caregiver. The specific needs of vulnerable populations in the development of the patient's treatment plan shall be considered when applicable. Such vulnerable populations shall include anyone whose capacity for autonomous decision-making may be affected. When it is not medically advisable to give such information to the patient due to vulnerabilities or other circumstances, the information should be provided to a designated representative.

**6. Informed Consent.** Patients have the right to any and all necessary information in non-clinical terms to make knowledgeable decisions on consent or refusal for treatments, or participation in clinical trials or other research investigations as applicable. Such information is to include any and all complications, risks, benefits, ethical issues, and alternative treatments as may be available. Patients will be informed that information on TRICARE covered services, including clinical trials, is available on the TRICARE.mil website at: [www.tricare.mil](http://www.tricare.mil)

## PATIENT RIGHTS

**7. Filing Grievances.** Patients have the right to make recommendations, ask questions, or file grievances to the Patient Assistance Office at (915) 742-2692/2508. If concerns are not adequately resolved, patients have the right to contact The Joint Commission (TJC) at 1-800-994-6610, or by submitting a concern or complaint online at [https://www.jointcommission.org/report\\_a\\_complaint.aspx](https://www.jointcommission.org/report_a_complaint.aspx)

**8. Research Projects.** Patients have the right to know if the MTF proposes to engage in or perform research associated with their care or treatment. The patient has the right to refuse to participate in any research projects and withdraw consent for participation at any time.

**9. Safe Environment.** Patients have the right to care and treatment in a safe environment.

**10. WBAMC Rules and Regulations.** Patients have the right to be informed of the hospital's rules and regulations that relate to patient or visitor conduct.

**11. Transfer and Continuity of Care.** When medically permissible, a patient may be transferred to another military medical treatment facility or private sector facility/provider only after he or she has received complete information and an explanation concerning the needs for and alternatives to such a transfer.

**12. Charges for Care.** Patients have the right to understand the charges for their care and their obligation for payment.

**13. Advance Directive.** Patients have the right to make sure their wishes regarding their healthcare are known even if they are no longer able to communicate or make decisions for themselves.

**14. Limits of Confidentiality.** Patients have the right to be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency, or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others.

**15. Advocacy and Protection.** A patient has the right to be protected from real or perceived abuse, neglect, or exploitation from anyone, including staff, students, volunteers, other patients, visitors, or family members. All allegations, observations, or suspected cases of abuse, neglect or exploitation that occur in the hospital are investigated by the hospital. When a patient needs protective services, the hospital will provide resources to help the family or the courts address this need. The hospital maintains a list of names, addresses, and telephone numbers of pertinent state client advocacy groups, such as the state authority and the protection and advocacy network; this list is available for patients when requested or required.

**16. Communication.** A patient has the right of access to people outside of the hospital by means of visitors, and by verbal and written communications when such visitations and communications will not interfere with the patient's treatment. The hospital offers telephone and mail services as appropriate to setting and population.

**17. Visitation.** As per outlined in WBAMC Regulation 40-1.

**18. Chaperone.** A patient has the right to a chaperone for any encounter.



## Health Literacy

### The Joint Commission defines Health Literacy as:

The degree to which an individual has the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

### During your appointment your team will ask you

- How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?
- What is your preferred spoken and written language?
- Do you have any barriers to learning such as social, emotional, cognitive, etc

In answering these questions honestly we can provide you with better care by using the resources available. Resources include

- Language line
- Educational materials or teaching aides
- Brochures, videos, hands on assistance
- Community programs and support groups

SUPPORTING  
EMPOWERING  
ENGAGING  
TEACHING  
SHARING  
REFLECTING  
ASSESSING  
TESTING  
NURTURING







## Military Health System

# NOTICE OF PRIVACY PRACTICES

**Effective October 1, 2013**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.



This Notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. If you have any questions about this notice, please contact the HIPAA Privacy Officer at your military treatment facility (MTF) or, if necessary, the Defense Health Agency (DHA) Privacy and Civil Liberties Office (DHA Privacy Office). See "Contact Information" at the end of this notice.



### MHS Practices Regarding Protected Health Information (PHI)

This notice describes MHS practices regarding your PHI. The terms "we" and "our" in this notice refer to the MHS. The MHS includes the following:

- MTFs including Coast Guard treatment facilities
- All MHS/TRICARE health plans
- TRICARE Regional Offices
- TRICARE managed care support contractors and certain other organizations with access to your PHI under agreements with the MHS. However, private sector providers in contractor networks must issue their own Notices of Privacy Practices.
- MHS and Coast Guard headquarters functions, such as activities of DHA and the Military Departments' Surgeons General



### Our Duties to You Regarding Your PHI

The HIPAA Privacy Rule requires the MHS to:

- Ensure that your PHI is properly safeguarded
- Notify you if we determine that your PHI was inappropriately used or disclosed
- Provide you this notice of our legal duties and privacy practices for the use and disclosure of your PHI
- Follow the terms of the notice currently in effect

**Our Right to Revise This Notice.** We may change this notice and our privacy practices at any time. Any revised notice will apply to the PHI we already have about you at the time of the change and any PHI we create or receive after the change takes effect. We will advise you of important changes and post the revision on our website.

**How to Obtain a Copy of This Notice.** This notice is available in paper copy at your MTF and is also available on our website. You can ask for a paper copy at your next appointment, or call and request that we mail a copy to you, even if you have previously agreed to receive this notice electronically.



## **How We May Use or Disclose Your PHI Without Your Authorization**

**Treatment.** To provide, coordinate, or manage your health care. For example, we may disclose your PHI to another MTF, physician, or health care provider, such as a specialist, pharmacist, or laboratory, who, at the request of your provider, becomes involved with your health care.

**Payment.** To obtain payment for your health care services. This may include certain activities needed to approve or pay for your health care services, such as using or disclosing your PHI to obtain approval for a hospital stay.

**Health Care Operations.** To support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, patient safety, investigations, oversight of staff performance, practitioner training, licensing, communications about a product or service, and conducting or arranging for other health care related activities. We do not use or disclose any genetic information for underwriting purposes.

**Business Associates.** To certain companies (“business associates”) that provide various services to the MHS (for example, billing, transcription, software maintenance, legal services, and managed care support). The law requires that business associates protect your PHI and comply with the same HIPAA Privacy standards that we do.

**Armed Forces PHI for Military Activity and National Security.** To certain officials and for special government functions including:

- Military command authorities, where needed, to ensure the proper execution of the military mission, including evaluation of fitness for duty
- The Department of Veterans Affairs (VA) for determinations of your eligibility for benefits
- Foreign military authorities with respect to their armed services members
- Authorized Federal officials for national security or intelligence activities, or protective services for the President and others

**Public Health.** To public health authorities and parties regulated by them, as permitted by law. Examples of why they may need your PHI include prevention or control of disease, injury, or disability.

**Reporting Victims of Abuse, Neglect, or Domestic Violence.** To government authorities that have authority to receive such information, including a social service or protective service agency.

**Communicable Diseases.** To a person who might be at risk of contracting or spreading a communicable disease or condition.

**Workers’ Compensation.** To workers’ compensation programs.

**Health Oversight.** To a health oversight agency legally authorized for audits, investigations, and inspections. Such activities may include the health care system, government benefit programs, civil rights laws, and other government regulatory programs.

**Required by Law.** To government and other entities as required by federal or state law (including DoD and Military Department regulations). For example, we may be required to disclose your PHI to the Department of Health and Human Services (HHS) investigating HIPAA violations or to a DoD Inspector General conducting other investigations.

**Legal Proceedings.** To parties and entities in proceedings of courts and administrative agencies, including in response to a court order or subpoena.

**Inmates.** To a correctional facility with respect to inmates.

**Coroners, Funeral Directors, and Organ Donations.** To coroners, medical examiners, or funeral directors, and to determine the cause of death or for the performance of other duties. PHI also may be used and disclosed for cadaver organs, eyes, or tissue donations.

**Law Enforcement.** To law enforcement authorities. For example, to investigate a crime involving the MHS or its patients.

**Research.** To researchers. The MHS reviews research proposals and protocols to ensure the privacy of your PHI requested for such research activities.

**Avert Threats.** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Disclosures by the Health Plan.** To parties that need your PHI for health plan purposes such as enrollment, eligibility verification, coordination of coverage, or other benefit programs.

**Minors and Other Represented Beneficiaries.** To parents, guardians, and other personal representatives, generally consistent with the law of the state where treatment is provided.



## How We May Use or Disclose Your PHI Unless You Object

**MTF Directories.** To individuals who ask for you by name at an MTF (disclosures are limited to your name, where you are receiving care, and your general condition). We may also tell members of the clergy your religious affiliation.

**Individuals Involved in Your Health Care.** To the following persons or entities:

- A member of your family, or any other person you identify who is involved, before or after your death, in your health care or payment for care, unless we are aware of a deceased individual's contrary preference
- A person who is responsible for your care who needs to know about your location, general condition, or death
- An authorized entity to assist in disaster relief efforts



## Uses and Disclosures Requiring Your Authorization

Any use or disclosure of your PHI not described in this notice requires your written authorization. Some uses and disclosures, even if included in this notice, would not be permitted without your written authorization. These include the following three activities in which the MHS does not engage:

- Sharing your psychotherapy notes with a third party who is not a part of your care

- Sending information to encourage you to buy a product if we are paid to send that information or make that communication
- Selling your PHI

If you authorize us to share your PHI, you can revoke your authorization at any time by contacting your MTF HIPAA Privacy Officer, but your revocation will only apply to information not already disclosed.



## Your Rights Regarding Your Health Information

You may exercise the following rights through a written request to your MTF Privacy Officer. If your request does not relate to an MTF, please go to the “Contact Us” page of the TRICARE website, which will provide additional information on submitting your written request. Depending on your request, you may also have rights under the Privacy Act of 1974.

**Right to Inspect and Copy.** As allowed by law, you may inspect and request a copy of your medical or billing records (including an electronic copy, if we maintain the records electronically). You have the right to have the information sent directly to a party you designate, such as your physician. In limited situations, we may deny your request or part of it, but if we do, we will tell you why in writing and explain your right to review, if any.

**Right to Request Restrictions.** You may ask us not to share any part of your PHI for treatment, payment, or health care operations. You may also request that we limit the information we share about you to someone who is involved in your care or the payment of your care. In your request, you must tell us what information you want restricted, and to whom you want the restriction to apply. Neither the MTF nor DHA is required to agree to your request. We will not deny a request to restrict disclosure of your PHI to a health plan (including a TRICARE health plan), where the PHI relates to the care which you paid for in full out of pocket. We will not use or disclose your PHI in violation of a restriction to which we agreed, unless your PHI is needed for emergency treatment. We permit you, the MTF, or DHA to end a previously agreed-upon restriction at any time by providing written notice.

**Right to Request Confidential Communications.** You may request that we communicate with you in a certain way or at a certain location (e.g., only at home or only by mail). We will accommodate reasonable requests.

**Right to Request Amendment.** You may request an amendment to your PHI if you believe there is an error. You must tell us what you would like corrected or added to your information and why. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.

**Right to an Accounting of Disclosures.** You may request that we provide you with an accounting of when your PHI was disclosed outside the MHS, but an accounting will not include certain disclosures (e.g. for treatment purposes). You are entitled to one disclosure accounting in a 12-month period at no charge. We may charge a fee for additional requested accountings. Your request must state the time period for which you want to receive the accounting, which may be up to six years before the date of your request.



### **Complaints**

If you believe that an MTF or other MHS component has violated the HIPAA Privacy Rule, you may file a written complaint with your MTF HIPAA Privacy Officer, the DHA Privacy and Civil Liberties Office, or HHS. We will not take any action against you for filing a complaint.



### **Contact Information**

You may contact your MTF HIPAA Privacy Officer at the address and phone number provided in the online MTF Locator or the DHA Privacy and Civil Liberties Office for further information about the complaint process, or for further explanation of this notice. The DHA Privacy and Civil Liberties Office may be contacted via telephone at (703) 275-6363 or:

**DHA Privacy and Civil Liberties Office**  
7700 Arlington Boulevard Suite 5101 Falls Church, VA 22042

### **Acknowledgement of Receipt of this Notice**

You may be asked to sign that you received this notice. If you choose not to sign, the MHS will still provide your health care, and your rights described in this notice will not be affected.

**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**

1. <b>NAME</b> (Last, First, Middle Initial)	2. <b>DATE OF BIRTH</b> (YYYYMMDD)	3. <b>SOCIAL SECURITY NUMBER</b>
4. <b>PERIOD OF TREATMENT: FROM - TO</b> (YYYYMMDD)	5. <b>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)	
a. <b>NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN</b> Soldier Family Medical Clinic	b. <b>ADDRESS</b> (Street, City, State and ZIP Code) 2496 Ricker Road Fort Bliss, TX 79916
c. <b>TELEPHONE</b> (Include Area Code) (915) 742-	d. <b>FAX</b> (Include Area Code) (915) 742-0080

7. <b>REASON FOR REQUEST/USE OF MEDICAL INFORMATION</b> (X as applicable)			
<input type="checkbox"/> PERSONAL USE	<input checked="" 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. <b>INFORMATION TO BE RELEASED</b>	
9. <b>AUTHORIZATION START DATE</b> (YYYYMMDD)	10. <b>AUTHORIZATION EXPIRATION</b> <input type="checkbox"/> DATE (YYYYMMDD) <input checked="" type="checkbox"/> ACTION COMPLETED

**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.

11. <b>SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE</b>	12. <b>RELATIONSHIP TO PATIENT</b> (If applicable)	13. <b>DATE</b> (YYYYMMDD)
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**SECTION IV - FOR STAFF USE ONLY** (To be completed only upon receipt of written revocation)

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

# THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT/ OTHER HEALTH INSURANCE

(Read Privacy Act Statement before completing this form.)

OMB No. 0720-0055  
OMB approval expires  
October 31, 2022

The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 USC, Sections 1079b, Procedures for charging fees for care provided to civilian; retention and use of fees collected; 1095, Health care services incurred on behalf of covered beneficiaries: collection from thirdparty payers; 42 USC, Chapter 32, Third Party Liability For Hospital and Medical Care; EO 9397 (SSN) as amended.  
**PURPOSE(S):** Your information is collected to allow recovery from third parties for medical care provided to you in a Military Treatment Facility  
**ROUTINE USE(S):** Your records may be disclosed outside of DoD to healthcare clearinghouses, commercial insurers providers, and other third parties in order to collect amounts owed to the Department of Defense. Your records may also be used and disclosed in accordance with 5 USC 552a(b) of the Privacy Act of 1974, a amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpcl.d.defense.gov/Privacy/SORNIndex/BlanketRoutineUses.aspx>.  
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. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.  
**DISCLOSURE:** Voluntary. Failure to provide complete and accurate information may result in disqualification for health care services from MTFs.

## PATIENT INFORMATION

1. PATIENT NAME (Last, First, Middle Initial)		2. SSN		3. DATE OF BIRTH (YYYY/MM/DD)	
4a. MAILING ADDRESS (Include ZIP Code)				b. HOME TELEPHONE NO. ( )	
				5a. FAMILY MEMBER PREFIX	b. SPONSOR SSN

## INSURANCE INFORMATION

7. ARE YOU ELIGIBLE FOR VETERANS AFFAIRS BENEFITS?					
<input type="checkbox"/> a. YES. (If you have an insurance card (e.g., Veterans Health Identification Card (VHIC), Veterans Choice Card), that can be copied or scanned by the MTF representative, please provide it and proceed to Item 8; otherwise, please complete items 7.a.(1) through (5) below.)					
(1) Member ID		(2) Plan ID		(3) Expiration Date (YYYY/MM/DD)	
(4) VA Facility Name (e.g., primary care/specialty clinic) that assists in coordinating your care					
(5) VA Facility Address and Telephone Number ( )					
<input type="checkbox"/> b. NO. (Proceed to Item 8.)					
8. DO YOU HAVE OTHER HEALTH INSURANCE? (This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.)					
<input type="checkbox"/> a. YES. (Complete Item 9 and the remaining sections below.)					
<input type="checkbox"/> b. NO, I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. (Proceed to Item 13.)					
<input type="checkbox"/> c. NO, but I am not a DoD beneficiary. (Proceed to Item 12.)					
9. PRIMARY MEDICAL INSURANCE INFORMATION. If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 11; otherwise, please complete the blocks below.					
a. NAME OF POLICY HOLDER (Last, First, Middle Initial)			b. DATE OF BIRTH (YYYY/MM/DD)		c. RELATIONSHIP TO POLICY HOLDER
d. POLICY HOLDER'S EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER			e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER		
f. CARD HOLDER ID		g. POLICY ID		h. GROUP POLICY ID	
				i. GROUP PLAN NAME	
j. ENROLLMENT/PLAN CODE		k. INSURANCE TYPE		l. POLICY EFFECTIVE DATE (YYYY/MM/DD)	
				m. POLICY END DATE (YYYY/MM/DD)	
n.(1) Pharmacy (Rx) Insurance Company Name, Address and Telephone Number					
(2) Rx Policy ID		(3) Rx Bin Number		(4) Rx PCN Number	



<b>10. SECONDARY MEDICAL INSURANCE INFORMATION.</b> If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 11; otherwise, please complete the blocks below.							
a. NAME OF POLICY HOLDER <i>(Last, First, Middle Initial)</i>				b. DATE OF BIRTH <i>(YYYY/MM/DD)</i>		c. RELATIONSHIP TO POLICY HOLDER	
d. POLICY HOLDER'S EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER							
e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER							
f. CARD HOLDER ID		g. POLICY ID		h. GROUP POLICY ID		i. GROUP PLAN NAME	
j. ENROLLMENT/PLAN CODE		k. INSURANCE TYPE		l. POLICY EFFECTIVE DATE <i>(YYYY/MM/DD)</i>		m. POLICY END DATE <i>(YYYY/MM/DD)</i>	
n.(1) Pharmacy (Rx) Insurance Company Name, Address and Telephone Number							
(2) Rx Policy ID			(3) Rx Bin Number			(4) Rx PCN Number	
<b>11. ARE THERE OTHER FAMILY MEMBERS COVERED UNDER THIS POLICY HOLDER?</b>							
<input type="checkbox"/> a. <b>YES</b> <i>(Complete 11c.-f. and proceed to Item 13.)</i>				<input type="checkbox"/> b. <b>NO</b> <i>(Proceed to Item 13.)</i>			
c. NAME <i>(Last, First, Middle Initial)</i>	d. SSN	e. DATE OF BIRTH <i>(YYYY/MM/DD)</i>	f. RELATIONSHIP TO POLICY HOLDER	c. NAME <i>(Last, First, Middle Initial)</i>	d. SSN	e. DATE OF BIRTH <i>(YYYY/MM/DD)</i>	f. RELATIONSHIP TO POLICY HOLDER
<b>12. MEDICARE OR MEDICAID INFORMATION</b>							
a. MEDICARE PART A NUMBER		b. MEDICARE PART B NUMBER		c. MEDICARE MANAGED CARE PLAN NAME			
d. MEDICARE PART D NUMBER AND PLAN NAME				e. MEDICAID NUMBER/MANAGED CARE PLAN NAME/ISSUING STATE			
<b>13. CERTIFICATION, RELEASE, AND ASSIGNMENT</b>							
a. I certify that the information on this form is true and accurate to the best of my knowledge. Falsification of information is covered by Title 18, United States Code, Section 1001, which provides for a maximum fine of \$250,000 or imprisonment for five years, or both. b. I acknowledge that the authority to bill third party payers has been conveyed to the medical facility within the Department of Defense by Title 10, United States Code, Sections 1095 and 1079b, and that no personal entitlement to reimbursement or payment has been granted to me by virtue of this act. c. NON-UNIFORMED SERVICES PATIENTS: I authorize and request that the proceeds of any and all benefits be paid directly to the MTF for healthcare services provided me and/or my minor dependents. ACKNOWLEDGEMENT: I hereby agree to pay for any service not covered in whole or in part by my third-party insurer. d. NON-DoD MEDICARE, MEDICAID AND VETERANS AFFAIRS PATIENTS: I authorize and request that the proceeds of any and all benefits be paid directly to the MTF for healthcare services provided to me and/or my family member. I acknowledge I am responsible for full payment of any services not covered by Medicare, Medicaid and Veterans Affairs, including but not limited to patient copayments and deductibles. e. UNIFORMED SERVICES BENEFICIARIES: I hereby acknowledge that the proceeds of any and all benefits shall be paid directly to the facility of the Uniformed Service for services provided to me and/or my family member. f. ALL PATIENTS: I authorize portions of my medical records necessary to support claims for reimbursement for the cost of care rendered to be released to my insurance carriers.							
14a. PATIENT OR ADULT FAMILY MEMBER SIGNATURE						b. DATE <i>(YYYY/MM/DD)</i>	
15a. IF PATIENT REFUSES TO SIGN THIS FORM: MTF REPRESENTATIVE SIGNATURE						b. DATE <i>(YYYY/MM/DD)</i>	
<b>16. ANNUAL PATIENT INSURANCE VERIFICATION</b>							
a. If any information on this form has changed, a new form must be completed and signed. Otherwise, after initial signature, verify with your initials and date at least annually. b. I certify that the information on this form has been verified on the date(s) specified below, and that all information is true and accurate to the best of my knowledge.							
17a. SIGNATURE <i>(Patient or Adult Family Member)</i>						b. DATE <i>(YYYY/MM/DD)</i>	
18. VERIFICATION a. (1) Date <i>(YYYY/MM/DD)</i>	(2) Initials	b.(1) Date <i>(YYYY/MM/DD)</i>	(2) Initials	c.(1) Date <i>(YYYY/MM/DD)</i>	(2) Initials		