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| **MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**  For use of this form, see AR 40 66, the proponent agency Is the Office of The Surgeon General. | | | | |
| REPORT TITLE : Informed Consent to Inpatient Behavioral Health Admission and Limits of Confidentiality (Adolescent/4S Version) | | | OTSG APPROVED *(Date)*  *(YYYYMMDD)* | |
| As part of your (child’s) health care team, our goal is to provide you/your child with quality care, as well as to protect the privacy of your (child’s) personal information. The care we provide may include, but is not limited to: assessment, referral, individual therapy, family therapy, group therapy, and medications. A complete history and physical will be performed, including medical tests as indicated.  Routine blood and urine tests, to include a urine drug screen, pregnancy test for females and an HIV/AIDS test, will typically be performed regardless of past history. Psychiatric and other medications are commonly prescribed. Although it rarely occurs, physical restraints may be used in emergency situations to ensure safety. This may be performed in combination with emergency medications.  In the state of Virginia, minors are granted significant autonomy with respect to requesting and receiving behavioral health treatment. There may be instances in which a minor patient will decline to have their treatment information or medical records shared with their parents or guardians. Minors age 14 and above have the right to refuse treatment (to include inpatient hospitalization) at any time. However, if the minor’s provider believes they need to remain hospitalized, the provider will request a third-party evaluation through the Virginia Community Services Board. This evaluation could result in an involuntary hospitalization at a different facility.  The treatment team will document information about your (child’s) admission in the military electronic health record to ensure continuity of care. This health record is maintained as the property of the U.S. government. In the majority of cases, we will not disclose any personal information nor confirm/deny whether or not someone is hospitalized without written authorization. There are a few exceptions, however, when we may be required to release personal information without obtaining prior authorization. For example:  I. Safety: If a patient threaten(s) serious bodily harm to someone else, we are required to take protective actions, such as contacting the victim, victim’s family, police, and/or continuing the patient’s hospitalization.   1. Abuse: If we believe that a child or vulnerable adult is being abused or neglected, we may be required to file a report. 2. Legal: If a patient is involved in legal actions/proceedings, their records may be subject to subpoena or lawful directive from a court. There may be situations involving violations of the Uniform Code of Military Justice (UCMJ) or civil law where we may be required to divulge information to a sponsor’s chain of command and other authorities. If you have concerns related to this, please contact an attorney. 3. Care Coordination: Because we operate as a team to provide patients with the best possible services, other members of the military medical system are permitted under the Health Insurance Portability and Accountability Act (HIPAA) to access the medical record. However, in most cases, patient information will not be disclosed outside the clinical/hospital setting without written consent. 4. Quality Care Review: Quality assurance personnel may review medical records to ensure that care standards are being met. If this occurs, the reviewer is required to keep the patient’s identity confidential. If you have any questions or concerns, please let us know.   **Statement of Understanding/Consent to Behavioral Health Admission, Assessment and/or Treatment:**  I have read the above and understand that clinical information about me/my child will be safeguarded within the limitations mentioned above and under the provisions of the Privacy Act-DD Form 2005 and the Health insurance Portability and Accountability Act (HIPAA) of 1996.  I have been informed about the nature of inpatient psychiatric admission for assessment and treatment(s), including the benefits and risks of proposed and alternative treatments, and hereby provide my voluntarily consent to (my child’s) admission.  **Patient Signature: Date:**  **Caregiver Signature: Date:** | | | | |
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| PREPARED BY *(Signature & Title)* | DEPARTMENT/SERVICE/CLINIC | | | *DATE (YYYYMMDD* |
| PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle; date of birth, FMP, sponsor’s last four or DoD ID number)* | | * HISTORY/PHYSICAL | * FLOW | |
|  | | * OTHER EXAMINATION | CHART | |
|  | | OR EVALUATION | II OTHER *(Specify* | |
|  | | * DIAGNOSTICSTUDIES |  | |
|  | | * TREATMENT |  | |
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| **PRIVACY ACT STATEMENT - HEALTH CARE RECORDS** | | |
| ***THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.*** | | |
| **1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCI AL SECURITY NUMBER *(SSN)* Sections**  133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397. | | |
| **2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED**  This form provides you with advice required by The Privacy Act of 1974. Your (child’s) personal information will facilitate and document your (child’s) health care. The Social Security Number (SSN) of the military sponsor is required to identify and retrieve health care records. | | |
| **3. ROUTINE USES**  The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties. | | |
| **4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION**  In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/ beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.  This all-inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your (child’s) health care record.  Your signature merely acknowledges that you/your child have/has been advised of the foregoing. If requested, a copy of this form will be furnished to you/your child. | | |
| **SIGNATURES OF PATIENT AND PARENT/SPONSOR** | **SSN OF SPONSOR** | **DATE** |

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