
**LIMITS ON CONFIDENTIALITY OF
BEHAVIORAL HEALTH INFORMATION**

It is important for you to know the limits of confidentiality of behavioral health information. Army medical records are the property of the Government, thus the same controls that apply to other Government documents apply to them.

There are certain limitations placed on privacy within this system. Patient appointments are maintained on the Composite Health Care System (CHCS) that is accessible to other health care providers and scheduling personnel. Portions of your record may be maintained on an electronic record and database system.

Access to information in your behavioral health case file is allowed when required by law, regulation, or judicial proceedings; when needed for hospital accreditation; or when authorized by you.

Examples of the limits on confidentiality:

1. If a provider of behavioral health services believes you may harm yourself or someone else, it may be the duty of the provider to disclose that information for protection of the endangered person(s).
2. In situations of suspected spouse or child abuse, it is the duty of the provider to notify medical, legal or other authorities.
3. If you are involved in legal actions/proceedings, your medical records may be subject to subpoena or lawful directive from a court.
4. Other members of the military medical system who are providing care to you and have a legitimate need for access to information in order to provide safe and competent care may have access to mental health information on record without your written consent.
5. If you are on active duty, your commander/chain of command could have access to certain information authorized by regulation (e.g., a command directed referral, a line of duty investigation or participation in the nuclear surety program).
6. Qualified persons may have access to your record for quality assurance review procedures.

If you have any questions about the limits of confidentiality, you may ask us or inquire at the Patient Administration Division (PAD) at MAMC.

Statement of Understanding

I have read the above and understand that mental health information about me will be safeguarded within the Limits of Confidentiality mentioned above and in the Privacy Act Statement (DD Form 2005).

PATIENT SIGNATURE

DATE

Statement of Service Provider

I have inquired to ensure that the patient understood the above description of the Limits of Confidentiality.

HEALTH PROVIDER SIGNATURE

DATE