

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT PRIVACY ACT STATEMENT –
USCG HEALTH CARE RECORDS**

This form is not an authorization or consent to use or disclose health information.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §§ 1071-1107; Medical and Dental Care; 14 U.S.C. § 93(a) (17); 14 U.S.C. § 632: Functions and powers vested in the Commandant.

PURPOSE: The purpose of this form is to provide notification to patients and/or sponsors about the personal information that may be collected and how it is intended to be used, and to ensure acknowledgement of review of the Military Health System Notice of Privacy Practices (MHS NoPP).

ROUTINE USES: USCG will use this information to document review and provision of the MHS NoPP. Any external disclosures of information within this record will be made in accordance with DHS/USCG-011, Military Personnel Health Records System of Records, 73 FR 77,7773 (December 19, 2008).

DISCLOSURE: Providing this information is voluntary; however, failure to provide this information may result a degradation in comprehensive health care services, administrative delays, and possible rejection for service or an assignment.

1. AUTHORITY FOR COLLECTION OF INFORMATION:

5 U.S.C. 301 The Federal Records Act; 5 U.S.C. 552a (b) of the Privacy Act of 1974; 44 U.S.C. 3101; Departmental Regulations; 10 U.S.C. 1071-1107; Medical and Dental Care; 14 U.S.C. 93(a)(17); 14 U.S.C. 632: Functions and powers vested in the Commandant.

2. PRINCIPAL PURPOSE FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical and dental care as a function of general health maintenance; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and military personnel readiness.

3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and the Department of Defense (DoD), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of the USCG health services program may also occur in accordance with 5 U.S.C. 552a (b) of the Privacy Act of 1974, as amended. 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 by USCG COMDTINST M6000.1 (series) and applicable portions of DODM 6025.18. Permitted uses and disclosures of PHI include, but are not limited to, activities related to healthcare treatment, payment, and operations.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY; EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, care will not be denied; however, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment.

This all-inclusive Notice of Privacy Practices (NoPP) and Privacy Act Statement Acknowledgement applies to all of the contents of the USCG health record and becomes a permanent part of your record.

Your signature merely acknowledges that you have been advised of the foregoing and the MHS NoPP. The latest version of the MHS NoPP can be found online at <https://www.health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties/HIPAA-Compliance-within-the-MHS/Notice-of-Privacy-Practices>. If requested, a copy of this form will be furnished to you.

5. Printed Name and Signature of Patient (Or Sponsor):

6. DOD ID Number of Patient (Or Sponsor):

7. Date (YYYYMMDD):

8. If Patient Refuses to Sign, Printed Name and Signature of Health Record Staff:

9. Reason for Patient's Refusal to Sign: