

**AUTHORIZATION FOR INTERNAL USE AND DISCLOSURE OF INDIVIDUALLY  
IDENTIFIABLE MEDICAL INFORMATION**  
Effective April 14, 2003

**Why We Need Your Authorization:**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) requires the United States Public Health Service (PHS) Commissioned Corps to obtain your authorization for its use of your personal medical information for employment purposes. In order for the PHS Commissioned Corps to assure that its officers meet physical requirements for short notice worldwide deployment or reassignment to physically demanding locales in times of emergencies and disasters, ongoing fitness-for-duty assessments are a condition of employment in the PHS Commissioned Corps. Such assessments may make use of recent medical information from health care encounters and clinical progress notes. These reviews assist in the early identification of those officers who are not physically qualified for particularly demanding assignments.

This authorization permits the Beneficiary Medical Programs (BMP) Section of the Medical Affairs Branch (MAB) in the Division of Commissioned Personnel (DCP) to disclose your medical information to the Medical Evaluation Section (MES) of MAB for the determination of readiness and deployment status, physical qualification for promotion, physical qualification for assimilation into the Regular Corps, duty limitations and medically appropriate assignments, fitness-for-duty evaluations for the PHS Medical Review Board, disability rating, and disability re-evaluations. A decision to withhold your consent for the above described disclosure and uses of your health care information will severely affect your continued employment in the PHS Commissioned Corps.

**Description of the Information to be Used or Disclosed:**

- Medical and Dental Records
- Clinical Encounter Notes
- Treatment Plans
- Clinical Progress Notes
- Operative and Procedure Reports
- Oral Surgery Reports
- Laboratory Reports
- X-rays and reports
- Hospital Discharge Summaries
- Patient Care Coordinator Notes from Telephone Contacts
- Duty Status Reports from the Military Health System
- Military Medical Review Board Reports
- Psychotherapy Baseline Evaluations and Progress Notes

**Type of Staff Members Authorized to Use and Disclose Protected Health Information:**

- Chief, MAB
- Chief, BMP Section
- Patient Care Coordinators, BMP Section
- Dental Consultant, BMP Section
- Claim Analyst, BMP Section
- MAB Clerical Staff (Mail handling and distribution to BMP staff)

**Type of Staff Members to Whom BMP is Authorized to Make the Use or Disclosure:**

- Chief, MES
- Case Management Officer, MES
- Senior Medical Evaluation Officer, MES
- Medical Services Assistants, MES
- File Room Clerk, MES

**Description of the Purpose of the Uses and Disclosures:**

- Evaluation of fitness for retention on active duty
- Assess compliance with Medical Review Board requirements
- Monitor the clinical course of officers under treatment for disabling conditions
- Early detection of potentially disabling conditions or chronic debilitating conditions
- Detect excessive use of sick leave and health care resources
- Ongoing tracking of fitness for emergency and/or short notice for worldwide deployment
- Assess medical and physical qualifications for promotion, long-term training, conversion to Regular Corps, and special assignments
- Medical Review Board and Temporary Disability Retirement List (TDRL) case reviews

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Program Support Center  
U.S. Public Health Service Commissioned Corps  
Division of Commissioned Personnel

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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

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**Authority:** Public Law 104-191 dated August 21, 1996, and Executive Order 9397.

**Principal Purpose:** Authorizes the Beneficiary Medical Programs Section to disclose medical information to the Medical Evaluations Section of the Medical Affairs Branch in the Division of Commissioned Personnel.

**Routine Uses:** Medical Evaluations Section determines readiness and deployment status; physical qualification for promotion, assimilation, duty limitations and medically appropriate assignments; fitness-for-duty evaluations for the Public Health Service Medical Review Board; and disability rating and disability re-evaluations.

**Disclosure:** Voluntary; however withholding your consent will severely affect your continued employment in the Public Health Service Commissioned Corps.

**Records System:** 09-40-0002, "Public Health Service Medical Records," HHS/PSC/HRS.

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**INSTRUCTIONS: Please complete all sections, sign, date, return this form as instructed below:**

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I, \_\_\_\_\_, hereby voluntarily authorize the disclosure of information from the Beneficiary Medical Programs (BMP) Section to the Medical Evaluation Section of the Medical Affairs Branch in the Division of Commissioned Personnel (DCP) for the employment-related purposes noted on the "Authorization for Internal Use and Disclosure of Individually Identifiable Medical Information - Effective April 14, 2003."

**Right to Revoke Authorization**

I understand that I may revoke this authorization in writing at any time by notification to: Division of Commissioned Personnel, ATTN: BMP Privacy Officer, 5600 Fishers Lane, Room 4C-04, Rockville, MD 20857, except to the extent that action has been taken in reliance on this authorization. This authorization was not obtained as a condition of obtaining entitlement health plan coverage of the Public Health Service (PHS) Commissioned Corps. If this authorization has not been revoked, it will terminate upon my termination or separation from the PHS Commissioned Corps unless otherwise specified below under alternate expiration date.

**Alternate Expiration Date:** \_\_\_\_\_ I understand that the PHS Commissioned Corps will not condition health plan coverage on my providing this authorization except if such care is: (1) research related, or (2) provided solely for the purpose of creating Protected Health Information for disclosure to a third party. I realize that my decision to withhold my authorization may severely affect my suitability for retention in the PHS Commissioned Corps.

I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule [45 CFR Part 164], and the Privacy Act of 1974 [5 USC 552a].

NAME (Type or Print)	PHS SERIAL NUMBER	SOCIAL SECURITY NUMBER
SIGNATURE	DATE	
SIGNATURE OF AUTHORIZED REPRESENTATIVE (If Necessary) [NOTE: Attach Authority for Authorized Representative's signature.]		

PLEASE COMPLETE AND MAIL, FAX, OR SCAN THE FORM AND E-MAIL TO:

Division of Commissioned Personnel  
ATTN: BMP Privacy Officer  
5600 Fishers Lane, Room 4C-04  
Rockville, MD 20857  
Phone: (301) 594-6425 (or toll free 1-800-368-2777 x2)  
Fax: 1-800-733-1303  
E-mail: bmp@psc.gov

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**IMPORTANT NOTE: If you do not wish to sign this authorization form, please notify the PHS Commissioned Corps in writing. In this regard, your original signature is necessary for our records; thus, e-mail and fax is unacceptable. Please mail - to the address above - your written notification that you do not wish to sign this authorization form.**

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