

DEPARTMENT OF THE ARMY
BROOKE ARMY MEDICAL CENTER
Fort Sam Houston, Texas 78234-6200

BAMC MEMORANDUM
No. 40-164

2 December 2008

Medical Services
HUMAN IMMUNODEFICIENCY VIRUS PROGRAM

Purpose. This memorandum prescribes policies, procedures, and responsibilities for screening, notification, and management for the Human Immunodeficiency Virus (HIV) Program.

Applicability. This memorandum is applicable to all Brooke Army Medical Center (BAMC) military, civilian, contract, volunteer personnel, and eligible beneficiaries within the BAMC network.

References: Required and related publications and prescribed and referenced forms are listed in Appendix A.

Explanation of Abbreviation and Terms: Abbreviations and special terms used in this publication are listed in Appendix B.

SUMMARY OF CHANGES. BAMC Memo 40-164 was completely revised: various staff responsibilities delineated; procedures detailed; new references added; old references deleted; information on HIV and HIV contact expanded; information brought up-to-date following current guidelines.

1. Responsibilities

1.1. The Commander of Brooke Army Medical Center:

1.1.1. Supports the provision and coordination of HIV services.

1.1.2. Appoints a physician as the Medical Director of the HIV Program.

1.2. Deputy Commanders for Clinical Services and Nursing:

1.2.1. Ensure the policy is implemented within their areas of responsibilities.

1.2.2. Ensure the availability of resources necessary for achieving program objectives and competence of staff providing HIV health care beneficiary (HCB) services.

*This memorandum supersedes BAMC Memorandum 40-164, dated 12 March 2003.

1.3. Chiefs of all departments, divisions, and separate services will require compliance with and will develop Standard Operating Procedures to implement this memorandum as needed.

1.4. The Chief, Department of Preventive Medicine or designee will:

1.4.1. Serve as the HIV Program Director, having the overall responsibility for the installation HIV program.

1.4.2. Receive the results of all HIV initial positive tests (awaiting confirmation) done for purposes other than Force-wide screening from the BAMC clinical laboratory supervisor, identifying all potential new cases of HIV infection in the absence of the Army Public Health Nursing (APHN)/Community Health Nursing (CHN) HIV Program Manager. Force-wide verification screening results from WRAIR are sent to the Infectious Disease Health Nurse (IDCHN).

1.4.3. Consult, collaborate, and support the Infectious Disease HIV Medical Director and APHN HIV Program Manager.

1.4.4. Conduct the initial counseling and education of HIV infected active duty members and advise in the presence of the APHN/CHN HIV Program Manager. If confirmed to be infected by a second or subsequent test, individuals will be counseled in the presence of APHN/CHN and their commander with UCMJ (Uniform Code of Military Justice) authority IAW AR 600-110. Counseling will be done individually and privately in a face-to-face interview recording the session on DA Form 5669, Preventive Medicine Counseling Record, Appendix I. After receipt of confirmatory test results, they will be referred for further medical evaluation at the Infectious Disease (ID) Clinic, BAMC. Medical evaluation and education will be performed by Infectious Disease Clinic physicians and risk reduction counseling, epidemiologic interviews, and coordination of behavioral health, adherence and nutritional counseling will be completed by the IDCHN for HIV.

1.4.5. Order a second HIV confirmatory HIV antibody test, Code 1, clinical indication after the first positive lab result (a Western Blot) for HIV.

1.4.6. Counsel the patient in accordance with AR 600-110, inclusive of discussing transmission avoidance of HIV to sexual partners and advising them of their ineligibility to donate blood, tissues, organs, and semen. (See Appendix I.)

1.4.7. Serve as the point of contact (POC) for HIV Military Force Testing Policy, including coordination of Soldier Readiness Program (SRP) and walk-in laboratory testing.

1.4.8. Receive all positive HIV tests from the Laboratory Officer or designee.

1.5. The Chief, Infectious Disease Service or his designee will:

- 1.5.1. Serve as the HIV Program Medical Director.
- 1.5.2. Receive the results of all positive HIV tests (positive ELISA and confirmed Western Blot) from the clinical laboratory supervisor identifying all potential new cases of HIV infection in parallel with the APHN/CHN HIV Program Manager.
- 1.5.3. Provide staging and medical management of all adult HIV patients.
- 1.5.4. Oversee all clinical functions relating to adult HIV infected patients and
- 1.5.5. Act as the clinical consultant to the BAMC staff on HIV matters.
- 1.6. The Primary Care Manager (PCM) or ordering provider in the clinical setting will:
 - 1.6.1. Inform the non-service member beneficiary of the initial positive HIV test. The commander is not included in the initial notification. This will be done individually and privately in a face-to-face interview.
 - 1.6.2. Refer the patient to ID for staging and management.
 - 1.6.3. Refer the patient to the HIV Program Director for contact interview and tracing.
 - 1.6.4. Provide primary care for the HIV infected individual in coordination with the ID primary physician.
 - 1.6.5. Ensure written consent for non-service member beneficiaries IAW the BAMC policy on BAMC (OP) 636, Patient Information, Routine HIV Testing/Patient Information and Consent Form, Appendix C.
 - 1.6.6. Counsels the patient to refrain from sexual relations to avoid the risk of transmission of HIV to sexual partners. Advises patients not to donate blood, tissues, organs, or semen.
- 1.7. The Chief, Adolescent Medicine will coordinate with and refer to the Pediatric Infectious Disease specialist for management of pediatric and adolescent cases.
- 1.8. The APHN/CHN HIV Program Manager will:
 - 1.8.1. Schedule timely notification visits as soon as possible, ideally at the beginning of the week to ensure maximum availability of support services.
 - 1.8.2. Contact the PCM who ordered the HIV test and develops a plan to notify the newly infected HIV beneficiary when identified during the course of clinical encounter and makes initial contact with service members with a positive HIV test as a result from Force testing.

BAMC Memo 40-164

- 1.8.3. Coordinate the notification of an Active, Reserve, or Army National Guard newly infected HIV beneficiary with the unit commander with UCMJ authority. The commander will accompany the Soldier to the medical treatment facility for notification of the initial HIV positive test IAW AR 600-110.
- 1.8.4. Facilitates same day or within 48 hours support services from Department of Behavioral Health or the Chaplain for assessment of suicide risk, mental status, and coping skills.
- 1.8.5. Counsels, educates, case manages, and supports the newly HIV infected HCB throughout the confirmation process.
- 1.8.6. Coordinates the initial and second visit with the Chief, Department of Preventive Medicine or PCM for notification of the confirmatory HIV test result. A family member or significant other is recommended to accompany the beneficiary for the second visit. The test results of a non-service member beneficiary will not be reported to the sponsor's chain of command.
- 1.8.7. Schedules initial medical staging appointment for newly infected beneficiaries with ID at BAMC.
- 1.8.8. Maintains registry of known HIV infected HCBs.
- 1.8.9. Serves as POC for receipt and transfer of records pertaining to HIV infected HCBs.
- 1.8.10. Educates all HIV infected beneficiaries about the disease, community resources, lifestyle choices for optimal health, partner notification, and reduction of high-risk behaviors. The IDCHN for HIV also provides this function for HIV positive beneficiaries seen in Infectious Disease Clinic.
- 1.8.11. Informs Active, Reserve, or Army National Guard service member of responsibilities, included in Appendix E.
- 1.8.12. Schedules Preventive Medicine Counseling for the Active, Reserve, or Army National Guard service member, included in Appendix E. The UCMJ commander receives the original with copies to the HIV nurse and individual.
- 1.8.13. Updates Preventive Medicine Counseling annually with the Soldier.
- 1.8.14. Schedules General Counseling of the Active, Reserve, or Army National Guard service member. The General Counseling is a lawful order from the UCMJ authorized military commander to the service member per AR 600-110, paragraph 2-14. Command Counseling is completed immediately following the Preventive Medicine Counseling and updated when there is a change of command and as needed as determined by the commander. A copy is maintained in the HIV Nurse Program Manager's convenience file.

1.8.15. Case manages HIV infected Soldiers transferring into the Fort Sam Houston area, scheduling ID Clinic appointments, patient education sessions with the IDCHN for HIV, and Command Counseling. Also updates DD Form 2766, Adult Preventive and Chronic Care Flowsheet, within 30 days of arrival. Annually assesses Soldiers' medical readiness. Receives input from the IDCH for HIV on compliance with treatment plan, additional community resource needs, and psychosocial coping and initiates referrals as needed.

1.8.16. Coordinates health care for HIV infected Soldiers who transfer out of the area with a phone call and a referral to the gaining HIV nurse. Copies of medical records pertaining to the patient's diagnosis, treatment, Preventive Medicine Counseling(s), and Commander's Counseling(s) are sent by confidential mail, by name, to the gaining HIV nurse upon PCS. The envelope is addressed by name to the gaining HIV nurse and marked, "Sensitive Medical Records—To Be Opened By Addressee Only."

1.8.17. Maintains confidential convenience files in a locked file cabinet. This includes copies of the Preventive Medicine Counseling statement, the Commander's Counseling statement, and flow sheet of case management. Convenience files for individuals who have left the military, retired, and family members are maintained indefinitely.

1.8.18. Collaborates with network partner agencies in delivery of care for HIV positive individuals. These include representatives from local health departments, mental health services, housing, social services, and individuals living with HIV/AIDs, who plan and implement HIV resources for Texas.

1.8.19. Coordinates HIV testing requirements with Laboratory Officer or designee for overseas deployment, post-deployment, mobilization, and demobilization of Active, Reserve, and National Guard service members.

1.8.20. Serves as an HIV education coordinator for units, commanders, health care workers, and community groups by being a POC for in-service requests and assists with scheduling and logistics of educational in-services.

1.8.21. Provides HIV testing and counseling for beneficiaries on request following current CDC Prevention standards. The IDCHN for HIV performs this task for beneficiaries being seen in the Infectious Disease Clinic.

1.8.22. Provides letter notification to appropriate command authorities when Soldiers are suspected of having engaged in unprotected sexual relations or other high-risk behaviors which could have transmitted the infection to others.

1.8.23. Notifies MTF and DTF commanders of HIV infected HCBs.

1.8.24. Verifies Emergency Medical Identification Symbol (DA Label 162) placed on medical and dental records.

BAMC Memo 40-164

1.8.25. Assists with locating local eligible beneficiaries named as contact(s) of a newly HIV infected individual in the epidemiologic interview conducted by the IDCHN for HIV and arranging for HIV testing in the military system. Also refers non-eligible contacts to appropriate civilian testing authorities.

1.8.26. Prepares and submits contact interview on Army Reserve (AR) and Army National Guard (AG) members to the San Antonio Metropolitan Health District, Sexually Transmitted Diseases Control Unit. And submits completed referrals to the state health department for AR and AG component HIV infected service members. This task is performed by the IDCHN for HIV on Active Duty (AD) Army members with task completion noted in the electronic or paper medical record and the APHN/CHN notified of completion. The APHN/CHN HIV Program Manager should be notified of performance.

1.8.27. If an HIV positive AR or AG individual has ever donated or received blood, blood products, organs, tissue, or sperm, prepares by certified mail a DA Form 7303, Donor/Recipient History Interview, Appendix J, and mails or hand delivers to:

Blood Look Back Program
US Army Medical Command
MCHO-CL-R, ATTN: Mr. Martinez
2050 Worth Road
Fort Sam Houston, Texas 78234-6010
DSN 471-3704, Commercial 210-221-3704, FAX 210-221-32612

1.8.28. This task is performed by the IDCHN for AD Army members and the APHN/CHN HIV Program Manager notified of performance. This task should be documented in the Electronic Medical Record (EMR).

1.8.29. Notifies the POC at Human Resources Command for Active, Reserve, or National Guard service members of non-deployable status due to blood donor ineligibility.

1.8.30. Ensures medical record problem list is annotated with "Blood Donor Ineligible" V72.62 for Active, Reserve, or National Guard service members using the code IAW AR 600-110.

1.9. Laboratory Officer or Designee

1.9.1. Notifies the Chief, Department of Preventive Medicine or his designee, and ID Clinic of all positive HIV test results.

1.9.2. Ensures that the positive HIV antibody test does not appear on CHCS/AHLTA until released by the HIV Medical Director or PCM.

1.9.3. Reviews and approves staff member access to sensitive HIV lab keys on job position and recommendation of the department chief.

- 1.9.4. Sends recommendations to the CHCS Manager for implementation in CHCS.
- 1.9.5. Facilitates walk-in HIV testing for Military Force Testing Policy.
- 1.9.6. Coordinates SRP blood specimens for unit and installation testing per AR 600-110.
- 1.9.7. Maintains data concerning Force testing and clinical screening, including the number of specimens drawn, the number submitted, results of initial testing, and results of confirmatory testing.
- 1.9.8. Coordinates the mailing of DA Form 5668, HIV Screening Test Results (Appendix D), to service members with negative HIV antibody results.
- 1.10. Chief, Department of Behavioral Health or designee
 - 1.10.1. Provides an initial evaluation of newly HIV infected patients and eligible significant others to assess suicide risk, mental status, and coping skills.
 - 1.10.2. Facilitates additional psychosocial counseling as needed.
- 1.11. The Chaplain
 - 1.11.1. Participates in the initial notification visit as needed or requested.
 - 1.11.2. Provides pastoral care to HIV infected patients and their eligible significant others as requested.
- 1.12. Chief, Medical Examinations or designee
 - 1.12.1. Designates a health care provider to complete physical exams for HIV infected active duty Soldiers for routine, chapter, and retirement physicals.
 - 1.12.2. Annotates “Blood Donor Ineligible” in AHLTA.
 - 1.12.3. Elects to refer routine and retirement physicals to the ID Clinic where the Soldier receives ongoing specialty medical care.
- 1.13. The BAMC Department Chief or Supervisor
 - 1.13.1. Consults the Chief, Department of Preventive Medicine and Occupational Medicine physician for all HIV infected health care workers to determine if job duties pose a risk of transmission to patients. The risk to patients is determined as low, medium, or high by the BAMC Expert Medical Review Committee (EMRC).

BAMC Memo 40-164

1.13.2. Ensures annual HIPAA training for staff on patient privacy and confidentiality IAW BAMC policy.

1.14. The BAMC staff will

1.14.1. Maintain privacy and confidentiality for all HCBs, including paper medical records and electronic systems and treat HCBs with dignity and understanding.

1.14.2. Report all accidental occupational exposure of blood or body fluids to their supervisor immediately IAW BAMC Memo 40-135.

1.14.3. Report to the Emergency Room immediately after an accidental exposure to blood or body fluids for a medical evaluation IAW BAMC Memo 40-135.

1.14.4. Refer all beneficiaries who request care for possible exposure to HIV or contact with an HIV infected partner to their PCM for counseling and testing.

1.14.5. Adhere to standard precautions during all clinical encounters.

1.15. The HIV infected Soldier

1.15.1. Notifies medical and dental staff of his HIV infection if the staff is at risk of contact with his blood or body fluids.

1.15.2. Cooperates fully to inform all sexual contacts of the likelihood of exposure to HIV and in the epidemiological assessment. Consistently uses barrier protection when risk of exposure to body fluids is anticipated.

1.15.3. Attends all medical appointments as directed by the ID clinic staff every six months and more frequently if necessary. Individual will also follow recommendations of ID clinic physician.

1.15.4. Updates DD Form 2766, Adult Preventive and Chronic Care Flowsheet, annually with the HIV nurse at each installation assigned.

1.15.5. Attends counseling with the IDCHN for HIV during scheduled appointments.

1.15.6. Completes General Counseling with UCMJ commander initially and whenever there is a change of command and within 30 days of each PCS.

1.15.7. Contacts the gaining Department of Preventive Medicine HIV nurse immediately upon arrival at PCS reassignment to coordinate medical appointments and update medical readiness.

2. HIV Antibody Testing, Counseling, and Consent.

- 2.1. The purpose of HIV testing.
 - 2.1.1. Ensures continued readiness and deployability of the force.
 - 2.1.2. Preserves the health of Soldiers and their Families by identifying HIV infected beneficiaries and providing appropriate counseling and medical treatment.
 - 2.1.3. Avoids potential complications of immunizations among HIV infected individuals.
- 2.2. HIV pre and post test counseling.
 - 2.2.1. Informs the patient how the test is done, what the results mean, and when the results will be available.
 - 2.2.2. Outlines the benefits of early diagnosis and treatment.
 - 2.2.3. Discusses how a positive test may affect medical, personal, career, and financial concerns.
- 2.3. Testing codes and procedures.
 - 2.3.1. Active duty HIV screening is every two years under Code F (Force).
 - 2.3.2. Reserve component HIV screening is every five years under Code F.
 - 2.3.3. Pre-deployment HIV screening is under Code N. The window was changed from 120 days to 365 days of the date of deployment IAW Health Affairs Policy 04-008, March 2006. An F Code HIV test collected within the previous 365 days of deployment may serve as the pre-deployment test. To determine the code used for a completed HIV test, press F9 once the test result is displayed on the screen.
 - 2.3.4. Reserve component personnel shall have a current HIV-1 test within two years of the date called to active duty for 30 days or more.
 - 2.3.5. HIV testing is not required for civilian (DA/DOD, contractor, Red Cross, and AAFES) personnel. Generally, civilians may decline HIV screening; however, certain host countries require mandatory HIV screening prior to allowing entry. A civilian who tests positive may be deployed as long as the host country is notified and the individual is able to perform assigned duties.
 - 2.3.6. Post-deployment serum specimens are collected within 30 days after arrival at the demobilization site (Code H).

BAMC Memo 40-164

2.3.7. Individuals who request HIV testing based on the Military Force Testing Policy do not need to see a health care provider and may walk-in to the Laboratory. The Laboratory will order the test under the HIV APHN/CHN. Service members need to prove they require Force testing, such as an AKO printout, Unit Memo, or similar document. The testing date is verified using MEDPROS at www.mods.army.mil.

2.3.8. Negative HIV antibody results based on the Military Force Testing Policy are mailed on DA Form 5668, HIV Screening Test Results, included in Appendix D.

2.3.9. Other BAMC HIV testing indications include

2.3.9.1. Pregnancy at the time of the initial prenatal visit, Code O.

2.3.9.2. Sexually transmitted disease surveillance for beneficiaries and eligible contacts at baseline, 3, 6, and 12 months, Code V.

2.3.9.3. Army Substance Abuse Program, Code A.

2.3.9.4. Clinical indication as determined by the health care provider for a patient with a suspicious illness such as lymphadenopathy, risk factors for HIV infection, or acute or chronic hepatitis infection, Code I.

2.3.9.5. Complete physical exams for adults and adolescents age 15 and above unless performed during the preceding 12 months. This includes school and sports physicals IAW AR 600-110, paragraph 6-2h (4) and CDC recommendations, Code P.

2.3.9.6. HIV counseling and testing is available at beneficiary request from the APHN/CHN HIV Program Manager by appointment or as a walk-in visit during normal clinic hours, Monday through Friday, 0730-1630. To request an appointment for testing, call 210-295-2326 during normal clinic hours. The BAMC policy requires written consent on BAMC OP 636, Appendix C. Counseling and testing is also available in Infectious Disease Clinic through the IDCHN for beneficiaries in the clinic.

2.3.9.7. Source patient involved in an occupational exposure to blood or body fluids, Code Q.

2.3.10. HIV counseling and testing sites in Texas are available at <http://www.dshs.state.tx.us/hivstd/services/service.shtm>.

2.3.11. Rapid HIV Antibody Testing.

2.3.11.1. The OraQuick Rapid HIV-1 Antibody Test is a manually performed, visually read, 20-minute immunoassay for the qualitative detection of antibodies to HIV-1 in human whole blood. This procedure is a screening test. Results are intended to aid the PCM when determining

whether to administer medication to a BAMC staff member that has been potentially exposed to a needlestick injury or splash with foreign blood or body fluids.

2.3.11.2. The Source patient is the individual whose body fluid was exposed to a BAMC staff member. A preliminary positive result suggests that antibodies to HIV may be present in the specimen.

2.3.11.3. A serum sample will also be collected from the Source and sent to ViroMed laboratory to confirm the OraQuick Rapid HIV-1 Antibody test result.

3. HIV Consent.

3.1. Informed consent is required before an HIV test is drawn.

3.2. The BAMC policy requires written consent for all non-service member beneficiaries on BAMC OP 636, Appendix C.

3.3. Active, Reserve, or Army National Guard service members requesting HIV medical readiness testing do not need to complete a written consent form.

3.4. The health care provider verifies completion of a written consent for non-service member beneficiaries. The consent form accompanies the patient to the lab and will be scanned into the patient's AHLTA record. Nursing and ancillary staff may complete the consent form using the CDC Counseling Guidelines, included in Appendix E. Written patient education handouts are available from <http://www.cdec.gov/hiv/dhap.htm>.

3.5. The Laboratory staff does not complete or maintain the HIV consent form.

4. HIV Notice of Deemed Consent.

4.1. If a BAMC employee is exposed to body fluids of a patient in a manner which may, according to the current guidelines from the CDC, transmit HIV, Hepatitis B, or C viruses, the patient whose body fluids were involved in the exposure, defined as the Source patient, has consented to testing for infection with HIV, Hepatitis B, and Hepatitis C.

4.2. The Source patient shall be deemed to have consented to the release of test results to the individual who was exposed.

4.3. BAMC OP Form 636, Appendix C, is completed by the Source patient and placed in the Source patient's permanent medical record. It is not a consent form. It notifies the Source patient of the law, the purpose for testing, and is an opportunity to discuss any concerns with a BAMC staff member.

4.4. For the exposed employee, consider drawing an HIV and Hepatitis B and C to establish a baseline. An HIV consent form for the employee is filed in the employee's medical record.

5. HIV Infected Health Care Workers.

5.1. HIV infected health care workers may be restricted in the performance of their duties when the nature of those duties, as determined by the EMRC, presents a risk of transmitting the virus to their patients.

5.2. The BAMC EMRC is comprised of the Chief, Department of Preventive Medicine, the Occupational Health physician, Staff Judge Advocate (SJA), and the department chief for the health care worker. The DCCS is informed, consulted, and may serve as the chair of the committee.

5.3. The SJA representative determines if there is a state or federal law that mandates disclosure of HIV status to patients within the health care worker's specialty. National policies may exist for individual health care specialties regarding the duties of HIV infected health workers within that specialty.

5.4. The EMRC evaluates the job duties of every HIV infected health care worker. Based on evidence, the EMRC makes a recommendation of risk of transmission of HIV to BAMC patients as low, medium, or high. HIV infected health care workers may be restricted in their duties only to the extent that they no longer present a risk of transmitting HIV to their patients, IAW AR 600-110, paragraph 4-2(3)d. This recommendation is sent to the BAMC Credentials Committee.

5.5. The BAMC Credentials Committee makes the final determination of job duties based on the recommendation of the EMRC.

5.6. HIV infected health care workers will comply with standard precautions at all times. Those with exudative lesions or weeping dermatitis will be removed from direct patient care until the condition clears IAW 600-110, paragraph 2-13(15).

6. HIV Infected Civilian Employees.

6.1. Civilian employees who have been diagnosed as HIV infected or who have AIDS are treated no differently than other employees. They are permitted to continue working as long as they are able, as long as their performance is acceptable and does not endanger their own health or the health of their coworkers.

6.2. Civilian applicants for employment who have been diagnosed as HIV infected or have AIDS may qualify for a health care worker position based on a pre-placement physical and coordination between their attending physician and the BAMC Occupational Health physician.

6.3. There is no basis for civilian employees to refuse to work with fellow staff or HCBs who are HIV infected or have AIDS. The concerns of such employees are addressed by education and counseling.

6.4. Civilian employees who are HIV infected or who have AIDS are considered “handicapped employees” within the meaning of the Rehabilitation Act of 1973 and are entitled to reasonable accommodation. All medical information must be kept confidential.

6.5. Duty status determination related to injury, illness, or prolonged absence is made by the BAMC Occupational Health physician in coordination with the attending physician.

7. Treatment of Minors.

7.1. A minor shall be deemed an adult for purpose of consenting to treatment involving HIV counseling and testing.

7.2. Minors may receive counseling, test administration, and results without parental consent. Within BAMC, application of Texas law shields HIV test results from disclosure unless the minor grants permission.

8. Patient Confidentiality and HIPAA.

8.1. The diagnosis of HIV may have lifelong implications for future employment, health insurance, and quality of life.

8.2. It is BAMC policy to protect the privacy of its patients and the confidentiality of their medical information.

8.2.1. Privacy refers to the patient’s control over his or her personal information. A patient’s right to privacy refers to the patient’s right to keep personal information private. In seeking health care, HIV infected patients are often called upon to both provide intimate information and expose themselves during the performance of various procedures, tests, and observations. Because of this need to surrender control over privacy, the patient is promised confidentiality.

8.2.2. Confidentiality refers to the patient’s legal and moral right to privacy of their medical information, reinforced by professional codes of ethics. With respect to medical information, confidentiality refers to information which will be divulged by one person to another only with the implicit promise that it will not be revealed to any other person.

8.2.3. A patient’s right to privacy includes, but is not limited to, the right to forbid persons not directly involved in his/her care to view the documentation of his/her care, to have his/her medical records accessible to only those staff members directly involved in his/her treatment or the monitoring of its quality, and not have his/her case discussed openly throughout the facility. This includes paper medical records and computer medical records on CHCS and CIS.

9. Background.

9.1. Human Immunodeficiency Virus (HIV) is a retrovirus that selectively attacks and destroys the human T-lymphocytes in an otherwise healthy individual.

9.2. There are two types of HIV, HIV-1 and HIV-2. Both HIV-1 and HIV-2 have been identified in the United States.

9.3. Transmission. The virus is transmitted through exposure to infected blood or body fluids primarily by sexual contact with an infected partner, by exposure to blood, including shared contaminated needles and syringes, or by contaminated blood products, tissues or organs, tattoo and body piercing with infected needles or dye, or from an infected mother during the prenatal period, delivery, or breastfeeding.

9.4. A confirmed positive HIV test is two reactive ELISA assays followed by a positive Western Blot and signifies exposure to HIV. A second test is performed to confirm an HIV infection. Two positive tests are required to confirm the diagnosis and before referral to the Infectious Disease (ID) Clinic.

9.5. The period between exposure to HIV and the development of enough antibodies for detection by an HIV blood test is called the window period. Using current technology, seroconversion from negative to positive generally takes three weeks to six months after exposure to HIV. An individual with known risk factors and a negative HIV antibody can transmit HIV to another individual during this period if infected. Testing after exposure to a high-risk individual is recommended at baseline, 3, 6, and 12 months per AR 600-110.

9.6. Early diagnosis, treatment, and secondary prevention are the keys to maintaining health for an HIV infected individual. Primary prevention is the best defense against HIV infection.

APPENDIX A
References

1. 29 CFR 1910.1030. Occupational Exposure to Bloodborne Pathogens. *Federal Register*, revised 2000.
2. Memorandum, Assistant Secretary of Defense, Health Affairs, Policy 06-008, Policy for Pre- and Post-deployment Serum Collection, 14 March 2006. <http://www.ha.osd.mil/policies/2006/06-008.pdf>.
3. Memorandum, Assistant Secretary of Defense, Health Affairs, Policy 04-007, Human Immunodeficiency Virus Interval Testing, 29 March 2004. <http://www.ha.osd.mil/polices/2004/04-007.pdf>.
4. AR 600-110, Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus. http://www.usapa.army.mil/pdffiles/r600_110.pdf
5. BAMC Memo 40-135, Bloodborne Pathogens Exposure Control Plan.
6. Army Policy for Pre-Deployment HIV Screening, Army GI Personnel Policy Guidance, Chapter 7, Medical and Dental, 2006. <http://www.armyg1.army.mil/MilitaryPersonnel/ppg.asp>.
7. Texas Administrative Code. Title 25, Part 1, Chapter 97, Subchapter A, Rule §97.12. [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPag?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=97&rl+12](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPag?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=97&rl+12).
8. American Academy of Pediatrics Policy Statement. “Adolescents and Human Immunodeficiency Virus Infection: The Role of the Pediatrician in Prevention.” *Pediatrics*, 2001. Reaffirmed 2005. <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/1/188>.
9. CDC. “Revised Guidelines for HIV Counseling, Testing, and Referral.” *MMWR*, November 9, 2001. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>.
10. CDC. “Revised Recommendations for HIV Screening of Pregnant Women.” *MMWR*. November 9, 2001. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm>.
11. CDC. “Sexually Transmitted Disease Treatment Guidelines.” *MMWR*. August 4, 2006, pages 1-80. <http://www.cdc.gov/std/treatment/>.
12. CDC. “Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis”. *MMWR*. 2001. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>.

APPENDIX A CONT
References

13. CDC. "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis," *MMWR*. 2005. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>.
14. CDC. "Preventing Occupational HIV Transmission to Healthcare Personnel Fact Sheet." 2002. <http://www.cdc.gov/hiv/pubs/facts/hcwprev.htm>.
15. United States Department of Health and Human Services, *AIDS info*, Clinical Guidelines Portal, <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx?MenuItem=Guidelines>.

APPENDIX B
Terms and Abbreviations

1. ACAPCP. Army Career and Alumni Program-Alcohol/Drug Abuse Prevention Education
2. ACHN/CHN. Army Community Health Nurse/Community Health Nurse
3. AHLTA/CHCS/CIS. Electronic patient records systems
4. AIDS. Acquired Immunodeficiency Syndrome
5. BAMC, Brooke Army Medical Center
6. Centers for Disease Control
7. ELISA. Confirmation test for HIV positivity
8. ERMC. Expert Medical Review Committee
9. HIPPA. Law governing patients' right to confidentiality and privacy in medical issues
10. HIV. Human Immunodeficiency Virus
11. HCB. Health Care Beneficiary
12. HCP. Health Care Provider
13. IAW. In Accordance With
14. ID. Infectious Disease Service/Clinic
15. PCM. Primary Care Manager
16. SJA. Staff Judge Advocate
17. STD. Sexually Transmitted Diseases
18. UCMJ. Uniform Code of Military Justice
19. Western Blot. Confirmatory test for HIV positivity

APPENDIX C

BAMC OP 636 Patient Information, Routine HIV Testing/Patient Information and Consent Form

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA <small>For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.</small>		
REPORT TITLE	PATIENT INFORMATION, ROUTINE HIV TESTING/PATIENT INFORMATION AND CONSENT FORM <small>(For use of this form, see BAMC Memo 40-164)</small>	OTSG APPROVED (Date) QA Apr 13 May 92

In implementing the Army's HIV policy, BAMC routinely tests adult in-patients to determine their HIV status. This testing is an effort to identify HIV-infected beneficiaries as early as possible in the course of their infection, to permit treatment designed to delay the progression of disease and to prevent transmission to other.

Because HIV infected persons respond differently to some tests, immunizations and medications, knowing your HIV status may assist the clinical staff in correctly diagnosing and treating the condition for which you are being admitted. This will serve as your only notification that an HIV test may be performed at the discretion of your physician at or about the time of your admission.

The HIV test measures the body's response to the Human Immunodeficiency Virus. A positive blood test serves as a warning that the individual: 1) has been exposed to this virus; 2) may be able to infect others; and 3) may someday become ill with the disease of AIDS. A POSITIVE TEST DOES NOT MEAN THAT THE PERSON HAS AIDS NOW.

ACTIVE DUTY MEMBERS Test will be administered at the discretion of your physician. IAW AR 600-110, you do not have the right to decline testing. Results of this test are confidential and will be used only IAW the provisions of AR 600-110.

NON-ACTIVE DUTY BENEFICIARIES This is a voluntary screening program. As such, it is your right to refuse to have this test performed but, by doing so you must accept the responsibility for any consequences. If you DO NOT wish to have this test performed, you should indicate so below. No one who declines this screening will be denied appropriate care but, it is possible that declining the test may affect the outcome of your condition or in some way interfere with the treatments that are planned. Results of this test are confidential and will be released only IAW the provisions of AR 600-110.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION: I AGREE TO BE TESTED
 I DECLINE TO BE TESTED

PATIENT'S SIGNATURE	DATE
---------------------	------

If you have any questions about the above information, the test itself, or the HIV infection, ask your doctor or nurse. You have a right and need to know the facts about HIV and AIDS.

ORIGINAL TO BE FILED IN MEDICAL RECORDS

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		
<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT		

DA FORM 4700
 1 MAY 78

PREVIOUS EDITIONS ARE OBSOLETE
 REQUIREMENT OF PRIVACY ACT OF 1974

BAMC OP 636, JUN 92

APPENDIX D
Sample of Completed DA Form 5668

(Fold on Dotted Line)

ADAMS US ARMY HOSPITAL
FT WILSON, NY 10100

SAMPLE

SSG WILLIAM C. BROWN
80 FIFTH ARTY RD
FT WILSON, NY 10100

**PERSONAL--TO BE
OPENED BY ADDRESSEE
ONLY**

STAPLE HERE

STAPLE HERE

DA FORM 5668, DEC 87

APPENDIX E
CDC HIV Pretest Counseling

**Open-Ended Questions in Patient-Centered Counseling for Preventing HIV Infection
(Subjective and Objective)**

1. What, if anything, are you doing that you think may be putting you at risk for HIV infection?
2. What are the riskiest things that you are doing?
3. If your HIV test comes back positive, how do you think you may have become infected?
4. When was the last time you put yourself at risk for HIV infection? What was happening then?
5. How often do you use drugs or alcohol?
6. How do you think drugs or alcohol influence your HIV risk?
7. How often do you use condoms when you have sex?
8. When and with whom do you have sex without a condom? When with a condom?
9. What are you doing currently to protect yourself against HIV infection? How is that working?
10. What kinds of things do you do to protect your sexual partner from becoming infected with HIV? (for HIV infected patients)
11. Tell me about specific situations when you have reduced your HIV risk. What was going on that made that possible?
12. How risky are your sexual partners or needle-sharing partners? For example, have they been tested for HIV recently?

The CDC guidelines^{1,2} recognize that "one size does not fit all" and that flexibility in any prevention and counseling process is important for encouraging patients to accept the process. In all preventive counseling efforts, the language should be clear and explicit.¹

Written patient education handouts are recommended and available at <http://www.cdc.gov/hiv/dhap.htm>.

APPENDIX E CONT
CDC HIV Pretest Counseling

Information Patients Should Receive During HIV Counseling (Assessment and Plan)

1. The meaning of HIV test results should be explained in explicit, understandable language. For example, "A negative test result means no HIV was found. But if you were exposed to HIV recently-in the past one to two months-the test might not show the HIV yet."
2. The risks of HIV transmission, including oral, vaginal, and anal sex, and needle sharing, should be discussed.
3. Condom use, sexual abstinence, and drug treatment programs should be discussed.
4. Patients should be given information about where they can obtain further information, counseling about HIV prevention, or other services.
5. Testing allows the health care provider and patient to work together to control HIV infection and prevent transmission of HIV to others.

Information for Specific Populations

1. Information on other sexually transmitted and blood-borne diseases.
2. Persons in some communities need to be reassured that testing is not harmful and that they will receive medical services if they test positive for HIV.
3. Women should be given information on latex and non-latex condoms, and need to be aware of the possibility that male sex partners also may engage in drug use or high-risk sexual relations with other men.
4. Homosexual men and women need information about HIV transmission through oral and anal sex, and about effective use of condoms.
5. Drug users need to know that drug treatment provides a much greater chance of survival.
6. Information on the possible effect of HIV vaccines on test results in persons participating in HIV vaccine trials.
7. Descriptions of or demonstrations on how to use condoms correctly.
8. Information on risk-free and safer sex options.

APPENDIX E CONT
CDC HIV Pretest Counseling

9. Descriptions of the effectiveness of using clean needles, syringes, cotton, and water, and other drug paraphernalia Information about drug treatment programs.

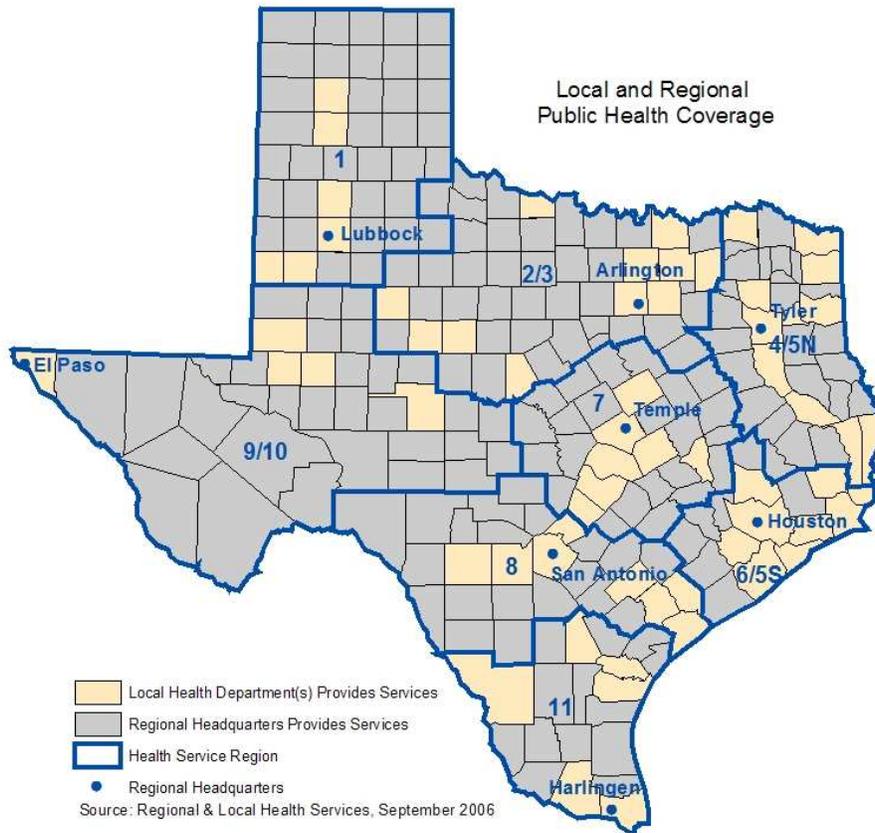
Adapted from Centers for Disease Control and Prevention. Revised guidelines for HIV counseling, testing, and referral. *MMWR Recommendations*, 2001; 50(RR-19):1-57.

Source: Gallant, Joel E., "HIV counseling, testing, and referral". *American Family Physician*. 2004; 70(2).

APPENDIX F
San Antonio and State of Texas Health Information

San Antonio: <http://www.sanantonio.gov/health/Locations/SAMHDserv805.pdf>

Texas Department of State Health Services—Regions



APPENDIX G
Other San Antonio HIV Community Resources

1. AIDS Hotline in English: 800-342-AIDS (2437)
2. AIDS Hotline in Spanish: 800-344-SIDA (7432)
3. AIDS Hotline TTY (teletypewriter): 800-243-7889
4. Alamo Area Council of Governments:
<http://www.aacog.dst.tx.us/HIVHealthServices/program/services.asp>
5. Alamo Area Resource Center: <http://www.aarcsa.com/>
6. CDC HIV counseling, testing, and referral guidelines: <http://www.cdc.gov/hiv>
7. CDC National Prevention Information Network Web site: <http://www.cdcnpin.org>, 800-458-5231 (information available in English and Spanish)
8. CDC's National Center for HIV, STD, and Tuberculosis Prevention:
<http://www.cdc.gov/nchstp/od/nchstp.html>
9. National Clinicians' Post Exposure Prophylaxis Hotline: 888-448-4911,
<http://www.ucsf.edu/hivcntr/>
10. National Institutes of Health, HIV AIDS Information: <http://sis.nlm.nih.gov/hiv.html>
11. San Antonio Metropolitan Health District:
<http://www.sanantonio.gov/health/HIV/HIVprogindex.asp?res=1280&ver=true>
12. STD Hotline: 800-227-8922
13. Texas Department of State Health Services HIV/STD Program:
http://www.dshs.state.tx.us/hivstd/services/service_s.shtm

APPENDIX H
BAMC Services

BAMC Health Care Network Support Services include:

- | | |
|--|---------------------|
| 1. Chief, Preventive Medicine Services | (210) 295-2500 |
| 2. HIV Medical Director | (210) 916-5554 |
| 3. HIV Nurse | (210) 295-2326 |
| 4. Epidemiologist | (210) 295-2399 |
| 5. Department of Behavioral Health | (210) 916-4256 |
| 6. MEDCEN Chaplain | (210) 916-1105 |
| 7. Occupational Health Physician | (210) 295-2437 |
| 8. Infection Control Nurse | (210) 916-6357/6120 |
| 9. BAMC Emergency Department | (210) 916-2422 |
| 10. BAMC ID Clinic | (210) 916-5554 |
| 11. BAMC Nutrition Care | (210) 916-5525 |

APPENDIX I
DA Form 5669, Preventive Medicine Counseling Record

PREVENTIVE MEDICINE COUNSELING RECORD			
For use of this form, see AR 600-110; the proponent agency is OTSG.			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
Authority:	5 USC 301, 10 USC 3012(G).		
Principal Purpose:	To record preventive medicine counseling of Service members testing positive for exposure to HIV.		
Routine uses:	Prerequisite counseling under AR 600-110; paragraph 2-16.		
Disclosure:	Disclosure is voluntary. However, failure to provide the information may result in incorrect identification.		
INSTRUCTIONS			
The counselor will obtain and record the administrative information required in Part I from official military records or from patient's identification card. If the patient is not active duty military, the sponsor's information will also be included. Each item in Part II will be individually explained to the patient and counselor. Certifying signatures of the counselor and patient will be affixed as indicated in Part II. The patient will receive one copy, the counselor will retain one copy, and if the patient is a soldier, the patient's commander will receive the original. The commander's copy will be forwarded in a sealed envelope addressed personally to the commander and marked "To be Opened by Addressee Only." The counselor's copy will be retained by the preventive medicine physician until the patient is transferred or for a period of three (3) years.			
PART I - PATIENT INFORMATION			
A. NAME OF PATIENT	B. SSN	C. GRADE	D. NAME OF SPONSOR
E. UNIT	F. LOCATION		
G. DATE OF DIAGNOSIS (YYYYMMDD)	H. DATE AND TIME OF COUNSELING		I. LOCATION OF COUNSELING
J. Counselor:			
1. NAME	2. GRADE/CORPS	4. UNIT	
3. TITLE			
PART II - PATIENT COUNSELING ACKNOWLEDGMENT			
I have been informed of my initial or confirmed positive laboratory test result for the HIV antibody. I understand that I have responsibility to prevent transmission of the infection to others with whom I may have contact, specifically --			
<p>A. My positive HIV antibody test with the Western Blot confirmation means that I have been infected with HIV. Current medical knowledge indicates that once a person has been infected, it is assumed that he or she continues to harbor the virus. This means that I am infectious, or capable of transmitting the virus to through my behaviors involving or potentially involving exchange of body fluids.</p> <p>B. It has been explained to me that HIV infection is primarily transmitted through three routes: intimate sexual exposure; perinatal exposure (from infected mothers to their infants); and parenteral exposure (transfusion of contaminated blood or blood products, or sharing of needles by intravenous drug abusers). Since the virus has been isolated from various body fluids, to include blood, semen, saliva, tears, and breastmilk, personal items such as toothbrushes, razors, and other personal implements, which could become contaminated with blood or other fluids, should not be shared with others, even though the risk appears low. I have been informed that casual contacts such as hugging, shaking hands, or other common non-sexual personal contacts pose negligible risk of transmission.</p> <p>C. I have been informed that the percentage of those infected with HIV who will progress to clinical illness or suffer impaired immunity is unknown. However, estimates range from 30 to 100 percent over a long period of time. For this reason, I as an HIV-infected person, must have medical evaluations semiannually. If I am now asymptomatic and then develop unexplained fever, weight loss, or infections, I must seek immediate medical attention.</p> <p>D. While homosexual and bisexual males and intravenous drug users are the majority of HIV-infected persons or AIDS patients identified so far, I have been informed that the infection can also be transmitted heterosexually. There is clear evidence for transmission from male-to-female and female-to-male. Since I can infect others, I must limit the number of sexual partners I have to minimize the possibility of transmission. Prostitutes, male or female, represent a high-risk group since they have many sexual contacts and frequently are also intravenous drug abusers. I acknowledge that HIV-infected individuals as well as uninfected persons should refrain from sexual relations with members of these groups to avoid the possibility of transmission.</p> <p>E. Although I may have no symptoms presently, I may still transmit the infection to others through sexual intercourse, sharing of needles, donated blood or blood product, and possibly through exposure of others to saliva through oral-genital contact or intimate kissing. I have been informed that transmission of HIV infection through sexual intercourse can be avoided only through abstinence. If I cannot abstain, then I must engage only in protected sexual relations (i.e. using a condom). Males must always use a condom, and females must insist that their partners use condoms. While the ability of condoms to prevent transmission of infection is unproven, they may reduce the chance of transmission and I must always use them or insist on their use during all sexual encounters.</p> <p>F. I have been informed that I, as an HIV-infected person, have the responsibility to always verbally inform my sexual partners of my infection prior to engaging in any intimate sexual behavior.</p> <p>G. I realize that I may have infected others before I knew I was infected. For that reason, I am obliged to reveal the identity of all persons with whom I have had sexual relations or shared needles so that they too can receive testing and counseling to break the chain of transmission. In addition to revealing their identities, I will personally inform all my contacts of the likelihood of their exposure to HIV as soon as possible, and recommend they seek testing and counseling.</p> <p>H. I, as an HIV-infected person, will not donate blood, sperm, tissues, or organs.</p> <p>I. Whenever I seek medical or dental care from any source, I must inform the provider of my HIV infection so that appropriate evaluation and precautions are taken to protect the provider and other patients. Since I am infected, I must refrain from unprotected sexual relations, and avoid pregnancy for my spouse or myself since the infection is transmitted from mother to unborn child. If I am a newborn infant's mother, I must avoid or discontinue breastfeeding.</p>			
I acknowledge that I, _____, have been counseled and understand that the medicine measures listed in paragraph A through I above, which were explained to me, are necessary to preclude transmission of HIV infections.			
J. SIGNATURE OF PATIENT	DATE (YYYYMMDD)	K. SIGNATURE OF COUNSELOR	DATE (YYYYMMDD)

APPENDIX J
DA Form 7303, Donor/Recipient History Interview

DONOR/RECIPIENT HISTORY INTERVIEW			
For use of this form, see AR 600-110; the proponent agency is the ODCSPER			
DATA REQUIRED BY THE PRIVACY ACT OF 1974.			
AUTHORITY:	Title 5, United States Code (USC), Section 301; Title 44, USC, Section 3101; and Title 10 USC, Section 1071.		
PRINCIPAL PURPOSE:	To collect information from confirmed HIV infected individuals who indicate a past history of donating or receiving blood, blood products, organ (s), tissue or sperm since 1977.		
ROUTINE USES:	Information collected may be released to appropriate medical authorities in order to properly investigate the final disposition of any donations or recipient events recorded on this form.		
DISCLOSURE:	Disclosure of information requested is voluntary. However, failure to provide the required information may hinder lookback procedures.		
1. NAME OF INDIVIDUAL (Last, First, Middle Initial)		2. CURRENT ADDRESS (Number, Street, City, State)	
3. SOCIAL SECURITY NUMBER	4. TELEPHONE NUMBER (Include area code) WORK: _____ HOME: _____	5. DATE OF BIRTH (Mo. Day, Yr)	6. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
<p>7. I acknowledge that it may be necessary to release information to my confirmed HIV status by representatives of the Medical Advisory Committee of _____ (Medical Treatment Facility) to the appropriate medical authorities in order to properly investigate the final disposition of any donations or recipient events recorded below. I hereby give permission for the release of this information.</p> <p>_____ (Signature) _____ (Date)</p> <p>_____ WITNESS (Print/Type Name) _____ (Signature) _____ (Date)</p> <p>_____ Medical Advisory, Point of Contact: (Name) _____ Telephone Number (DSN) _____ (Commercial)</p>			
<p>8. Military Beneficiary Status (Please Check appropriate category):</p> <p>Active <input type="checkbox"/> Dependent of Active Duty <input type="checkbox"/> Sponsor's Name _____</p> <p>Retired <input type="checkbox"/> Dependent of Retired <input type="checkbox"/> Sponsor's SSAN _____</p> <p>Civilian <input type="checkbox"/> Service Army <input type="checkbox"/> Navy <input type="checkbox"/> _____</p> <p> Air Force <input type="checkbox"/> Marine <input type="checkbox"/> Other <input type="checkbox"/> (Identify) _____</p>			
<p>9. Have you donated any blood, blood product, organ (s), tissue or sperm since 1977? (Please check appropriate response.)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>10. If the answer to question #9 is YES, please indicate below the type and number of times you have donated. (Please circle appropriate response and indicate the number of times below.)</p> <p>Blood / Blood Products Number _____</p> <p>Organ (s) / Tissues Number _____</p> <p>Sperm Number _____</p>	
<p>11. For each donation indicated above please provide that date and location below. Please note that any and all documentation pertaining to the donation events indicated above should be utilized to ensure that accurate information is provided. If exact information concerning the locations or dates is not available, then please provide the information that is available.</p> <p>Donation #1 Type _____ Date (Month, Day, Yr) _____</p> <p>Name or Organization _____</p> <p>Location _____ (Street Address, City, State, Zip Code)</p> <p>Donation #2 Type _____ Date (Month, Day, Yr) _____</p> <p>Name or Organization _____</p> <p>Location _____ (Street Address, City, State, Zip Code)</p>			

APPENDIX J CONT
DA Form 7303, Donor/Recipient History Interview

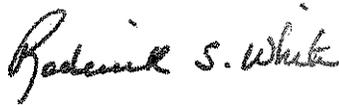
Donation date and location continues. <i>(Please use additional sheets, if necessary.)</i>	
Donation #3 Type _____	Date (Month, Day, Yr) _____
Name or Organization _____	
Location _____ (Street Address, City, State, Zip Code)	
12. Have you been the recipient of any blood, blood product, organ (s), tissue or sperm since 1977? <i>(Please check appropriate response.)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	13. If the answer to question #12 is YES, please indicate below the type and number of times you have been a recipient. <i>(Please circle appropriate response and indicate the number of times below.)</i> Blood / Blood Products Number _____ Organ (s) / Tissues Number _____ Sperm Number _____
14. For each receipt indicated above please provide that date and location below. <i>Please note that any and all documentation pertaining to the donation events indicated above should be utilized to ensure that accurate information is provided. If exact information concerning the locations or dates is not available, then please provide the information that is available. (Please use additional sheets, if necessary.)</i>	
Receipt #1 Type _____	Date (Month, Day, Yr) _____
Name or Organization _____	
Location _____ (Street Address, City, State, Zip Code)	
Receipt #2 Type _____	Date (Month, Day, Yr) _____
Name or Organization _____	
Location _____ (Street Address, City, State, Zip Code)	
Receipt #3 Type _____	Date (Month, Day, Yr) _____
Name or Organization _____	
Location _____ (Street Address, City, State, Zip Code)	
15. REMARKS	

The proponent of this memorandum is the Chief, Department of Preventive Medicine. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Brooke Army Medical Center, ATTN: MCHE-DHN, Fort Sam Houston, TX 78234-6200.

FOR THE COMMANDER:

OFFICIAL:

DAVID A. BITTERMAN
Colonel, MS
Deputy Commander for Administration



RODERICK S. WHITE
Lieutenant Colonel, MS
Chief, Information Management Division