# Defense Health Agency

# ADMINISTRATIVE INSTRUCTION

**NUMBER** 5010.01
January 12, 2021
Incorporating Change 1, May 12, 2023

Director, J-1

SUBJECT: Forms Management Program

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (l), establishes the Defense Health Agency's (DHA) procedures to manage and maintain the DHA Forms Management Program. This DHA-AI:

a. Establishes the DHA Forms Management Program to facilitate timely development and coordination processes for DHA and all DHA components to support the Assistant Secretary of Defense for Health Affairs (ASD(HA)) in the administration of all authorized DHA programs.

b. Establishes the DHA Forms Library on the unclassified DHA Intranet (.mil domain). The DHA Intranet Website hosting forms is accessible with a valid Common Access Card.

2. APPLICABILITY. This DHA-AI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) including assigned, attached, allotted, or detailed personnel. For DHA publications, the terms "market" or "direct reporting market" includes the Hawaii Market unless otherwise noted in the publication. This applies to all published DHA publications, thereby ratifying any actions taken by the Hawaii Market after establishment.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (n), to establish and sustain an official forms program that supports the Agency's mission.

a. Ensure DHA-sponsored forms receive approval in accordance with the procedures outlined in Enclosure 3 and ensure other forms used (i.e., Standard Forms (SF), Department of Defense (DD)), and other agency forms are properly referenced in a prescribing document.

b. Ensure all forms used within DHA are developed in accordance with References (d) and (e).

c. Convert existing legacy forms to approved forms.

d. Approve forms that satisfy a valid need and are designed with clear instructions and standardized data for easy collection, processing, analysis, and retrieval of information. Specifically, forms must:

(1) Use information technology to the maximum extent possible.

(2) Display an official form number, title, and edition date.

(3) Be written in plain language to comply with Reference (g).

e. Use standardized forms throughout the agency and avoid duplicating higher-level government forms such as DD, SF, Optional Forms (OF), and Office of Personnel Management Forms.

f. Minimize the use of Social Security Numbers (SSN) to conform to Reference (h).

g. All forms must:

(1) Have a requiring document that must be published or updated prior to or simultaneously with the approval of each new form.

(2) Be referenced by number and title in the body of a requiring document.

(3) Used as prescribed and any deviation from the requiring document must be approved by the Office of Primary Responsibility (OPR) through the Forms Management Office (FMO).

h. A form may be revised without change to the requiring document so long as the revision does not change the purpose or scope of the form as outlined in the requiring document. When a form is cited in an issuance other than the requiring document, the requiring document must also be referenced.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENTS AND WAIVERS. The proponent of this publication is the Director, Administration and Management (J-1). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Director, J-1 to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-AI is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. EFFECTIVE DATE. This DHA-AI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

9. FORMS

a. DD Form 67, Forms Processing Action Request is available at https://www.esd.whs.mil/DD/.

b. The following DHA forms are available at: DHA Forms Library

(1) DHA Form 117, Medical Record–Supplemental Medical Data

(2) DHA Form 138, Publication Review

(3) DHA Form 234, Metadata Form

10. SUMMARY OF CHANGES.

a. Update responsibilities to match current DHA organization.
b. Update Privacy and Information Control guidance.
c. Remove clinical/non-clinical form distinction.
d. Add Control Unclassified Information (CUI) guidance.
e. Add Forms Checklist.

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TELITA CROSLAND
LTG, USA
Director

Enclosures

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ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended
(c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
(d) DoD Instruction 7750.07, "DoD Forms Management Program," April 19, 2022
(e) DHA-Administrative Instruction 5015.01 "Records Management Program," February 6, 2020
(f) DoD Manual 7750.08, "DoD Forms Management Program Procedures," February 25, 2020, as amended
(g) DoD Instruction 5025.13, "DoD Plain Language Program," January 23, 2020, as amended
(h) DoD Instruction 1000.30, "Reduction of Social Security Number (SSN) Use Within DoD," August 1, 2012, as amended
(i) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
(j) United States Code, Title 5, Section 552a
(k) DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019 as amended
(l) U.S. General Services Administration Procedural Handbook "Standard and Optional Forms Procedural Handbook," July 2009[1]
(m) DoD Instruction 5200.48, "Controlled Unclassified Information (CUI)," March 6, 2020
(n) DHA-Administrative Instruction 8900.01, "Guidance for Conducting Surveys and Other Information Collections (SOICs)," July 4, 2020

[1] This reference can be found at: gsa.gov/forms-library/standard-and-optional-forms-procedural-handbook

# ENCLOSURE 2

# RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness and the ASD(HA) and in accordance with Reference (a) and Reference (b), the Director, DHA, will:

a. Manage the execution of procedures for DHA operations developed by the ASD(HA) pursuant to Reference (b) in the administration of all authorized DHA programs.

b. Appoint a DHA Forms Management Officer.

2. ASSISTANT DIRECTORS, DIRECTOR OF STAFF, AND SPECIAL STAFF. The Assistant Directors, Director of Staff, and Special Staff, must:

a. Ensure forms sponsored by their components are in compliance with the contents of this DHA-AI.

b. Promote the standardization of forms and ensure the use of higher-level forms wherever possible.

c. Reduce or eliminate the use and collection of SSNs in forms.

d. Initiate and coordinate local forms in accordance with the guidance delineated in this DHA-AI.

e. Prior to creating local forms, appoint Local Forms Officers (LFOs) for their component in accordance with the procedures outlined in Enclosure 3. Provide the following information to the DHA FMO at dha.ncr.bus-ops.mbx.dha-formsmanagement@health.mil: individual's name, code, telephone number (commercial and DSN), fax number, e-mail address, mailing address, Military Medical Treatment Facility (MTF)/Dental Treatment Facility (DTF) name, market/ Defense Health Agency Region (DHAR)/Small Market and Stand-Alone Military Medical Treatment Facility Organization (SSO) name.

3. J-DIRECTORS/DEPUTY ASSISTANT DIRECTORS. The J-Directors/Deputy Assistant Directors must:

a. Ensure forms sponsored by their components are in compliance with the contents of this DHA-AI.

b. Promote the standardization of forms and ensure the use of higher-level forms wherever possible.

c. Reduce or eliminate the use and collection of SSNs in forms.

d. Initiate and coordinate local forms in accordance with the guidance delineated in this DHA-AI.

e. Prior to creating local forms, appoint LFOs for their component in accordance with the procedures outlined in Enclosure 3. Provide the following information to the DHA FMO at dha.ncr.bus-ops.mbx.dha-formsmanagement@health.mil: individual's name, code, telephone number (commercial and DSN), fax number, e-mail address, mailing address, MTF/ DTF name, Market/DHAR/SSO name.

4. DIRECTOR, J-1. The Director, J-1, in addition to the responsibilities listed in paragraph 3, must:

a. Manage and revise policy and procedures, as necessary, to carry out the DHA Forms Management Program and oversee compliance in accordance with Reference (c).

b. Maintain oversight activities and management controls for all forms processed through the DHA Forms process.

5. DHA FORMS MANAGEMENT OFFICER. The DHA Forms Management Officer must:

a. Manage and administer the DHA Forms Management Program in accordance with this DHA-AI and perform the following duties.

(1) Establish and administer principles, standards, procedures, and guidelines for forms management for the DHA.

(2) Determine whether forms initiated within the DHA should be submitted to DoD for designation as DD forms.

(3) Assist DHA components in applying the provisions of this DHA-AI.

(4) Interpret forms management policies and procedures and provide technical advice and assistance, as needed.

(5) Continually and systematically review all forms and related requiring documents to ensure only essential forms and guidance pertaining to forms remain in effect.

(6) Coordinate forms management actions with FMOs of the Office of the Secretary of

Defense and military departments.

(7) Ensure forms are designed in accordance with existing Federal and DoD design standards.

b. Represent the DHA to DoD and other Government agencies on all forms management policy and implementation matters.

c. Review, approve, or disapprove form designs and actions in accordance with the procedures of Enclosure 3.

d. Maintain proper records on the DHA Forms Program in accordance with Reference (e).

e. Approve or disapprove waivers for forms without digital signature ability in accordance with Reference (d).

f. Establish and provide LFO training.

g. Serve as the enterprise-wide Subject Matter Expert (SME) and point of contact for forms related technology.

h. Serve as the liaison to other DoD and government components for automation of non-DHA forms, management of the inventory of all forms used by DHA, and management of all higher authority forms used by DHA.

i. Assist LFOs in meeting DoD and DHA forms standards.

j. Coordinate revision requests to higher authority (DD, Secretary of Defense (SD), SF, OF, and other Federal Agency) forms used by DHA.

k. Coordinate and manage exception requests to higher authority forms used by DHA.

l. Manage the inventory of all official forms used by DHA. The inventory includes paper forms, electronic forms, and automated forms included in all DHA developed applications.

m. Post all approved DHA forms to the DHA Forms Library site at: https://info.health.mil/cos/admin/DHA_Forms_Management/SitePages/Home.aspx.

n. Coordinate the stock of paper only forms and associated ordering information with the Defense Logistics Agency or other approved stocking entity.

o. Maintain a list of all lower level LFOs and their appointment letters.

p. Coordinate with the DHA Privacy Officer to carry out the reporting requirements for SSN reduction as described in Reference (h), compliance with all DoD privacy obligations,

regulations, and policies as described in Reference (k), and to ensure that Privacy Act Statements are added to forms as appropriate.

q. Coordinate with the DHA Information Management Control Officer (IMCO) to ensure that forms comply with the Paperwork Reduction Act in accordance with Reference (c).

r. Coordinate with the DHA Records Management Officer to ensure that forms meet DHA records management standards outlined in Reference (e).

s. Perform all Forms Officer duties outlined in Paragraph 17 of this Enclosure.

6. DHA RECORDS MANAGEMENT OFFICER. The DHA Records Management Officer must:

a. Determine within five business days of receiving DD Form 67, Forms Processing Action Request, the records retention schedule for the form as defined in Reference (e).

b. Coordinate with the DHA FMO and the form's OPR to review all DHA sponsored forms for compliance with Reference (e).

7. DHA IMCO. The DHA IMCO must:

a. Determine within five business days of receiving DD Form 67 if an Office of Management and Budget (OMB) approval is required for a form.

b. Coordinate with the OPR to submit and gain OMB approval for forms that are subject to the Paperwork Reduction Act in accordance with Reference (c).

c. Review all DHA and Directorate level forms for compliance with information collection policies.

d. Inform the DHA FMO when a form is ready for posting.

8. DHA PRIVACY OFFICER. The DHA Privacy Officer must:

a. Review DD forms owned by DHA or that DHA is otherwise responsible for maintaining, DHA forms, and DHA Component forms that collect Personally Identifiable Information (PII) or Protected Health Information (PHI) directly from an individual or that collect SSN. The DHA Privacy Officer must determine if a Privacy Act statement or-advisory is required and provide suitable statements or advisories by the time the authorizing issuance completes the informal coordination stage of the publication process as defined in Reference (c) and in accordance with Reference (i), section 552a of Reference (j), and DoD privacy policies as outlined in Reference

(k). The DHA Privacy Officer will standardize the review process and draft Privacy Act statements or advisory templates and will advise and train Markets/DHARs/SSO and MTFs Privacy Officers, or liaisons, who will be responsible for reviewing and drafting Privacy Act statements or advisories forms at the markets/DHA/SSO and MTF level(s).

b. Carry out the reporting requirements for SSN reduction as described in Reference (h) and in coordination with and as instructed by the Office of the Assistant to the Secretary of Defense (OSD) for Privacy, Civil Liberties, and Freedom of Information Directorate (PCLFD).

c. Coordinate SSN Justification Memo and signature with the Action Officer (AO) and OPR. The DHA Privacy Officer must complete an SSN justification review and obtain required approvals for DD forms that are owned by DHA or if DHA is otherwise responsible for maintaining the DD form, DHA form, or DHA Component form that collect an SSN.

9. DHA GENERAL COUNSEL. The DHA General Counsel, under the authority, direction, and control of the Director, Defense Legal Services Agency will provide, as requested, legal advice for the OPR when developing, drafting, or revising DHA forms, and during the adjudication of formal coordination comments.

10. SUPERVISORS, DHA AND SUPERVISORS, DHA COMPONENTS. The Supervisors, DHA and Supervisors, DHA Components must:

a. Ensure copies of forms are generated from the approved source of supply. No more than a 30-day supply may be maintained. Paper copies cannot be generated from a previously printed paper copy. All copies must be generated from the latest edition of the form available from the approved source of supply (i.e., you cannot make a copy of a copy).

b. Limit their local storage of approved electronic forms (e.g., portable document format (PDF) forms). To ensure outdated forms are not used, the form's approved source of supply must be checked every 30 calendar days for updates.

c. Ensure they are using forms for their assigned DHA Component.

11. AOs, DHA AND AOs, DHA COMPONENTS. The AOs, DHA and AOs, DHA Components must:

a. Write and coordinate requiring documents to ensure all forms referenced receive approval in accordance with this DHA-AI.

b. Coordinate with appropriate level Forms Management Officer/LFO for compliance coordination and assist by answering questions from the Privacy Officer, Records Management Liaison, and IMCO.

12. MARKET, SSO, AND DHAR DIRECTORS. The Market, SSO, and DH*A*R Directors must:

a. Assign responsibilities to specific individuals to ensure accountability for the implementation and administration of the forms management program. The assignment of program management responsibilities is at the discretion of the directors, recognizing the need for latitude in managing the subject programs to meet the specific requirements of the market, SSO, or DH*A*R.

b. Appoint a Market, SSO or DHAR LFO with program responsibility. Provide the following information to the DHA FMO at dha.ncr.bus-ops.mbx.dha-formsmanagement@health.mil: individual's name, code, telephone number (commercial and DSN), fax number, e-mail address, and mailing address. Notify the DHA FMO of any change in appointment of the LFO.

13. MARKET/DHAR/SSO RECORDS LIAISONS. The Market/DH*A*R/SSO Records Liaison must coordinate with the Market/DHAR/SSO LFO and the form's OPR to review their component's forms for compliance with DHA records management standards (Reference (e)).

14. MARKET/DHAR/SSO IMCOs. The Market/DH*A*R/SSO IMCOs must:

a. Determine within five business days of receiving DD Form 67 if an OMB approval is required.

b. Coordinate with the OPR to submit and gain OMB approval for forms that are subject to the Paperwork Reduction Act in accordance with Reference (c).

c. Review their component's forms for compliance with DHA information collection and retention policies.

d. Inform the Market/DHAR/SSO LFO when a form is ready for posting.

15. MARKET/DHAR/SSO PRIVACY OFFICERS. The Market/DHAR/SSO Privacy Officers must review their component's forms that collect PII, PHI, or SSN after receiving DD Form 67 to determine if a Privacy Act statement or advisory is required and provide suitable statements or advisories by the time the authorizing issuance reaches the end of the informal coordination stage of the publication process as defined in Reference (c) and in accordance with Reference (i) and Reference (j).

16. MTF/ DTF DIRECTORS. MTF/DTF Directors must:

a. Assign responsibilities to specific individuals to ensure accountability for the implementation and administration of the forms management program. The assignment of program management responsibilities is at the discretion of the Director recognizing the need for latitude in managing the subject programs to meet the specific requirements of the component.

b. Appoint an LFO with MTF/DTF program responsibility. Provide the following information to the Market/DHAR/SSO LFO and the DHA FMO at dha.ncr.bus-ops.mbx.dha-formsmanagement@health.mil: individual's name, code, telephone number (commercial and DSN), fax number, e-mail address, mailing address, MTF/DTF name, Market/DHAR/SSO name.

17. MEDICAL FORMS REVIEW COMMITTEE MEMBERS. The Medical Forms Review Committee members must review all medical form-related requests (new, revised, cancellation) to ensure compliance with this instruction and all other associated requiring documents and issuances. The Medical Forms Review Committee is an MTF/DTF committee which will include, at a minimum, the LFO and representatives from the following departments: Patient Administration, servicing Office of General Counsel attorney, Records Management, Nursing, Surgery, Emergency Department, and Medical and/or Dental (i.e., Pediatrics, Obstetrics, Dentistry). Positions that do not exist at an MTF/DTF may be omitted or additional positions added, depending on the structure of the MTF/DTF so long as all relevant departments are represented.

18. LFOs. An LFO serves as the forms officer for a DHA Component with the following responsibilities:

a. Administer and manage the Forms Management Program within their Area of Responsibility (AOR).

b. Coordinate local forms programs as outlined in Enclosure 3.

c. Serve as liaisons for subordinate component LFOs in their AOR to the DHA FMO.

d. Maintain appointment letters and contact information for subordinate component LFOs and forward any copies through the chain of command to the DHA FMO. Forward a copy of their appointment letter to the DHA FMO.

e. Maintain a listing of the location of all local forms libraries in their AOR and inform the DHA Forms Officer of any changes.

f. Complete forms management training as directed by the DHA FMO and/or DoD FMO.

g. Ensure forms meet standard design guidelines in Reference (f).

h. Ensure forms sponsored by their components comply with all applicable statutes, regulations, policies, and procedures.

i. Administer the Forms Management Program for their component.

j. Manage all forms created by their component.

k. Ensure all forms used by their component have an associated requiring document, form title, form number, form edition date, and follow the guidance established in Enclosure 3 ofthis DHA-AI.

l. Ensure the associated requiring document has the forms listed in the Forms paragraph. This paragraph is the last paragraph above the signature.

m. Ensure exceptions to DHA Form 117, Medical Record-Supplemental Medical Data receive approval from the next higher-level Forms Officer prior to their use as established in Enclosure 3 of this DHA-AI.

n. Ensure all medical and dental forms follow the guidelines established in Enclosure 3 of this DHA-AI.

o. Ensure all forms used by their component do not duplicate a higher authority form in any way.

p. Ensure local network servers do not store electronic versions of higher authority forms. Per Reference (g), DoD components must hyperlink to higher authority forms to avoid user access to outdated and obsolete forms. Exceptions may be granted from the functional area Forms Management Officer. Exceptions will require, at a minimum, a formal plan for ensuring revised forms are updated in a timely manner.

q. Maintain a forms index and case files for all forms used by their component as required by Reference (e).

r. Review all forms used by their component every five years to identify opportunities for standardizing or eliminating duplicate or unnecessary forms as required by Reference (f).

s. Maintain the SSN reporting data required by References (f) and (h) and as outlined in Enclosure 3.

t. Ensure all forms requesting an individual to provide an SSN, PHI, or PII comply with Reference (f) and:

(1) Have received approval from their component's Privacy Act Coordinator.

(2) Have a properly formatted Privacy Act Statement.

(3) Are properly marked as Controlled Unclassified Information (CUI).

u. Ensure all forms are in compliance with Reference (e) and:

(1) Do not duplicate copyrighted information without permission from the copyright owner.

(2) Do not provide an inappropriate endorsement of copyrighted information.

v. Ensure all forms integrated into electronic applications follow the guidance in Enclosure 3 and to assist those developing electronic applications at their component by meeting the requirements of this DHA-AI.

w. Ensure all paper/specialty forms follow the guidance established in Enclosure 3.

x. Maintain an approved component forms library and inform the next higher-level Forms Officer of any changes to its location.

y. Post all approved forms to the approved forms library.

z. Coordinate with their local Privacy, Records Management, and Information Management liaisons to ensure that forms comply with DHA policies.

# ENCLOSURE 3

# PROCEDURES

1. GENERAL PROVISIONS. The following provisions apply to all DHA components:

a. Electronic versions of DoD, DHA, or other agency forms must not be stored on local servers. DD forms must be linked to the Washington Headquarters Services (WHS) forms library. SF/OF forms must be linked to the General Services Administration (GSA) forms library. DHA forms must be linked to the DHA forms library. Any other agency forms (Food and Drug Administration, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, etc.) must be linked to their official source of supply.

b. All forms used by DHA, its components, and personnel must have an associated requiring document, form title, form number, and form edition date.

c. All DHA components that create or maintain forms must have a LFO who must maintain a forms index, form case files, and current POC lists.

d. The diagram below shows a simplified version of the forms process and its relationship to the publications process.

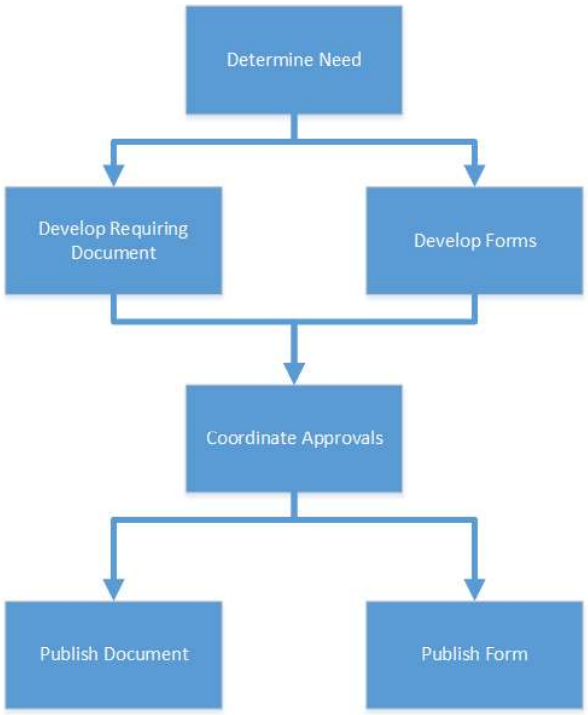


*Figure 1. Simple Document Flow*

2. NON-DHA FORMS. Follow the procedures in Reference (d) to create, revise, change, cancel, or seek exceptions to SF, OF, SD, and DD Forms. All form actions for SF, OF, SD, or DD forms must be coordinated by the DHA Forms Management Officer.

a. In general, DHA components should not need to create or modify SF or OF forms. When it is necessary to create, cancel, or revise a DD or SD form, the DHA FMO will handle such actions and serve as an intermediary between the AO/OPR and the DoD FMO/WHS to ensure that the necessary procedures are followed in accordance with Reference (d).

b. DD forms require a prescribing document used across multiple DoD entities such as a Multi-Service Regulation, DoD Instruction, or a directive that is signed at a level above DHA such as the ASD(HA).

c. See the glossary entry "Form Action Request" for definitions and explanations of each of the form action types: Creation, Modification, Revision, and Cancellation.

d. Coordinating DHA Privacy & Civil Liberties Office Review of a DD Form.

(1) If DHA owns, or is otherwise responsible for, the DD form collecting PII, PHI, and/or SSN directly from an individual, the DHA Privacy Officer must determine if a Privacy Act statement or advisory is required and provide suitable statements or advisories. Requests for

review may be sent to the DHA Privacy Office through the tasker system in coordination with the DHA Forms Office or by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil if the review is not associated with a tasker.

(2) The DoD, including DHA, generally must reduce or eliminate the collection and use of SSNs. If SSN is collected or used, then an SSN justification review is also required. Those requests for review must be sent to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil. Requests to review for SSN must, at a minimum, include: (1) the form(s) for review; (2) the draft SSN Justification Memo; and, when applicable, (3) either a citation to or a copy of the related DoD and/or DHA guidance document (e.g., a DoD Instruction or DHA-AI) if such a document exists or applies. Requests for a copy of the Privacy and Civil Liberties Office (PCLO) drafted template SSN Justification Memo, SSN Justification review, and questions related to the review should be submitted to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil. The DHA Privacy Officer will coordinate required approvals and reporting requirements in coordination with and as instructed by OSD PCLFD.

3. DHA FORMS. DHA forms are those forms that apply to all of DHA or to two or more DHA level 4 components. See below for a depiction of the DHA forms hierarchy and levels. DHA forms require a prescribing document used across multiple DHA Components such as a DHA-Administrative Instruction, DHA-Procedural Instruction, or DHA-Interim Procedures Memorandum.

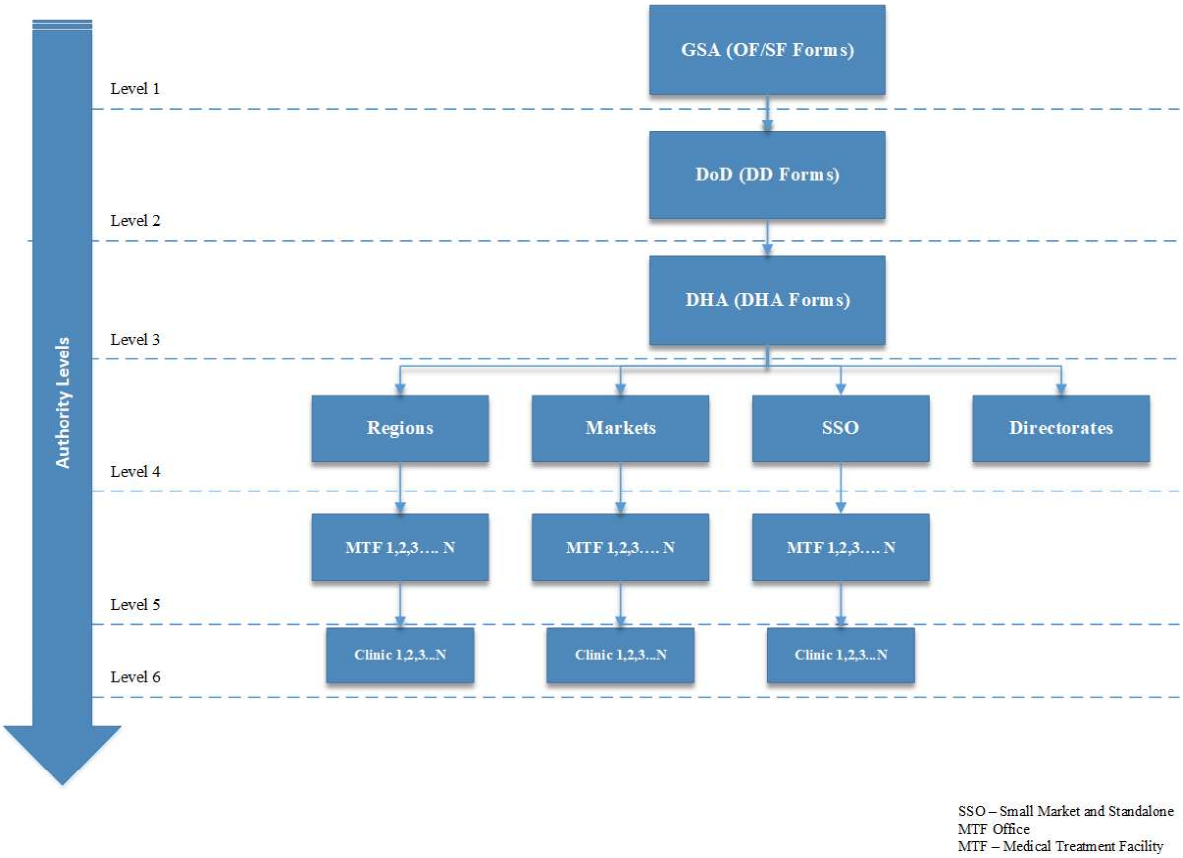


*Figure 2. Defense Health Agency Forms Hierarchy*

a. Create a DHA Form. To create a new form, follow the steps below:

(1) AOs (on behalf of the OPR) will:

(a) Identify the need for a form. Check SF, OF, DoD, and DHA form inventories to see if a suitable form exists.

(b) Identify the requiring document (see paragraph 7) if no current form is suitable.

(c) Prepare a mock-up of the form or a list of necessary data elements in collaboration with all stakeholders, if any, and send to the DHA FMO.

(2) The DHA FMO will:

(a) Check the SF, OF, DoD, and DHA form inventories. If no current form is suitable, begin the design of the form.

(b) Work with the AO until the form is complete and the draft requiring document is

ready for coordination and in a state where it is likely to be signed.

(c) Assign the form number.

(d) Prepare a DD Form 67, Form Processing Action Request for signature and complete blocks 1 through 14.

(3) The AO will sign block 17 of the DD Form 67 and *may* have the approving official (Division Director level or higher) approve the form's use case and design by signing block 18. After approval, the AO will send the form to the FMO.

(4) The FMO will send the final draft of the form, and DD Form 67 for compliance coordination. Compliance coordination is outlined in paragraph 8. Once compliance coordination is complete post the form to the DHA Forms Library and update the forms records.

b. Revise an Existing DHA Form

(1) The AO will:

(a) Confirm the requirement for the form exists by checking the requiring document.

(b) Send a description of the revision to the DHA FMO.

(2) DHA FMO will work with the AO until the draft is ready for coordination.

(3) The AO will sign block 17 of the DD Form 67 and *may* have the approving official (Division Director level or higher) approve the form's use case and design by signing block 18. After approval, the AO will send the form to the FMO.

(4) The FMO will send the final draft of the form, and DD Form 67 for compliance coordination. Compliance coordination is outlined in paragraph 8. Once compliance coordination is complete, post the form to the DHA Forms Library and update the forms records.

c. Cancel a DHA Form

(1) If a form is cancelled the requiring document must be modified or cancelled to reflect the form cancellation.

(2) The AO will begin the process to modify or cancel the requiring document. Contact the FMO to request a cancellation. Include the OPR approval (either on a DD Form 67, or digitally signed email).

(3) The FMO will evaluate any potential issues with canceling the form. If there are no issues, complete the action and confirm the requiring document is either being cancelled or modified to cancel the form. Remove the form from the DHA Forms Library and update the

forms records.

d. Coordinating DHA Privacy & Civil Liberties Office Review of a DHA Form

(1) For forms collecting PII, PHI, and/or SSN directly from an individual, the DHA Privacy Officer must determine if a Privacy Act statement or advisory is required and provide suitable statements or advisories, requests for review may be sent to the DHA Privacy Office through the tasker system in coordination with the DHA Forms Office or by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil if the review is not associated with a tasker.

(2) The DoD, including DHA, generally must reduce or eliminate the collection and use of SSNs. If SSN is collected or used, then an SSN justification review is also required. Those requests for review should be sent to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil. Requests to review for SSN should, at a minimum, include: (1) the form(s) for review; (2) the draft SSN Justification Memo; and (3) either a citation to or a copy of the related DoD and/or DHA guidance document (e.g., a DoD Instruction or DHA-AI) if such a document exists or applies. Requests for review, and questions related to the review, should be submitted to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil. The DHA Privacy Officer will coordinate required approvals and reporting requirements in coordination with and as instructed by OSD PCLFD.

4. DIRECTORATE FORMS. Directorate forms apply across a DHA headquarters directorate (e.g., Information Operations or Administration & Management.) Directorate forms require authorization from a requiring document signed by a directorate official.

a. Create a Directorate Form

(1) AOs (on behalf of the OPR) will:

(a) Identify the need for a form and check SF, OF, DoD, and DHA form inventories to see if a suitable form exists.

(b) Identify what document will prescribe the form if no current form is suitable.

(c) Prepare a mock-up of the form or a list of necessary data elements in collaboration with all stakeholders, if any, and send to the Directorate's LFO.

(2) The LFO will:

(a) Check the SF, OF, DoD, and DHA form inventories. If no current form is suitable, begin the design of the form.

(b) Forward the draft requiring document and the draft form to the DHA FMO for

review and assignment of a form number.

(c) Work with the AO until the draft is ready for coordination.

(d) Prepare DD Form 67 and complete blocks 1 through 14.

(3) The AO will sign block 17 of the DD Form 67 and *may* have the approving official (Division Director level or higher) approve the form's use case and design by signing block 18. After approval, the AO will send the form to the FMO.

(4) The LFO will send the final draft of the form, a copy of the requiring document, and DD Form 67 to the DHA FMO for review and compliance coordination (see paragraph 8). Update the forms records upon completion of compliance coordination.

(5) Once compliance coordination is completed, the DHA FMO will post the form to the DHA Forms Library.

b. Revise an Existing Directorate Form

(1) AO will:

(a) Confirm the requirement for the form exists by checking the requiring document.

(b) Send a description of the revision to the LFO.

(2) The LFO will work with the AO until the draft is ready for coordination.

(3) The AO will sign block 17 of the DD Form 67 and *may* have the approving official (Division Director level or higher) approve the form's use case and design by signing block 18. After approval, the AO will send the form to the FMO.

(4) LFO will send the final draft of the form, a copy of the requiring document, and DD Form 67 to the DHA FMO for compliance coordination (see paragraph 8 of this Enclosure). The LFO will update the forms records upon completion of compliance coordination.

(5) Once compliance coordination is completed, DHA FMO will post the revised form to the DHA Forms Library.

c. Cancel a Directorate Form

(1) If a form is cancelled the requiring document must be modified or cancelled to reflect the form cancellation.

(2) The AO will begin the process to modify or cancel the requiring document, contact

the FMO to request a cancellation and include the OPR approval (either on a DD Form 67, or digitally signed email).

(3) The LFO will evaluate any potential issues with canceling the form. If there are no issues, complete the action and confirm the requiring document is either being cancelled or modified to cancel the form. The LFO will update the form's record upon completion of the action.

(4) The DHA FMO will remove the form from the DHA Forms Library.

d. Coordinating DHA Privacy & Civil Liberties Office Review of a Directorate Form. If a DHA PCLO review of a Directorate Form is required, then follow the review steps described above in paragraphs 2.d. and 3.d. for certain DD forms and DHA forms.

5. MARKET/DHAR/SSO FORMS. Market/DHAR/SSO forms apply across an AOR and its subordinate MTF/DTFs. These forms require authorization from an AOR-level policy or requiring document signed by the Market/DHAR/SSO director.

a. Create Market/DHAR/SSO Form

(1) AOs (on behalf of the OPR) will:

(a) Identify the need for a form and check SF, OF, DoD, and DHA form inventories to see if a suitable form exists.

(b) Identify what will prescribe the form if no current form is suitable, (see Section 1 of the Appendix).

(c) Prepare a mock-up of the form or a list of necessary data elements in collaboration with all stakeholders, if any, and send to the Market/DHAR/SSO LFO. Include relevant stakeholders such as General Counsel, Human Resources (HR), Facilities, Security, etc., depending on the purpose of the form.

(2) The LFO will:

(a) Check the SF, OF, DoD, and DHA form inventories. If no current form is suitable, begin the design of the form.

(b) Assign a form number.

(c) Work with the AO until the draft is ready for coordination.

(d) Prepare DD Form 67 and complete blocks 1 through 14.

(3) The AO will sign block 17 of the DD Form 67 and may have the approving official

approve the form's use case and design by signing block 18. After approval, the AO will send the form to the FMO.

(4) The LFO will work with Market/DHAR/SSO level Privacy, Records, and IMCO officers/liaisons for compliance coordination. Market/SSO level Privacy, Records, and IMCO officers/liaisons should make their determinations within 5 business days of receiving the DD Form 67.

b. Revise an Existing Market/DHAR/SSO Form

(1) The AO will:

(a) Confirm the requirement for the form exists by checking the requiring document.

(b) Send a description of the revision to the Market/DHAR/SSO LFO.

(2) The LFO will work with the AO until the draft is ready for coordination.

(3) The AO will sign block 17 of the DD Form 67 and may have the approving official (Division Director level or higher) approve the form's use case and design by signing block 18. After approval, the AO will send the form to the DHA FMO.

(4) The LFO will work with Market/DHAR/SSO level Privacy, Records, and IMCO officers/liaisons for compliance coordination. Market/DHAR/SSO level Privacy, Records, and IMCO officers/liaisons should make their determinations within 5 business days of receiving the DD Form 67.

(5) The LFO will post the form in the standard library when the requiring document is signed, and compliance coordination is completed and update the forms records.

c. Cancel a Market/DHAR/SSO Form

(1) If a form is cancelled, the requiring document must be modified or cancelled to reflect the form cancellation.

(2) The AO will begin the process to modify or cancel the requiring document. The AO will contact the LFO to request a cancellation and include the OPR approval (either on a DD Form 67, or digitally signed email).

(3) The LFO will evaluate any potential issues with canceling the form. If there are no issues, the LFO will complete the action and confirm the requiring document is either being cancelled or modified to cancel the form. The LFO will remove the form from the Forms Library and update the forms records.

d. Coordinating Market/DHAR/SSO Privacy Officer Review

(1) If the Market/DHAR/SSO forms collects PII, PHI, and/or SSN directly from an individual, the Market/DHAR/SSO Privacy Officers, or liaisons, must determine if a Privacy Act statement or advisory is required and provide suitable statements or advisories. If the Market/DHAR/SSO Privacy Officers, or liaisons, have questions about the required reviews, obtaining copies of Privacy Act statement or advisory templates, or PCLO-led trainings those questions may be sent to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil.

(2) The DoD, including DHA, generally must reduce or eliminate the collection and use SSNs. If SSN is collected or used, then an SSN justification review is also required. Those requests for review must be sent to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil. Requests to review for SSN must, at a minimum, include: (1) the form(s) for review; (2) the draft SSN Justification Memo; and, when applicable, (3) either a citation to or a copy of the related DoD and/or DHA guidance document (e.g., a DoD Instruction or DHA-AI). Requests for a copy of the PCLO drafted template SSN Justification Memo, SSN Justification review, and questions related to the review must be submitted to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil. The DHA Privacy Officer will coordinate required approvals and reporting requirements in coordination with and as instructed by OSD PCLFD.

6. MTF/DTF FORMS. MTF/DTF forms apply across an MTF/DTF and any subordinate clinics. MTF/DTF forms require authorization from a signed MTF/DTF requiring document.

a. Create an MTF/DTF Form

(1) AOs (on behalf of the OPR) will:

(a) Identify the need for a form and check SF, OF, DoD, and DHA form inventories to see if a suitable form exists. If one form exists, it must be used.

(b) If no current form is suitable, identify the requiring document that will prescribe the form (see Section 1 of the Appendix). The AOs will coordinate with the appropriate publications officer and initiate preparation in accordance with local procedures.

(c) Prepare a mock-up of the form or a list of necessary data elements in collaboration with all stakeholders. Include relevant stakeholders such as General Counsel, HR, Facilities, Security, etc., depending on the purpose of the form.

(d) Meet with the MTF/DTF LFO to begin the process.

(2) The MTF/DTF LFO will:

(a) Check the SF, OF, DoD, and DHA form inventories. If no current form is suitable, begin the design of the form.

(b) Coordinate with the ~~in~~ *M*arket/DHAR/SSO-level LFO to ensure that the proposed form does not duplicate a form used by another MTF/DTF in the Market, SSO or DHAR.

(c) Work with the AO until the draft is ready for coordination.

(d) Prepare DD Form 67 and complete blocks 1 through 14.

(e) Assign a form number.

(3) The AO will sign block 17 of the DD Form 67 and may have the approving official (Division Director level or higher) approve the form's use case and design by signing block 18. After approval, the AO will send the form to the Market/DHAR/SSO LFO.

(4) The market/DHAR/SSO LFO will work with market/DHAR/SSO level Privacy, Records, and IMCO officers/liaisons for compliance coordination. Market/DHAR/SSO level Privacy, Records, and IMCO officers/liaisons should make their determinations within 5 business days of receiving the DD Form 67.

(5) The MTF/DTF LFO will post the form in the standard library when the requiring document is signed, and compliance coordination is completed and update the forms records.

b. Revise an Existing MTF/DTF Form

(1) The AO will:

(a) Confirm the requirement for the form exists by checking the requiring issuance.

(b) Send a description of the revision to the MTF/DTF LFO.

(2) The MTF/DTF LFO will work with the AO until the draft is ready for coordination.

(3) The AO will sign block 17 of the DD Form 67 and may have the approving official (Division Director level or higher) approve the form's use case and design by signing block 18. After approval, the AO will send the form to the Market/DHAR/SSO LFO who will sign block 19.

(4) The Market/DHAR/SSO LFO will work with market/DHAR/SSO level Privacy, Records, and IMCO officers/liaisons for compliance coordination. Market/DHAR/SSO level Privacy, Records, and IMCO officers/liaisons should make their determinations within 5 business days of receiving the DD Form 67.

c. Cancel an MTF/DTF Form

(1) If a form is cancelled the requiring document must be modified or cancelled to reflect the form cancellation.

(2) The AO begins the process to modify or cancel the requiring document. The AO will contact the MTF/DTF LFO to request a cancellation and include the OPR approval (either on a DD Form 67, or digitally signed email).

(3) MTF/DTF LFO will evaluate any potential issues with canceling the form. If there are no issues, complete the action and confirm the requiring document is either being cancelled or modified to cancel the form. The MTF/DTF LFO will remove the form from the Forms Library and update the forms records.

d. Coordinating MTF Privacy Officer Review

(1) If an MTF form is not duplicative of a DD, DHA, Market/DHAR/SSO form and the MTF form collects PII, PHI, and/or SSN directly from an individual, the MTF Privacy Officers, or liaisons, must determine if a Privacy Act statement or advisory is required and provide suitable statements or advisories. If MTF privacy officers, or liaisons, have questions about the required reviews, obtaining copies of Privacy Act statement or advisory templates, or PCLO-led trainings those questions may be sent to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil.

(2) The DoD, including DHA, generally must reduce or eliminate the collection and use of SSNs. If an SSN is collected or used, then an SSN justification review is also required. Those requests for review must be sent to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil. Requests to review for SSN must, at a minimum, include: (1) the form(s) for review; (2) the draft SSN Justification Memo; and, when applicable, (3) either a citation to or a copy of the related DoD and/or DHA guidance document (e.g., a DoD Instruction or DHA-AI). Requests for a copy of the PCLO drafted template SSN Justification Memo, SSN Justification review, and questions related to the review must be submitted to the DHA Privacy Office by electronic mail to dha.ncr.pcl.mbx.privacyactmail@health.mil. The DHA Privacy Officer will coordinate required approvals and reporting requirements in coordination with and as instructed by OSD PCLFD.

e. Posting MTF/DTF Forms. Submit the DD Form 67 and all supporting documentation to your local forms manager. Upon approval from the forms manager, submit the approved form and the DD Form 67 to the website POC to add to the website:

(1) Health.mil & TRICARE.mil: dha.ncr.bus-ops.mbx.health-mil-web@health.mil

(2) Air Force MTF websites: dha.ncr.comm.mbx.mtf-websites@health.mil

(3) Army-Navy MTF websites: Your Local Site POC (varies by location)

7. PRESCRIBED FORMS

a. Forms and requiring documents exist in the following hierarchy:

Table 1. Forms Hierarchy

| Level | Scope | Form Type |
|---|---|---|
| 1 | Government-wide | OF/SF |
| 2 | DoD | DD |
| 3 | DHA | DHA |
| 4 | Market/ DH*A*R/SSO/Directorate | Market/DHAR/SSO/Directorate |
| 5 | MTF/DTF | MTF/DTF |

b. A prescribed level 3 form is authorized through a DHA publication. A prescribed level 4 form is authorized through a level 4 requiring document. A prescribed level 5 form is prescribed by an MTF/DTF requiring document.

c. If no requiring document exists because the need is new, emerging, or was overlooked, then create a new requiring document or update a current one along with the form requirement.

d. In each case, use or approval of the form cannot take place until the requiring document reflects the requirement of the form.

e. This is subject to the following provisions:

(1) MTFs may only use a form prescribed by their MTF, adopted by their MTF, or required by a higher authority requiring document.

(2) Any requiring document authorized by a market, SSO, or DH*A*R can require a form. If the market, SSO, or DH*A*R issues a standard operating procedure, it can describe how to use a form, but may not require its use. Only the requiring document may do so.

f. The DHA Publications site has more information on requiring documents at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. COMPLIANCE COORDINATION FOR PRESCRIBED FORMS

a. A completed DD Form 67 is required when a form is created, revised, updated, or cancelled.

b. The DHA Forms Officer is responsible for managing the DD Form 67 compliance coordination process with the DHA Privacy, Records, Operations Security (OPSEC), and IMCO

officers for DHA and Directorate level forms.

c. LFOs are responsible for managing the DD Form 67 compliance coordination process with their assigned Privacy, Records, and OPSEC liaisons for MTF and Market/DHAR/SSO level forms.

d. IMCO Coordination for Prescribed Forms

(1) In accordance with Reference (n), the DHA IMCO will review all forms, surveys, and other information collections of DHA employees and healthcare personnel employed at MTFs. The DHA IMCO will determine whether the surveys and other information collections requires: 1) approval with a survey control number, 2) further review by the Office of People Analytics, WHS, or the service-specific Survey Program Offices.

(2) The first step in the review process is to submit the survey package to the DHA IMCO formally through the MHS Request Submission Portal at: https://mhsrsp.army.mil/index.aspx.

(3) Once on the site, select, "Submit New Request, Submission Request," and where it asks which Directorate you will assign it to select, "Analytics & Evaluation," it will ask if this is an A&E Request, select, "Yes.". From the drop down, select, "Survey Request."

(4) You will receive a Government identification for tracking purposes. It takes approximately three to five days for the request to be routed to IMCO for review. IMCO will contact the AO if additional information is needed to move forward.

e. The following table shows who may sign DD Form

Table 2. DD Form 67 Approvals for Prescribed Forms

| DD Form 67 Field | DHA Form | DD Form |
|---|---|---|
| **16a. Privacy Act** | DHA Privacy Officer | DHA Privacy Officer |
| **16d. Records Management** | DHA Records Management Officer | DHA Records Management Officer |
| **16e. Other** | DHA OPSEC | DHA OPSEC |
| **16. RCS** | DHA IMCO | DHA IMCO |
| **17. DoD Component OPR and/or AO** | DHA OPR or AO | DHA OPR or AO |
| **18. DoD Component Approving Official** | OPR Division Director or higher | OPR Division Director or higher |
| **19. DoD or Command Forms Management Officer** | N/A | DHA Forms Management Officer |

| | | |
|---|---|---|
| **20. Approving Forms Management Officer** | DHA Forms Management Officer | DoD Forms Management Officer |

Table 2. DD Form 67 Approvals for Prescribed Forms (cont.)

| DD Form 67 Field | MTF/DTF Form | Market/DHAR/ SSO Form | Directorate Form |
|---|---|---|---|
| **16a. Privacy Act** | MTF Privacy Officer | Market/DHAR/SSO Privacy Officer | DHA Privacy Officer |
| **16d. Records Management** | MTF Records Liaison | Market/ DHAR/SSO Records Liaison | DHA Records Management Officer |
| **16e. Other** | MTF OPSEC | Market/DHAR/SSO OPSEC | DHA OPSEC |
| **16. RCS** | DHA IMCO | DHA IMCO | DHA IMCO |
| **17. DoD Component OPR and/or AO** | MTF/DTF OPR or AO | Market/DHAR/SSO OPR or AO | DHA OPR or AO |
| **18. DoD Component Approving Official** | MTF/DTF LFO | Market/Division Director | OPR Division Director or higher |
| **19. DoD or Command Forms Management Officer** | Market/DHAR/ SSO LFO | Market/DHAR/SSO LFO | OPR LFO |
| **20. Approving Forms Management Officer** | N/A | N/A | DHA Forms Management Officer |

9. ADOPTED FORMS. Adopted forms are those used by two or more components and authorized for adoption by their parent component. For example, a Market, SSO or DHAR may authorize a form to be used by two or more of its component MTF/DTFs. This form would be an adopted Market/DHAR/SSO form and must be authorized by each MTF/DTF wishing to use it via a requiring document issued by each MTF/DTF. An adopted form's image must include a reference to each relevant requiring document.

10. COMPLIANCE COORDINATION FOR ADOPTED FORMS

a. The following table shows who will sign DD Form 67 for an administrative/non-clinical form. Adopted forms require a DD Form 67 signed by each adopting component. More than one DD Form 67 and coordination sheet may be required for an adopted form. The completed DD Form 67s must clearly show that the adopted form has been cleared for use by each adopting component.

b. For MTFs adopting a Market form each MTF/DTF LFO signs a DD Form 67 in field 18

The Market/DHAR/SSO LFO signs field 19 on each DD Form 67.

c. For two or more Markets/DH*A*R and/or the SSO adopting a form each Market/DHAR/SSO LFO signs a DD Form 67 in field 19. The DHA Forms Management Officer signs each DD Form 67 in field 20.

d. Compliance coordination for Privacy, OPSEC, and IMCO is the same as for prescribed forms.

Table 3. DD Form 67 Approvals for Adopted Forms

| DD Form 67 Field | Adopted DD Form | Adopted DHA Form | Adopted Market/DHAR/ SSO Form |
|---|---|---|---|
| **16a. Privacy Act** | DHA Privacy Officer | DHA Privacy Officer | Market/DHAR/SSO Privacy Officer |
| **16d. Records Management** | DHA Records Management Officer | DHA Records Management Officer | Market/ Records Liaison |
| **16. RCS** | DHA IMCO | DHA IMCO | DHA IMCO |
| **17. DoD Component OPR and/or AO** | DHA OPR or AO | DHA OPR or AO | Market/DHAR/SSO OPR or AO |
| **18. DoD Component Approving Official** | OPR Division Director or higher | OPR Division Director or higher | MTF/DTF LFO |
| **19. DoD or Command Forms Management Officer** | N/A | N/A | Market/DHAR/SSO LFO |
| **20. Approving Forms Management Officer** | DoD Forms Management Officer | DHA Forms Management Officer | N/A |

11. REQUEST WAIVER FOR DIGITAL SIGNATURE REQUIREMENT. If an OPR does not want to allow digital signatures on a form, then they must justify it on a Memorandum for Record (MFR). Include the MFR with the completed DD Form 67 and draft requiring document and send to the appropriate LFO. Market/DHAR/SSO and Directorate LFOs will route the completed DD Form 67, MFR, and draft requiring document to the DHA FMO for approval. MTF/DTF LFOs will route the DD Form 67, MFR, and draft requiring document to their Market/DHAR/SSO LFOs for concurrence and routing to the DHA FMO for approval.

12. FORM NUMBERS

a. All forms must display a number in the format as described below. Forms are generally numbered sequentially. Currently, there are forms that were created before the creation of DHA or before components came under DHA. The FMO may re-number these legacy forms as they are revised or reviewed. AOs must coordinate any form re-numbering actions with updates to the corresponding requiring documents.

b. All form numbers are followed by the month and year of issuance in MMM YYYY format, e.g., JAN 2020

c. Form numbers are assigned by the following:

(1) DHA and directorate forms – DHA FMO.

(2) Market/DHAR/SSO forms – Market/DHAR/SSO LFO.

(3) MTF/DTF forms – MTF/DTF LFO. The naming/numbering convention currently in use can still be used unless the official name or abbreviation of the MTF/DTF is changed or DHA establishes a new numbering convention.

d. In the past, some forms under the same program were issued a number in a series using the suffix -1, -2, etc. Existing forms may continue to use suffixes, but no new forms will be created with them.

e. Test forms use standard form numbers with the (TEST) suffix. Test forms may be used for up to one year while their requiring issuance is in preparation. Once the requiring issuance is approved the (TEST) designation will be removed when the DD Form 67, Forms Action Request for the form is finalized.

Table 4. Form Naming Convention

| Type of Form | Numbering Convention | Example |
|---|---|---|
| DHA Form | DHA NNN | DHA 123 |
| Adopted Directorate Form | DHA DNNN | DHA D123 |
| Directorate Form | DHA <Office Code>-NNN* | DHA 1-123 |
| Market/DHAR/SSO Form | <Market/DHAR/SSO Abbreviation> NNN* | CNC 123 |
| Adopted Market/DHAR/SSO Form | <Market/DHAR/SSO Abbreviation> MNNN* | CNC M123 |
| MTF/DTF Form | <MTF/DTF Abbreviation> NNN* | NAVHOSPJAX 123 |

*A current list of Office Codes, Market/DHAR/SSO Abbreviations, and MTF/DTF Abbreviations is maintained on the DHA Forms Management site.

13. OVERPRINTS. As defined in Reference (e), an overprint does not change or add to the information collected on a form. Examples of permissible overprints include prefilling return information or the MTF/DTF/DHA component name. Requests for overprints originating from a market/DHAR/SSO, or MTF/DTF level require approval from their SME and Medical Forms Review Committee.

a. Form overprints to higher authority medical forms must have an associated requiring document and can contain pre-printed medical procedures and/or pre-printed medications.

(1) Overprints require a local form number, form edition date, and will clearly note that it is an overprint.

(2) If permission to use is denied at any level, the form cannot be used.

(3) If the original form is cancelled, any overprint to the cancelled form will need to be cancelled. For example, if DHA Form 117 is cancelled, all previously approved overprints to DHA Form 117 will also be cancelled.

(4) If the original form is revised, any overprints to the revised form will need to be revised. For example, if DHA Form 117 is revised, all previously approved overprints to DHA Form 117 will need to be revised.

b. Form overprints to higher authority non-medical forms:

(1) Require approval, through the chain of supervision, from the issuing FMO, prior to their use.

(2) Must receive SME approval prior to their use.

(3) Must have an associated requiring document.

(4) Require a local market/DHAR/SSO or MTF/DTF form number, form edition date, and will clearly note that it is an overprint. Paragraph 15b(2) of this enclosure provides an example format.

(5) If denied by any FMO in the chain of supervision, cannot be used.

(6) If the original form is cancelled, any overprint to the cancelled form will need to be cancelled. For example, if DHA Form 117 is cancelled, all previously approved overprints to DHA Form 117 will also be cancelled.

(7) If the original form is revised, any overprints to the revised form will need to be revised. For example, if DHA Form 117 is revised, all previously approved overprints to DHA Form 117 will need to be revised.

14. EXCEPTIONS

a. A form exception is an approval to change the content, format (including software used to fill form), or printing specifications of an approved form. Exceptions to DHA or higher forms must be approved by the FMO. Form exceptions to higher authority medical forms:

(1) Require approval, through the chain of supervision, from the issuing FMO, prior to their use.

(2) Must receive SME approval prior to being forwarded, through the chain of supervision, to the issuing FMO for consideration.

(3) Requests for exceptions originating from a Market/DHAR/SSO or MTF/DTF level require approval from their SME and Medical Forms Review Committee.

(4) Exceptions must have an associated requiring document.

(5) Exceptions can contain:

(a) Pre-printed medical procedures.

(b) Pre-printed medications.

(6) Exceptions require a local form number, form edition date, and will clearly note that it is an exception.

(7) If denied by any FMO in the chain of supervision, cannot be used.

(8) If the original form is cancelled, any exceptions to the cancelled form will need to be cancelled. For example, if OF 522 is cancelled, all previously approved exceptions to the OF 522 will also be cancelled.

(9) If the original form is revised, any exceptions to the revised form will need to be revised. For example, if OF 522 is revised, all previously approved exceptions to the OF 522 will need to be revised.

(10) If an approved exception needs to be revised, the revised form may need additional approval from the issuing FMO prior to its use. Revisions to an approved exception cannot be used until the proper approvals have been obtained.

b. Form exceptions to higher authority non-medical forms:

(1) Require approval, through the chain of supervision, from the issuing FMO, prior to their use.

(2) Must receive SME approval prior to their use.

(3) Must have an associated requiring document.

(4) Require a local Market/DHAR/SSO or MTF/DTF form number, form edition date, and will clearly note that it is an exception.

(5) If denied by any FMO in the chain of command, cannot be used.

(6) If the original form is cancelled, any exceptions to the cancelled form will need to be cancelled. For example, if DHA Form 117 is cancelled, all previously approved exceptions to DHA Form 117 will also be cancelled.

(7) If the original form is revised, any exceptions to the revised form will need to be revised. For example, if DHA Form 117 is revised, all previously approved exceptions to DHA Form 117 will need to be revised.

(8) If an approved exception needs to be revised, the revised form may need additional approval from the issuing FMO prior to its use. Revisions to an approved exception cannot be used until the proper approvals have been obtained.

15. DHA FORM 117, MEDICAL RECORD – SUPPLEMENTAL MEDICAL DATA

a. DHA Form 117 provides a template for MTFs/DTFs to create local forms for common medical procedures and/or medications. See the appropriate sections in this enclosure for creating local medical forms for other uses.

b. Overprints and exceptions to DHA Form 117 will:

(1) Require approval from a market/DHAR/SSO or MTF/DTF SME and from the Component's Medical Forms Review Committee.

(2) Have an associated requiring document.

(3) Not be used as alternatives to higher authority forms without approval, through the chain of supervision, from the issuing FMO.

(4) Contain:

(a) Pre-printed medical procedures.

(b) Pre-printed medications.

c. The following are the only authorized changes to DHA Form 117:

(1) Local Form Title. This field may be filled or removed from the form.

(2) DHA Form 117 must be changed to accommodate the local form number (using the next available number in the MTF/DTF numeric listing and edition date. Examples are as follows:

(a) NAVHOSPJAX 6000/42 (10-2020), Exception DHA 117 (03-2019).

(b) NAVHOSPJAX 6000/43 (10-2020), Overprint to DHA 117 (03-2019).

(3) The CUI Data Information Block must be updated to include the Controlling Office and Point of Contact (POC). Default Categories and distribution are provided but these should be modified as necessary.

d. Approved overprints/exceptions to DHA Form 117 will include default data for the following:

(1) Requiring Document (title and number).

(2) Issuance Date.

(3) Local form number, edition date, and either "overprint" or "exception."

e. Approved overprints/exceptions to DHA Form 117 may include a category:

(1) When appropriate, default data may be entered for the form category field. If the field/data is not required, it can be removed from the overprint/exception.

(2) For single-page forms, the page number can be removed from the overprint/exception.

f. DHA Form 117 itself cannot be placed in a medical or dental record; only approved overprints or exceptions can be placed in a medical or dental record.

16. CUI. Any form that may contain PII, PHI, or other CUI as defined in Reference (m) must be marked appropriately in accordance with the reference aforesaid.

17. TWO-YEAR REVIEW. At least 90 days prior to the two-year anniversary of a form use DHA Form 138, Publications Review to request that the SME perform a review of the accuracy

and currency of a form. If a revision or cancellation is needed, follow the steps outlined in the appropriate paragraph in this enclosure, depending on the type of form.

18. DHA FORM 234, METADATA FORM. DHA Form 234 is used to capture and enter new form information when uploading a new form to the DHA Forms Library. The responsible forms officer will enter all the information requested on the form as part of the upload process.

# APPENDIX 1

## FORMS CHECKLIST

1. A form is anything that captures, collects, or displays data in a structured manner.

2. All forms must have the following:

   a. Form Title

   b. Form Number (lower left)

   c. Edition Date (lower left, to the right of the form number)

3. If a form collects any part of the SSN, PII, or PHI it must have:

   a. SSN Justification Memo

   b. Privacy Act Statement or Advisory depending on if the agency is incorporating the collected information into a system of records

   c. Forms collecting SSNs, PII, or PHI become CUI when filled in, must carry the appropriate markings, and be handled as such.

4. If a form collects data from the public (beneficiaries, dependents, contractors, volunteers), it must have an OMB number – top right.

5. Logos should not be on forms.

6. Form fields should be numbered.

7. Forms must be in PDF format. Microsoft Word forms are not approved for use.

8. The following forms should not be posted to any DHA Web site (internal or external):

   a. DD forms should be linked to the WHS forms library

   b. SF/OF forms should be linked to the GSA forms library

   c. Any other Agency form (Food and Drug Administration, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, etc.) should be linked to their source of supply

# APPENDIX 2

## APPOINTMENT LETTER TEMPLATE FOR MTF/DTF FORMS OFFICER

Date

From: Director, Medical/Dental Treatment Facility XXXXXX To: XXXXXX

Subj: APPOINTMENT AS LOCAL FORMS OFFICER

Ref: (a) DHA-AI 5010.01, "Forms Management Program."

1. Per Reference (a), you are appointed as Local Forms Officer at <<MTF/DTF Name>>. This appointment is effective immediately, for a period of (x) years. In carrying out your responsibilities as a Local Forms Officer, you must ensure performance of the functions described in Reference (a).

2. At any time you anticipate a change in your availability for the responsibilities of this appointment (such as deployment, extended temporary additional duty transfer, hospitalization, separation, etc.) you should notify the commanding officer at the earliest opportunity. In such a case, you would be expected to provide your recommendation for an appropriate interim replacement or successor.

3. Reference (a) outlines resources for support in your role as Local Forms Officer. Part of your duties will include coordination with the Market/Defense Health Agency Region/SSO Forms Officer for <<Name of Market/Defense Health Agency Region/SSO>> who is <<Market/Defense Health Agency Region/SSO LFO Name>> at << Market/Defense Health Agency Region/SSO LFO Email>>, << Market/Defense Health Agency Region/SSO Phone Number>>.

DIRECTOR

# GLOSSARY

## PART I. ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| AO | Action Officer |
| AOR | Area of Responsibility |
| ASD(HA) | Assistant Secretary of Defense for Health Affairs |
| CUI | Controlled Unclassified Information |
| DD | Department of Defense (form) |
| DHA | Defense Health Agency |
| DHA-AI | Defense Health Agency-Administrative Instruction |
| DHAR | Defense Health Agency Region |
| DTF | Dental Treatment Facility |
| FMO | Forms Management Office |
| GSA | General Services Administration |
| IMCO | Information Management Control Officer |
| J-1 | Administration and Management |
| LFO | Local Forms Officer |
| MFR | Memorandum for Record |
| MTF | Military Medical Treatment Facility |
| OF | Optional Form |
| OMB | Office of Management and Budget |
| OPR | Office of Primary Responsibility |
| OPSEC | Operations Security |
| PCLO | Privacy and Civil Liberties Office |
| PCLFD | Privacy, Civil Liberties, and Freedom of Information Directorate |
| PHI | Protected Health Information |
| PII | Personally Identifiable Information |
| POC | Point of Contact |
| SD | Secretary of Defense (form) |
| SF | Standard Form |
| SME | Subject Matter Expert |
| SSO | Small Market and Stand-Alone Military Medical Treatment Facility Organization |

| | |
|---|---|
| SSN | Social Security Number |
| WHS | Washington Headquarters Services |

## PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this DHA-AI.

adopted form. A form issued through a requiring directive for use within the component, but not a form the component has the authority to change. When more than one component has the same form requirements, each component must use the same form. The lead component is the sponsor of the form and has responsibility for the form design and any changes to the design.

AO. An individual who acts for the OPR to complete a form action.

approved source of supply. The source of supply for all required forms must be outlined in the forms paragraph of the requiring document. DD forms are available from the DD Forms Web site at: https://www.esd.whs.mil/dd/. SF and OF forms are available from the GSA Forms Web site at: https://www.gsa.gov/reference/forms. DHA forms are available from the DHA Forms Library at: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx. Pre-printed/stocked items are available from the Defense Logistics Agency at: https://dso.dla.mil.

cancelled form. A form no longer authorized for use.

compliance coordination. The process by which a form's compliance with privacy act, information collections, and records management programs is documented. Compliance coordination must occur on all creation and revision requests. It is optional (FMO's discretion) for modification and cancellation requests.

component director. The official in charge of a DHA component.

DD form. A form approved by the WHS, Executive Services Directorate (ESD), for use by two or more DoD components. The form may be hard copy, soft copy (electronic), or other media (e.g., Excel spreadsheet). The use of the form is either prescribed or adopted as shown below.

| IF THE FORM IS: | AND PRESCRIBED BY: | THEN THE FORM IS: |
|---|---|---|
| Mandatory for use by the DoD components | A DoD issuance such as a:<br>• DoD Directive<br>• DoD Instruction<br>• DoD Manual/Publication<br>• DoD Memorandum<br>• Military Standard<br>• Joint Publication | A PRESCRIBED form |
| Optional for use by two or more DoD components | A DoD component regulation, manual, or instruction | An ADOPTED form |

DHA component. An organization that is subject to the authority, direction, and control of the DHA.

DHA sponsored DD form. A DD Form that is owned by a DHA component and for which DHA has responsibility.

electronic form. A form designed to be completed electronically on a computer, tablet, smart phone, or kiosk. Most electronic forms are stand-alone files but can also be part of web sites and web applications, database interfaces, and/or mobile applications. DHA electronic forms are designed as PDF files unless this requirement is waived by the FMO. Even forms that are not completed electronically can be electronic forms if they are available for download and can be printed using a standard printer.

exception. A situation in which the OPR has approved a change to the content, format, or printing of an approved form. Forms that are electronically generated require an exception, prior to use. There are four types of exceptions: content exceptions, electronic form exceptions, format exceptions, and printing exceptions. Content exceptions are an addition, change to, or deletion of one or more data elements displayed on a form. Examples of content exceptions include a field change or the addition of a new field to collect additional data. Content exceptions are not overprints. An electronic form exception is a request to create an electronic version of a form that the OPR has not approved for electronic generation. Format exceptions are a change made by altering the spacing and/or rearranging the data elements on a form without changing the data elements themselves. Printing exceptions are a change in the printing specifications or construction of a form, such as a change in color, paper size or type, multi-part sets, marginally punched constructions, or alternative printing technology. The need for a printing exception applies only when a form has mandatory printing specifications.

form. A fixed arrangement of captioned spaces designed for the efficient collection, display, compilation, transmittal, extraction, and/or analysis of prescribed information. Forms may be electronic or non-electronic. Anything that captures, collects, and displays data is a form.

form action request. Official action to accomplish one of the following: creation, modification, revision, or cancellation. Creation is the establishment of a new official form. This action

requires compliance coordination. Modification is an administrative change that does not add or remove any field objects or substantially change the layout or text of a current official form. Modifications do not require compliance coordination and do not result in a new form version date. Revision is a substantial change to a current official form. This action requires completion of compliance coordination and results in a new form version date. Cancellation is the removal of a form from the official forms inventory.

form designation. The alphabetic preface to the form number. It identifies the promulgator of the form. For example, the form designation "DHA" indicates the form is issued by DHA.

form number. The unique number assigned to a form.

form revision. Any changes to a previously approved form. Changes require an update to the forms edition date and must be announced via a requiring document (a change transmittal to the issuing document). When a form is revised, all approved overprints and exceptions are cancelled. New approval must be granted from the functional area FMO.

forms index. An electronic listing of all forms (current and cancelled) under an FMO's responsibility. The index will contain, at a minimum, the following information: form number, form title, form edition date, POC, POC contact information, OPR, requiring document, cancellation document when appropriate, does form contain an SSN, does the form contain a privacy act statement, and if the form is part of a medical or dental record.

higher authority forms. Forms established by a requiring document or issuance from an authority higher than your organization level.

legacy form. A pre-existing form that either dates from before the creation of DHA or from before a component came under DHA control.

local form. A form approved for use at a single subset or component of a market, DH*A*R/SSO, or MTF/DTF. For example, an internal form that is used within a single office.

LFO. A DHA employee who, having completed the appropriate technical training, has been authorized by the FMO to produce DHA forms.

Medical Forms Review committee. An MTF/DTF committee which includes, at a minimum, the LFO and representatives from the following departments: Patient Administration, Legal, Records Management, Nursing, Surgery, Emergency Department, and Medical or Dental (i.e., Pediatrics, Obstetrics, Dentistry). The committee must review all form-related requests (new, revised, cancellation) to ensure compliance with this instruction and all other associated requiring documents and issuances.

non-electronic form. A form that, because of its intended use, is not suitable for electronic format. Most non-electronic forms require special construction and or special paper; examples include special certificates and equipment tags.

non-official form. A generic form that cannot be made mandatory as described below:

A form whose purpose is so generic that it cannot be easily differentiated from other similar forms (such as web page feedback forms).

A form that serves as an aid but does not collect new, unique information (such as checklists or coversheets).

A form that does not have a defined set of required fields (such as formats or general information requests).

obsolete form. A form no longer in use.

OF. Forms developed for use by two or more Federal agencies and approved by GSA for non-mandatory use. The availability of these forms is generally set forth in the regulations issued by the originating agency.

OPR. The DHA component that sponsors a form. The form's approving official (block 18 on the DD Form 67) represents the OPR's approval of the form's use case and design. The approving official must be at the Branch level or higher. If the form collects PII then the approving official must be at the Directorate/Office level.

overprinting. The displaying of identical entries in an appropriately captioned area or fillable field existing on a form (e.g., statements displayed in the "Remarks" field on the DD Form 1610, "Request and Authorization for Temporary Duty (TDY) Travel of DoD Personnel") required by a DoD component. Adding the statements will not change the information being collected on the form. Overprints are not exceptions. Electronic forms that are partially completed, saved, and then reused are not overprints.

prescribing document or issuance. This term is synonymous with requiring document (q.v.).

prescribed form. A form required to be used by a requiring document. The requiring document determines who is required to use the form. Only the prescribing organization's FMO has the authority to change the form.

Privacy Act statement. The statement individuals should generally receive if a Federal agency (e.g., DoD) asks individuals to provide information containing PII and the collected information will become part of a system of records.

requiring document. The written/signed communication that starts or oversees an action, conduct, or procedure. The requiring document establishes a requirement for and prescribes the required use of a form by the organizations and individuals identified in the scope of the document unless instructions in the document specifically state otherwise or a written waiver is granted. Requiring documents are often DoD/DHA Directives, Instructions, Directive-Type Memoranda, and Publications, and include materials usually issued to multiple addresses for

insertion in policy, administrative, or operations manuals. News releases, catalogs, price lists, training materials, and correspondence are not included. Public Laws and Executive Orders typically state broad principles, do not specify particular forms or specific courses of action, and rely on DoD/DHA issued requiring documents to reach this level of detail.

SD. A form issued by the Office of the Secretary of Defense. Some SD forms are used by multiple DoD components.

sponsored form. A form issued through a requiring document for use within the organization. One organization will serve as the sponsor of the form. The other organizations using the form will adopt the form. The sponsor organization is responsible for coordinating any change to the form with the adopting LFOs.
stakeholder. Any person or organization affected by or having a common interest in executing operations in order to meet the mission.

SF. Forms developed for use by two or more Federal agencies and approved by the GSA for mandatory use. The availability of these forms is generally set forth in the regulations issued by the originating agency.

superseded form. A form that has been replaced by a new edition of the form.

supersession notice. A notice specifying whether the existing stock of a superseded form may be used until depleted or is obsolete.

test form. An official form that has a limited scope of users and a limited period (usually 3 to 6 months but can be up to 1 year.) A test form does not require a requiring/describing document but still requires compliance coordination.