



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.18

October 27, 2023

DAD-HCO

SUBJECT: Casualty Reporting and Decedent Affairs Procedures

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) through (b) and in accordance with the guidance of References (c) through (q), establishes the Defense Health Agency's (DHA) procedures to prescribe standard guidelines for Patient Administration (PAD), military Medical Treatment Facilities (MTF) responsibilities for processing death cases that occur within the MTF, and the identification, tracking, and reporting of patients in Special Categories (SPECAT) who are Very Seriously Ill or Injured (VSI), Seriously Ill or Injured (SI), and Non-Seriously Ill or Injured (NSI).

2. APPLICABILITY. This DHA-AI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include assigned, attached, allotted, or detailed personnel.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (c) through (q), that:

a. The MTF Director has oversight of the MTF decedent affairs and SPECAT procedures and must ensure patients placed in a VSI or SI status are reported to the designated Military Service Casualty Headquarters in accordance with Reference (d).

b. The MTF Director reports deaths in accordance with Reference (d), when a person dies at an MTF or en-route to or from the MTF. The MTF Director ensures notification to the MTF Readiness Service Element to fulfill Service readiness reporting requirements. The MTF Readiness Service Element will establish a policy for notification of individuals on a need-to-know basis in accordance with Reference (e) and the information will be safeguarded to prevent inappropriate disclosure. The MTF Director or their delegate will notify the Armed Forces Medical Examiner System (AFMES), in accordance with Reference (f).

c. The MTF personnel carrying out the readiness mission requirements will provide the designated MILDEP Casualty Headquarters with VSI, SI, and NSI casualty reports in accordance with MILDEPs' requirements.

d. The MTF Readiness Service Element will ensure MTF personnel carrying out the readiness mission requirements perform appropriate Military Service Casualty Assistance Officer (CAO) identification and verification prior to releasing medical information on casualty condition and patient's location if requested by the Primary Next of Kin (PNOK)/legally authorized representative.

e. In accordance with Reference (g), when a competent medical authority requests the presence of PNOK at bedside for VSI or SI cases, the appropriate MILDEP Casualty office concerned will be the final approval authority and may assist in arranging appropriate Government-funded invitational travel.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosures 3 and 4.

6. PROPONENT AND WAIVERS. The proponent of this publication is Deputy Assistant Director (DAD), Healthcare Operations (HCO). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include 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 DAD-HCO 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 canceled before this date in accordance with Reference (c).

9. FORMS. Forms referenced in this document can be retrieved from the following locations:

a. SF and OF forms can be found at: <https://www.gsa.gov/reference/forms>.

(1) SF 503, Medical Record-Autopsy Protocol

(2) SF 523, Authorization for Autopsy

(3) SF 523A, Disposition of Body

b. DD forms can be found at: https://www.esd.whs.mil/Directives/forms/whs_forms/.

(1) DD Form 93, Record of Emergency Data

(2) DD Form 2674, Record and Receipt of Deposits and Withdrawals of Safekeeping Funds

(3) DD Form 3045, Statement of Dispositions of Military Remains

c. DD Form 2064, Certificate of Death Overseas, is available upon request from the AFMES at: usarmy.dover.medcom-afmes.mbx.information@health.mil

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Enclosures

1. References
2. Responsibilities
3. Patients in SPECAT Procedures
4. Decedent Affairs Procedures

Glossary

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 1300.18, "Department of Defense (DoD) Personnel Casualty Matters, Policies, and Procedures," January 8, 2008, as amended
- (e) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
- (f) DoD Instruction 5154.30, "Armed Forces Medical Examiner System," December 29, 2015, as amended
- (g) Joint Travel Regulations, Section 0332, current edition¹
- (h) Code of Federal Regulations, Section 32, Part 735
- (i) United States Department of State Foreign Affairs Manual, Volume 7, Subpart FAM 270, "Report of Death of a U.S. Citizen," April 30, 2018²
- (j) DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended
- (k) National Archives and Record Administration Record Schedule N1-330-10-003, "Service Treatment Records (STR)," February 18, 2010
- (l) DHA Procedural Instruction 6025.41, "Active Duty Service Members Inpatient Admissions Notifications and Reporting Procedures," pending publication
- (m) DoD Instruction 6465.03, "Anatomic Gifts and Tissue Donation," June 8, 2016
- (n) United States Code, Title 10, Section 1502
- (o) DHA-Administrative Instruction 106, "Organizational Inspection Program (OIP)," August 27, 2019
- (p) United States Code, Title 10, Section 1471
- (q) DHA Procedural Instruction 3700.01, "Director's Critical Information Requirements (DCIR), Situation Report (SITREP)," June 8, 2020, as amended

¹ This reference can be found at: <https://www.defensetravel.dod.mil/site/travelreg.cfm>

² This reference can be found at: [7 FAM 270 REPORT OF DEATH OF A U.S. CITIZEN ABROAD \(state.gov\)](#)

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:
 - a. Ensure the enterprise electronic systems supporting the Decedent Affairs and Patients in SPECAT are managed and sustained in accordance with Reference (d).
 - b. Ensure the development and implementation of procedural guidance to specify documentation and management procedures for record systems that support Decedent Affairs, SPECAT procedures, and other components of the DoD Health Record.

2. DAD-HCO. The DAD-HCO must:
 - a. Develop implementation and procedural guidance to specify documentation management procedures that support MTF Decedent Affairs and patients in SPECAT.
 - b. Collaborate with stakeholders to make necessary changes to MTF procedures to ensure the implementation of the decedent affairs and patients in SPECAT procedures outlined in this DHA-AI.

3. DIRECTORS, DIRECT REPORTING ORGANIZATIONS. The Directors, Direct Reporting Organizations must conduct Organization Inspection Programs (OIP) compliance assessments in accordance with Reference (o).

4. MTF DIRECTORS OR DELEGATES. MTF Directors or Delegates must:
 - a. Implement and execute the procedures outlined in this DHA-AI in accordance with Reference (b).
 - b. Furnish deceased Service Members information to their respective Military Service in accordance with Reference (d).

ENCLOSURE 3

PATIENTS IN SPECAT PROCEDURES

1. OVERVIEW. The purpose of this enclosure is to ensure DHA guidance is adhered to for the following MTF procedures: defining patients in a casualty status, assigning responsibility, reporting patients in a SPECAT status, and notification for bedside travel for PNOK/designated persons in accordance with References (d) and (g).

a. All other procedures not mentioned in this enclosure will be adhered to by utilizing the Service specific guidance.

b. Links to Service specific guidance can be found at the following location:

(1) Air Force: https://static.e-publishing.af.mil/production/1/af_sg/publication/afman41-210/afman41-210.pdf

(2) Army: https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/r40_400.pdf

(3) Navy: <https://www.mynavyhr.navy.mil/Portals/55/Reference/MILPERSMAN/1000/1700Morale/1770-030.pdf?ver=vZCDCn8UptfwosEVqVGFng%3d%3d>

2. DEFINING PATIENTS IN SPECAT STATUS

a. A patient will be placed in a SPECAT category (VSI, SI) in accordance with Reference (d), by the attending provider when the patient has one or more condition listed below:

(1) Has a severe injury, such as loss of sight or limb.

(2) Has a permanent and unsightly disfigurement of a portion of the body normally exposed to view.

(3) Has an incurable and fatal disease and has limited life expectancy.

(4) May require extensive medical treatment and hospitalization.

(5) Is paralyzed.

b. In accordance with Reference (d), the following definitions to identify patients in SPECAT are as follows:

(1) VSI Patient is defined as the casualty status of a person whose illness or injury is such

that medical authority declares it more likely than not death will occur within 72 hours.

(2) SI Patient is defined as the casualty status of a person whose illness or injury requires medical attention, and medical authority declares death is possible, but not likely within 72 hours, and/or the severity is such that it is permanent and life-altering.

(3) NSI Patient is defined as the casualty status of a person whose illness or injury requires medical attention, may or may not require hospitalization, and medical authority classifies as less severe than SI.

(4) In accordance with Reference (d), at the MILDEPs discretion, an additional casualty status of Special Category Patient may be used. This status is for members whose illness or injury is not otherwise reportable such as SI or VSI, or other medical conditions that may require extensive medical treatment or hospitalization.

3. ASSIGNING RESPONSIBILITY AT THE MTF

a. The MTF Director has oversight of the MTF Casualty Reporting procedures and must ensure Active Duty Service Members (ADSM) placed in a VSI or SI status are reported to the CAO in accordance with Reference (d).

b. The attending provider(s) or surgeon and the commander or head of the MTF in charge of the Service member must determine and will document in writing when a patient has been identified as VSI, SI, or NSI; ensure entry made into the medical record is based on the patient's Service-specific guidance. In addition, the attending provider is responsible for completing the clinical condition/status portions of the MTF casualty reporting forms. The attending provider will utilize the patient's applicable Service policies in completing the documentation.

c. The MTF PAD or individual appointed by the MTF Readiness Service Element provides the minimum necessary information to make the first notification to the CAO and required progress reports on the patient's status. MTFs will document PHI disclosure notifications in accordance with Reference (e). The MTF Readiness Service Element will ensure MTF personnel carrying out the readiness mission perform appropriate Military Service CAO identification and verification prior to releasing medical information on casualty condition and patient's location if requested by PNOK/legally authorized representative.

4. REPORTING PATIENTS IN SPECAT STATUS

a. Changes in Patient Status. When the attending provider or surgeon and the commander or head of the MTF in charge of the Service member must determine and will document in writing when the status of a patient previously reported as SI or VSI changes, the MILDEP-specific form based on the patient's MILDEP is updated and reported according to the patient's Military Service-specific reporting guidance. Refer to the DHA PAD MilSuite site

(<https://www.milsuite.mil/book/community/spaces/dha-pad>) for detailed instructions and for Military Service-specific policy and forms.

b. Preparing the Roster of SI, VSI. The MTF PAD or individual appointed by the MTF Commander to submit these reports prepares the SI/VSI roster each day to document the preceding 24-hour casualty status activity period. Negative activity rosters are not required. This report is generated automatically, or user requested from the Composite Health Care System or Military Health System GENESIS automated system. MTF PAD will distribute the report internally within the MTF in accordance with local MTF guidance. For external MTF reporting, refer to Service-specific guidance. MTF PAD will report initial SI/VSI placement status and follow-up if the status changes or is removed.

(1) Locally-Produced Roster of VSI, SI, and SPECAT Patients to include Continuity of Operations Plan (COOP). PAD personnel will prepare a roster of VSI, SI, and SPECAT patients daily. When automated systems are not available, a manually prepared report should contain the name, grade or status, SSN or other identification number, ward, date first placed on the roster, and present condition. The roster will be documented on hard copy and entered in the automated systems once restored. The format of the roster, the method of preparation, and the distribution will be locally determined.

(2) Providing Follow-up Information. The MTF PAD or individual appointed by the MTF Readiness Service Element provides the information received from the patient's attending provider for follow-up action in accordance with Reference (d) in addition to the patient's Service-specific status update guidance.

(3) Removing Patients from the Roster

(a) When the attending provider or surgeon and the commander or head of the military medical facility in charge of the Service member will determine and document in writing that the patient can be removed from the roster of SI/VSI, the attending provider will prepare a notification of patient's medical status and send it to the MTF PAD or individual appointed by MTF Director.

(b) The MTF PAD or individual appointed by MTF Director will make notifications once the patient is removed from the roster so that action can be taken in accordance with Reference (d) and in addition to Service-specific guidance. Notify interested persons or agencies, as appropriate.

(c) For ADSMs in a SI, VSI, or NSI status, the attending provider, MTF Director, ADSM's Commander, or designated representative notifies the legally-authorized representative in accordance with the patient's Military Service-specific policy guidance.

1. Notification Procedures in the 50 United States

a. Upon classification as VSI or SI, the MTF Director's designated representative will immediately notify the PNOK or other designated person(s). A follow-up (progress report) should be sent as appropriate. A final notification will be sent when the patient is removed from VSI/SI. When the person to be notified resides in the 50 United States, notification will be given in accordance with Reference (d).

b. When military personnel are hospitalized in non-MTFs, refer to Reference (l).

2. Notifications Outside the United States MTFs

a. In MTFs outside the 50 United States, when the person(s) to be notified are not locally present, the information will be relayed immediately according to Military Service-specific guidance. Notification to the PNOK will be accomplished as stated in paragraph 1.a. of this Enclosure.

b. The Outside of the United States designated representative responsible for the area will distribute casualty information and provide progress reports according to Military Service-specific guidance. This information will be used according to Military Service-specific guidance to notify the PNOK located beyond the hospital (that is, PNOK located in another area of responsibility).

5. PNOK BEDSIDE TRAVEL. In accordance with Reference (g), the following provides guidance for PNOK bedside travel:

a. In accordance with Reference (g), when a competent medical authority requests the presence of PNOK at bedside for VSI or SI cases, the appropriate MILDEP Casualty office concerned will be the final approval authority and may assist in arranging appropriate Government-funded invitational travel.

b. When a DoD civilian employee on temporary duty travel becomes ill or injured, transportation expenses (but not per diem) are allowed for an attendant or escort provided the attending provider certifies it is medically-necessary for the government employee to be accompanied by an attendant or escort in accordance with Section 033002 of Reference (g).

ENCLOSURE 4

DECEDENT AFFAIRS PROCEDURES

1. OVERVIEW. The purpose of this enclosure is to establish DHA guidelines for MTF procedures regarding decedent affairs on the initial stages of a death, notifications, reporting deaths, disposition of Health Treatment Records for ADSMs, and death processing packages. When not in conflict with federal law and DoD policy, all other procedures (to include investigations) not mentioned in this enclosure will follow Service-specific guidance and applicable local state laws. When not in conflict with federal law and DoD policy, all deaths occurring outside of a military Service installation will follow the applicable local state laws or applicable host nation laws. Outside of the United States deaths in an MTF must follow host nation rules of notification as they are not exclusive United States jurisdiction. Consult with the MTF's servicing legal counsel for appropriate guidance for jurisdiction.

2. INITIAL STAGES OF A DEATH AT AN MTF
 - a. A physician or attending provider will verify all deaths occurring at an MTF. Once a death has been identified, the attending provider will notify senior leadership within the MTF based on established internal protocol. The Pathologist and PAD (i.e., Decedent Affairs office or Mortuary Affairs office) will also be notified by the physician or attending provider.

 - b. For overseas deaths, ensure compliance with local procedures/regulations, host nation laws, treaty, Status of Force Agreements (SOFA) and international agreements between the United States and that country.

 - c. When not in conflict with federal law and DoD policy, after the pronouncement of an individual's death, a certificate or report of death on a local state law form will be submitted on a local electronic certificate online following state guideline. If outside of the US location, a DD Form 2064, Certificate of Overseas Death, will be completed. The death certificate will only be completed by the pronouncing attending provider or delegate after consultation with the AFMES for deaths occurring from non-natural or unknown causes. If it is determined the death falls under AFMES jurisdiction for investigation, AFMES will complete the death certificate upon completion of the investigation. If determined the case does not fall under AFMES jurisdiction, the pronouncing provider, the decedent's primary attending provider or the MTF Designee must complete the death certificate. If the attending provider who pronounced the death determines the death occurred from non-natural or unknown causes, or is suspicious for being non-natural, AFMES will be notified to determine the need for autopsy. PAD will file one copy of the death certificate (if available) in the deceased patient's inpatient medical record or extended ambulatory record.

 - d. MTFs will refer to Reference (m) for anatomic gifts and tissue donation procedures.

e. The Pathologist and Service-specific designated personnel will inspect the remains and record all relevant information of the inspection on the SF 523A, Disposition of Body, if applicable.

f. The MTF safekeeping custodian will collect and inventory all personal property of the deceased on the DD Form 2674, Record and Receipt of Deposits and Withdrawals of Safekeeping Funds, in the presence of a witness. If the death falls under the jurisdiction of AFMES, the MTF safekeeping custodian will not remove any personal effects, nor will any medical staff remove any medical intervention. Personal effects will be documented by AFMES and transferred to the MTF safekeeping custodian at completion of autopsy. Medical intervention will be documented and removed by AFMES. All personal properties will be placed in the custody of the MTF safekeeping custodian in a designated secured place until it is released to the PNOK or designated personnel responsible for the personal property of the deceased.

g. Adhere to Service-specific guidance for preparation and disposition of remains as well as mortuary affairs benefits in coordination with the casualty office.

h. The attending provider or delegate will release remains to mortuary personnel as soon as possible after the individual's death but no longer than 24 hours unless extenuating circumstances exist, or an autopsy is to be conducted. Ensure the death certificate is completed and signed by the responsible medical officer before releasing the remains to the internment location. The mortuary representative (military or DoD civilian) taking custody of the remains signs a receipt for the remains on a SF 523A. File the receipt in the deceased's inpatient or outpatient record, as appropriate.

i. If no autopsy is required, PNOK will identify the designated funeral home. MTF staff will then contact the funeral home to make contact. The funeral home will contact officials from Mortuary Affairs to arrange transportation to move the body from the site or from the MTF to the internment location.

j. For outside of the United States locations, MTF personnel will prepare the DD Form 2064. The same procedures identified in Section 2 will be used for family members and other eligible beneficiaries who die in an MTF.

3. POST-MORTEM (AUTOPSY)

a. Performing Post-Mortem (Autopsy) for Non-Forensic Cases

(1) For hospital/non-forensic autopsies, PAD will file the authorization to perform a post-mortem examination in the deceased's inpatient or outpatient record, as appropriate.

(2) Under normal circumstances, complete the post-mortem within 24 hours after the remains are received after appropriate records are available and autopsy authorization has been

granted from PNOK.

(3) Record the post-mortem on SF 503, Medical Record-Autopsy Protocol.

(4) Refer to Service-specific guidance for any exceptions. File the original copy with either the inpatient record or Extended Ambulatory Record of the deceased. Maintain a completed copy based off Service-specific guidance.

b. Authorization for Post-Mortem on U.S. Uniformed Services Personnel

(1) For deaths attributable to natural causes, autopsy examination can be requested by the PNOK, or the MTF Director or medical officer to be performed by the hospital staff. The autopsy can occur after gaining consent from the PNOK.

(2) For deaths attributable to or suspected to be from non-natural or unknown causes, AFMES is the approving authority for the post-mortem examinations in areas of exclusive Federal jurisdiction. For these cases, AFMES will be notified and will work with local jurisdictions to ensure proper death investigations occurs. For outside of the United States locations, the AFMES will work with the host government to determine responsibility for death investigations in accordance with Reference (f) and the applicable SOFA, treaty, or other international agreement in accordance with Reference (f). In rare instances, the Military Service Commander can authorize an autopsy examination in accordance with References (f) and (p).

c. Performing a Post-Mortem Examination on a DoD Civilian

(1) For deaths attributable to natural causes, autopsy examination can be requested by the family, or the MTF Director or medical officer to be performed by the MTF pathologist. The autopsy can occur after gaining consent from the PNOK.

(2) If the attending provider who pronounced the death determines the death occurred of non-natural or unknown causes, or is suspicious for being non-natural, AFMES will be notified. For deaths attributable to or suspected to be from non-natural or unknown, AFMES is the approving authority for the post-mortem examinations in areas of exclusive Federal jurisdiction. For these cases, AFMES will be notified and will work with local jurisdictions to ensure proper death investigations occurs. In Outside of the United States locations, AFMES will work with the host government to determine responsibility for death investigations in accordance with Reference (f) and the SOFA agreements.

(3) For post-mortem purposes, the remains of members of the National Guard, Reserve Officers Training Corps, and other Reserve Components not on active duty for greater than 30 days are considered civilians.

(4) When consent of PNOK is required, check to verify notification, and obtain required consent and document it on the SF 523, Authorization for Autopsy.

(5) Authorization or consent for the performance of an autopsy will be recorded on SF

523. When appropriate, the applicable law, regulation, treaty, SOFA, or international agreement will be cited as authority and recorded on the SF 523. The MTF's servicing legal counsel should be consulted when necessary (for example, when the definition for "next of kin" is needed for the jurisdiction in which the facility is located). The consent/authorization for autopsy is filed in the patient's inpatient or outpatient record, as appropriate.

4. REPORTING DEATHS

a. The MTF Director or designated representative will report deaths in accordance with Reference (d) when a person dies at an MTF or en-route to or from the MTF. MTFs will execute the Director's Critical Information Requirements notifications in accordance with Reference (q). The MTF Director ensures notification to the MTF Readiness Service Element to fulfill Service readiness reporting requirements. The MTF Readiness Service Element will establish a policy for notification of individuals on a need-to-know basis in accordance with Reference (e) and the information will be safeguarded to prevent inappropriate disclosure. The MTF Director or their delegate will notify AFMES in accordance with Reference (f).

b. Reporting Stillbirths

(1) Standard Report of Death. The attending provider or appropriate MTF personnel will prepare a standard report of fetal death (<https://www.cdc.gov/nchs/data/dvs/FDEATH11-03finalACC.pdf>) and file it as required by applicable state and civil law, when not in conflict with federal law and DoD policy. File one copy of the standard form with the mother's inpatient record. Notify the Department of Pathology for additional guidance regarding stillbirths and abortions.

(2) Local Laws on Stillbirths or Fetal Deaths. Laws governing the registration of stillbirths or fetal deaths (completion of fetal death certificates) vary among the states and Outside of the United States. When not in conflict with federal law and DoD policy, fetal remains will be disposed of consistent with applicable local law, SOFA, international agreements, or treaties. The disposition desired by the Person Authorized to Direct Disposition (PADD) of human remains will be recorded and will become a part of official record keeping. When the gestational age of the fetus or weight in the absence of gestational age information meets the statutory requirement for death registration, written authorization for disposal of the fetus will be obtained from the PADD. Disposition of live born infants, regardless of duration of life or gestational age, will be through a licensed funeral director. Consult with the MTF's servicing legal advisor and CAO for further guidance on handling and dispositions of still-births.

5. DISPOSITION OF STRs ON DECEASED MILITARY SERVICE MEMBERS. Disposition STRs of deceased ADSMs in accordance with References (j) and (k).

6. MTF DEATH PROCESSING PACKAGES

a. To adequately prepare for any death, MTFs are required to compile and maintain death processing packages according to the patient's Service-specific guidance. Each package will contain forms and documents needed to process remains. All forms and documents generated within the death processing packages will be maintained with the remains for transferring within the 50 United States and Outside of the United States.

b. If an autopsy is required, a copy of the DoD Health Record will accompany the remains and be transferred to the AFMES/autopsy site. When the autopsy is complete, PAD will file the death certificate and release of remains in the deceased patient's DoD health record. Disposition the DoD health record in accordance with Reference (k) and the appropriate (or applicable) disposition schedule.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ADSM	Active Duty Service Member
AFMES	Armed Forces Medical Examiner System
CAO	Casualty Assistance Officer
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DOD	Department of Defense
HCO	Health Care Operations
MILDEP	Military Department
MTF	Military Medical Treatment Facility
NSI	Not Seriously Ill
PAD	Patient Administration Department
PADD	Person Authorized to Direct Disposition of Human Remains
PNOK	Primary Next of Kin
SOFA	Status of Force Agreements
SPECAT	Special Category
SI	Seriously Ill
STR	Service Treatment Record
VSI	Very Seriously Ill

PART II. DEFINITIONS

Active duty Service member. This includes members of the Reserve Component who are serving on orders issued under Title 10, United States Code for greater than 30 calendar days. It also includes Reserve Component members who incur an injury, illness, or disease in the line of duty as outlined in Section 1074a of Title 10, United States Code (U.S.C.) and requires hospitalization at a non-military medical facility. It does not include National Guard members in state status.

Casualty Assistance Officer or Representative. The title of the person assigned by the Military Service or DoD Component concerned to provide assistance to the families of ill, injured, duty

station- whereabouts unknown, executed absence-whereabouts unknown, missing, or deceased members.

civilian. A person who is not a member of the armed forces, including a member of the general public, U.S. and non-U.S., a defense contractor, a DoD civilian employee, non-DoD federal employees, or military dependents.

contractor. An individual or employee of a private business who contracts to furnish supplies or perform work at a certain price or rate.

decedent/deceased. A casualty status applicable to a person who is either known to have died, determined to have died on the basis of conclusive evidence, or declared to be dead on the basis of a presumptive finding of death. The recovery of remains is not a prerequisite to determining or declaring a person deceased.

delegate. To appoint as one's representative.

designated person or previously designated person. A person or persons, if any, other than that person's PNOK or immediate family, to whom information on the whereabouts and status of the member may be provided if such whereabouts are investigated.

disclosure. The release, transfer, provision of access to, or other divulging in any manner of PHI outside the entity holding the information.

legally authorized representative. A healthcare agent, a court-appointed guardian, or in the absence of these two, a person recognized as a surrogate decisionmaker.

Military Health System. The DoD medical and dental programs, personnel, facilities, and other assets, operating by which the DoD provides health care services and support to the Military Services during military operations, and health care services and support under TRICARE to members of the Military Services, their family members, and others entitled to DoD medical care.

MTF. A military medical treatment facility is any fixed facility of the Department of Defense that is outside of a deployed environment and used primarily for health care; and any other location used for purposes of providing health care services as designated by the Secretary of Defense.

MTF Director. The person who is responsible for (A) on behalf of the MILDEPs, ensuring the readiness of the members of the armed forces at such facility; and (B) on behalf of the Defense Health Agency, furnishing the health care and medical treatment provided at such facility.

NSI. The casualty status of a person whose illness or injury requires medical attention which may or may not require hospitalization, and medical authority classifies as less severe than SI.

PADD. A person, usually the PNOK, who is authorized to direct disposition of human remains. Military Service members will identify a PADD on their DD Form 93.

PNOK. Defined in Reference (d).

SI. The casualty status of a person whose illness or injury requires medical attention, and medical authority declares death is possible but not likely within 72 hours, and/or the severity is such that it is permanent and life-altering.

STR. The chronologic record of medical, dental, and mental health care received by Service members during the course of their military career. It includes documentation of all outpatient appointments (i.e., without overnight admittance to a hospital, clinic, or treatment facility), as well as summaries of any inpatient care (Discharge Summaries) and care received while in a military theater of operations. The STR is the official record used to support continuity of clinical care and the administrative, business-related, and evidentiary needs of the DoD, the VA, and the individual.

VSI. The casualty status of a person whose illness or injury is such that medical authority declares it more likely than not death will occur within 72 hours.