

**ADMINISTRATIVE REMARKS**

NAVPERS 1070/613  
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

**LOD PRIVACY ACT STATEMENT**

Authority: Reservist who request Line of Duty Benefits. 10 United States Code 1074a and SECNAVINST 1770.3 (Series)

Principle purpose: To determine eligibility for LOD benefits provided by law for a medical or dental condition incurred during or aggravated by Navy Reserve service requiring medical or dental care that extends beyond the termination of the current duty period.

Routine Uses: Statements made in support of an investigation are routinely made available to the Veterans Administration for use in ascertaining eligibility for Veteran's benefits; to the Serviceman's Group Life Insurance (SGLI) for proceeds; and to the U.S. Department of Justice for use in litigation involving the Government.

Disclosure is voluntary. You are advised that you are presumed to have questions regarding line of duty determination resolved in your favor. If you do not provide the requested information, you may preclude each entitlement to Reservist Disability and Death Benefits, Veterans' Benefits, and SGLI proceeds to the Reservist (or their survivors) who is the subject of this investigation.

**WARNING REQUIRED BEFORE REQUESTING STATEMENTS REGARDING DISEASE OR INJURY**

You are hereby advised as follows:

You need not sign any statement relating to the origin, occurrence, or aggravation of a disease or injury incurred by you or another. Any such statement signed by you with out a valid waiver of this right is of no force and effect.

I do not (circle your intent) desire to submit a statement.

*Please see attached statement.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Witness Signature)  
*HM1 SCHLOSSER, Kim*  
(Witness Printed Name)  
*24 JAN 15*  
(Date Signed)

(Member's Signature)  
*MICHAEL J. LITTLE*  
(Member's printed name)  
*24 JAN 2015*  
(Date Signed)

| NAME (Last, First, Middle)     | SSN | BRANCH AND CLASS |
|--------------------------------|-----|------------------|
| <i>LITTLE, MICHAEL, JOSEPH</i> |     | <i>USN</i>       |

Official Statement of Michael Joseph Little, ABH2 (AW/SW), USN

The following statement is an account of my own personal belief as to why I feel I was injured in the Line of Duty during the time of deployment to Iraq and Afghanistan, which occurred between the dates of 01MAY2008 and 10NOV2010. This statement serves as my own personal testimony of the hardships I faced, and the torture I have lived since returning home from War. This statement was made of my own free will and nobody forced me to make it. By making this statement I am aware that no benefits shall be made to me because of its content. In making this statement, I would like to request a Line of Duty (LOD) determination be granted, in order to establish treatment at the local Military Treatment Facility (MTF), located in Bethesda, Maryland, a facility that has more resources than the VA offers. I believe a MTF will have the ability to help me return to fit for Duty Status so I can serve out my last 8 years in the Navy honorably.

It is important to point out that I cannot disclose a great deal about some of the situations to which I was subjected due to their sensitive nature. I was specifically instructed not to speak of these events during the legal briefing of a 15-6 investigation upon my return from deployment. Many of these situations, if not all, left me fearing for my life on a daily basis. The things that I experienced have left a lasting impact on my life, my current mental state and mental functioning. The events have impacted my relationship with my spouse, career, family, friends, and daily functioning.

On or about 15MAY2008 I was deployed to Camp Bucca Iraq as an individual Augmentee, assigned to Navy Provisional Detainee Battalion 5 (NPDB 5). Where I served as Cell Guard, Compound Section Leader, and Sergeant of the Guard. During my time at Camp Bucca, I was exposed to constant moral injury, mental stress, physical and mental abuse, and feared for my life on multiple occasions.

Every day that I reported to work at Camp Bucca, I was constantly on guard. The detainees would throw their feces at us and there were more days that I went home at night with excrement on my uniform than days I did not. The process of washing human excrement from my body was belittling and dehumanizing. The fact that I was still able to maintain my professional bearing, wore at my composure, stamina, and mental health. This currently affects my life, because my wife and I want to have a baby, but the mere thought of changing diapers scares me to the point that I don't know if I can be a fit father. I have often had flashbacks picking up after my dog and I live in fear that I may flashback while holding my own child because of the smell of feces. These issues cause a great deal of tension at home, because my wife cannot understand what I have gone through, and believes I should just be able to look past the events.

It was about three months into my deployment when I began to wonder if I could tolerate another day in this environment of fear and loathing from the detainees. It was this constant pressure upon our unit that caused a breakdown inside the unit itself that made things worse. The inability to react to assaults from detainees caused unit members to assault one another because we always had to find blame in why a situation happened. The only thing that didn't change was we knew we couldn't give up on our mission, so instead we gave up on trusting one another. For example, during one shift as the Compound Section Leader, I assigned a junior Sailor to the perimeter rove, after 4 hours on watch and due to the injury of another Sailor there was no one to relieve him. In 105 degree heat, I had to instruct this Sailor he was to stand a double watch. After a heated debate, I reminded the Sailor I was the ranking member on staff, we were all holding double shifts, and there was no more debate needed. This Sailor responded by placing his shotgun in front of my nose, racking a round into the chamber, and asking who the ranking member was now. Having feared for my life, I tried to take disciplinary action on this Sailor, but because of the stressful work environment, and the lack of Sailors available, this incident (amongst others) was simply swept under the rug as if nothing had ever happened.

During my time at Camp Bucca, I was also exposed to detainee abuse by the guard force. I had to intervene and prevent situations from getting out of hand, which could have resulted in injuries or death, to detainees and the guard force. This led to multiple Sailors being removed from the compound for the remainder of the deployment, due to investigations, which left us very short handed. Because of the detainee abuse, the detainees made life a living hell for us for the remaining time of our tour.

While I was in Bucca, I was commended by the Deputy Commanding General of Detainee Operations and asked if I would be interested in volunteering to deploy to Afghanistan. So after a 90 day rotation back to the states, I joined Task Group Trident 5 Alpha, and deployed on or about 15SEP2009 to Detention Facility in Parwan (DFIP) Afghanistan, where we served as the decommissioning unit for the Bagrham Theater Interment Facility (B-TIF) as well as the commissioning guards for the brand new DFIP. During this deployment I served as Cell Guard, Sergeant of the Guard, Guard Force Commander, and after a very short time in Afghanistan hand selected by COL John Garrity of the 16<sup>th</sup> MP Airborne to become acting Battle Captain, making me the lowest ranked member in the facility to hold a position of overall authority on my watch, I shared this position with 2 junior officers from the Army, this demanded that I report my daily journal of the facility to the Pentagon, and Senate Committees for review. In this role I was in charge of detainee intakes, which consisted of; reviewing evidence which led to the detainee's arrest, during which time I often reviewed pictures, diagrams, and descriptions of murdered Service Members along with the weapons used to commit these crimes. When riots occurred or assaults were made upon the guard force, I would be responsible for assigning punishment to the detainees. Mentally this was exhausting because while my first instinct was to take the harshest route possible, that often was overlooked in favor of collecting passive intelligence from

detainees and our strict observance of the Rules of War (Geneva Convention). It became hard for me to maintain friendships amongst my peers due to their desire for harsher punishments for detainees. I was often shunned from interacting with my shipmates for this reason, and spent many nights alone eating in the Galley, and turning into my rack shortly after my shift to avoid verbal lectures, or threats.

When riots would get to a point of no control I would often respond personally where I was usually assaulted with feces or juice, and many times felt at risk for my life because the detainees had broken the integrity of the cell. What differentiates this from Camp Bucca was the fact I was unsure who my friends were in the DFIP compound. Many would talk to me when they wanted something but others would hold grudges against me, and still do to this day. This led me to believe my peers wouldn't respond to an emergency or crisis. Such as, the time I was escorting a detainee from the recreation yard to his cell to have a conversation about his pending medical appointments, and his current behavior towards the guards, and the detainee took apart his handcuffs, dropped them at my feet, and there was no response from peers to my sudden vulnerability (I was unarmed). I watched many of my Sailors be physically injured, one of which resulted in the awarding of the Purple Heart. I never felt more guilty than the day I awarded the detainee 5 days of segregation because he gave up vital intel, instead of the normal 30 day punishment, and had to look my "Shipmate" in the eyes, with her 25 stitches in her head, telling her I was sorry I couldn't do more.

While deployed to Afghanistan it was a nightly ritual of being mortared or the perimeter being breached, and being secured to the bunkers for hours on end. During these times I was often able to feel the concussion wave of the blast, with at least three explosions occurring within 50 meters of me. These were extremely frightful experiences where I again feared for my life. In particular I was there for one of the bloodiest attacks at the time. That is, Camp Alpha was breached on Bagrham and the perimeter of the DFIP was breached and separated from the rest of the compound. During this time I observed tower guards shoot and kill insurgents. I remember vividly thinking if I was able to observe insurgents being killed, they were able to shoot and kill me. At this time I only had a 9 mm and felt inadequate to defend myself. I not only feared for my life but feared for every Service Member inside the compound. I saw a lot of death during my deployment, and watched a lot of bodies being sent home.

Upon completion of my deployments on 10NOV2010 I returned to my home in Illinois and tried to resume my post-secondary education, which due to my mental hardships I have only been able to receive my Associates Degree. Since this time I have experienced the loss of 10 shipmates to suicide that served in Iraq and Afghanistan with me, two of which I held as very close personal friends. I continued to honorably serve in the Navy until January 2012, when I started to realize my mental health was failing. During this time I reported to a new NOSC in St Louis, where after losing my 8<sup>th</sup> friend to suicide I felt like I needed to die myself, because when my shipmate tried to contact me before he took his own life, I was too intoxicated to answer the

phone. This would again happen one year later, with the death of a Female Shipmate. I became suicidal, and reported to my NOSC that I was struggling. They responded by sending me home, and told me to come back in 6 months after my TNPQ was finalized, but before returning, I was informed I was being discharged from the Navy for administrative reasons. I fought the charges and after an extremely long process, I was reinstated back into the Navy Reserve, with all charges dropped on 03March2013. It was at this time I was diagnosed by the Veterans Health Administration Hospital (VA) in Marion Illinois with having posttraumatic stress disorder, anxiety, depression, migraines, irritable bowel syndrome (please see my medical records for the entire list).

Getting help from the VA was difficult due to the lack of understanding by the staff, physicians, and other allied health professionals involved in my care. During my initial care my health team was skeptical of my service, due to a lack of records available to them and my nontraditional service having worked in detainee operations as a Sailor assigned to Army Battalions. This initially appeared unlikely and incredible to the professionals involved in my care. However, I have been able to provide documentation showing I served in these units and experienced these events. Having my integrity questioned in this manner, while I was seeking help at my most vulnerable moment, has been a hurdle in my recovery, and caused many major setbacks. This situation has finally been resolved at the VA.

My current symptoms are particularly those of posttraumatic stress disorder, migraines, and irritable bowel syndrome. I have daily migraine headaches that last from 5 hours to many days. My migraines are currently treated with Depakote, with little relief, and when my migraines are severe I take injections of Toradol, which provides some relief. I have missed anywhere from 2 to 3 days of work per week due to severe migraine headaches. Which seems like a lot but currently my boss is very understanding of my health, and allows me to work from home, I can't say this will always be the case, and it often leaves me paranoid that I might lose my job which would be a severe blow to me. Every aspect of my life is affected by pain from my migraines, as even on a good day I suffer from light sensitivity and pain.

I also experience chronic insomnia, nightmares, irritability, flashbacks, hypervigilance, anxiety, startle response, and depression largely secondary to my experience of posttraumatic stress disorder, and currently I receive individual counseling from a VA psychologist for these symptoms. In the past, I have been prescribed Zoloft, Seroquel, Xanax, Trazodone, Propranolol (nightmares and migraines) and many others in treatment of posttraumatic stress disorder. However, I appear to be sensitive to the secondary effects of medication and have not tolerated these prescriptions well. I likely lose at least one day of work a week secondary to these symptoms, although they often co-occur with migraine headaches as well. My symptoms of posttraumatic stress disorder also negatively impact my relationship with peers, family, friends, my spouse, and currently has caused a huge divide between me and my co-workers.

I currently do not meet Navy standards for weight. While I have made wonderful progress having lost 65 pounds over the past 2 years, the fact remains I am still outside of the standard BCA required for my height. My history of medication, particularly Depakote, Seroquel, and Propranolol has contributed significantly to my initial weight gain and has made weight loss more difficult. Further, my chronic pain, depression, and overall irritability have made weight loss difficult and challenging despite my progress, and continued attempt. I feel that with an approval of a LOD, and being given access to better treatment, and then I will be able to lose the remaining weight I need to get back within standards. In my opinion, if I can receive the treatment available at a MTF to combat the depression and other symptoms of PTSD I will be able to meet my goals and regain weight within Navy Standards.

In light of the above, I respectfully request a Line of Duty determination to be able to receive treatment at a Military Treatment Facility in order to have access to treatments that are currently not available to me through the Veteran's Affairs Hospital for the injuries I sustained while serving in combat operations in Iraq and Afghanistan.

(Witness Signature)

HM'SCHLOSSER KIM

(Witness Printed Name)

24 JAN 2015

(Date Signed)

(Member Signature)

Michael Joseph Little

(Member Printed Name)

24 JAN 2015

(Date Signed)

**ADMINISTRATIVE REMARKS**

NAVPERS 1070/613  
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

**MEMBER'S PRIVILEGES AND RESPONSIBILITIES FOR LINE OF DUTY (LOD) MEDICAL CARE AND/OR INCAPACITATION PAY BENEFITS**

- MJC 1. Read and initial each block. If I do not understand any portion of this page 13, I must ask my Navy Reserve Activity (NRA) Medical Department Representative (MDR) for clarification prior to initialing the block.
- MJC 2. I have been notified this date 24 JAN 2015, that I have been placed in a LOD eligible status.
- MJC 3. I understand the LOD authorization letter does not constitute as creditable active/inactive duty.
- MJC 4. Incapacitation Pay Benefits; 37 USC 204(g); If I am unable to perform my military duties, I have either been placed sick in quarters, on convalescent leave or the Physical Evaluation Board has found me Unfit for duty, during these periods of incapacitation, I am not authorized to perform IDT or IDTT. During this period of incapacitation I may complete correspondence courses to maintain my satisfactory participation for retirement purposes.
- MJC 5. Incapacitation Pay Benefits; 37 USC 204(h); If I am able to perform my military duties, light duty, I may continue to perform IDT, and request to perform AT, ADT or ADSW from PERS-495, via my NRA. I may also perform AT, ADT or ADSW to attend a medical appointment, or to complete a medical board. PERS-495 must approve requests for training orders. I understand I must provide the following information when requesting training orders: where the duty will be performed and what duties will be performed, my current diagnosis, prognosis and treatment plan as indicated by the treating physician.
- MJC 6. Incapacitation Pay Benefits; I understand that while receiving incapacitation pay benefits whether for reimbursement of lost civilian wages or full pay and allowances it will not exceed military pay and allowances for my pay grade and time of service.
- MJC 7. Incapacitation Pay Benefits; I understand my medical condition and civilian gross earned and/or lost income will be closely monitored by my NRA, PERS-495, and my employer, in order to determine compensation. I understand that it is my responsibility to provide accurate documentation from my employer (whether employed or self employed) that demonstrates ALL civilian earned or lost income.
- MJC 8. Incapacitation Pay Benefits; I understand that receipt of my incapacitation pay depends on providing the necessary pay documentation every 30 days to my NRA, failure to do so will delay, suspend or terminate my benefits.
- MJC 9. Incapacitation Pay Benefits; I understand that I am responsible to provide my civilian employer a copy of the Employer Verification sheet for completion and to explain its use and implications of my incapacitation status. I also understand that this form must be completed and signed by my employer. It will include my civilian gross income earned and/or lost for the period I am requesting incapacitation pay.
- MJC 10. Incapacitation Pay Benefits; If necessary, and with the assistance of my MDR, I will initiate a request to extend my benefit period to ASN via PERS-495, and my NRA, 30 days prior to the expiration of incapacitation pay benefits.
- MJC 11. I understand that I am eligible for medical/dental care for only the specific diagnosis as stated on my LOD approval letter. Medical treatment costs from a civilian provider not authorized on the LOD, and will not be covered. Additionally, medical treatment not authorized on the LOD but received from a Military Treatment Facility (MTF) will not constitute continued or additional LOD entitlements or care.
- MJC 12. While receiving LOD benefits, I understand that I will not normally be transferred to the Voluntary Training Unit or placed in Assignment Processing (IAP), unless it is appropriate to do so for administrative purposes, i.e.(High Year Tenure).
- MJC 13. I understand that I must see a physician every 30 days and provide the medical documentation to PERS-495. via my NRA. I also understand that incapacitation pay will not be authorized if I miss a medical appointment or do not provide the required documentation when requesting incapacitation pay.
- MJC 14. I understand that I am responsible to return all medical consults and/or medical documentation to my NRA within 5 days of the appointment, and inform my MDR of my next scheduled appointment.

|   |     |                                |
|---|-----|--------------------------------|
| NAME (Last, First, Middle)<br><u>LITTLE, MICHAEL JOSEPH</u> | SSN | BRANCH AND CLASS<br><u>USN</u> |
|---|-----|--------------------------------|

ADMINISTRATIVE REMARKS

NAVPERS 1070/613  
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

MEMBER'S PRIVILEGES AND RESPONSIBILITIES FOR LINE OF DUTY (LOD) MEDICAL CARE AND/OR INCAPACITATION PAY BENEFITS (Con't)

- MJC 15. I understand that civilian medical care is not authorized without prior authorization from the Military Medical Support Office (MMSO), unless it is an emergency. Additionally, I understand that medical care from a MTF is not authorized without an approved LOD document, unless it is an emergency.
- MJC 16. I understand that if I fail to obtain prior approval for civilian medical care from MMSO via my MDR that I will be responsible for any bills incurred. I must keep my MDR informed of scheduled medical appointments, in order for prior authorization to be obtained from MMSO.
- MJC 17. I understand all prescription medication I have paid for out pocket maybe reimbursed by completing a DD 2642 Patients Request for Medical Payment form sent to MMSO with a copy of the LOD approval letter.
- MJC 18. I understand that it is my responsibility to notify my MDR if I am unable to attend a scheduled medical appointment.
- MJC 19. I understand that it is my responsibility to notify my MDR of any new injury/illness I incur.
- MJC 20. I understand if I am still receiving LOD benefits within 90 days from the LOD effective date that I will be referred for a Medical Evaluation Board (MEB).
- MJC 21. I understand that if evidence presented in my case determines my condition was not incurred in the line of duty my benefits will be terminated.
- MJC 22. I understand that I am responsible for providing an accurate job description of my civilian job (endorsed by my employer), to my physician, in order for him/her to assess my duties, to determine if I am able to perform my civilian job.
- MJC 23. I understand that I am responsible to provide my physician with a copy of the Physician's Recommendations/Limitations for Employment form. Once completed, it is my responsibility to provide a copy to my civilian employer, demonstrating any limitations imposed by my physician, due to my injury/illness.
- MJC 24. I understand that if I am able to perform my civilian job, I will do so. Additionally, I understand that the goal of the U.S. Navy is to return me to my civilian employment as soon as possible, without causing additional injury/illness to myself, or to prevent a loss of employment and/or hardship to my civilian employer.
- MJC 25. I understand that while receiving LOD benefits, I can transfer to another NRA with approval from PERS-495.
- MJC 26. I have been advised and understand that the instruction that governs the LOD program is the SECNAVINST 1770.3 (Series). It is my responsibility to read this instruction and any references that pertain to it. I also understand that I am responsible to utilize my chain of command to resolve any questions/issues pertaining to my LOD.
- MJC 27. I have received a copy of the LOD instruction from my NRA MDR.

HM'SCHLOSSER, KIM  
(Witness Printed Name)  
24 JAN 2015  
(Date Signed)

Michael Joseph Little  
(Member's printed name)  
24 JAN 2015  
(Date Signed)

|   |     |                                |
|---|-----|--------------------------------|
| NAME (Last, First, Middle)<br><u>LITTLE, MICHAEL JOSEPH</u> | SSN | BRANCH AND CLASS<br><u>USN</u> |
|---|-----|--------------------------------|



ADMINISTRATIVE REMARKS  
NAVPERS 1070/613  
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

**REPORTING OF CIVILIAN EARNED INCOME OR LOSS OF EARNED INCOME FOR INCAPACITATION PAY BENEFITS**

Per SECNAVINST 1770.3 (Series), while in a Line of Duty (LOD) eligible status and receiving Incapacitation Pay benefits all personnel are required to report all civilian gross earned income and/or loss of earned income. Civilian earned income is defined as income received from non-military employment or self-employment including but not limited to salaries, wages, tips commissions, professional fees, workers' compensation, income from an income protection plan, vacation leave or sick leave. Per MILPERSMAN 7220-380 and DOD Directive 1241.1 I may not receive dual compensation from the United States government. Dual compensation consists of retired or retainer pay, disability compensation from the Department of Veteran Affairs or drawing a federal pension. I will notify Commander, Navy Personnel Command (PERS-495) of any and all changes in my pay status while I am receiving incapacitation pay benefits. While injured and receiving incapacitation pay from PERS-495, I will submit claims for the loss of income from my civilian occupation, not to exceed military pay and allowances for my pay grade and time of service. I make the foregoing statement as a part of my claim, with full knowledge of the penalties involved for willfully making a false statement or claim. The U.S. Code, Title 18, Sec. 287, provides a penalty of not more than \$10,000 fine or more than 5 years imprisonment or both.

HM SCHLOSSER, Kim  
(Witness Printed Name)

24 JAN 2015  
(Date Signed)

(Member's Signature)  
Michael Joseph Little  
(Member's printed name)

24 JAN 2015  
(Date Signed)

| NAME (Last First Middle) | SSN | BRANCH AND CLASS |
|--------------------------|-----|------------------|
| LITTLE, MICHAEL JOSEPH   |     | USN              |

# AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

## PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

**PRINCIPAL PURPOSE(S):** This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

**ROUTINE USE(S):** To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

### SECTION I - PATIENT DATA

|  |   |                           |
|--|---|---------------------------|
| 1. NAME (Last, First, Middle Initial)<br><b>LITTLE, MICHAEL JOSEPH</b>         | 2. DATE OF BIRTH (YYYYMMDD)   | 3. SOCIAL SECURITY NUMBER |
| 4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)<br><b>2003 01 22 - 2015 01 01</b> | 5. TYPE OF TREATMENT (X one)<br><input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> BOTH |                           |

### SECTION II - DISCLOSURE

|   |   |
|---|---|
| 6. I AUTHORIZE <u>Department of Veterans Affairs</u> TO RELEASE MY PATIENT INFORMATION TO:<br><small>(Name of Facility/TRICARE Health Plan)</small>   |   |
| a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN<br>Commander, Navy Personnel Command (PERS-495)  | b. ADDRESS (Street, City, State and ZIP Code)<br>Bldg 768 Rm 115, 5720 Integrity Drive<br>Millington, TN 38055-0000 |
| c. TELEPHONE (Include Area Code)  | d. FAX (Include Area Code) (901) 874-2689   |
| 7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)<br><input type="checkbox"/> PERSONAL USE <input checked="" type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER (Specify)<br><input type="checkbox"/> INSURANCE <input checked="" type="checkbox"/> RETIREMENT/SEPARATION <input checked="" type="checkbox"/> LEGAL |   |

8. INFORMATION TO BE RELEASED  
All medical documentation including lab and x-ray results.

|  |  |
|--|--|
| 9. AUTHORIZATION START DATE (YYYYMMDD)<br><b>2014/2/30</b> | 10. AUTHORIZATION EXPIRATION<br><input checked="" type="checkbox"/> DATE (YYYYMMDD) <b>2015/2/31</b> <input type="checkbox"/> ACTION COMPLETED |
|--|--|

### SECTION III - RELEASE AUTHORIZATION

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
  - b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
  - c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.
  - d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.
- I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

|  |  |   |
|--|--|---|
| 11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE | 12. RELATIONSHIP TO PATIENT<br><small>(If applicable)</small><br><b>SELF</b> | 13. DATE (YYYYMMDD)<br><b>2014/2/30</b> |
|--|--|---|

### SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

|  |                             |                     |
|--|-----------------------------|---------------------|
| 14. X IF APPLICABLE:<br><input type="checkbox"/> AUTHORIZATION REVOKED | 15. REVOCATION COMPLETED BY | 16. DATE (YYYYMMDD) |
|--|-----------------------------|---------------------|

|  |   |
|--|---|
| 17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE | SPONSOR NAME:<br>SPONSOR RANK:<br>FMP/SPONSOR SSN:<br>BRANCH OF SERVICE:<br>PHONE NUMBER: |
|--|---|