



MEDICAL RECORD RELEASE FORM

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C 136, Under Secretary of Personnel and Readiness; 24 U.S.C. 401, Armed Forces Retirement Home; DoD Directive 5124.09 Assistant Secretary of Defense for Personnel and Readiness Force Management; DoD Instruction 1000.28, Armed Forces Retirement Home (AFRH); and E.O. 9397 (SSN), as amended.

PURPOSE: To determine and verify eligibility for admission to the AFRH.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the records contained herein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the Federal Reserve for processing the debt on the resident account; To authorized contractors or vendors for the purpose of providing medical services to the residents of the Armed Forces Retirement Home; To any Federal agency which provides medical services to residents of the Armed Forces Retirement home; To the Inspector General of the Department of Defense or his/her designee, for conducting inspections of AFRH records; To a Federal agency, or an organization or person contracting with the AFRH for information needed in the performance of official duties related to reconciling or reconstructing data files, compiling descriptive statistics, and/or making analytical or financial studies to support the function for which the records were collected and maintained; Law Enforcement Routine Use; Congressional Inquiries Disclosure Routine Use; Disclosure of Information to the National Archives and Records Administration Routine Use; Disclosure to the Merit Systems Protection Board Routine Use; and Data Breach Remediation Purposes Routine Use.

The applicable system of records notice is DPR 38 DoD, Armed Forces Retirement Home electronic Resident Information System (eRIS) and is available at: (ADD LINK WHEN PUBLISHED).

DISCLOSURE: Voluntary; however, failure to provide the required information may result in the delay or denial of admission.



Authorization to Release Medical Records

Form Completed by the Applicant

2 - MRF

Last Name

First Name

MI

Date Submitted

AFRH Applicant information:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Healthcare provider information:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

I grant my permission to disclose information to the following entity:

- | | |
|--|---|
| <input type="checkbox"/> Armed Forces Retirement Home
3700 Capitol Street, NW, Admissions
Washington, DC 20011 | <input type="checkbox"/> Armed Forces Retirement Home
1800 Beach Drive, Admissions
Gulfport, MS 39507 |
|--|---|

Specific information to be disclosed:

- ☐ Medical Records covering the last twelve months
- ☐ Patient history and office notes
- ☐ Billing records
- ☐ Insurance records
- ☐ Drug, Alcohol or Substance Abuse Records
- ☐ Mental Health Records
- ☐ HIV/AIDS-Related Information (Including HIV/AIDS Test Results)

Signature of Applicant	Date