

IN THE CASE OF: [REDACTED]

BOARD DATE: 31 October 2024

DOCKET NUMBER: AR20230005303

APPLICANT REQUESTS: the applicant defers to counsel for submission of his request, statement, and evidence.

COUNSEL'S REQUEST, STATEMENT, AND EVIDENCE:

- Approval of the applicant's claim for Traumatic Servicemembers' Group Life Insurance (TSGLI)
- A personal appearance before the Board

APPLICANT'S SUPPORTING DOCUMENT(S) CONSIDERED BY THE BOARD:

- DD Form 149 (Application for Correction of Military Record)
- Memorandum subject: Application for the Correction of Records
- TSGLI approval sample
- Legal brief
- TSGLI application, 22 March 2016
- TSGLI appeal, 15 April 2019
- Memorandum subject: Appeal to denial of TSGLI benefits, 16 April 2019
- TSGLI appeal decision
- Medical Records

FACTS:

1. The applicant did not file within the 3-year time frame provided in Title 10, U.S. Code, section 1552(b); however, the Army Board for Correction of Military Records (ABCMR) conducted a substantive review of this case and determined it is in the interest of justice to excuse the applicant's failure to timely file.

2. The applicant's Counsel states, the Board should overturn the prior denial of the applicant's TSGLI claim; and for such other and further relief as this Board deems just and proper.

a. The applicant is seeking relief following the denial of his claim by the U.S. Army Human Resources Command (HRC), 22 May 2020, in which the applicant sought

TSGLI benefits, after he broke his hip during a hard parachute landing. He appeals to this Board based on the material error and injustice that exist concerning his denial of any TSGLI benefits.

b. On 23 November 2015, the applicant suffered a right femoral neck fracture (hip fracture) during a hard parachute landing while maintaining his paratrooper qualifications. The injury required immediate surgery, including the insertion of permanent steel hardware into his femur. His recovery was long, painful, and had setbacks along the way.

c. Counsel has represented an additional client with a similar TSGLI claim involving the exact type of injury that required the same surgery, which was approved for a payment of \$25,000 (evidence has been provided for the Board's review). The disparate findings between the applicant and the other client highlight the error and injustice alleged herein, as the evidence supports that his injury was at least as debilitating, if not worse.

d. Several of the applicant's Activities of Daily Living (ADLs) were impacted by his hip fracture, preventing him from performing them independently and without physical or stand-by assistance. Accordingly, the applicant submitted a claim to receive TSGLI benefits in the amount of \$75,000, based on his inability to perform two or more ADLs in excess of 90 days, as depicted by the below table:

**ADL TABLE:**

<b>Type of ADL Unable to Perform Independently</b>	<b>Date Range ADL Could Not Be Performed Independently</b>	<b>Total # of Consecutive Days</b>
1 – Unable to Dress Independently	23 November 2015 – 4 March 2016	102 Days
2 – Unable to Bathe Independently	23 November 2015 – 24 February 2016	93 Days
3 – Unable to Transfer Independently	23 November 2015 – 25 January 2016	63 Days
4 – Unable to Toilet Independently	23 November 2015 – 3 January 2016	41 Days

3. The applicant's counsel provides the following in his legal brief:

a. The applicant was rendered incapable of independently performing two or more ADLs for a period exceeding 90 days.

b. He required assistance with dressing, bathing, transferring, and using the toilet and without such assistance, he would not have been able to perform these ADLs.

c. The applicant appeals the May 2018 denial of his TSGLI claim and respectfully requests that his claim be properly reviewed and that his TSGLI benefits of \$75,000 be awarded.

4. The applicant's counsel provides medical records that will be reviewed and discussed by the Army Review Boards Agency medical reviewer.

5. The applicant's service record reflects the following:

a. He enlisted in U. S. Army Reserves (USAR), under the Reserve Officer Training Corps (ROTC) Cadet scholarship contract.

b. Orders 132-1, 12 May 2005, show he was discharged from the USAR to accept a commission in the Armed Forces on 13 May 2005.

c. DA Form 71 (Oath of Office), 13 May 2005, shows he was appointed as a second lieutenant (2LT) in the Army of the United States.

d. His Officer Record Brief shows he was assigned to 2nd Battalion, 10th Special Forces Group (SFG) (Airborne), in Fort Carson, CO from 11 July 2014 to 3 April 2016, at the time of his injury on 23 November 2015.

e. On 22 March 2016, the applicant applied for TSGLI benefits as a result of an injury that occurred while conducting airborne operations on 23 November 2015. The application is available in its entirety for the Board's review. He exited the aircraft and upon landing he felt the balls of his feet, right calf, right hip, and right shoulder impact the ground. He then felt a dull pain in his right hip, on which he was still laying on, at this point he attempted to move around so he can remove his harness but was unable to, due to sharp pains. Unit medical personnel arrived, removed harness, and examined him further. It was then that he was transported to the hospital for evaluation that revealed his right femoral fracture (hip fracture). This injury required surgery, so he was transferred yet again to a civilian hospital, which provided the care he needed.

(1) Medical Records included in the TSGLI application are provided and will be reviewed and discussed by the medical staff at the Army Review Boards Agency.

(2) In a letter issued by HRC, 26 October 2016, shows the applicant's TSGLI claim was not approved due to the following:

- Medical documentation provided indicated he was not hospitalized for at least 15 consecutive days or greater

- There was evidence that explicitly validated his claim of being rendered incapable of performing two or more ADLs for a period of at least 30 consecutive days or greater

f. On 22 March 2016, the applicant appealed the denial issued by HRC, and applied for a reconsideration of TSGLI benefits for the injury that occurred while conducting airborne operations on 23 November 2015. The application is available in its entirety for the Boards review. This document provides the following enclosures:

(1) On 19 September 2017, Major (MAJ) [REDACTED] states, in effect, he was the primary care manager (PCM) when the applicant incurred his injury and was also the medical professional who signed part B of his TSGLI application. After being a direct witness to the applicant's recovery, reviewing all of his relevant medical records, and examining him in preparation of the TSGLI application, he believed, that he was incapable of performing the ADLs identified for, at least during the time listed in his TSGLI application.

(2) On 18 October 2017, Dr. [REDACTED] states, in effect, he was the orthopedic surgeon who repaired the applicant's right femoral neck fracture in November 2015. Following the surgery, he met with him periodically through June 2016 to check on his progress, including visits in February and March 2016. After the accident, he was incapable of performing the ADLs he claimed. As his surgeon during this timeframe, he confirms that these claims are consistent with his observations and the progress he made while he was treating him, and for the timeframes listed below:

- Unable to toilet independently from 23 November 2015 to 3 January 2016
- Unable to transfer independently from 23 November 2015 to 25 January 2016
- Unable to bathe independently from 23 November 2015 to 24 February 2016
- Unable to dress independently from 23 November 2015 to 4 March 2016

(3) Ms. [REDACTED] the applicant's spouse, states, in effect, she vividly remembers the injury, as it was traumatic to her family and occurred right before the end of the year holidays. The ADLs on the applicant's TSGLI claim were not merely difficult for him, they were simply impossible due to his severe pain. She further explains how the applicant could no longer ascend the stairs in their home, and she had to place a bed for him on the main floor (their living room). She slept on the couch to ensure she was near him, as she had to take him to the bathroom, clean him, bathe him, dress him. She used many methods and/or equipment to assist her during this time, it wasn't until March of 2016 when he had the ability to wash his entire body on his own. The longest struggle was for him to dress himself from the waist down, although he was issued medical equipment to assist him in this process, he was still incapable in doing so due to significant pain as he lacked the stability, flexibility, and leverage required to fully clothe himself.

(4) On 20 September 2017, Lieutenant Colonel (LTC) [REDACTED] states, in effect, he was the applicant's commander when he suffered a right hip fracture in November 2015 while parachuting and was witness to his recovery period. On one instance, right before Christmas in 2015, he was able to personally care for the applicant in the absence of his spouse, and he could tell he was doing his best not to be needy due to the fact he was his supervisor. When the time came to use the toilet, he had no choice but to ask for help, he could not pivot himself off the bed, he side-hugged him so that he could get his right leg down off the bed to the floor, physically held and stabilized him to take his body weight off the bed so he could maneuver to his walker. He was concerned over his instability, as it was clear that he was a high fall risk. The applicant's inability to independently execute some of the most basic functions clearly frustrated him, and he would occasionally express frustration with the fact that his wife had to bathe and dress him and that he had to be chauffeured to the office by his co-worker. It was clear that he was not exaggerating and could not perform the ADLs in his TSGLI claim, independently or without physical/or stand by assistance.

(5) On 30 August 2017, Captain (CPT) [REDACTED] states, in effect, he and the applicant were coworkers, and during their service in Germany, they were also roommates. Upon returning from Germany, they had to ensure their airborne certifications remained current, so they each scheduled jumps within weeks of each other. He learned of the applicant's severe hip injury due to a hard landing from his airborne jump occurring right before Thanksgiving of 2015. He later visited him at his home around 1 December 2015, and stayed with him for six hours, he then noticed the applicant was incapable of moving himself and would frequently become uncomfortable due to numbness and pain. He began visiting the applicant weekly to assist in his care, and sometimes more due to work related issues. He personally observed the applicant's inability to toilet or transfer on his own for at least until the duration he listed in his TSGLI application, if not longer. These tasks were not merely difficult for him to accomplish during the times he has listed in his application, rather, he physically could not perform them on his own without assistance from others.

(6) On 22 July 2017, Sergeant (SGT) [REDACTED] states, in effect, the applicant was his direct supervisor, and he remembers him fracturing his hip right before Thanksgiving in 2015, due to a hard landing while performing airborne operations. After Thanksgiving, he was discharged from the hospital and was recuperating for several months in his home, but due to his inability to move, he was confined to a bed in his living room. He personally assisted the applicant's family with moving a chair that would better assist him as he was unable to push himself up from a recliner. He also recalls a couple of instances when the applicant visited the office, his shoelaces had become untied, and he was unable to tie them on his own, he had to re-tie them for him. Everything appeared to be a struggle for him.

(7) Medical Records that will be reviewed and discussed by the medical staff at the Army Review Boards Agency.

(8) In a letter issued by HRC, 24 May 2018, shows the applicant's TSGLI claim was not approved because his loss did not meet the TSGLI medical standard.

g. On 16 April 2019, the applicant appealed again, and applied for a reconsideration to the denial issued by HRC of TSGLI benefits for the injury that occurred while conducting airborne operations on 23 November 2015. The application is available in its entirety for the Boards review. The appeal was subsequently denied due to:

(1) For determining a loss of TSGLI specific ADLs, the Federal Regulation 38 CFR 9.20 states "the term inability to carry out activities of daily living means the inability to independently perform at least two of the six following functions: (A) Bathing, (B) Continence, (C) Dressing, (D) Eating, (E) Toileting, (F) Transferring in or out of a bed or chair with or without equipment."

(2) The TSGLI Procedural Guide further clarifies "if the patient is able to perform the activity by using accommodating equipment (such as a cane, walker, commode, etc.) or adaptive behavior, the patient is considered able to independently perform the activity."

6. Army Regulation 15-185 (Army Board for Correction of Military Records), currently in effect, states an applicant is not entitled to a hearing before the Board; however, the request for a hearing may be authorized by a panel of the Board or by the Director of ABCMR.

7. Due to the applicant's request for TSGLI benefits, the case is being forwarded to the Medical staff at the Army Review Boards Agency.

#### 8. MEDICAL REVIEW:

a. The Army Review Boards Agency (ARBA) Medical Advisor was asked to review this case. Documentation reviewed included the applicant's ABCMR application and accompanying documentation, his prior TSGLI denials, the military electronic medical record (AHLTA), the VA electronic medical record (JLV), the electronic Physical Evaluation Board (ePEB), the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) application, the Medical Protection System Medical Health Assessments (MEDPROS MHA) portal, and/or the Interactive Personnel Electronic Records Management System (iPERMS).

b. The applicant is applying to the ABCMR requesting reversal of the United States Army Human Resources Command's and the Adjutant General of the Army's denials of

his application for benefits from the Traumatic Servicemember's Group Life Insurance (TSGLI) program. On his TSGLI application, he is seeking the \$75,000 TSGLI benefit for having been unable to independently perform the two of the six activities of daily living (ADLs) of dressing, and bathing, with or without modification and/or assistive devices, for more than 90 but less than 120 consecutive days (23 November 2015 – 24 February 2016 (93 days)) following a right minimally displaced femoral neck fracture on 23 November 2015 with surgical repair on 24 November 2015.

c. The Record of Proceedings (ROP) details the circumstances of the case and the previous denials. To date, the applicant has not received a payment from the TSGLI program. The first payment milestone for the loss of the ability to perform two or more ADLs due to trauma other than a traumatic brain injury (TBI) is at 30 consecutive days following his surgery (22 November 2015).

d. Applicant's counsel primary argument is that his client was denied TSGLI benefits, the same benefits which were approved for Major [REDACTED] who sustained the exact type of injury that required the same surgery with similar losses of ADLs. He states:

"LTC [Applicant] appeals to this Board based on the material error and injustice that exist concerning his denial of any TSGLI benefits. In addition to LTC [Applicant], the undersigned counsel represented Major (MAJ) [REDACTED] for a similar TSGLI claim involving the exact type of injury that required the same surgery and which was approved for a payment of \$25,000. The disparate findings between LTC [Applicant] and MAJ [REDACTED] highlight the error and injustice alleged herein, as the evidence supports that LTC [Applicant]'s injury was at least as debilitating as MAJ [REDACTED] if not worse."

e. Counsel states his client sustained the "exact type of injury that required the same surgery." This is demonstrably false. The applicant sustained a mildly comminuted right femoral neck fracture:



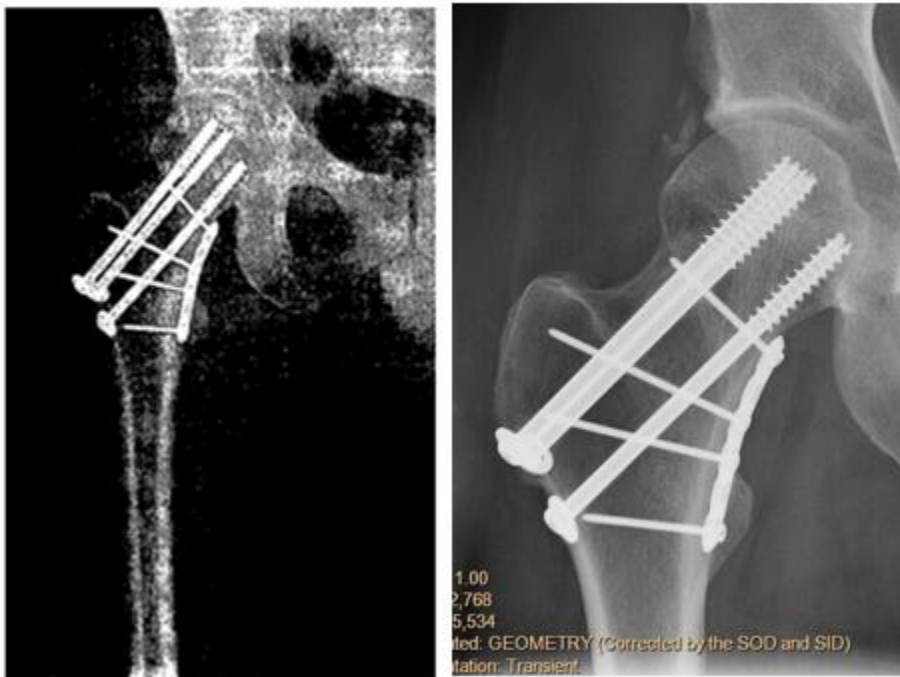
f. MAJ [REDACTED] sustained a “comminuted, impacted fracture of proximal right femur with overriding and medial displacement of the proximal femoral shaft fracture fragments.”





g. These are completely different fractures which behave differently and require different surgical approaches and methods of internal fixation.

h. Applicant's injury was treated with treated with screw fixation and a medial buttress plate,



- i. MAJ [REDACTED] was treated with an intramedullary rod.



j. A claimant for TSLGI is considered unable to perform an activity independently only if he or she, with or without activity modification and/or assistive devices, requires at least one of the following without which they would be incapable of performing the task:

- 1) Physical assistance (hands-on) or,
- 2) Stand-by assistance (within arm's reach) or,
- 3) Verbal assistance (must be instructed)

k. For determining if a member has a loss of TSLGI program specific ADLs, Title 38 of the Code of Federal Regulation, section 9.20 states "the term inability to carry out activities of daily living means the inability to independently perform at least two of the six following functions: (A) Bathing, (B) Continence, (C) Dressing, (D) Eating, (E) Toileting, (F) Transferring in or out of a bed or chair with or without equipment." The TSLGI Procedural Guide further clarifies "if the patient is able to perform the activity by

using accommodating equipment (such as a cane, walker, commode, etc.) or adaptive behavior, the patient is considered able to independently perform the activity."

l. Under the laws and regulations governing the TSGLI Program (38 U.S.C. 1980A(b)(1)(H), (b)(2)(D), and 38 CFR 9.20(d), (e)(6)(vi), (f)(17) and (f)(20)), documentation must demonstrate the inability to independently perform at least two of the six ADLs (Eating, Bathing, Dressing, Toileting, Transferring, and Continence). Documentation addressing the specific injury/injuries sustained as a result of the traumatic event, and providing a timeline of treatment and recovery during the period of claimed inability to ADLs is required in order to approve a claim. The timeline of treatment would consist of notations from licensed medical providers such as physicians, physician assistants, nurse practitioners, registered nurses, etc. Supporting documentation can also be submitted by other medical providers acting within the scope of their practice pertinent to the sustained injury/injuries, to include occupational/physical therapists, audiologists, or speech/language pathologists.

m. Both the applicant and MAJ [REDACTED] sustained right proximal femur fractures, but these were different fractures with different treatments in different Soldiers in different circumstances. As such, a direct relationship of TSLGI benefits one Soldier receives cannot have a direct bearing on claim of another.

n. Comparison of counsel's current briefs for this application with those submitted with prior appeals, including the appeal to The Adjutant General of the Army, shows the attempted comparison of the applicant's injury with that of MAJ [REDACTED] was the only new argument and the only new source of documentation for this application.

o. All of the applicant's medical records, personal statements, and witness statements were reviewed and considered. Review of The Adjutant General's memorandum found these were well addressed in his denial and rather than repeat his findings here, the Board is referred to this document.

p. Based on the information currently available, it is the opinion of the ARBA medical advisor that there is insufficient probative medical documentation supporting the applicant's claim that his surgically repaired right hip femoral neck fracture prevented him from performing, with or without modification and/or assistive devices, two or more of his ADLs for 30 or more consecutive days following his 23 November 2015 hip fracture.

BOARD DISCUSSION:

1. The Board determined the evidence of record was sufficient to render a fair and equitable decision. As a result, a personal appearance hearing is not necessary to serve the interest of equity and justice in this case.
2. After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was not warranted. The applicant's contentions, the military record, and regulatory guidance were carefully considered.

a. To qualify for TSGLI, a claimant must prove that they are unable to perform an activity independently only if he or she, with or without activity modification and/or assistive devices, requires at least one of the following without which they would be incapable of performing the task: physical assistance (hands-on) or, stand-by assistance (within arm's reach) or, verbal assistance (must be instructed). The term inability to carry out activities of daily living means the inability to independently perform at least two of the six following functions: Bathing, Continence, Dressing, Eating, Toileting, Transferring in or out of a bed or chair with or without equipment. If a member is able to perform the activity by using accommodating equipment (such as a cane, walker, commode, etc.) or adaptive behavior, the member is considered able to independently perform the activity.

b. The Board considered the medical records, statements, and the review and conclusions of the medical reviewing official, and agreed with the medical reviewer's determination that based on the information currently available, there is insufficient probative medical documentation supporting the applicant's claim that his surgically repaired right hip femoral neck fracture prevented him from performing, with or without modification and/or assistive devices, two or more of his ADLs for 30 or more consecutive days following his 23 November 2015 hip fracture. Therefore, the Board determined relief is not warranted.

BOARD VOTE:

Mbr 1      Mbr 2      Mbr 3

:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
■	■	■	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined the overall merits of this case are insufficient as a basis for correction of the records of the individual concerned.

10/31/2024

X

CHAIRPERSON

I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

REFERENCES:

1. Title 10 (Armed Forces), U.S. Code, section 1552(b), provides that applications for correction of military records must be filed within 3 years after discovery of the alleged error or injustice. This provision of law also allows the ABCMR to excuse an applicant's failure to timely file within the 3-year statute of limitations if the ABCMR determines it would be in the interest of justice to do so.
2. Army Regulation 15-185 (Army Board for Correction of Military Records), currently in effect, prescribes the policies and procedures for correction of military records by the Secretary of the Army acting through the ABCMR. The ABCMR begins its consideration of each case with the presumption of administrative regularity. The applicant has the burden of proving an error or injustice by a preponderance of the evidence. The

ABCMR may, in its discretion, hold a hearing (sometimes referred to as an evidentiary hearing or an administrative hearing) or request additional evidence or opinions. Applicants do not have a right to a hearing before the ABCMR. The Director or the ABCMR may grant a formal hearing whenever justice requires.

3. Title 10 (Armed Forces), U.S. Code, section 1556 requires the Secretary of the Army to ensure that an applicant seeking corrective action by the Army Review Boards Agency (ARBA) be provided with a copy of any correspondence and communications (including summaries of verbal communications) to or from the Agency with anyone outside the Agency that directly pertains to or has material effect on the applicant's case, except as authorized by statute. ARBA medical advisory opinions and reviews are authored by ARBA civilian and military medical and behavioral health professionals and are therefore internal agency work product. Accordingly, ARBA does not routinely provide copies of ARBA Medical Office recommendations, opinions (including advisory opinions), and reviews to Army Board for Correction of Military Records applicants (and/or their counsel) prior to adjudication.

4. Public Law 109-13 (The Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief 2005) signed by the President on 11 May 2005 established the TSGLI Program. The U.S. Army Combat-Related Special Compensation Office has been designated as the lead agent for implementing the Army TSGLI Program.

a. The TSGLI Program was established by Congress to provide relief to Soldiers and their families after suffering a traumatic injury. TSGLI provides between \$25,000.00 and \$100,000.00 to severely injured Soldiers who meet the requisite qualifications set forth by the Department of Defense. A service member must meet all of the following requirements to be eligible for payment of TSGLI. The service member must have:

- been insured by SGLI at the time of the traumatic event
- incurred a scheduled loss and that loss must be a direct result of a traumatic injury
- suffered the traumatic injury prior to midnight of the day of separation from the Uniformed Services
- suffered a scheduled loss within 2 years (730 days) of the traumatic injury
- survived for a period of not less than 7 full days from the date of the traumatic injury (in a death-related case)

b. A qualifying traumatic injury is an injury or loss caused by a traumatic event or a condition whose cause can be directly linked to a traumatic event. The U.S. Army Human Resources Command (AHRC) official TSGLI website lists two types of TSGLI losses, categorized as Part I and Part II. Each loss has a corresponding payment amount.

c. Part I losses includes sight, hearing, speech, quadriplegia, hemiplegia, uniplegia, burns, amputation of hand, amputation of four fingers on one hand or one thumb alone, amputation of foot, amputation of all toes including the big toe on one foot, amputation of big toe only, or other four toes on one foot, limb salvage of arm or leg, facial reconstruction, and coma from traumatic injury and/or traumatic brain injury resulting in the inability to perform two activities of daily living (ADL).

d. Part II losses include traumatic injuries resulting in the inability to perform at least two ADLs for 30 or more consecutive days and hospitalization due to a traumatic injury and other traumatic injury resulting in the inability to carry out two of the six ADL, which are dressing, bathing, toileting, eating, continence, and transferring. TSGLI claims may be filed for loss of ADL if the claimant requires assistance from another person to perform two of the six ADL for 30 days or more. ADL loss must be certified by a healthcare provider in Part B of the claim form and ADL loss must be substantiated by appropriate documentation, such as occupational/physical therapy reports, patient discharge summaries, or other pertinent documents demonstrating the injury type and duration of ADL loss.

e. Appendix B (Glossary of Terms) of the TSGLI Procedures Guide, dated September 2008, provides the following definitions:

(1) Traumatic Event: The application of external force, violence, chemical, biological, or radiological weapons, accidental ingestion of a contaminated substance, or exposure to the elements that causes damage to a living body. Examples include:

- military motor vehicle accident
- military aircraft accident
- civilian motorcycle accident
- rocket propelled grenade attack
- improvised explosive device attack
- civilian motor vehicle accident
- civilian aircraft accident
- small arms attack
- training accident

(2) Traumatic Injury: The physical damage to a living body that results from a traumatic event.

(3) External Force: A force acting between the body and the environment, including a contact force, gravitational force, or environmental force, or one produced through accidental or violent means.



5. Title 38 (Veterans Benefits), U.S. Code, section 1110 (General – Basic Entitlement) states for disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in line of duty, in the active military, naval, or air service, during a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

6. Title 38 (Veterans Benefits), U.S. Code, section 1131 (Peacetime Disability Compensation – Basic Entitlement) states for disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in line of duty, in the active military, naval, or air service, during other than a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

7. Army Regulation 40-66 (Medical Record Administration and Healthcare Documentation) prescribes policies for preparing and using medical reports and records for Soldiers receiving medical treatment or evaluation in an Army military treatment facility.

a. Paragraph 1-6 pertains to medical record ownership. It states Army medical records are the property of the Government. Thus, the same controls that apply to other Government documents apply to Army medical records. Army medical records, other than those of Reserve Components, will remain in the custody of the Medical Treatment Facilities at all times. Reserve Component records will remain in the custody of the appointed Service Treatment Record custodian. The Armed Forces Health Longitudinal Technology Application (AHLTA) record will remain in the custody of the U.S. Army Medical Department (AMEDD) and Department of Defense via electronic storage, and hardcopy of the treatment records will be retried to the National Personnel Records Center in accordance with the records dispositions schedule in Army Regulation 25-400-2 (The Army Records Information Management System (ARIMS)).

b. Chapter 3 (Preparation of Medical Records) states that unless authorized by this regulation, only documents prepared by authorized AMEDD personnel will be filed in Army medical records. This restriction does not prohibit the use of other documents created by attending physicians and dentists outside AMEDD (Navy, Air Force, civilian,

and so forth) or the filing of other documents as summaries or brief extracts. If such documents are filed, their source and the physician or dentist under whom they were prepared must be identified.

c. Medical record entries will be made in all inpatient, outpatient, service treatment, dental, Army Substance Abuse Program, and occupational health records by the healthcare provider who observes, treats, or cares for the patient at the time of observation, treatment or care. No healthcare practitioner is permitted to complete the documentation for a medical record on a patient unfamiliar to him or her. In unusual extenuating circumstances (for example, death of a provider), local policy will ensure that all means have been exhausted to complete the record.

//NOTHING FOLLOWS//