



Department of Defense INSTRUCTION

NUMBER 6490.08
August 17, 2011

USD(P&R)

SUBJECT: Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members

References: See Enclosure 1

1. PURPOSE. In accordance with the authority in DoD Directive 5124.02 (Reference (a)), this Instruction:

a. Establishes policy, assigns responsibilities, and prescribes procedures for healthcare providers for determining command notification requirements as applied to:

(1) Service members' involvement in mental health care pursuant to paragraph C7.11.1. of DoD 6025.18-R (Reference (b)) and parts 160 and 164 of title 45, Code of Federal Regulations (Reference (c)).

(2) Service members voluntarily seeking drug and alcohol abuse education (as distinguished from substance abuse treatment), consistent with DoD Directive 1010.4 (Reference (d)), requiring DoD personnel to receive education pertaining to drug and alcohol abuse.

b. Provides guidance for balance between patient confidentiality rights and the commander's right to know for operation and risk management decisions.

c. Incorporates and cancels Directive-Type Memorandum 09-006 (Reference (e)).

2. APPLICABILITY. This Instruction:

a. Applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to collectively as the "DoD Components").

b. Applies only to healthcare provider disclosures to command authorities under paragraph C7.11.1 of Reference (b).

3. POLICY. It is DoD policy that:

a. The DoD shall foster a culture of support in the provision of mental health care and voluntarily sought substance abuse education to military personnel in order to dispel the stigma of seeking mental health care and/or substance misuse education services.

b. Healthcare providers shall follow a presumption that they are not to notify a Service member's commander when the Service member obtains mental health care or substance abuse education services.

(1) Unless this presumption is overcome by one of the notification standards listed in Enclosure 2 of this Instruction, there shall be no command notification.

(2) In making a disclosure pursuant to the notification standards, healthcare providers shall provide the minimum amount of information to the commander concerned as required to satisfy the purpose of the disclosure.

4. RESPONSIBILITIES

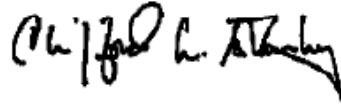
a. Heads of DoD Components. The Heads of the DoD Components shall require Component compliance with the policies and procedures of this Instruction.

b. Director, TRICARE Management Activity. The Director, TRICARE Management Activity under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall establish procedures comparable to those in Enclosure 2 for applicability to non-DoD health care providers in the context of mental health services provided to Service members under the TRICARE program.

5. PROCEDURES. See Enclosure 2.

6. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

7. EFFECTIVE DATE. This Instruction is effective upon its publication to the DoD Issuances Website.

A handwritten signature in black ink, appearing to read "Clifford L. Stanley".

Clifford L. Stanley
Under Secretary of Defense for
Personnel and Readiness

Enclosures

1. References
2. Procedures

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (b) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
- (c) Parts 160 and 164 of title 45, Code of Federal Regulations
- (d) DoD Directive 1010.4, "Drug and Alcohol Abuse by DoD Personnel," September 3, 1997
- (e) Directive-Type Memorandum 09-006, "Revising Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Military Personnel", July 2, 2009 (hereby cancelled)
- (f) DoD Instruction 6400.06, "Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," August 21, 2007
- (g) DoD Instruction 5210.42, "Nuclear Weapons Personnel Reliability Program (PRP)," October 16, 2006
- (h) DoD Instruction 1010.6, "Rehabilitation and Referral Services for Alcohol and Drug Abusers," March 13, 1985
- (i) DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997
- (j) DoD Directive 5400.11, "DoD Privacy Program," May 7, 2007

ENCLOSURE 2

PROCEDURES

1. HEALTHCARE PROVIDERS

a. Command notification by healthcare providers will not be required for Service member self and medical referrals for mental health care or substance misuse education unless disclosure is authorized for one of the reasons listed in subparagraphs 1.b.(1) through 1.b.(9) of this enclosure.

b. Healthcare providers shall notify the commander concerned when a Service member meets the criteria for one of the following mental health and/or substance misuse conditions or related circumstances:

(1) Harm to Self. The provider believes there is a serious risk of self-harm by the Service member either as a result of the condition itself or medical treatment of the condition.

(2) Harm to Others. The provider believes there is a serious risk of harm to others either as a result of the condition itself or medical treatment of the condition. This includes any disclosures concerning child abuse or domestic violence consistent with DoD Instruction 6400.06 (Reference (f)).

(3) Harm to Mission. The provider believes there is a serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment.

(4) Special Personnel. The Service member is in the Personnel Reliability Program as described in DoD Instruction 5210.42 (Reference (g)), or is in a position that has been pre-identified by Service regulation or the command as having mission responsibilities of such potential sensitivity or urgency that normal notification standards would significantly risk mission accomplishment.

(5) Inpatient Care. The Service member is admitted or discharged from any inpatient mental health or substance abuse treatment facility as these are considered critical points in treatment and support nationally recognized patient safety standards.

(6) Acute Medical Conditions Interfering With Duty. The Service member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the Service member's ability to perform assigned duties.

(7) Substance Abuse Treatment Program. The Service member has entered into, or is being discharged from, a formal outpatient or inpatient treatment program consistent with DoD Instruction 1010.6 (Reference (h)) for the treatment of substance abuse or dependence.

(8) Command-Directed Mental Health Evaluation. The mental health services are obtained as a result of a command-directed mental health evaluation consistent with DoD Directive 6490.1 (Reference (i)).

(9) Other Special Circumstances. The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a case-by-case basis by a health care provider (or other authorized official of the medical treatment facility involved) at the O-6 or equivalent level or above or a commanding officer at the O-6 level or above.

c. In making a disclosure pursuant to the circumstances described in subparagraphs 1.b.(1) through 1.b.(9) of this enclosure, healthcare providers shall provide the minimum amount of information to satisfy the purpose of the disclosure. In general, this shall consist of:

(1) The diagnosis; a description of the treatment prescribed or planned; impact on duty or mission; recommended duty restrictions; the prognosis; any applicable duty limitations; and implications for the safety of self or others.

(2) Ways the command can support or assist the Service member's treatment.

d. Healthcare providers shall maintain records of disclosure of protected health information consistent with Reference (b).

2. COMMANDER DESIGNATION. Notification to the commander concerned pursuant to this Instruction shall be to the commander personally or to another person specifically designated in writing by the commander for this purpose.

3. COMMANDERS. Commanders shall protect the privacy of information provided pursuant to this Instruction and DoD Directive 5400.11 (Reference (j)) as they should with any other health information. Information provided shall be restricted to personnel with a specific need to know; that is, access to the information must be necessary for the conduct of official duties. Such personnel shall also be accountable for protecting the information. Commanders must also reduce stigma through positive regard for those who seek mental health assistance to restore and maintain their mission readiness, just as they would view someone seeking treatment for any other medical issue.