

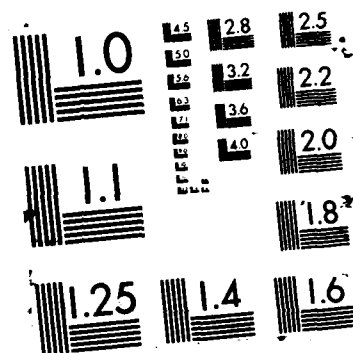
REVIEW OF THE HEALTH RECORDS MANAGEMENT AND CONTROL
SYSTEM FOR TROOP MEDICAL CLINICS FORT CARSON COLORADO
(U) DEPARTMENT OF THE ARMY WASHINGTON DC H O TUELL
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REVIEW OF THE HEALTH RECORDS
MANAGEMENT AND CONTROL SYSTEM FOR
TROOP MEDICAL CLINICS, FORT CARSON, COLORADO

A Problem Solving Project
Submitted to the Faculty of Baylor University
in Partial Fulfillment of the Requirements
for the
Degree of Master of Health Care Administration

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by

Major Henry O. Tuell, III, MSC

August 1980

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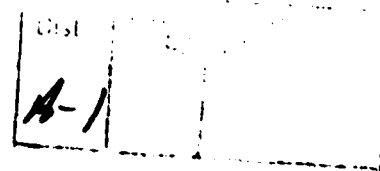
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I. INTRODUCTION

General Information

The problem of health records accountability is not new to the U.S. Army Medical Department. In a letter dated 27 April 1978 from The Surgeon General to Commander, U.S. Army Health Services Command, Commander, U.S. Army Medical Command, Europe, and Commander, U.S. Army Medical Command, Korea, it was stated that this problem required renewed emphasis.¹ At that time the U.S. Army Enlisted Records and Evaluation Center, Fort Benjamin Harrison, Indiana, was receiving an average of 1,000 stray health records per month.²

Accountability on installations with Troop Medical Clinics (TMC's) primarily those with Divisional units, is extremely difficult. The Chief, Patient Administration Division, U.S. Army Community Hospital, Fort Carson, is the custodian for approximately 120,000 health records, of which approximately 20,000 are for active duty personnel.³ Health records for active duty personnel are maintained at various locations on Fort Carson. The U.S. Army Community Hospital maintains approximately 440 health records for those personnel assigned to the hospital. The remaining health records for active duty personnel are maintained within the TMC system. There are five TMC's on Fort Carson and they maintain from 1,000 to 5,000 records depending on location and types of units supported.

Units that operate organic aid stations maintain the health records at the aid station and sign the records out to the patient for transportation to the TMC or hospital if definitive care is needed.

There is a basic misconception among the military community that the health records belong to the individual and can be kept in their possession when not needed for medical treatment.⁴ Paragraph 3-18, Army Regulation 40-2, "Army Medical Treatment Facilities General Administration," provides the regulatory basis for hospital commanders to mandate to patients the appropriate control of their medical records. It states: "Medical records generated within the Army are the property of the United States Government. As such, these records are subject to the control in the manner prescribed by law and regulations for government documents."⁵

Army Regulation 40-403, "Health Records," prescribes the procedures for the preparation, utilization, maintenance, and disposition of the health record in the Army.⁶ This regulation gives general guidance for control of health records for inprocessing and outprocessing service members and assigns to the Medical Treatment Facility Commander the responsibility of insuring that procedures to accomplish the provisions outlined by the regulation are established and enforced.

The guidelines provided by the above-mentioned regulation are general in nature and must be supplemented by post or Medical Treatment Facility regulations to insure adequate control of the health records.⁷

The standard procedures for maintenance and control of medical records at Fort Carson are outlined in the Fort Carson and 4th Infantry Division Supplement 1 to Army Regulation 40-403, dated 1 May 1978 (APPENDIX A).

Conditions Which Prompted the Study

Increased emphasis has been placed on Medical Treatment Facilities by the Department of the Army to improve the management of health and dental records. In a letter dated 27 April 1978 from the Office of The Surgeon General, it was stated that renewed emphasis be directed toward proper processing of health records at installations throughout the Army.⁸ In July 1979, the U.S. Army Community Hospital, Fort Carson, Colorado, received their Annual General Inspection (AGI) by Health Services Command. A repeat finding from the 1978 AGI stated that there was a need to make certain improvements in TMC administration regarding health records.⁹ Primary areas of concern included the following: There was no accountability for records of inprocessing personnel, significant backlog of miscellaneous health forms due to missing health records, record files were not being screened utilizing unit rosters, and individuals departing the installation were permitted to pick up their health records in violation of HSC Policy.¹⁰

This deficiency in administrative procedures has prompted distrust among the supported service member as to quality of care provided by the Army Medical Department.¹¹ This distrust among our service population plus the realization that the present system of health records management at Fort Carson is lessening the ability of the Health Care Team to provide quality health care has prompted this study.

Statement of the Problem

The problem was to analyze the system of management and control of health records at the Troop Medical Clinics, Fort Carson, Colorado, and to make recommendations to improve the system.

Objectives

1. Review the current system of management and control of health records at Fort Carson to insure that it is in compliance with Health Services Command and Department of the Army regulations and policies.
2. Analyze the current system of management and control of health records to isolate factors that contribute to poor accountability of health records.
3. Establish close coordination with the Division Surgeon's Office, 4th Adjutant General Company, and the Chief, Patient Administration Division, U.S. Army Community Hospital, Fort Carson, to facilitate improvements in the control and management of health records.
4. Improve management and control of health records, thereby improving the ability of the TMC's to provide quality medical care.

Limitations

The following limitations were placed on this study:

1. The study was limited to the management and control of only those health records for personnel supported by the TMC's, Fort Carson, Colorado.
2. The review of literature was limited to management and control of health records within the Department of Defense.
3. Review of status or tracking of health records was limited to those health records signed out for appointments at the U.S. Army Community Hospital, Fort Carson, and not returned within five working days.

Factors Bearing on the Problem

1. People think their health records belong to them personally.¹²
2. Command emphasis is poor because senior noncommissioned officers and officers are the biggest offenders in not returning their health records.
3. Most of the supported population are young and healthy. Medical records are not considered as important as personnel and finance records because they have limited effect on pay and promotion.¹³
4. Resistance by the Adjutant General to support the system resulting from lack of definite description of roles.¹⁴
5. Management and control of health records is hampered by the mobility of individuals assigned to Fort Carson to include intrapost transfers, field exercises such as to Fort Irwin, California, Fort Drum, New York, and Reforger Exercises to Germany.¹⁵
6. Lack of trained technicians (military occupational specialty 71G) at TMC's to manage and control the health records.¹⁶

Assumptions

1. The management and control of health records at Fort Carson will remain with the Chief, Patient Administration Division, U.S. Army Community Hospital, Fort Carson, Colorado.
2. Environmental factors such as intrapost transfers, requirements for physicals and overseas transfers, standardized inprocessing and outprocessing procedures, create problems associated with management and control of health records. These environmental factors are standardized for all units on post and problems associated with units supported by one TMC would be similar to those shared by other TMC's.

Criteria

Criteria for evaluation of the system was provided by the Commander and the Chief, Patient Administration Division, U.S. Army Community Hospital, Fort Carson, Colorado. The criteria utilized as an indicator of acceptable management and control was the percent of records either located at the TMC or correctly signed out for no longer than five working days. A 90% accountability rate was selected based on input from Health Services Command and the Division Surgeon, 4th Infantry Division, Fort Carson.

Research Methodology

The problem to be studied was raised by the Preceptor, Colonel Norbert Picha, Executive Officer, U.S. Army Community Hospital, during an analysis of major areas of concern following the 1979 AGI. The management and control of health records at TMC's, Fort Carson, Colorado, had been a continuous problem.¹⁷ Health Services Command has stated that this is a problem at many Army installations within the United States.¹⁸

The research methodology utilized in this project consisted of systems analysis. The utilization and control of health records at TMC's were viewed as a total system operating within a restricted

military environment (Figure 1-1). Different steps in the research methodology provided a more detailed investigation of the system by analyzing the specific subsystems operating within the system.

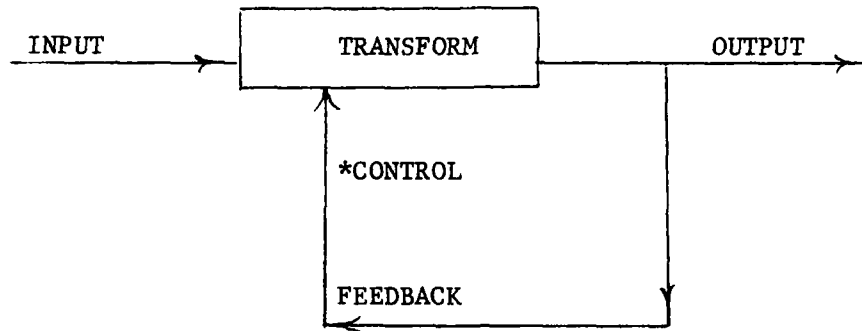


Fig. 1-1. Health Records Management and Control System

The input to the system began when the individual inprocessed at a Central Inprocessing Facility. At this point all records were screened for accuracy and transported to the TMC that supported the unit of assignment of the individual. The output was represented by a complete health record available to the transfer point upon permanent change of station or separation from the service. The transform process consisted of several subsystems servicing the individual when they signed out the record for treatment at the U.S. Army Community Hospital, Fitzsimons Army Medical Center, or one of the local civilian or military hospitals. Feedback and control was demonstrated by screening and audit procedures performed in accordance with current Health Services Command and post regulations.

The seven sequential steps utilized in the research methodology were as follows:

1. The initial step consisted of selection of TMC 6 as the representative TMC for evaluation. Consideration must be given to insure that the balance of unit mixture is acceptable.¹⁹ The TMC must have a mixture of units with primarily a garrison based mission and those actively involved in field operations to allow the problems associated with control in garrison, as well as field, to be present.

2. The second step was to survey all records at the selected TMC and identify those that have been signed out in excess of five working days. The five working days was provided as a guideline by the Chief, Patient Administration Division²⁰ considering the records transport system utilized at Fort Carson. These records signed out in excess of five working days were utilized in a later step for tracking analysis.

3. The third step involved the comparison of unit rosters with actual records to identify those records not signed out and not entered into the system.

4. The fourth step included the analysis of information gathered in steps two and three. This process required the identification of a problem area and analysis of the management and control system to locate what portion of the system failed to function properly.

5. The fifth step required an analysis of the problem areas within the system identified in the previous step to determine if the problem resulted from failure to follow prescribed policies in the system or if the system or internal subsystems were poorly designed thereby creating the problem.

6. This sixth step involved recommendations to insure compliance with the present system or recommended redesign of systems or subsystems.

7. The seventh step in the research process was the testing of the system or subsystems after recommended changes had been implemented to validate that corrective action had provided the desired results.

Review of the Literature

Records of all types are an essential part of the military environment. The service member is dependent upon records for transfers, pay, promotion, clothing issue, dental care, and health care. The control of these records is mandated by a variety of laws, regulations, and policy statements from different governmental agencies.

There was common agreement among all services within the Department of Defense that health records were the property of the United States Government and were subject to control in the manner prescribed by law and regulations for government documents. Conversations with personnel in the Air Force and the Navy indicate the problems associated with management and control of health records are shared by all services.²¹ Current Army, Navy, and Air Force regulations leave the management of health records up to the installation for regulation and control.²²

The problem of health records accountability has received emphasis from the Department of the Army to include the Office of The Surgeon General and the Office of The Adjutant General. The Adjutant General published a Headquarters, Department of the Army letter, dated 23 February 1977, requiring that there will be closer coordination between medical

and personnel agencies and published general guidelines reinforcing the prescribed regulations.²³ In response to directives from the Office of The Surgeon General, the Health Services Command directed each Medical Center and Medical Department Activity to devise a system for insuring accountability for health records.²⁴

Health Services Command published the Ambulatory Patient Care Model Number 5, dated July 1977, that established procedures for control of health records.²⁵ These procedures were designed for those clinics within the hospital environment and were not totally applicable for TMC's physically separated from the hospital.

The literature for review consisted of regulations and general guidelines published at major headquarters level. Conversations between the writer and residents at hospitals with similar TMC arrangements indicated that they have no literature or systems implemented at their location that suggested improvements to the present system.

FOOTNOTES

¹Charles Mateer, Executive Officer, Office of the Surgeon General, "Stray Health Records," letter dated April 27, 1978.

²Ibid., p 1.

³Interview with Major Charles W. Snyder, Chief, Patient Administration Division, U.S. Army Community Hospital, Fort Carson, Colorado, January 15, 1980.

⁴Charles Snyder, "Missing Records May Kill You," Mountaineer, April 18, 1980, p. 1.

⁵Department of the Army, "Medical Services, Army Treatment Facilities General Administration," Army Regulation 40-2 (Washington, D.C.: Government Printing Office, March 1978), p. 3-7.

⁶Department of the Army, "Medical Services, Health Records," Army Regulation 40-403 (Washington, D.C.: Government Printing Office, January 1974), p. 1-1.

⁷Ibid., p. 1-5.

⁸Mateer.

⁹U.S. Army Health Services Command, Office of the Inspector General, "Annual General Inspection, FY 1979 US Army Medical Department Activity, Fort Carson, CO." Fort Sam Houston, TX, July 1979 (typewritten), p. D-3.

¹⁰Ibid.

¹¹Interview with Thomas H. Smith, Medical Department Activity Command Sergeant Major, U.S. Army Community Hospital, Fort Carson, Colorado, January 15, 1980.

¹²Snyder interview.

¹³Smith interview.

¹⁴Interview with John G. McLinn, Chief, Installation Service Division, 4th Adjutant General Company, 4th Infantry Division, February 29, 1980.

¹⁵Snyder interview.

¹⁶Ibid.

¹⁷Annual General Inspection, Fort Carson, CO, p. D-3.

¹⁸Snyder interview.

¹⁹Ibid.

²⁰Ibid.

²¹Interview with Charles W. Boone, Administrative Resident, U.S. Air Force Academy Hospital, U.S. Air Force Academy, Colorado, April 2, 1980; Interview with John R. Heltsley, Administrative Resident, Naval Regional Medical Center, Orlando, Florida, April 2, 1980.

²²Department of the Air Force, "Medical Administration, Administration of Medical Activities," Air Force Regulation 168-4 (Washington, D.C.: Government Printing Office, November, 1971), p. 3-18; Department of the Navy, "Manual of the Medical Department," Navy Medicine Regulation P-117 (Washington, D.C.: Government Printing Office, March 1976), p. 16-1.

²³Paul T. Smith, United States Army, The Adjutant General, "Stray Health and Dental Records," Letter dated February 23, 1977.

²⁴Phillip A. Deffer, Chief of Staff, United States Army Health Services Command, "Stray Health and Dental Records," Letter dated April 20, 1977.

²⁵United States Army Health Services Command, "Outpatient Medical Records Improvement Actions," Ambulatory Patient Care Model no. 5 (Fort Sam Houston, Texas: Health Services Command, July 1977), p. 3.

II. DISCUSSION

The Original Health Records

Management and Control System

The original health records management and control system was a combination of centralized and decentralized subsystems. The input, or entry of records into the system was accomplished by a central inprocessing center. All personnel were required to process through the central inprocessing center where their health records were screened for completeness and for any required immunizations or examinations. This service was provided by the Division Surgeon's Office. The Division Surgeon was responsible for collecting all health records, and upon notification of unit of assignment, by the appropriate personnel agency, would make distribution to the servicing Troop Medical Clinic (TMC).

The transform process of this system began with the acceptance of the health record at the TMC. Once the health record arrived at the appropriate TMC, it was filed in accordance with Fort Carson and 4th Division Supplement 1 to AR 40-403 (APPENDIX A). This supplement stated that health records would be filed by major unit and then maintained alphabetically by company within that major unit.¹ This requirement by the Division was instituted because of the procedures for unit selection during the many deployment and field exercises. There was often a mix and match procedure where companies of different major units would be

mixed to meet specific requirements for the exercise. This would result in all records of a specific unit being signed out in mass for various periods of time.

The health records were maintained at the TMC's and were available for routine sick call performed at that facility. If more definitive care was required, the individual would sign out the health record, utilizing a "Medical Records Charge-Out Slip," Fort Carson Medical Activity Form (FC MEDDAC Form (10) 73) (Figure 2-1), and handcarry the records to the U.S. Army Community Hospital, Fort Carson.

MEDICAL RECORDS CHARGE-OUT SLIP											
FAMILY MEMBER PREFIX			SPONSOR'S SOCIAL SECURITY NUMBER								
PATIENT'S NAME (Last, First, Middle)											
SIGNATURE OF PATIENT OR SPONSOR											
TODAY'S DATE			PATIENT'S TELEPHONE NUMBER (Home and Duty)								
CLINIC RECORD IS BEING TAKEN TO (FORT CARSON MEDDAC ONLY):											
☐ MEDICAL ☐ DERMATOLOGY/ALLERGY ☐ ENT (Ears, Nose & Throat) ☐ OPTOMETRY (Eye) ☐ PEDIATRIC ☐ OUTPATIENT ☐ ORTHOPEDICS/PODIATRY ☐ OB/GYN						☐ PSYCHIATRY/SOCIAL WORK SVCS ☐ SURGICAL ☐ UROLOGY ☐ EMERGENCY ROOM ☐ PATIENT ADMIN DIVISION ☐ OTHER _____					
						DOCTOR'S NAME _____					

FC MEDDAC FORM (10) 73
1 Jun 78

Replaces FC MEDDAC Form (10) 73,
1 Feb 76, which is obsolete

Fig. 2-1. Medical Records Charge-Out Slip

Those health records that were signed out for permanent change of station, intrapost transfer, or for periods in excess of 72 hours were signed for by the individual in a separate log. This indicated the date signed out, purpose, and destination.

If the individual was seen at the US Army Community Hospital, Fort Carson, the health record was to be kept by the hospital clinic and picked up by the Outpatient Records Section for delivery to the Division Surgeon's Office, located within the hospital complex, for ultimate transportation back to the servicing TMC. If an individual was seen at another federal hospital within the local region, the individual was responsible for returning the health record to the servicing TMC.

The output of the total system was an accurate and complete health record for the next records custodian upon the individual's departure from Fort Carson.

The control and feedback for this system included reports of scheduled and unscheduled inspections conducted by the Chief, Patient Administration Division, Fort Carson Army Community Hospital, Health Services Command, and U.S. Army Forces Command.

Research Process

The first step in the research process was the selection of a representative TMC. Fort Carson has approximately 20,000 active duty troops permanently assigned. These active duty troops with the exception of Medical Department Activity (MEDDAC) personnel are provided initial routine care by either Battalion Aid Stations or TMC's. The five TMC's

at Fort Carson support populations from approximately 1,000 to 5,000 personnel. Some TMC's maintain a lesser number of health records because the records are maintained at Battalion Aid Stations and are signed out by the individual and handcarried from a Battalion Aid Station to a TMC for treatment. Health records for those units without organic aid stations are maintained at the TMC.

There are five designated TMC's on Fort Carson. TMC 6 was selected as the representative TMC for the following reasons:

1. TMC 6 supports both units with primarily garrison based mission, and those actively involved in field operations that require mass signing out of records by units. This allowed problem areas associated with field and garrison procedures to be analyzed.

2. TMC 6 had the most deficiencies for the last two years on Health Services Command Inspector General inspections, as well as for inspections by the Chief, Patient Administration Division, U.S. Army Community Hospital, Fort Carson.

3. All health records for the supported population of TMC 6 are maintained at the TMC rather than split with Battalion Aid Stations.

The second step in the research process was to survey all the health records in the selected TMC. There are approximately 20,000 health records in the TMC system. The 100% survey of all records of TMC 6 resulted in the review of 2,664 records or 13.3% of the total records in the system. A total of 477 records out of 2,664 or 17.9% of the total records signed out in excess of five working days (Table 2-1).

TABLE 2-1

PERCENT OF RECORDS SIGNED OUT IN EXCESS OF FIVE WORKING DAYS

Unit	Unit Strength	Number of Records Signed Out in Excess of 5 Working Days	Percent Of Records Signed Out
4th S&T Bn	446	72	16.1%
4th Finance	110	14	12.7%
704th Maint Bn	851	145	16.8%
USACC	17	6	35.3%
NCOA	71	9	12.6%
CID	22	10	41.6%
104 MI	361	64	17.7%
124th Sig Bn	533	112	21.0%
DISCOM	109	21	19.3%
DMMC	144	24	16.5%
TOTAL	2,664	477	17.9%

These health records were registered by name and social security number for utilization in tracking in a later step.

The third step in the research process was the comparison of unit personnel rosters with on hand records to identify those records not signed out and not entered into the system. This computation provided an indication of problems with the inprocessing of the individuals and with TMC personnel signing out or filing the records. Table 2-2 describes the actual strength of the units compared with the number of records maintained or signed out from the TMC.

TABLE 2-2

PERCENT OF ACCOUNTABLE HEALTH RECORDS

Unit	Strength	Records Accounted for (Present & Signed Out)	Percent Accounted
4th S&T	446	322	72.2%
4th Finance	110	99	90.0%
704th Maint Bn	851	811	95.3%
USACC	17	11	64.7%
NCOA	71	71	100.0%
CID	22	16	72.7%
104th MI	361	357	98.8%
124th Sig Bn	533	492	92.3%
DISCOM	109	95	87.2%
DMMC	144	131	90.9%
TOTAL	2,664	2,405	90.3%

The fourth step in the research process was the analysis of the information gathered in steps two and three. The data provided in the previous steps indicated the following major areas of concern:

1. Records were being signed out for clinic visits and not returned to the TMC.
2. Health records were maintained on file for people no longer in the unit.
3. Personnel were on the unit roster but no health records were at the TMC.

The first major area of concern required considerable follow-up to determine the actual source of the problem. Each individual with records signed out in excess of five working days was listed in a register by

unit. A Disposition Form (DF) (APPENDIX B) was given to the unit Sergeant Major of each individual for distribution; a reply by indorsement was requested. The test utilizing the DF was an attempt to (1) encourage those individuals with their health record in their possession to return them to the TMC (2) identify possible areas in the hospital where records were left by the individual and had not returned through the distribution system to the TMC. The DF notification was utilized for a 3-month period with second notifications and monthly updates given to the unit Sergeant Major. Table 2-3 indicates the results obtained from the test program.

TABLE 2-3

PERCENT OF HEALTH RECORDS RETURNED UTILIZING DF TEST

Unit	Records Missing	Returned or Located	Percent Returned
4th S&T	72	64	88.8%
4th Finance	14	11	78.6%
704th Maint Bn	145	140	96.5%
USACC	6	5	83.3%
NCOA	9	8	88.8%
CID	10	8	80.0%
104th MI	64	45	70.3%
124th Sig Bn	112	85	75.9%
DISCOM	21	20	95.2%
DMMC	24	15	62.5%
TOTAL	477	401	84.1%

Of the original 477 records, 401 or 84.1% of the records were either returned to the TMC by the individual or located within the system. The location of these records was tracked utilizing the information on the reply by indorsement to the DF. These records were categorized into five main locations: Permanent Change of Station/Estimated Termination of Service, Temporary Duty, hospital, intrapost transfer, and unknown (Table 2-4).

TABLE 2-4

PERCENT OF HEALTH RECORDS SIGNED OUT BY LOCATION

<u>Location</u>	<u>Number of Records</u>	<u>Percent of Total</u>
Intrapost Transfer	39	9.7%
PCS/ETS	174	43.4%
TDY	24	6.0%
Hospital	128	31.9%
Unknown	36	9.0%
<u>TOTAL</u>	<u>401</u>	<u>100.0%</u>

Those health records categorized as lost during intrapost transfers were actually signed out for an appointment at a hospital clinic and not returned to their servicing TMC. Personnel associated with those health records were transferred to another unit on post while records were in the system. These health records have or are scheduled to be picked up on the survey of the servicing TMC. Those health records categorized as PCS/ETS were actually signed out for a physical examination

or other appointments and those personnel have since left Fort Carson or the service. Those health records categorized as TDY were involved in mass field exercises, TDY to the Noncommissioned Officer Academy or other types of training. Those health records categorized as hospital were signed out for a hospital clinic visit and were not returned to the TMC. Those health records categorized as unknown were identified from the reply by indorsement on the DF stating that they had returned their health record to the TMC and had no idea where the record was located. Also included in this category were DF's returned from the unit stating that they had not had an individual by that name in the unit.

The remaining 76 health records were being tracked at the time this report was written.

The second area of concern was the presence of health records filed for individuals no longer in that unit. A search of personnel reports indicated the location of the individual for forwarding of the health records (Table 5).

TABLE 2-5

LOCATION OF INDIVIDUALS NO LONGER IN UNIT

<u>Location</u>	<u>Number</u>	<u>Percent</u>
PCS/ETS	127	90.7%
Intrapost Transfer	13	9.3%
TOTAL	140	100.0%

This indicated that there were two major breakdowns in the present system:

1. Individuals were transferring from unit to unit on post and were failing to insure that their medical records are transported to the appropriate servicing TMC.
2. These figures also indicated that individuals were being allowed to depart Fort Carson on a permanent change of station or leaving the service without taking their records or there were duplicate records maintained for that individual.

The final area of concern was the presence of names on the unit roster without records available in the files. The TMC could account for 2,405 records out of a supported population of 2,664 for an accountability rate of 90.3%. A survey of those individuals indicated that records were being signed out without proper documentation, records were in the files but not properly filed and records were at another TMC because the individual had not transported his health record upon intrapost transfer.

The fifth step in the research process was the analysis of the problem areas within the system to determine if the problem resulted from either a failure to follow prescribed policies in the system, or the system or internal subsystems were poorly designed and creating the problem.

The input into the system presented no problem areas. The central inprocessing center was collecting the records and distribution to the TMC's was being accomplished.

The transform process of the system was broken down into two basic subsystems: (1) The health records sign-out subsystem, and (2) intrapost transfer subsystem. The health records sign-out subsystem presented the

major problem of the study. Health records were given to individuals without documentation and were kept by the individual rather than returned to the TMC. An analysis of the system, as designed, indicated that the system was appropriate but that policies and procedures were not being followed. Records specialists at TMC 6 were provided from Division assets for training and were rotated every three months from field units to the TMC. They were often poorly motivated and were unaware of proper sign-out procedures. After an individual signed out his health record and had been seen by a hospital clinic the return of the record to the TMC was not according to the designed subsystem, i.e., at least three clinics were unaware of the procedure for returning records to the TMC's and were giving the records to the individuals to handcarry records back to the servicing TMC. There was also a breakdown in the outpatient records pickup schedule, i.e., three of the 26 hospital clinics were not included in the pickup route and routinely gave records to the individual to handcarry to the TMC.

Another problem with the records sign-out subsystem was the filing of the records after they were returned to the TMC's. Of the 401 records signed out 23, or 5.7%, had been returned but were misfiled. At the time of the study, TMC 6 was using the alphabetical filing system and had not converted to the color-coded terminal digit filing system (APPENDIX C).

The problems associated with the intrapost transfer subsystem resulted from poor design of the subsystem. There was no centrally controlled or uniform procedure published for an intrapost transfer.

The actual clearance procedure was left up to the units and individuals were permitted to clear without going through the TMC.

Problems associated with the output of the system were demonstrated by the fact that 43.4% of the records signed out from TMC 6 for hospital clinic visits cleared post for ETS or PCS without the records sign-out card at the TMC being cleared. This could have resulted from a procedural error on the part of TMC personnel or, if the individual had his health record at the time of clearance, by the post clearance facility not requiring the individual to clear through the TMC.

The sixth step in the research process included recommendations to insure compliance with the present system or recommended redesign of systems or subsystems. Recommendations were categorized into two command areas: (1) Activities controlled by post organizations, (2) those activities controlled by the Director of Health Services.

At the request of this writer, meetings were held with representatives of the U.S. Army Community Hospital, Fort Carson, the 4th Division Surgeon's Office, and the Fort Carson Post Adjutant General's Office. Problem areas involving outprocessing and intrapost transfers were discussed and input was provided to the Adjutant General's representative concerning the proposed establishment of a central processing center for in and out-processing and intrapost transfers. The Adjutant General's Office has completed this action and the new regulation is at APPENDIX D.

The following recommendations were provided to the Chief, Patient Administration Division, Fort Carson, Colorado:

1. Convert all TMC's to the terminal digit filing system to improve accuracy in maintaining health record files. This system uses color coding and the terminal digits of the social security number rather than an alphabetical filing system.

2. Implement the DF notification system through the unit commander or sergeant major for records signed out and not returned within a specified time, i.e., five days.

3. Prepare Department of the Army Form 140-4, "Manpower Survey Report - Schedule X Manpower and Workload Data" documents to convert the Medical Records Specialist positions at the TMC's from rotating to permanent positions.

4. Institute an education program for all service members at Fort Carson concerning health records ownership, control and punishment for noncompliance with procedures. This program should include (a) newspaper articles; (b) classes for commanders, noncommissioned officers and unit members; and (c) signs posted at the records counter in the TMC's.

5. Redesign the health records pick-up system within the U.S. Army Community Hospital to insure that all hospital clinics are included.

6. Institute an education program for all hospital personnel involved in management and control of health records concerning problem areas as to current policies and procedures for control of health records.

The seventh step in the research process was the testing of the system or subsystems after the recommended changes had been implemented to validate that corrective action had provided the desired results.

Any improvement in the system resulting from recommendations provided to post controlled activities could not be tested. The recommended central processing center has been approved by the Post Commander, but will not be operational until 1 July 1980.

A summary of progress and testing for those recommended changes to the system provided to the Chief, Patient Administration Division, are as follows:

1. TMC 6 has been converted to the terminal digit filing system. Record technicians have been trained on the new system and follow-up inspections have indicated that filing errors have dropped from the previous 5% to below 2%.

2. The DF notification system for all records signed out in excess of five working days has been implemented. This was scheduled to be done once a month during the comparison of unit rosters with actual records. This system was scheduled to take approximately three months to obtain the desired results and no indication of improvement can be documented until June 1980.

3. Manpower survey reports for conversion of the Medical Records Specialists positions from rotating to permanent positions are being completed. If manpower survey reports are not approved, alternate manpower sources will be reviewed.

4. An education program for all service members at Fort Carson concerning health records ownership, control and punishment for noncompliance with procedures was initiated. An article (APPENDIX E) was published on 18 April 1980 in the Fort Carson newspaper. Commanders have been provided

a summary of all regulations concerning management and control of health records. Signs (APPENDIX F) have been printed and placed in the TMC's indicating actual ownership of health records. Information papers showing accountability by unit have been prepared for the Division Headquarters for inclusion at staff briefings.

5. The transportation system for pickup of all health records at the clinics and delivery to the TMC's has been redesigned to include all clinics. The Division Surgeon's Office has indicated that the number of records returned to the TMC's has increased by approximately one third.² A survey of records at TMC 6 is planned after the system has been in effect for two months.

6. The Chief, Patient Administration Division, is preparing an information sheet for presentation at the professional and administrative staff meetings outlining problem areas and current policies and procedures governing management and control of health records.

The recommended changes to the system will take three to four months before overall system improvements can be documented. Testing of selected subsystems indicate that management and control is improving, however, a total system review is scheduled for July 1980.

FOOTNOTES

¹Department of the Army, Headquarters, Fort Carson and Headquarters, 4th Infantry Division (Mechanized), "Medical Services, Health Records," Fort Carson and 4th Infantry Division Supplement 1 to Army Regulation 40-403 (Fort Carson, Colorado, May 1978), p. A-3.

²Interview with Jeffrey Shuman, Administrative Assistant, Office of the Division Surgeon, 4th Infantry Division, Fort Carson, CO., April 21, 1980.

III. CONCLUSION

This Problem Solving Project was designed to analyze the system of management and control of health records at the Troop Medical Clinics (TMC), Fort Carson, Colorado, and to make recommendations to improve the system. The overall system and internal subsystems were analyzed to determine if the systems were poorly designed or if the design was adequate but not being properly utilized.

The criteria for accountability was established at 90% by the Commander and the Chief, Patient Administration Division, U.S. Army Community Hospital, Fort Carson, Colorado. Initial screening of all health records at TMC 6 indicated that 90.3% of the records were on file in the TMC or signed out for appointments. An examination of those records signed out demonstrated a major problem in that 401 of the 477 or 84.1% of those records were signed out in excess of the time limit established by the Fort Carson regulations.¹ An analysis of this problem area indicated the subsystem for controlling intrapost transfers and clearance through the TMC for permanent departures from Fort Carson was poorly designed. The subsystem for transportation of health records from the clinics back to the supporting TMC was adequate, but procedures were not being followed.

The analysis of health record management and control also revealed that the present method of staffing the TMC's with personnel who rotate every one to three months was inadequate. These individuals were often

poorly motivated resulting in 5.0% of the records being misfiled and 9.0% of the records signed out without following correct procedures.

A Central Inprocessing Center has been approved by the Post Commander and is scheduled for implementation by 1 July 1980. This will require all departures and transfers to clear the TMC before processing is complete. This should provide positive control over all intrapost transfers and departures from Fort Carson. A redesign of the Records Transport System at the U.S. Army Community Hospital, Fort Carson, and education and training for hospital personnel, as well as individual soldiers utilizing the system, was initiated. A total test of the management and control of health records at the TMC's at Fort Carson may be accomplished when recommended changes have been implemented. A survey of all health records in the TMC system has been scheduled for July 1980.

FOOTNOTES

¹Department of the Army, Headquarters, Fort Carson and Headquarters, 4th Infantry Division (Mechanized), "Medical Services, Health Records," Fort Carson and 4th Infantry Division Supplement 1 to Army Regulation 40-403 (Fort Carson, Colorado, May 1978), p. A-3.

APPENDIX A

FORT CARSON AND 4TH INFANTRY DIVISION SUPPLEMENT 1 TO

AR 40-403, DATED 1 MAY 1978

DEPARTMENT OF THE ARMY
HEADQUARTERS, FORT CARSON
AND
HEADQUARTERS, 4TH INFANTRY DIVISION (MECHANIZED)
Fort Carson, Colorado 80913

FC and 4D Supplement 1
to AR 40-403

1 May 1978

Medical Services
HEALTH RECORDS

AR 40-403, dated 20 November 1973, is supplemented as follows:

Chapter 1, paragraph 1-9: Added

1-9. The standard procedures outlined in Appendix A, attached, are applicable for the maintenance and handling of medical records at Fort Carson.

(AFZC-DMD)

FOR THE COMMANDER:

OFFICIAL:



E. L. BLACKSHIRE
Captain, AGC
Assistant Adjutant General

K. C. LEUER
Colonel, GS
Chief of Staff

1 APPENDIX
A-Procedures for Control and
Maintenance of Individual
Health Records

DISTRIBUTION:

A

10 - AFZC-DMD

50 - AG Publications

*This supplement supersedes FC and 4D Reg 40-403, 3 Sep 75

1 May 1978

FC and 4D Suppl 1 to AR 40-403

PROCEDURES FOR CONTROL AND MAINTENANCE OF
INDIVIDUAL HEALTH RECORDS

1. PURPOSE: This appendix prescribes procedures for medical treatment facilities in preparation, utilization, maintenance, and control of health records for all active duty personnel at Fort Carson.

2. SCOPE: This appendix applies to all Troop Medical Clinics (TMC's) and Battalion Aid Stations (BAS's) providing maintenance of health records at Fort Carson.

3. DEFINITIONS:

a. Medical Treatment Facility (MTF): For the purpose of this appendix, MTF is defined as either the Battalion Aid Station or the Troop Medical Clinic.

b. Medical Officer: Either a Medical Doctor or Physician Assistant assigned as OIC of an MTF.

c. Custodian: Chief, Patient Administration Division, MEDDAC, is custodian of all health records on Fort Carson. The Patient Administrator authorizes Medical Officer/OIC of TMC's or BAS's to have primary responsibility for health record maintenance IAW AR 40-403.

(1) BAS authorized Physician Assistant: The Physician Assistant will be the custodian of his unit's health records.

(2) BAS not authorized Physician Assistant: The custodian will be the Physician Assistant or Medical Officer in charge of the assigned troop medical clinic.

(3) Units not authorized medical section: The custodian will be the Physician Assistant or Medical Officer in charge of assigned troop medical clinic.

4. PROCEDURES FOR PROCESSING NEWLY ARRIVED PERSONNEL:

a. All personnel will hand-carry their health records to their assigned medical treatment facility.

Appendix A, FC and 4D Suppl 1 to AR 40-403, 1 May 78

1 May 1978

b. AMEDD personnel, upon receipt of the health record, will do the following:

(1) Verify present unit and indicate it on the Health Record, DD Form 722, in the upper left hand corner (with soft lead pencil).

(2) Screen record for the following:

(a) Health record jacket - serviceability and completeness.

(b) SF 600 and SF 601.

(c) Current audiogram.

(d) Report of Physical Examination, SF 88, and Report of Medical History, SF 93, - are they present and current IAW AR 40-403?

(e) Are all forms filed in the proper sequence? (See Incl 2 to Appendix A.)

(f) Privacy Act Statement signed and dated by the service member.

(3) Medical Officer will review the health record IAW AR 40-403, paragraph 2-4a(2) and indicate review on SF 600 as required.

(4) Temporary health records will be initiated only on personnel not possessing health records. Temporary health records will be initiated IAW AR 40-403. (After 30 days, physical examination will be initiated to make temporary records permanent records.)

5. PROCEDURES FOR OUTPROCESSING OF HEALTH RECORDS:

a. Personnel processing out of Fort Carson on PCS, ETS, or retirement will report to their MTF to pick-up their health records. Individuals will sign for these health records in a records sign-out log.

DIVISION MEDICAL FACILITY CHECK LIST
Health Records

1. DD Form 722 (Health Record Jacket. Reference: AR 40-403, dated 25 Nov 73.)
 - a. Is the name and SSN typed or printed in ink?
 - b. Is the current unit shown above the last name, in soft pencil? (If more than the current unit is designated on the record jacket, erase or line them out; only the current unit is necessary on the jacket.)
 - c. Is the branch-of-service block marked?
 - d. Is DD Form 722 in good condition? (Is it clean, untorn, etc.?)
2. Are all forms completely identified? (Name, rank, SSN, unit, etc.?)
3. Are all forms in proper filing order?
4. Are all forms in chronological order?
5. Are grade and organization entered on SF's 600, 601, and 602, in soft pencil?
6. Are there loose or torn forms? (If forms are loose because the holes at the top of the form are worn out or torn out, use cloth reinforcing rings to reattach them properly within the records. If forms are torn and can be mended, use cellophane tape.)
7. SF 600 (Chronological Record of Medical Care). Make sure that all entries have been signed, dated, treatment facility denoted, etc. An entry must be made on SF 600 each time the **health record** is reviewed or inspected, for administrative purposes.
8. Is there a completed (signed and dated) Privacy Act Statement in the **health record** and a stamped statement on the cover stating "This record contains a Privacy Act Statement"?
9. Authorization for Medical Warning Tag (DA Form 3365). Reference: AR 40-15.
 - a. This form will be filled out on any individual who has a confirmed allergy to a drug, serum, or other agent (i.e. Penicillin, eggs) or a condition or a potential problem (i.e. Contact Lenses, Diabetes Mellitus) or on a specific drug therapy (i.e. Insulin, Antabuse).
 - b. DA Form 3365 will be filled out in triplicate (original and two copies). One copy of the form will be retained in a suspense file at the MTF until the tag has been received and presented to the patient; at that time it will be destroyed. The original copy will be filed as the last form in the **health record**.
 - c. DA Label 162 (Emergency Medical Identification Symbol) will be affixed to the front cover of the **health record** of those individuals who have conditions which warrant the issuance of a medical warning tag. The label will be affixed to the cover of the health record at the time that the DA Form 3365 is placed in the record. A notation of the individual's allergy, condition, or drug therapy will be **PRINTED IN RED INK** on the cover at the time the DA label 162 is affixed to the Health Record.

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9. Temporary records. Reference: AR 40-502, paragraph 2-6.

a. Is it for less than 30 days old?

b. If "TEMP" written completely, in ink, on the front of the form.

c. Have all necessary forms been added to make it a permanent record, i.e., "1" and "2"? (If these items are present in the record and have been completed, make it a "Permanent Record" by lining out the word "TEMP" and adding the words "Permanent Record".) You must show the date that a "TEMP" or "1" or "2" was initiated by placing the date above the respective notation.

11. Record Sign-out Logs.

a. Maintain a log book for the signing-out of records. This log should include name, rank, SSN, unit destination, purpose, date out, date of return, and a space for signatures.

b. For those personnel who are "Outing", place the name of the new unit, if available, in the destination column, write "OS" in the purpose column, and then line out the date of return space.

c. For separating personnel, place the words "TEMP" or "1" in the destination column, write "TS" in the purpose column, and then line out the date of return space.

d. In the event that a person is dropped from the roles of his unit, a DD Form 2406 (17) will be received from the unit commander, requesting that the **health record** be made available for placement in the LPR packet. Ensure that the person picking up the record signs the DF and the log book in receipt of the record. Place in the destination column the words "TEMP" or "1", in the purpose column write the letters "DPR" in bold print. **Maintain** a file of the DF's for at least one year. In the event of death, Health Records will be forwarded in accordance with Appendix E, AR 635-10.

e. Each time a **health record** is removed from the medical facility, INITIAL AND SIGNATURE REQUIRED!

12. 601 (Immunization Record). References: AR 40-502, AR 40-403, and Reg 40-19.

a. Are all immunizations properly identified and recorded?

b. Did a medical officer sign in full signature for administration of Smallpox, Cholera, and Yellow Fever?

c. When transcribing to a new record, was the last entry entered on the new record?

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12. Company and/or Battalion Rosters.

a. Check the names on the rosters against the records in your files to insure that the records for all assigned and attached personnel are present.

b. When you find records for personnel who are not listed on the roster, check your other company/battalion rosters for that name or you may have to contact the post locator. Also check to see if there may be a new man in the unit whose name has not yet been placed on the rosters.

c. See AP 40-403 for instructions in the proper methods of records dispositions.

HEALTH RECORD ORDER OF FILING
3 April 1974

To facilitate better access to information, to eliminate and prevent the various deficiencies which are common in **health records**, forms will be filed in the order listed below, IAW AR 40-403, Para 1-5(b). Like forms will be grouped and inserted in the DD Form 722, in chronological order with the latest on top.

1. LEFT SIDE

- a. DA 3180 Nuclear Duty Position Screening Evaluation. One copy when required by AR 50-5.
- b. SF 601* Immunization Record.
- c. DA 2658 Abstract of Service, if initiated prior to 1 Oct 72.

2. RIGHT SIDE

- a. SF 600* Chronological Record of Medical Care.
- b. DD 1141 Record of Occupational Exposure to Ionizing Radiation, or any other record of non-combat personnel dosimetry. See AR 40-14.
- c. SF 602 or DA 8-114 Syphilis Record.
- d. DA 3647 Series** Clinical Record Cover Sheet.
- e. NA Civilian or Foreign Military Treatment Records.
- f. DA 199 Physical Evaluation Board Proceedings.
- g. DA 3947 or DA 8-118 Medical Evaluation Board Proceedings.
- h. DA 3349 or DA 8-274 Medical Conditions - Physical Profile Record or other correspondence relating to revision of physical profile serials.
- i. DA 2173 Statement of Medical Exam and Duty Status. One copy if initiated prior to 1 Jul 73.
- j. NA Reports or certificates prepared by Neuropsychiatric Consultation Services or Psychiatrists in other units.

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k. DD 771 or 711-1	Eyewear prescription - Spectacle Order Form.
l. NA	Correspondence pertaining to Hearing Aids.
m. DA 1811*	Physical and Mental Status on Release from Active Service. See AR 40-403, Paragraph 1-5b(2)(M).
n. SF 88*	Report of Medical Examination.
o. SF 93 or SF 89 or older equivalent	Medical History
p. SF 513***	Consultation Sheet
q. SF 520	Electro-cardiograph Record (EKG)
r. SF 545 or SF 514*	Laboratory Reports Display
s. SF 519*	X-Ray reports display
t. SF 522	Authorization for Administration of Anesthesia and for Performance of Operations and other Procedures.
u. NA	Documents and Correspondence pertaining to Medical Restriction, Removal from restriction, Suspensions, or Termination of Suspensions from Flying duty because of Medical Incapacitation. (AR 600-107)
v. DA 2985-R Series	As provided in DA CIR 600-85.
w. NA	Other Allied Medical Documents Considered Valuable for Retention, to include any correspondence on Release of Medical Information. (This includes the Privacy Act Statement. This will be the next to the last form if the record contains a DA 3365).

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x. DA 3365

Authorization for Medical Warning Tag.

*Included in all health records.

**Other authorized versions of the Clinical Record Cover Sheet are listed in AR 40-403, Paragraph 1-5b(2)(d). The SF 502 (Narrative Summary) will be paired with the Clinical Record Cover Sheet when pertaining to the same period of hospitalization. SF's 502 which have no corresponding Clinical Record Cover Sheet will be filed in chronological order directly below the paired CRCS and Narrative Summaries.

***Consultation Sheets will be filed top most in the health Record when only the top portion of the form has been completed. When the lower portion has been completed, the form will be filed in chronological order in the area provided in item p above.
(AFZC-DMD)

1 May 1978

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b. BAS will annotate in sign-out log when SM departs Fort Carson without health records.

c. Outprocessing personnel must have in their possession either health records or a commanders statement verifying a search for missing records has been conducted prior to AG Central Clearance granting installation clearance.

d. For personnel unable to personally pick up records, i.e. AWOL, confinement, death, etc., a written request from the unit's commander to the Chief, PAD, MEDDAC, will initiate release of SM's records.

6. MAINTENANCE OF HEALTH RECORDS AT MEDICAL TREATMENT FACILITY:

a. BAS will file health records alphabetically according to company/battery/troop.

b. Records at troop medical clinics will be filed by major unit. Records will then be filed alphabetically by company.

c. Records of personnel in Nuclear Surety Program will be maintained IAW para 3-11, AR 50-5.

7. CONTROL OF HEALTH RECORDS AT MEDICAL TREATMENT FACILITY:

a. Optional Form 23 will be utilized in files to identify health records signed-out for purposes which require health record to be temporarily absent from the MTF; i.e., sick call, medical appointments, TDY, etc. Optional Form 23 may also be used to identify location of health record for other purposes; i.e., Nuclear Surety, Aviation Dispensary, etc.

b. Records signed out for PCS, ETS, intrapost transfer, and for any other than in para a above (periods longer than 72 hours) will be signed for by individual in a separate log. Log will designate date signed-out, purpose or need for health record, and destination.

c. BAS will conduct weekly reviews with a list of those missing records provided to the unit commander, a copy of which will be attached to Optional Form 23.

1 May 1978

8. SCREENING FOR MISSING AND EXCESS HEALTH RECORDS:

a. Current personnel rosters will be provided by units to their aid stations or troop medical clinics.

b. Prior to the last working day of each month, each unit aid station will, by using their unit personnel roster, screen 100% of health records for missing and excess records.

c. A report by name of each missing record will be furnished to the unit commander concerned for appropriate action to locate these records. A courtesy copy will be furnished to the Division Surgeon's Office as an attachment to the monthly aid station report.

d. A report of all excess records will be furnished to the Division Surgeon's Office as an inclosure to the monthly aid station report.

e. All excess health records will be screened by using the following procedures for present status and location of service member concerned.

(1) Records of service members whose location is other than Fort Carson will be forwarded to the new unit.

(2) Records for service members still on Fort Carson will be forwarded to their appropriate medical treatment facility.

(3) Records of personnel not on active duty will be retired by custodian IAW AR 40-403.

9. PERSONNEL AUTHORIZED ACCESS TO HEALTH RECORDS:

a. All AMEDD personnel in performance of normal care of service member UP AR 40-403, paragraph 1-6b.

b. Medical inspectors as authorized by AR 40-403, paragraph 1-6d.

c. Graves registration personnel IAW AR 40-403, paragraph 1-6c.

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d. Under the provisions of AR 340-21, Privacy Act, the below listed individuals must submit a requisition for private medical information form (DA Form 4254-R).

(1) Personnel officer, IAW AR 40-403, paragraph 1-6f.

(2) Other nonmedical personnel IAW AR 40-403, paragraph 1-6g and AR 40-42.

10. INSPECTION OF MEDICAL RECORDS:

a. A medical records specialist from the Division Surgeon's Office will conduct announced and unannounced inspections of BAS records. A written report will be provided to the medical records custodian with copies furnished to the unit commander and Patient Administration Division, USAMEDDAC. A reply by indorsement as to corrective action taken will be furnished this office within 30 days of inspection.

b. A follow-up inspection will be conducted within 3 months of initial inspection.

c. TMC records will be inspected by Chief, PAD, MEDDAC, or a designated representative.

d. Health Records Checklist, FC Form 610, will be utilized by the inspection team and may be used at unit level for internal inspections.

11. Attached as Inclosure 1 is a check sheet that will be utilized by AMEDD personnel and the Office of the Division Surgeon to perform periodic screening of health records.

12. REFERENCES:

a. AR 40-42

f. AR 340-21

b. AR 40-403

g. AR 40-2

c. AR 40-501

h. FC and 4D Reg 40-562

d. AR 340-18-1

i. AR 40-15

e. AR 40-562

j. AR 600-85

APPENDIX B

DISPOSITION FORM, AFZC-MD-PAD, SUBJECT: MISSING HEALTH RECORDS

DISPOSITION FORM

For use of this form, see AR 340-15, the proponent agency is TAGCEN.

REFERENCE OR OFFICE SYMBOL

SUBJECT

AFZC-MD-PAD

Missing Health Record

TO: IRU Commander

FROM C, Patient Adim Div

DATE

CMT 1

Ft. Carson Community Hosp

SP4 Mestas dh/3510

SP5 Moore dh/3510

TO:

1. All Health Records (DDForm 722) maintained at TMC 3 are currently being screened. Your Health Records is missing from these files.
2. It is requested that you return your Health records, along with this DF to SP4 Mestas or SP5 Moore to TMC 3
3. If you cannot locate your Health Records, please contact Sp Mestas, SP Moore tel, 3510/5286, for initiation of a temporary Health Record. You will also have to be scheduled for a physical examination at this time.
4. Request above action be completed NLT 1600 hours,

CHARLES W. SNYDER, JR

MAJ, MSC

C, Patient Administration Division

TEST FORM

DA FORM 2496

REPLACES DD FORM 96, WHICH IS OBSOLETE.

42

☆ U.S. G.P.O. 1976-665697/1018

APPENDIX C

DA FORM 3444-1, TREATMENT RECORD

0	1	2	3	4	5	6	7	8	9	R	S

NAME FIRST MI

ALPHABETICAL AND
TERMINAL DIGIT FILE FOR

PATIENT IDENTIFICATION

TREATMENT RECORD

For use of this form, see AR 40-2; the proponent agency is Office of The Surgeon General.

NOTE TO PHYSICIAN:

MEDICAL CONDITION
(Medical Warning Tag)

PERSONNEL RELIABILITY PROGRAM (SCREENING)

RADIATION SCREENING PROGRAM

FLIGHT STATUS

MEDICAL REGISTRIES

BLOOD TYPE

TYPE OF RECORD:

- ☐ INPATIENT (CLINICAL)
- ☐ OUTPATIENT TREATMENT
- ☐ HEALTH
- ☐ HEALTH-DENTAL
- ☐ DENTAL (NON-MILITARY)

IF FOUND RETURN TO
ANY US POST OFFICE

STMASTER - FORWARD TO:
HQ, Department of Army
Washington, DC 20310

DEPARTMENT OF THE ARMY
HEADQUARTERS, FORT CARSON
AND
HEADQUARTERS, 4TH INFANTRY DIVISION (MILCHANIZED)
Fort Carson, Colorado 80913

FC and 4D Regulation
No. 210-8

21 March 1980

Installation
CLEARANCE PROCEDURES

1. PURPOSE. To establish uniform clearance policy and procedures for military personnel departing Fort Carson.

2. SCOPE. This regulation is applicable to all personnel assigned or attached to Fort Carson units who are departing on permanent change of station (PCS); temporary duty (TDY) in excess of 90 days; being separated/discharged, released from active duty or retired; or transferring between Fort Carson units.

3. RESPONSIBILITIES. a. The Adjutant General (AG) will assist soldiers who are clearing post by coordinating clearance of those activities as shown in Appendix A.

b. The Enlisted Records Branch, Personnel Management Branch, and G-1, Officer Management Branch, will furnish Central Clearance Agency (CCA) with one copy of each of the following orders by placing CCA on the distribution for each individual order:

(1) Enlisted Records Branch: Each individual expiration term of service (ETS) and retirement order.

(2) Personnel Management Branch: Each individual PCS and TDY order.

(3) G-1, Officer Management Branch: Each individual PCS order.

All amendments to the above orders must also be furnished to CCA.

c. Activities listed in Appendix A (to be cleared by suspense roster) will:

(1) Upon receipt of suspense roster, screen applicable records/files to determine if personnel listed will be required to personally visit their activity to obtain clearance.

*This regulation supersedes FC and 4D Cir 210-10, dtd 19 Feb 79

APPENDIX D

FORT CARSON AND 4TH INFANTRY DIVISION REGULATION 210-8

DATED 21 MARCH 1980

21 March 1980

(2) Telephonically inform CCA, by indicated suspense date, which individuals are required to visit their activity to obtain clearance.

d. ~~Unit Commanders will:~~

(1) ~~Insure that~~ individuals report to CCA in military uniform ~~as specified in paragraph 3d(7) below~~ with one copy of original ~~original~~ and amendments, if applicable) and with DA Form 3645 (Organizational Clothing and Equipment Record) five (5) working days prior to their scheduled date of departure. Individuals who are retiring may report thirty ~~30~~ days prior to their retirement date but must also be present for duty ~~as specified in paragraph 3d(2) below~~.

(2) Insure that individuals clearing post are deleted from duty rosters during the five-day clearing cycle. Individuals are required to report to duty for accountability and to insure that correct clearance procedures are followed.

(3) Insure that leave granted does not conflict with military requirements and that each individual is fully aware of his/her accrued leave status at time of departure.

(4) Insure that service members turn in TA 50 on the first day of the five-day clearing cycle. Each SM will be furnished DA Form 3645 (Organizational Clothing and Equipment Record) in time to report to the Central Issue Facility (CIF) for purpose of turning in TA 50. CIF will stamp DA Form 3645 crediting SM with turn-in indicating SM is cleared. CCA will initial clearance papers upon receipt of DA Form 3645 from SM's during final clearance cycle.

(5) Insure that all personnel who have a PCS movement, or request for terminal leave in conjunction with ETS, have a DA Form 31 (Request and Authority for Leave) in their possession when reporting to CCA. All individuals on a PCS move without DA Form 31 will be returned to their unit for the purpose of obtaining the completed form.

(6) Provide transportation, as required, for movement of individuals to and from CCA and CIF.

(7) Individuals receiving a discharge under other than honorable conditions will report to Central Clearance Agency and Transfer Point in civilian clothing. Individuals being separated from active military service for reasons of unsuitability (Chapter 13, AR 635-200), civil conviction or fraudulent enlistment (Chapter 14, AR 635-200), for the good of the service (Chapter 10, AR 635-200), under the expeditious discharge program (Paragraph 5-31, AR 635-200), or Trainee Discharge Program (Paragraph 5-33, AR 635-200), regardless of the type of discharge certificate issued, will be processed in civilian clothes (Reference AR 700-84). They will be escorted by an individual in the grade of E-5 or above. Individuals will be clean shaven and will have a neat military haircut in accordance with AR 600-20. Soldiers described in this paragraph will be separated/discharged only after soldiers who are being separated/discharged due to normal ETS, retirement, or other chapter discharges (e.g. hardship).

(8) Insure that soldiers being processed for separation/discharge as described in paragraph 3d(7) are completely cleared by the date directed by the Personnel Actions Branch, Office of the Adjutant General.

(9) In order to expeditiously clear soldiers being processed UP of Paragraph 5-31, AR 635-200 (Expeditious Discharge Program), those soldiers may begin clearing with the following documents vice waiting for the published separation/discharge order:

(a) A completed physical or copy that is less than 180 days old on the date of separation/discharge or a statement signed by the soldier stating that he/she does not desire a physical and signed by the Troop Medical Center servicing the soldier's unit after a medical records screen.

(b) A copy of the indorsement signed by the O-5 or above commander directing separation/discharge.

(c) The DA Form 3645 (Organizational Clothing and Equipment Record) pertaining to the soldier.

(10) Insure that soldiers being separated/discharged/retired from the United States Army have completed the clearing process not later than the separation/discharge/retirement date indicated on the soldier's orders.

e. Individuals will:

(1) Report to the CCA five (5) working days prior to date of departure from Fort Carson with a copy of orders (and amendments, if applicable), DA Form 3645 and a DA Form 31, if going on a PCS move or terminal leave.

(2) Turn in TA 50 on the first day of the five (5) day clearing cycle.

(3) Insure that they completely clear Fort Carson by their departure date.

(4) Report any problems they encounter during the clearing cycle to their commanders for assistance.

(5) Report for final separation processing in a complete Class A or Class B uniform; (ETS or retirements only).

4. PCS/ETS PROCEDURES. a. All personnel (officer and enlisted), departing on PCS, ETS, or TDY in excess of 90 days, will report to CCA (located in the Army Community Service Center (ACSC) Building) five (5) working (duty) days prior to date of departure to receive the Installation Clearance Record (DA Form 137), and have their names placed on the master clearance roster as appropriate. Soldiers reporting to CCA to receive their DA Form 137 two (2) working days or less prior to their departure will be required to personally clear all agencies on post. Operating hours of the CCA are 0730 - 1130 and 1230 - 1630 hours, Monday and Wednesday through Friday and 0930 - 1130 and 1230 - 1530 hours on Tuesday. Clearance papers are void after thirty (30) days from the date of issue.

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b. Except for emergency cases, individuals will not be fully cleared prior to the time stated in paragraph 4a. If a valid emergency does exist, the individual must have a DF (DA Form 2496), signed by the unit commander, indicating the date and why the individual must be cleared early.

c. Appendix B is an example of a DA Form 137 for a PCS and at Appendix C is an example of a DA Form 137 for an ETS.

d. PSNCO's will coordinate with CCA, on a continuing basis, to insure that CCA is aware of all personnel who will be PCS'ing, ETS'ing, and re-tiring. If an individual reports to CCA and no prior indication has been made that SM is departing, the SM will be required to personally clear all installation agencies.

e. CCA will disseminate a suspense roster of personnel departing Fort Carson upon receipt of the roster from SIDPERS. Rosters will be furnished to those activities listed in Appendix A on a monthly and daily basis. Installation activities will telephonically notify CCA by the given suspense date of the necessity for any of the listed individuals to physically clear their activity. Failure of activities to respond to the suspense roster by the indicated date will result in CCA granting final clearance to the SM. SM will be required to personally clear all installation agencies who telephonically notify CCA of the requirement for that specific individual to settle or close an open account/debt/etc.

f. All personnel will be required to personally clear CIF (in accordance with paragraph 3d(4) above), the appropriate MEDDAC and DENTAC facilities, MILPO (Personnel Evaluation and Records) and Finance Accounting Office in addition to those specific unit clearance requirements (Appendix D). Personnel in certain categories may also be required to clear other activities as indicated at Appendix D. E-7's and above and officers may initial their DA Form 137 verifying clearance of any other activities not listed in Appendix D unless one of those activities requests to have the SM personally clear their activity.

g. Prior to final clearance, CCA will insure that the DA Form 3645, issued by CIF, is filed in the Military Personnel Records Jackets (MPRJ) of all soldiers who PCS from this installation.

h. All company and detachment commanders (division and non-division units) must perform a Personnel Assets Inventory and personally clear the Division Military Personnel Strength Monitor, G-1, to insure compliance with AR 680-31.

i. All company/detachment commanders of divisional units must personally clear Division Material Management Center (DMMC), Building 404, and Director of Facilities Engineering (DFAE), Building 8000. Officers will not be given their MPRJ or be permitted to clear Officers Records Branch until proper clearance is completed at DMMC and DFAE. Major commanders of non-divisional units will establish procedures to insure that all property book officers are properly cleared upon change of responsible officers.

j. All personnel being released from active duty due to normal ETS will personally clear through the Reserve Component Recruiting Office.

All personnel being separated/discharged will personally clear the Veterans Affairs Office. Both offices are located in the ACS Building.

k. One (1) working day prior to departure, all personnel (officer and enlisted) will report to CCA for final clearance. Personnel will then return to their unit to sign out prior to departure.

l. All personnel (officer and enlisted) who receive assignment instructions less than five (5) working days prior to their required departure date will report to CCA and receive instructions concerning clearance procedures.

m. Whole unit movements/clearance must be coordinated directly between the commander of the departing unit and CCA.

5. INTRAPOST TRANSFER PROCEDURES. Individuals reassigned within the installation:

a. Assignments section, PMB, will provide one copy of all intrapost assignment memorandums to CCA.

b. The losing commander will:

(1) Insure that individuals report to CCA to be issued two (2) copies of DA Form 137 two (2) working days prior to scheduled reporting date to new unit of assignment. At Appendix E is a copy of a DA Form 137 for intrapost transfers. All soldiers will clear those agencies circled as a minimum. Additional unit needs may increase clearance requirements.

(2) Brief service member on unit clearance procedures.

(3) Insure that the individual is in a clearing status on the daily status report two (2) days prior to reporting to new unit of assignment.

(4) Insure that individuals clearing intrapost are not assigned any unit duties during this period.

(5) Provide transportation, as required, for movement of individual to new unit of assignment.

c. Individual will:

(1) Begin unit clearance two (2) days prior to the scheduled reporting date.

(2) Clear unit in duty uniform.

(3) Keep the commander informed of clearance progress.

(4) Personally clear those agencies as required.

d. The following special procedures will be utilized when a short notice (less than 72 hours) TDY tasking is received directly from FORSCOM and higher headquarters. To facilitate such a short

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notice tasking, a point of contact will be established in G-3 for officer and enlisted personnel, and an abbreviated clearance procedure will be instituted as required.

6. Distribution of DA Form 137. a. CONUS or overseas PCS and TDY in excess of 90 days.

- (1) The original will be filed in individual's MPRJ.
- (2) One copy will be sent to the service member's losing unit.
- (3) One copy will be sent to the Levy Section, PMB for filing.

b. ETS personnel:

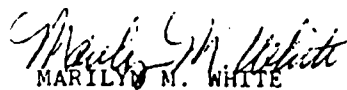
- (1) The original will be filed in individual's MPRJ.
- (2) One copy will be sent to the service member's losing unit.
- (3) One copy will be placed in the Transfer Point files.

(AFZC-AG-IS)

FOR THE COMMANDER:

OFFICIAL:

THOMAS E. BLAGG
Colonel, GS
Chief of Staff


MARILYN M. WHITE

Captain, AGC
Assistant Adjutant General

5 APPENDICES

- A-Agencies Cleared by CCA
- B-Example of DA Form 137 for PCS
- C-Example of DA Form 137 for ETS
- D-Agencies Cleared by SM
- E-Example of DA Form 137 for Intra-Post Transfer

DISTRIBUTION:

- A
- 55-AG Publications Branch
- 25-Central Clearance Agency
- 2-AG Ref Library
- 3-AG Opn Br

AGENCIES/ACTIVITIES CLEARED BY CCA

1. DFAE
2. Quarter Master Laundry
3. Levy Section
4. ACSC (Loan Closet)
5. Family Housing
6. Supply Division (DIO)
7. Fort Carson National Bank
8. Credit Union
9. Army Emergency Relief
10. Hospital Treasurer
11. Rocky Horse Inn
12. DPCA
13. Library
14. PX
15. PX Rental
16. Morale Support Fund
17. ADCO
18. Furnishing Management Office
19. DYA
20. Beverage Store
21. Sports Issue Branch
22. NCO Club
23. Bowling Center
24. PX Radio and TV Shop
25. Red Cross
26. Real Property Office (DFAE)
27. Officer's Club

NOTE: Each soldier will personally clear any agency/activity that requests to have that soldier clear them.

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APPENDIX B

FC and 4D Reg 210-8

P C S

INSTALLATION CLEARANCE RECORD		INSTALLATION	
For use of this form, see AR 210-10; the proponent agency is The Adjutant General's Office.		FORT CARSON, COLORADO 80913	
PREPARE IN DUPLICATE (Original to be retained in transfer activity file, duplicate to individual.)			
LAST NAME - FIRST NAME - MIDDLE INITIAL		SOCIAL SECURITY NUMBER	
ORGANIZATION		TO DEPART (Time and date)	
AUTHORITY FOR DEPARTURE ORDER _____, HQS, FC & 4D, FT CARSON, CO 80913		NEW DUTY STATION	
CHECKLIST			
(Normally officers, warrant officers, and enlisted personnel in grades E-7, E-8 and E-9 are not required to secure initials of clearing facility, their signature being official indication that all obligations are settled. Other enlisted personnel will normally have facility concerned initial applicable items. Appropriate administrative office will check items not applicable.)			
FACILITY	INITIAL	FACILITY	INITIAL
1. ARMY COMMUNITY SERVICE		12. FAMILY HOUSING/HOUSING REFERRAL OFFICE	
2. ARMY EDUCATION CENTER (SDC)		13. FINANCE OFFICE	
3. ARMY EMERGENCY RELIEF		14. LIBRARY	
4. CAREER COUNSELOR		15. MEDICAL TREATMENT FACILITY	
5. CLASSIFIED DOCUMENTS		16. MILITARY PERSONNEL OFFICE (MILPO)	
6. CLOTHING INSPECTION (AR 700-84)		17. ORDERS FOR CHANGE OF STATION	
7. COURTS AND BOARDS		18. PERSONAL AFFAIRS OFFICE	
8. CREDIT UNION		19. PERSONNEL REGISTER	
9. DENTAL CLINIC (Member & Depn)		20. POST EXCHANGE	
10. DEPENDENT SCHOOL OFFICE		21. POST MOTOR POOL UNIT	
11. ENLISTED/OFFICER CLUB		22. POST TELEPHONE SERVICE	
		23. PROVOST MARSHAL (Vah, Wpn. Pers)	
		24. RECREATION SERVICES OFFICE	
		25. SECURITY OFFICER (Debrief. Badges)	
		26. TRANSPORTATION OFFICE	
		27. UNIT MAIL ROOM (Change of Address)	
		28. UNIT SUPPLY	
		29. PAI-ALL CDR'S	
		30. UNIT REUP NCO	
		31. PORT CALL	
		32. PASS PORTS	
		33. UNIT 1SG	
1 For pending reports of survey or disciplinary matter; not referred to Company Commanders, only.			
I HAVE TURNED IN OR PROPERLY TRANSFERRED ALL CLASSIFIED DOCUMENTS EXCEPT THOSE WHICH PERTAIN TO MY OFFICIAL DUTIES AND FOR WHICH I, AS AN INDIVIDUAL, HAVE BEEN DESIGNATED THE AUTHORIZED CUSTODIAN; I HAVE DISCHARGED ALL PERSONAL DEBTS ADMITTEDLY DUE AND PAYABLE AT THIS TIME IN THIS AREA OR HAVE MADE SATISFACTORY ARRANGEMENTS WITH THE PERSONS OR ORGANIZATIONS CONCERNED FOR THE PAYMENT OF SAME, AND I HAVE FURTHER NOTIFIED OF MY NEXT STATION OR POST OFFICE ADDRESS, ALL OTHER PERSONS WHO ARE KNOWN TO BE PRESENTLY ASSERTING CLAIMS OR DEMANDS AGAINST ME OR WHO HOLD INSTRUMENTS OF INDEBTEDNESS MADE OR INDOERSED BY ME. I UNDERSTAND THAT THIS CLEARANCE DOES NOT RELIEVE ME OF ANY PECUNIARY CHARGE FOR GOVERNMENT PROPERTY WHICH HAS BEEN OR MAY BE RAISED ON A REPORT OF SURVEY OR REPORT OF BOARD OF OFFICERS IN LIEU OF REPORT OF SURVEY.			
REMARKS			
34. QUARTERMASTER LAUNDRY			
35. UNIT DISPENSARY (AID STATION)			
36. ERB - 201 FILE			
37. DIFC - ALL CDR'S			
38. DA FORM 3645			
39. TA-50			
40. SEEN (E5-E9)			
DATE		SIGNATURE	
		YOUR	
SIGNATURE OF COMMANDING OFFICER OR DESIGNATED REPRESENTATIVE			
CDR			
DATES		TYPED NAME, GRADE, ARM, AND TITLE	
FROM	TO	CDR B-1	

DA FORM 1 OCT 78 137

REPLACES EDITION OF 1 JAN 73, WHICH IS OBSOLETE

USGPO: 1976 765-037/17

AG-P O/P 14-1, 1 JAN 80

NOTES

FC and 4D Reg 210-8

21 March 1980

ITEM/AGENCY	BLDG NR	REMARKS
2....Army Ed Ctr.....	Your SDC.....	Pick up your education records
9....Dental Clinic.....	Your Unit.....	Pick up your dental records (DD 722-1)
13...Finance Office.....	Rm 252, ACS Bldg.....	If you are PCS'ing or going TDY, you must make a Finance Appt in Room 252.
15...Med Treatment Facility	Your TMC.....	Pick up your Health Records (DD 722) Dependent records are at Bldg 6237 (Main Hospital)
19...Personnel Register.....	Your Unit.....	Sign out of your unit on DA Form 647 or 647-1.
21...Unit Motor Pool.....	Your Unit.....	NA
25...Unit Security Officer..	Your Unit.....	NA
27...Unit Mail Room.....	Your Unit.....	Complete Locator Cards
28...Unit Supply.....	Your Unit.....	NA
30...Unit Reup NCO.....	Your Unit.....	Pick up DA Form 1315 (Reenlistment Data Card)
31...Port Call.....	Bldg 6249.....	Pick up your Port Call not earlier than 2 working days prior to the date you are signing out of your unit. You must be in military uniform.
32...Passports.....	Bldg 6248.....	If required, pick up your passports.
33...Unit 1SG.....	Your Unit.....	NA
35...Unit Dispensary.....	Your Unit.....	NA
36...ERB-201 File.....	Bldg 6249.....	See Note 7 below.
38...DA Form 3645.....	Your Unit.....	Pick up DA Form 3645 from your unit supply room. You must have this form to clear TA-50.
39...TA-50.....	Bldg 233.....	See Notes 2 and 3 below

1. Upon receiving your clearance paper (DA Form 137) go to Room 252, Bldg 1526 (ACS Bldg) and make sure you receive a finance appointment.
2. The first place you must clear is CIF, Bldg 233. No other agencies will clear you until you have cleared CIF and they have stamped your clearance paper.
3. You must clear the Central Issue Facility (CIF) and have your TA-50, clearance papers (DA Form 137) and DA Form 3645 (Organization Clothing and Equipment Record) in your possession in order to clear CIF.
4. Clear your unit with the exception of Personnel Register. Make sure that you clear your Skill Development Center (SDC) and pick up your Education Records (DA Form 669).
5. To clear your TMC you must have a DA Form 4036-R with you, which was given to you by the Levy Section at the time of your Levy Interview.
6. To clear your Dental Clinic, you must again have the DA Form 4036-R with you.
7. To clear 201 File (Bldg 6249, Customer Service Entrance), port call and passport (if required, you must have: (1) Your Medical and Dental Records, with DA Form 4036-R. (2) DA Form 31. (3) ID Card, Dog Tags and Shot Record. (4) DA Form 3645 stamped by CIF. (5) SEER or proof that you have had one submitted within the last 90 days (E-5 and above). You may clear 201 File and port call not earlier than 2 working days prior to the date you are going to sign out of your unit and you must be in military uniform.
8. Clear CCA (Bring all records with you) and then Finance (your appointment should be for one working day prior to you signing out of your unit).
9. If you have any questions concerning your clearing procedures, call CCA at ext. 3333.

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APPENDIX C
E T S

FC and 4D Reg 210-8

INSTALLATION CLEARANCE RECORD		INSTALLATION	
For use of this form, see AR 210-10; the proponent agency is The Adjutant General's Office.		FORT CARSON, COLORADO 80913	
PREPARE IN DUPLICATE (Original to be retained in transfer activity file; duplicate to individual.)			
LAST NAME - FIRST NAME - MIDDLE INITIAL		SOCIAL SECURITY NUMBER	
ORGANIZATION		TO DEPART (Time and Date)	
AUTHORITY FOR DEPARTURE ORDERS, HQS, FC & 4D, FORT CARSON, COLORADO 80913		NEW DUTY STATION	
CHECKLIST (Normally officers, warrant officers, and enlisted personnel in grades E-7, E-8, and E-9 are not required to secure initials of clearing facility, their signature being official indication that all obligations are settled. Other enlisted personnel will normally have facility concerned initial applicable items. Appropriate administrative office will check items not applicable.)			
FACILITY	INITIAL	FACILITY	INITIAL
1. ARMY COMMUNITY SERVICE		12. FAMILY HOUSING/HOUSING REFERRAL OFFICE	
2. ARMY EDUCATION CENTER		13. FINANCE OFFICE	
3. ARMY EMERGENCY RELIEF		14. LIBRARY	
4. CAREER COUNSELOR		15. MEDICAL TREATMENT FACILITY TMC	
5. CLASSIFIED DOCUMENTS		16. MILITARY PERSONNEL OFFICE (MILMO)	
6. CLOTHING INSPECTION (AR 700-34)		17. ORDERS FOR CHANGE OF STATION	
7. COURTS AND BOARDS		18. PERSONAL AFFAIRS OFFICE	
8. CREDIT UNION		19. PERSONNEL REGISTER	
9. DENTAL CLINIC (Member & Depn)		20. POST EXCHANGE	
10. DEPENDENT SCHOOL OFFICE		21. POST MOTOR POOL UNIT	
11. ENLISTED/OFFICER CLUB		22. POST TELEPHONE SERVICE	
		23. PROVOST MARSHAL (Veh, Wpn, Pate)	
		24. RECREATION SERVICES OFFICE	
		25. SECURITY OFFICER (Brief, Badge) UNIT	
		26. TRANSPORTATION OFFICE	
		27. UNIT MAIL ROOM (Change of Address)	
		28. UNIT SUPPLY	
		29. PAI-ALL CDR'S	
		30. UNIT REUP NCO	
		31. PORT CALL	
		32. UNIT 1SG	
		33. QUARTERMASTER LAUNDRY BLDG 402	
For pending reports of survey or disciplinary matter not referred to Company Commanders, only.			
I HAVE TURNED IN OR PROPERLY TRANSFERRED ALL CLASSIFIED DOCUMENTS EXCEPT THOSE WHICH PERTAIN TO MY OFFICIAL DUTIES AND FOR WHICH I, AS AN INDIVIDUAL, HAVE BEEN DESIGNATED THE AUTHORIZED CUSTODIAN; I HAVE DISCHARGED ALL PERSONAL DEBTS ADMITTEDLY DUE AND PAYABLE AT THIS TIME IN THIS AREA OR HAVE MADE SATISFACTORY ARRANGEMENTS WITH THE PERSONS OR ORGANIZATIONS CONCERNED FOR THE PAYMENT OF SAME, AND I HAVE FURTHER NOTIFIED OF MY NEXT STATION OR POST OFFICE ADDRESS. ALL OTHER PERSONS WHO ARE KNOWN TO BE PRESENTLY ASSERTING CLAIMS OR DEMANDS AGAINST ME OR WHO HOLD INSTRUMENTS OF INDEBTEDNESS MADE OR INCURRED BY ME. I UNDERSTAND THAT THIS CLEARANCE DOES NOT RELIEVE ME OF ANY FUTURE CHARGE FOR GOVERNMENT PROPERTY WHICH HAS BEEN OR MAY BE RAISED ON A REPORT OF SURVEY OR REPORT OF BOARD OF OFFICERS IN LIEU OF REPORT OF SURVEY.			
REMARKS 34. UNIT DISPENSARY (AID STATION) 35. VETERAN'S AFFAIRS 36. RESERVE COMPONENTS 37. ELCC-ALL CDR'S 38. DA FORM 3645 39. TA-50 40. SEER (E5-E9) !! SEE NOTES ON REVERSE SIDE!!			
DATE		SIGNATURE	
		YOUR	
SIGNATURE OF COMMANDING OFFICER OR DESIGNATED REPRESENTATIVE			
DIP			
DATES		TYPED NAME, GRADE, ARM, AND TITLE	
FROM	TO	CDR	
		C-1	

DA FORM 1 OCT 76 137

REPLACES EDITION OF 1 JAN 72, WHICH IS OBSOLETE.

GPO: 1976 765-037/17

AG-P O/P 14, 1 NOV 79

NOTES

FC and 4D Reg 210-8

21 March 1980

ITEM/AGENCY	BLDG NR	REMARKS
2...Army Ed Ctr.....Unit SDC.....		Pickup your education records.
9...Dental Clinic....Your Clinic.....		Pickup your dental records (DD Form 722-1)
15...Med Treatment Facility.....	Your TMC.....	Pickup your Health Records (DD Form 722) Dependent Records are at Bldg 5237 (Main Hospital)
19...Pers Register....Your Unit.....		Sign out of your unit on DA Form 647 or 647-1
21...Unit Motor Pool..Your Unit.....		NA
25...Unit Security Officer.....	Your Unit.....	NA
27...Unit Mail Room...Your Unit.....		Complete Locator Cards
28...Unit Supply.....Your Unit.....		NA
30...Unit Reup NCO....Your Unit.....		NA
32...Unit ISG.....Your Unit.....		NA
34...Unit Dispensary..Your Unit.....		NA
35...Veteran's Affair..Room 220, ACS Bldg...		You may clear this office after picking up your clearance papers.
36...Reserve Comp.....Room 251, ACS Bldg...		You may clear this office after picking up your clearance papers.
38...DA Form 3645.....Your Unit.....		Pickup DA Form 3645 from your unit Supply Room. You must have this form to clear TA-50.
39...TA-50.....Bldg 233.....		You must clear the Central Issue Facility and have your TA-50, clearance papers (DA Form 137) and DA Form 3645 (Organization Clothing and Equipment Record) in your possession in order to clear CIF.

1. You must have a physical examination that will be less than 180 days old on the date of your discharge. If you do not have a current physical exam, you will be held in the US Army until you obtain one.
2. You will clear your unit with the exception of signing the Personnel Register. This is accomplished after you have processed through the Transfer Point and Finance.
3. You need not clear Finance or make a Finance appointment. This will be accomplished on your ETS date or the last working day prior to the starting date of your terminal leave.
4. You will report to the Central Clearance Agency in the afternoon of the last working day prior to your ETS date to insure that you have properly cleared Ft Carson and to receive your CCA stamp. At this time, you will be afforded the opportunity to review your records to insure that they are correct.
5. If you are ETS'ing under normal conditions, you must report to the Transfer Point in a complete Class A or B uniform at 0730 on the day of your ETS. If your ETS falls on a Saturday, Sunday or holiday, you will report on the last working day prior to the weekend or holiday.
6. If you are going on terminal leave you will follow the instructions in paragraph 5 above except that you will report at 1300 hours the last working day prior to the start of your terminal leave and you will be in either civilian clothes or military uniform.
7. If you are receiving a chapter (5,9,10,13, or 14) discharge, you will be in civilian clothes and must have an escort in the grade of E-5 or above.
8. After you have processed thru the Transfer Point and Finance, return to your unit to sign out.
9. Questions concerning your clearance procedures - Central Clearance Agency - Ext 333..

AGENCIES/ACTIVITIES REQUIRED TO BE CLEARED BY ALL SOLDIERS

<u>ACTIVITY</u>	<u>PCS</u>	<u>ETS</u>
1. Unit S2	X	X
2. Unit Motor Pool	X	X
3. Unit Mail Room	X	X
4. Unit Supply	X	X
5. Personnel Records (201 File)	X	
6. DENTAX (Dental Clinic)	X	X
7. Dispensary (Unit TMC)	X	X
8. First Sergeant	X*	X*
9. Finance	X	X
10. Central Issue Facility (CIF)	X	X
11. Vehicle Registration	X	X
12. Education Center (SDC)	X	X
13. Personnel Asset Inventory (PAI)	X**	X**
14. DMMC	X***	X***
15. Veterans Affairs		X
16. Reserve Component Recruiters		X
17. Personnel Register	X	X

*Enlisted personnel only.

**All commanders must perform a PAI and personally clear the Division Military Strength Monitor, G-1.

***All unit commanders and officers who hold hand receipts must physically clear DMMC.

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APPENDIX E
INTRA-POST

FC and 4D Reg 210-8

INSTALLATION CLEARANCE RECORD				INSTALLATION	
For use of this form, see AR 210-10; the proponent agency is The Adjutant General's Office.				FORT CARSON, COLORADO 80913	
PREPARE IN DUPLICATE (Original to be retained in transfer activity file; duplicate to individual.)					
LAST NAME - FIRST NAME - MIDDLE INITIAL			SOCIAL SECURITY NUMBER		GRADE
ORGANIZATION				TO DEPART (Time and date)	
AUTHORITY FOR DEPARTURE				NEW DUTY STATION	
ORDER -- , HQS, FC & 4D, FT CARSON, CO 80913					
CHECKLIST					
(Normally officers, warrant officers, and enlisted personnel in grades E-7, E-8 and E-9 are not required to secure initials of clearing facility, their signatures being official indication that all obligations are settled. Other enlisted personnel will normally have facility concerned initial applicable items. Appropriate administrative office will check items not applicable.)					
FACILITY	INITIAL	FACILITY	INITIAL	FACILITY	INITIAL
1. ARMY COMMUNITY SERVICE		12. FAMILY HOUSING/HOUSING REFERRAL OFFICE		23. PROVOST MARSHAL (Veh. Wpn. Pats.)	
2. ARMY EDUCATION CENTER (SDC)		13. FINANCE OFFICE		24. RECREATION SERVICES OFFICE	
3. ARMY EMERGENCY RELIEF		14. LIBRARY		25. SECURITY OFFICER (Detrit. Uniques)	
4. CAREER COUNSELOR		15. MEDICAL TREATMENT FACILITY TMC		26. TRANSPORTATION OFFICE	
5. CLASSIFIED DOCUMENTS		16. MILITARY PERSONNEL OFFICE (MILPO)		27. UNIT MAIL ROOM (Change of Address)	
6. CLOTHING INSPECTION (AR 700-34)		17. ORDERS FOR CHANGE OF STATION		28. UNIT SUPPLY	
7. COURTS AND BOARDS		18. PERSONAL AFFAIRS OFFICE		29. UNIT ISG	
8. CREDIT UNION		19. PERSONNEL REGISTER /PAC		30. SEER (E5-E9)	
9. DENTAL CLINIC (Member & Depend.)		20. POST EXCHANGE		31. ERB - 201 FILE	
10. DEPENDENT SCHOOL OFFICE		21. ~~XXXX~~ MOTOR POOL UNIT		32. AID STATION	
11. ENLISTED/OFFICER CLUB		22. POST TELEPHONE SERVICE		33. UNIT RE-UP NCO	
1 For pending reports of survey or disciplinary matters not referred to Company Commanders, only.					
I HAVE TURNED IN OR PROPERLY TRANSFERRED ALL CLASSIFIED DOCUMENTS EXCEPT THOSE WHICH PERTAIN TO MY OFFICIAL DUTIES AND FOR WHICH I, AS AN INDIVIDUAL, HAVE BEEN DESIGNATED THE AUTHORIZED CUSTODIAN. I HAVE DISCHARGED ALL PERSONAL DEBTS ADMITTEDLY DUE AND PAYABLE AT THIS TIME IN THIS AREA OR HAVE MADE SATISFACTORY ARRANGEMENTS WITH THE PERSONS OR ORGANIZATIONS CONCERNED FOR THE PAYMENT OF SAME, AND I HAVE FURTHER NOTIFIED OF MY NEXT STATION OR POST OFFICE ADDRESS ALL OTHER PERSONS WHO ARE KNOWN TO BE PRESENTLY ASSERTING CLAIMS OR DEMANDS AGAINST ME OR WHO HOLD INSTRUMENTS OF INDEBTEDNESS MADE OR INDORSED BY ME. I UNDERSTAND THAT THIS CLEARANCE DOES NOT RELIEVE ME OF ANY PECUNIARY CHARGE FOR GOVERNMENT PROPERTY WHICH HAS BEEN OR MAY BE RAISED ON A REPORT OF SURVEY OR REPORT OF BOARD OF OFFICERS IN LIEU OF REPORT OF SURVEY.					
EXAMPLE					
DATE		SIGNATURE			
		(YOUR)			
SIGNATURE OF COMMANDING OFFICER OR DESIGNATED REPRESENTATIVE					
(CDR)					
DATES		TYPED NAME, GRADE, ARM, AND TITLE			
FROM	TO				
		(CDR)			

DA FORM 137
1 OCT 76

REPLACES EDITION OF 1 JAN 72 WHICH IS OBSOLETE.

GPO: 1976 765-037-17

21 March 1980

NOTES

<u>ITEM</u>	<u>AGENCY</u>	<u>BLDG NR</u>	<u>REMARKS</u>
3...	Army Ed Ctr.....	Your SDC....	Pick up your education records
5...	Classified Documents.....	Your Unit...NA	
8...	Dental Clinic.....	Your Unit...Pick up your Dental Records (DD 722-1)	
15...	Med Treatment Facility....	New TMC....Turn in your Health Records (DD 722)	
19...	Personnel Register.....	Your Unit...Sign out of your unit on DA Form 647	
21...	Unit Motor Pool.....	Your Unit...NA	
27...	Unit Mail Room.....	Your Unit...Complete Locator Cards	
28...	Unit Supply.....	Your Unit...Pick up clothing records	
29...	Unit ISG.....	Your Unit...NA	
30...	SEER (E5-E9).....	Your Unit... (*See Note 2)	
31...	Enlisted Records Branch...	Bldg 6249...Turn in one copy of transfer orders	
32...	Aid Station.....	Your Unit...Pick up your medical records	
33...	Unit Re-Up NCO.....	Your Unit...Pick Up your DA Form 1315 (Reenlistment Data Card)	

1. Clear your unit with the exception of Personnel Register. Make sure that you clear your Skill Development Center (SDC) and pick up your Education Records (DA Form 669).

2. To clear 201 File (Building 6249, Customer Service Entrance), you must furnish Customer Service Branch a copy of your transfer orders. *All E5-E9 must show proof of SEER or documentation that one has been submitted.

3. Sign out on Personnel Register at Unit.

4. Return to Central Clearance Agency for final clearance.

5. Process into new unit.

6. If you have any questions concerning your clearing procedures, call CCA ext 3333.

**You must be in military uniform during your clearing cycle between units.

APPENDIX E

ARTICLE PUBLISHED IN THE MOUNTAINEER,

"MISSING RECORDS MAY KILL YOU"

Vital in emergencies

Missing records may kill you

by Gordon J. Beyreis

Let's take a hypothetical situation. Joe Private is involved in an auto accident on Interstate 25 and is rushed to the emergency room of the Fort Carson Hospital. The attending physician sends out for Joe's records but they are not in his battalion aid station where they belong. Joe is unconscious and can't tell the doctor that he is allergic to penicillin.

Joe is stitched up and given penicillin to prevent infection. The resulting allergic reaction could cost Joe his life.

Where are Joe's medical records? They are in his room where he left them after going to sick call last week.

This situation is just one of the reasons that it is important to return your medical records to the aid station after you are done with them.

Another reason is that the records, just like your TA-50, don't belong to you. They are

considered property of the United States Government.

According to Maj. Charles Snyder, chief of the patient administration division at the hospital, there is a problem here with soldiers not returning their records, but with a good program of educating the troops about the importance of having the records where they belong, the situation is improving. It is still a problem though.

You may say to yourself, "So what if I keep my medical records. What are they going to do, bend my dog tags?"

According to Snyder, as a last resort, you can be fined up to \$2,000 or imprisoned for three years or both for this offense. He said, though, that they prefer education of soldiers through their commanders and a few subtle hints from above instead of this drastic action.

So next time you check out your medical records be sure to return them right after you are done. It could save your life.

APPENDIX F

COPY OF SIGN

Medical records generated within the Army are the property of the United States Government. As such, these records are subject to the control in the manner prescribed by law and regulations for government documents. Patients should be aware of the fact that unauthorized removal of records is unlawful and subjects the remover to a fine of up to \$2,000 or imprisonment for up to three years, or both.

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