DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6310.11
BUMED-M3/5
23 Jun 2009

BUMED INSTRUCTION 6310.11

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: SEXUAL ASSAULT PREVENTION AND RESPONSE (SAPR) PROGRAM

Ref: (a) DoD Directive 6495.01 of 6 Oct 2005
(b) DoD Instruction 6495.02 of 23 Jun 2006
(c) SECNAVINST 1752.4A
(d) OPNAVINST 1752.1B
(e) MCO 1752.5A of 5 Feb 2008
(f) SECNAVINST 1752.3B
(g) DoD 6025.18-R of 24 Jan 2003
(h) SECNAV M-5214.1 of 1 Dec 2005

Encl: (1) Navy Medicine Sexual Assault Prevention and Response (SAPR) Program Guidelines
(2) Sexual Assault Forensic Examination (SAFE) Procedures Checklist for Health Care Providers
(3) Sample Memorandum of Understanding (MOU)
(4) List of Acronyms
(5) List of Reference Links

1. Purpose. To provide guidance for the evaluation and care of the sexual assault victim via guidelines on Medical Department personnel training and forensic evidence examinations per references (a) through (g).

2. Cancellation. NAVMEDCOMINST 6310.3.

3. Background. References (a) through (g) establish policy, responsibility, and guidance for medical treatment facilities (MTFs) (both fixed and non-fixed) in caring for victims of alleged sexual assault. The comprehensive victim-centered management of alleged sexual assault victims requires addressing physical and psychological trauma, collection of medical forensic evidence, and appropriate coordination among the SAPR team members.

4. Policy. Medical Department personnel will adhere to enclosures (1) through (3) when caring for victims of alleged sexual assault. Enclosure (4) is a list of acronyms and enclosure (5) is a list of reference links used in this instruction.

5. Action. Navy Medicine regional commanders, commanding officers, and officers in charge must ensure this instruction is implemented and strictly followed.

6. Kits

a. The following kits are available for order through Tri-Tech Incorporated:

(1) The Victim Sexual Assault Evidence Kit, Tri-Tech stock number RE-1MS\DoD(FS) and National Stock Number (NSN) 6640-01-542-9647.

(2) The Drug Facilitated Sexual Assault Evidence Toxicology Kit, Tri-Tech stock number UC-DFRE.

b. Tri-Tech is the company contracted with the Department of Defense (DoD) for purchasing forensic evidence collection kits. Kits may be ordered through their Web site at: http://tritechusa.com or by calling (800) 438-7884 in the United States and (910) 457-0094 outside of the United States.

7. Forms

a. The following DoD forms are available electronically at: http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm:

(1) DD Form 2910 (Nov 2008), Victim Reporting Preference Statement.

(2) DD Form 2911 (June 2006), Forensic Medical Report: Sexual Assault Examination.

b. NAVPERS 1752/1 (Rev. 08-07), Sexual Assault Incident Data Collection Report Form is available electronically at: https://navalforms.daps.dla.mil/formsDir/_NAVPERS_1752_1_3426.pdf.

c. NAVMED 6310/5 (03-2009), Department of the Navy (DON), Sexual Assault Restricted Reporting Evidence Submission Chain of Custody is available electronically at: http://navymedicine.med.navy.mil/default.cfm?seltab=directives.

8. Report. The reports required in this instruction are exempt from report control per reference (h), part IV, paragraph 7n.

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Distribution is electronic only via the navy medicine website at:
http://navymedicine.med.navy.mil/default.cfm?seltab=directive

NAVY MEDICINE SEXUAL ASSAULT PREVENTION AND RESPONSE (SAPR) PROGRAM GUIDELINES

1. Background

a. The DoD does not tolerate sexual assault and has implemented a comprehensive policy that reinforces a culture of prevention, response, and accountability for the safety, dignity, and well-being of all members of the Armed Forces. The DoD restricted reporting policy encourages victims to seek the medical support that is available to them without fear of reprisal or stigma. Navy Medicine fully supports DoD policy and provides implementation guidance in this instruction. Information about the DoD SAPR is available at: http://www.sapr.mil/.

b. This SAPR Guide provides Navy Medical Department personnel with guidance in providing victim-sensitive, comprehensive care for adult victims of alleged sexual assault.

2. Definitions

a. Covered Communication. Oral, written, or electronic communications of personally identifiable information (PII) concerning a sexual assault victim or alleged assailant provided by the victim to the sexual assault response coordinator (SARC), victim advocate (VA), or health care personnel (HCP).

b. First Responders. Includes law enforcement, base security, the SARC, VA, and HCP.

c. Health Care Personnel (HCP). For the purpose of this instruction, this term includes all health care providers. This term also includes persons assisting or otherwise supporting health care providers in providing health care services (e.g., administrative personnel assigned to an MTF).

d. Other Sex-Related Offenses. Defined as all other sexual acts or acts in violation of the Uniform Code of Military Justice (UCMJ) (e.g., indecent acts with another and/or adultery).

e. Restricted Reporting. A process by which an active duty sexual assault victim may report or disclose to specified officials, on a requested confidential basis, information that he or she is the victim of a sexual assault. Under these circumstances, the victim's report and any details provided to HCP, SARC, or VA will not be reported to law enforcement to initiate the official investigative process unless the victim consents or an established exception applies. The restricted reporting option is only available to those sexual assault victims who are Service members; however, it may not be an option if the sexual assault occurs outside of the military installation or the victim first reports to a civilian facility and/or a civilian authority. This will vary by State, territory, and/or overseas local agreements. See references (a) and (d) for further guidance.

f. Sexual Assault. For the purposes of this instruction, the term "sexual assault" is defined as intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact that is aggravated, abusive, or wrongful (to include unwanted and inappropriate sexual contact), or attempts to commit these

acts. "Consent" means words or overt acts indicating a freely given agreement to the sexual conduct at issue by a competent person. An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance or submission resulting from the accused's use of force, threat of force, or placing another person in fear does not constitute consent. A current or previous dating relationship by itself or the manner of dress of the person involved with the accused in the sexual conduct at issue shall not constitute consent.

g. Sexual Assault Case Management Group (SACMG). The SARC will chair the installation/ regional SACMG. The purpose of the SACMG is to review all pending and newly reported unrestricted sexual assault cases, improve the reporting process, facilitate victim updates, and discuss process improvements to ensure quality services are available to victims.

h. Sexual Assault Forensic Examination (SAFE). A forensic examination used to collect evidence, document findings, treat victims, and refer them for other medical treatment or behavioral health services.

i. Sexual Assault Forensic Examiner. Forensic examiner who is specifically trained to collect forensic evidence, treat victims, and refer them for other medical treatment or behavioral health services.

j. Sexual Assault Response Coordinators (SARC). Military personnel, DoD civilian employees, or DoD contractors under the commander's supervision, who serve as the central point of contact at an installation or geographic area with responsibility for ensuring that appropriate and responsive care is properly coordinated and provided to victims of sexual assault.

k. Unrestricted Reporting. A process by which the sexual assault victim discloses, without requesting confidentiality or restricted reporting, that he or she has been the victim of a sexual assault. Under this circumstance, the victim's report and any details provided to HCP, SARC, VA, command authorities, or other persons are reportable to law enforcement and may be used to initiate the official investigative process. Once notified, the victim's command is required to report the incident to Naval Criminal Investigative Service (NCIS), who may refer the incident to local civilian law enforcement per reference (d). If a victim unintentionally makes an unrestricted report of sexual assault, nothing in DoD policy requires that victim to participate in any criminal investigation.

l. Victim Advocates (VA). Military personnel, DoD civilian employees, DoD contractors, or volunteers who facilitate care for victims of sexual assault, and who, on behalf of the sexual assault victim, provide liaison assistance with other organizations and agencies on victim care matters, and report directly to the SARC when performing victim advocacy duties. As appropriate and using the DD Form 2910, the VA must provide a thorough explanation to the victim of each of the reporting options available to him or her, including the exceptions and/or limitations on use applicable to each. The VA helps the victim navigate the process to get needed care and services, but the VA is not a therapist or an investigator.

3. Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED), through the Deputy Chief Medical Operations (BUMED-M3/5), is responsible for the overall SAPR policy.

b. Commanders, Navy Medicine Regions shall:

(1) Ensure that the DoD standard of care for medical management of alleged sexual assault victims is met. Medical management should be victim-sensitive, compassionate, and non-judgmental.

(2) Ensure availability of sexual assault medical response capability 24/7 in their area of responsibility.

(3) Ensure each MTF commanding officer (CO) adheres to the policy and remains committed to on-going training.

(4) Ensure DoD training standards are met for both general HCP and forensic examiner personnel in their area of responsibility.

(5) Provide initial and annual refresher training for general HCP and forensic examiners.

(6) Ensure training of first responders (SARC, VA, HCP, law enforcement, Military Criminal Investigative Organizations (MCIO), judge advocates, and chaplains) and personnel trained to provide SAFEs.

(7) Ensure each Navy MTF establishes a central database that will track and maintain the number and designee of personnel trained to be first responders and SAFE examiners.

(8) Provide annual (calendar year) report on number of trained first responders and SAFE examiners to the BUMED Office of Women's Health via the Deputy Chief, Medical Operations (BUMED-M3/5) by 30 October of each year as required per references (b), (g), and the National Defense Authorization Act for FY05, Section 577 (f)(2).

(9) Ensure each MTF CO submits an OPREP-3 NAVY UNIT situation report (SITREP) for unrestricted reports of alleged sexual assault incidents contained in reference (d) to Navy Medicine Support Command.

c. The MTF COs shall:

(1) Ensure that the DoD standard of care for medical management of the alleged sexual assault victim is met. Medical management should be victim-sensitive, compassionate, and non-judgmental.

(2) Monitor the command climate to ensure that it is supportive of alleged sexual assault victims.

(3) Ensure availability of medical sexual assault response capability 24/7. This response should include ability for forensic evidence collection and examination under both restricted and unrestricted reporting options, either by a trained and privileged military provider, a specially trained nurse, or at a facility retained by the MTF under an MOU or memorandum of agreement (MOA).

(4) Ensure DoD training standards are met for both general health care personnel and for SAFE examiners.

(5) Ensure all staff members are familiar with NAVMED 6310/5, Department of the Navy (DON), Sexual Assault Restricted Reporting Evidence Submission Chain of Custody, and their role in handling and mailing forensic evidence in the case of a restricted report. For cases that occur after hours, on weekends/holidays, and/or commands who have minimal laboratory support (i.e., isolated duty stations, outside the Continental United States (OCONUS)), the forensic examiner will take the properly secured SAFE kit, chain of custody form, and other evidence directly to the U.S. Post Office for mailing.

(6) Designate representatives and ensure participation in monthly SACMG meetings per enclosures (4) and (7) of reference (b), and reference (d).

(a) At least one trained and/or privileged health care provider at the command to serve as the Medical Department representative to the installation's SACMG. This member shall be the primary point of contact (POC) concerning DoD and Navy sexual assault policy and updates in medical and forensic sexual assault care.

(b) Mental health/counseling services may be represented by the MTF staff or by the Fleet and Family Services Center (FFSC)/Marine Corps Community Services (MCCS) staff.

(7) Ensure appropriate transportation is arranged for the victim to the TRICARE network location if care is not rendered at the MTF.

(8) Ensure victims are not liable for payment of the Sexual Assault Evidence (SAE) kit if referred to the TRICARE network. The MOU/MOA should include Section 1079(a) of Title 10, United States Code including coverage of forensic examinations following sexual assault as one of the specific services included in the definition of medically necessary services including reimbursement for the SAE kit.

(9) Ensure the restricted reporting option is available for eligible military members through the MOU/MOA when not precluded by State law or U.S. international agreement.

(10) Ensure that members of the Reserve Component are able to access medical treatment and counseling for injuries and illness incurred from a sexual assault inflicted upon a service member while in a status where the member is eligible to make a restricted report. For further information see enclosure (3) of reference (b).

(a) Line of duty (LOD) determinations shall be made without the victim being identified to law enforcement or command; solely for the purpose of enabling the victim to access medical care and psychological counseling, and without identifying injuries from sexual assault as the cause. For LOD purposes, the victim's SARC may provide documentation that substantiates the victim's duty status as well as the filing of the restricted report to the designated official.

(b) If medical or mental health care is required beyond initial treatment and follow-up, a credentialed medical or mental health provider must recommend a continued treatment plan.

(11) Ensure an OPREP-3 NAVY UNIT SITREP, for unrestricted reports of alleged sexual assault incidents, is sent to the Navy Medicine regional commander. Include in the SITREP the data elements contained in NAVPERS 1752/1, Sexual Assault Incident Data Collection Report Form, per reference (d).

(a) Messages must also be submitted on incidents involving civilians sexually assaulted on property under DON jurisdiction. Inform all intermediate commands within 24 hours of all allegations of unrestricted sexual assault reports that involve victims who are family members, active duty victims and alleged offenders, reservists on active duty, or active members of another Service assigned to a Navy command at the time of the incident, regardless of location.

(b) NAVPERS 1752/1 is intended to serve as a recording/reporting tool for reporting the information required for inclusion in the initial and follow-on message traffic.

(c) The command with cognizance over the victim is responsible for forwarding monthly status/follow-on OPREP-3 NAVY UNIT SITREPs to provide new or revised information only, with a final OPREP-3 NAVY UNIT SITREP documenting official resolution of the case. A final official resolution refers to the completion of judicial, investigative, disciplinary, and/or administrative actions (e.g., defendant found guilty/not guilty, alleged perpetrator administratively separated, no action taken due to insufficient evidence).

(12) Commanders, COs, and officers in charge will ensure that all HCP are informed of the restricted reporting option for victims of sexual assault. Each MTF will verify the existence and scope of any mandatory State law reporting requirements applicable under this policy and ensure all HCP are knowledgeable on these and other restricted reporting exceptions.

d. General HCP shall:

(1) Receive initial and annual refresher training on the following essential training tasks: sexual assault response policies for DoD, DON, as well as DoD confidentiality policy rules and limitations, victim advocacy resources, medical treatment resources, sexual assault victim interview, and overview of the sexual assault examination process.

(2) Be familiar with the local MTF SAPR instruction and understand the difference between restricted and unrestricted reporting options.

e. Health care providers performing the SAFE shall:

(1) Meet requirements outlined in "A National Protocol for Sexual Assault Medical Forensic Examinations" document at: http://www.ncjrs.org/pdffiles1/ovw/206554.pdf. The final decision will be determined by the local privileging authority. These providers may include:

(a) Licensed physicians practicing in the Military Health System (MHS) with clinical privileges in emergency medicine, family medicine, internal medicine, obstetrics and gynecology, urology, or as a general medical officer, undersea medical officer, or flight surgeon, and who are privileged to perform pelvic examinations.

(b) Licensed advance practice registered nurses practicing in the MHS with clinical privileges in adult health, family health, midwifery, women's health, and privileged to perform pelvic examinations.

(c) Licensed physician assistants practicing in the MHS with clinical privileges in adult, family, women's health, and privileged to perform pelvic examinations.

(d) Licensed registered nurses practicing in the MHS who completed the requirements for performing a SAFE as determined by the local privileging authority. This additional capability will be noted as a competency, not as a credential or privilege.

(e) In contingency situations (i.e., such as, but not limited to: deployments to remote areas, combatant operations, Navy ships, submarines, or wing deployments), the local command authority may allow for licensed and unlicensed health care personnel such as a registered nurse and independent duty corpsman, to perform limited aspects of the forensic evidence collection if another option is not available.

(2) Receive initial and periodic refresher training on the following essential training tasks: sexual assault victim interview; sexual assault examination process to include evidence collection kit, chain of custody and documentation; exclusion of pregnancy, emergency contraception, human immunodeficiency (HIV) testing/prophylaxis, and sexually transmitted infection (STI) treatment; trauma to include types of injury(s), photography of injury(s), behavioral health and counseling needs; consulting and referral process; appropriate health care follow-up; medical record management; guidelines for reporting sexual assault; and the legal process and expert witness testimony.

(3) Be familiar with the local MTF SAPR instruction.

f. Medical Department representative(s) to the installation's SACMG shall:

(1) Be privileged HCP who are trained and engaged in the MTF SAPR process.

(2) Meet monthly (if there are open cases) with the SACMG to ensure all clinically indicated health care services were offered to the victim and the appropriate follow-up care with the primary care manager is provided at the MTF or through the TRICARE network.

(3) Be familiar with the local MTF SAPR instruction.

g. Behavioral counseling services shall:

(1) Provide priority services for alleged sexual assault victims as requested.

(2) Provide a representative to the installation's SACMG. Utilize either an MTF staff member or a representative from the FFSC or MCCS.

(3) Be familiar with the local MTF SAPR instruction.

h. The members of the installation's SACMG shall:

(1) Carefully consider and implement immediate, short-term, and long-term measures to help facilitate and assure the victim's well being and recovery.

(2) Closely monitor the victim's progress and recovery.

(3) Strive to protect the victim's privacy, ensuring only those with a need-to-know have the victim's name and information.

(4) Verify that only the MCIO agents will know the details of the allegation until the MCIO report of investigation is published.

(5) Ensure that victim's admitted or alleged collateral misconduct is deferred to and addressed by the command, with the assistance of the SARC, when the sexual assault investigation and case disposition are complete.

4. Training. There are two distinct training categories for HCP: general HCP and health care providers performing sexual assault forensic exams (SAFE examiners).

a. At a minimum, all HCP will receive initial and refresher training on the essential elements outlined in enclosure (6) of reference (b).

b. General HCP are required to complete the Tri-service web-based SAPR course, in addition to any other required General Military Training.

c. Providers performing SAFE will adhere to the U.S. Department of Justice's (DOJ): "A National Protocol for Sexual Assault Medical Forensic Examinations" when performing SAFE (available at: http://www.ncjrs.org/pdffiles1/ovw/206554.pdf), as well as the guidelines set forth in reference (b).

5. DoD Confidentiality Policy. Reference (b) provides comprehensive guidance.

a. Applicability. Restricted reporting is only available to military personnel in the Armed Services and the Coast Guard when attached to DoD. Military personnel include members on active duty and members of the Reserve Component (Reserve and National Guard) provided they are performing Federal duty (active duty training or inactive duty training and members of the National Guard as defined in Section 101(d)(3) of Title 10, United States Code).

b. Health Care Personnel given this confidentiality, when approached by sexual assault victims who elect restricted reporting, are defined as the following group: health care providers (one of the professions whose members are required to possess a professional license or other similar authorization such as physicians, registered nurses, licensed practical nurses, and physician assistants), hospital corpsmen, and any person employed by an MTF (fixed or non-fixed) in a health care delivery capacity (i.e., clinic front desk clerk).

c. Victim Advocates will explain each of the reporting options available to the victim, including the exceptions and/or limitations. The DD Form 2910, Victim Reporting Preference Statement, will be reviewed and signed by the VA and the victim with the victim's elected reporting option per enclosure (10) of reference (b).

d. Exceptions to Confidentiality and Restricted Reporting. In cases where victims elect restricted reporting, the prohibition on disclosing covered communications to the following persons or entities will be suspended when disclosure would be for the following reasons:

(1) Command officials or law enforcement when disclosure is authorized by the victim in writing.

(2) Command officials or law enforcement when disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

(3) Disability Retirement Boards and officials when disclosure by a provider is required for fitness for duty for disability retirement determinations, limited to only that information which is necessary to process disability retirement determination.

(4) SARC, VA, or HCP when disclosure is required for the supervision of direct victim services.

(5) Military or civilian courts of competent jurisdiction when disclosure is ordered by a military, Federal, or State judge, or is required by a Federal or State statute or applicable U.S. international agreement.

(6) SARC, VA, and HCP will consult with the servicing legal office in the same manner as other recipients of privileged information to determine if the criteria apply and they have a duty to obey. Until those determinations are made, only non-identifying information should be disclosed.

(7) For States that require mandatory reporting, specified health care providers are obligated to report the sexual assault to local law enforcement even if the victim requests restricted reporting. It is incumbent on those health care providers to fully understand requirements that may impinge on implementation of restricted reporting and ensure that victims are fully informed.

(8) The SARC, in coordination with local staff judge advocate, must review the State law and then require local research and coordination with local (civilian) law enforcement as to how that law is implemented in their jurisdiction. SARC and the local judge advocate will need to inform and educate local authorities regarding the DoD restricted reporting program, and its objectives, and then coordinate with local authorities to determine if their requirement upon notice under the State law can remain compatible with the objectives of the DoD restricted reporting notification rules.

(9) Regardless of whether the member elects restricted or unrestricted reporting, confidentiality of medical information will be maintained per reference (g).

(10) HCP may also convey to the victim's unit commander any possible adverse duty impact related to the victim's medical condition and prognosis per reference (g). Such circumstances however, do not otherwise warrant an exception to policy, and therefore the covered communication may not be disclosed.

(11) Improper disclosure of covered communications, improper release of medical information, and other violations of this policy are prohibited and may result in discipline under the UCMJ, loss of credentials, or other adverse personnel or administrative actions according to reference (a) and enclosure (3) of reference (d).

6. Medical Sexual Assault Response Capability

a. DoD mandates that all services provide a 24-hour, 7-days a week sexual assault response capability for all locations to include deployed locations per references (b) and (d).

b. Fixed and non-fixed MTFs should ensure the availability of trained health care providers to respond to victims of sexual assault or another military unit/facility retained by MOU/MOA with the resources to provide the appropriate level of care including the forensic examination.

7. Medical Management of Sexual Assault Victims

a. Health care providers and other personnel shall ensure medical management adheres to the U.S. DOJ Protocol for Sexual Assault Medical Forensic Examinations available at: http://www.ncjrs.org/pdffiles1/ovw/206554.pdf; clinical guidance shall not be solely limited to this resource.

b. As a means to facilitate coordinated care for the victim, the SAFE procedures checklist for health care providers is included in enclosure (2). These can be adapted to local MTF needs and resources.

c. When performing the SAFE, the examiner shall utilize a SAE kit (order number: RE-IMS(FS) and DD Form 2911, Forensic Medical Report: Sexual Assault Examination to document and direct the forensic examination and evidence collection.

d. Upon completion of the unrestricted SAFE, the SAE kit will be turned over to NCIS and/or the Provost Marshall Officer (PMO).

e. Procedure for forensic evidence handling in restricted reports:

(1) The SARC/VA will assign the alpha-numeric Restricted Report Case Number (RRCN) and this will be marked on the kit. There should be no victim identifying information on the package and it will be tracked using only the RRCN (maintained by the installation SARC).

(2) Place all written documentation inside the SAE Kit.

(3) The SAE Kit may include photographic evidence on a memory card or saved to a CD, results of Alternate Light Source exam and wet prep, and any clothing that may fit. Clothing that does not fit into the SAE kit, will be placed in separate paper bags. All small bags will then be placed into one large paper bag that is properly sealed with evidence tape and the SAFE's signature.

(4) Place a blank white label on two sides of the box to secure closure of the kit. The examiner collecting the evidence shall initial the labels, write the date of the exam, and the time the SAE was sealed. Place an "X" on the front of the kit and place a blank label over the X and write "Restricted Report" and the RRCN number provided by the SARC. Affix biohazard label to front of the box per SAE kit instructions. Do not write any identifying information on the SAE kit.

(5) Identify multiple SAE kits as noted above and in a manner to ensure proper account-ability (e.g., "1 of 2, "2 of 2").

(6) The examiner must maintain the kit in their presence until all evidence is collected and the kit sealed.

(7) Forensic examiner should complete the NAVMED 6310/5 and attach to the sealed SAE kit. An accurate and up-to-date chain of custody must be maintained at all times to ensure the integrity of the evidence. It is advised to eliminate unnecessary transfers and keep the chain of custody to a minimum.

(8) Once sealed with attached NAVMED 6310/5, the forensic examiner may then give the kit to the MTF laboratory staff while maintaining proper chain of custody or take the kit directly to the U.S. Post Office for mailing.

(9) The SAE kit shall be double-wrapped for mailing to NCIS, using only new cardboard container/packages. The registered mail tracking number should be noted on the chain of custody form.

(10) The SAE kit shall be mailed by the MTF via registered mail to NCIS at the address below within 48 hours of forensic evidence collection. For deployment and/or isolated environments the SAE kit shall be stored appropriately while maintaining an accurate chain of custody until transportation becomes available.

Naval Criminal Investigative Service
Consolidated Evidence Facility
Restricted Reporting
9079 Hampton Blvd Suite 110
Norfolk, VA 23505-1098

f. Drug-facilitated Sexual Assault

(1) HCP should recognize that certain drugs (i.e., most commonly alcohol, Rohypnol, and gamma hydroxy butyrate (GHB)) may be used to facilitate sexual assault and must understand the urgency of collecting toxicology samples (urine and blood) if a drug facilitated sexual assault is suspected. Urine toxicology allows a longer window for detection of drugs commonly used in these cases than in blood. Therefore, urine should be collected as soon as possible after the sexual assault.

(2) For unrestricted cases, a separate drug analysis or toxicology kit should be submitted as evidence to NCIS/PMO in addition to the SAE kit with the victim's consent.

g. Discharge and aftercare instructions

(1) Ensure that emergency contraception and prophylaxis for sexually transmitted infections (STI) including HIV have been offered to the victim if clinically indicated per Centers for Disease Control and Prevention (CDC) recommendations.

(2) Ensure hepatitis B, tetanus, and human papilloma (HPV) immunization as appropriate and indicated testing for STIs are offered if clinically indicated as per the CDC recommendations.

(3) Ensure appropriate services have been consulted (e.g., behavioral health, preventive medicine).

(4) Ensure victim has follow-up appointment(s) with primary care manager and other services as indicated.

(5) Ensure follow-up testing for STIs and pregnancy is appropriately scheduled per CDC recommendations.

8. Documentation

a. Forensic evidence examination documentation will occur on the DD Form 2911 and be scanned into the electronic medical record. The encounter should be marked as sensitive when saving the medical encounter. The DD Form 2911 should be placed in the envelop, located on the underside of the sealed kit.

b. Documentation of medical care shall occur in the outpatient medical record. Avoid inadvertent disclosure of unrelated information and preserve the confidentiality of the victim when documenting the care provided. Documentation should be nonjudgmental and treated with the highest confidentiality as per other sensitive medical issues using the privacy protection mode as available.

c. For the recommendation of sick-in-quarters (SIQ) or convalescent time, if needed for cases of restricted reporting, the recommendation shall be sufficiently vague as to the reason. None of the facts of the case shall be disclosed, but rather the medical reasons for the leave recommendation.

d. Documentation of the chain of custody for restricted report cases will occur on the NAVMED 6310/5.

e. The victim's elected reporting option should be documented on the DD Form 2910. Once the options are reviewed and the form signed, the victim will receive a copy and the SARC will maintain the original.

f. Coding guidance

(1) Per ICD-9-CM coding guidelines, if the victim sustains physical injuries, the primary diagnosis that identifies Adult Sexual Abuse is 995.83.

(2) Any indication of physical injuries must be coded with E-Codes. E960.1 (Rape) will be reported for alleged sexual assault.

(3) When a victim presents for treatment and has no physical findings, utilize code V71.5 (Observation following Alleged Rape or Seduction) as the primary diagnosis.

(4) When a victim presents for follow-up care related to the sexual assault, the encounter is coded as the primary diagnosis along with code V15.41 (Personal History of Sexual Abuse) as a secondary diagnosis.

g. Health care providers should verify the victim's reporting choice during each visit related to the sexual assault and ensure documentation in the victim's medical record. Records pertaining to restricted reporting should be appropriately marked to reflect their status as covered communications. Providers with Armed Forces Health Longitudinal Technology Application (AHLTA) patient encounters related to sexual assault should activate the sensitive button to enhance privacy. To ensure confidentiality during follow-up appointments, victims electing for restricted reporting should be counseled to remind the HCP when discussing the incident to ensure all parties remain aware of the victim preference.

h. Regardless of whether the victim chooses restricted or unrestricted reporting, protected health information may only be used and disclosed per reference (g). Improper disclosure of covered communications, improper release of medical information, and other violations of this policy are prohibited and may result in discipline under the UCMJ, loss of privileges, and/or other adverse personnel or administrative actions.

9. References

DoD Service Sexual Assault Links

DoD Sexual Assault Prevention and Response Program – http://www.sapr.mil/

Army Sexual Assault Prevention and Response Program – http://www.sexualassault.army.mil/

U.S. Army Europe (USAEUR) Sexual Assault and Response Program – http://www.per.hqusareur.army.mil/sexualassault/

Navy Sexual Assault Victim Intervention – http://www.cnrsw.navy.mil/FSC/savi.asp

U.S. Marine Corps Sexual Assault Prevention and Response Office (SAPRO) - http://www.usmc-mccs.org/sapro/index.cfm; POC - http://www.usmc-mccs.org/sapro/pocs.cfm; Resources - http://www.usmc-mccs.org/sapro/resources.cfm

U.S. Coast Guard, Health and Safety Directorate, Office of Work-Life Programs, Sexual Assault Prevention and Response Program - http://www.uscg.mil/hq/cg1/cg111/rape_sexual_assault.asp

Other DoD/Government Related Links

Defense Task Force on Sexual Harassment and Violence at the Military Service Academies – http://www.dtic.mil/dtfs

Defense Task Force on Domestic Violence – http://www.defenselink.mil/releases/release.aspx?releaseid=2851

Defense Department Advisory Committee on Women in the Services (DACOWITS) – http://www.defenselink.mil/dacowits/

Center for Women Veterans (Department of Veterans Affairs) – http://www1.va.gov/womenvet

Military OneSource – http://www.militaryonesource.com

DoD Victim and Witness Assistance Council (VWAC) – http://www.defenselink.mil/vwac

Under Secretary of Defense for Personnel and Readiness – http://www.dod.mil/prhome

U.S. Department of Defense (Defense Link) – http://www.defenselink.mil

Washington Headquarters Services, Executive Services Directorate, Directives and Records Division, DoD Issuances, and Office of the Secretary of Defense (OSD) Administrative Instructions – http://www.dtic.mil/whs/directives/

Department of Defense Equal Opportunity – http://www.defenselink.mil/prhome/eo.html

Public Web Sites

National Sexual Violence Resource Center (NSVRC) – http://www.nsvrc.org

Violence Against Women Online Resources – http://www.vaw.umn.edu

Department of Justice (DOJ) Office for Victims of Crime – http://www.ojp.usdoj.gov/ovc

National Online Resource Center on Violence Against Women – http://www.usdoj.gov/ovw

MedLine PubMED – http://www.medlineplus.gov/ – searches medical literature

The International Association of Forensic Nurses – http://www.iafn.org/

National Criminal Justice Resources Services – http://virlib.ncjrs.org/vict.asp?category=50&subcategory=114 – DoJ search engine

The National Women's Health Information Center – http://www.womenshealth.gov/

SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) PROCEDURES CHECKLIST FOR HEALTH CARE PROVIDERS

Response

( ) The SARC has been notified.

( ) The SARC has assigned the victim a VA.

( ) The health care provider, when not already at the medical facility, responded to the medical facility where the sexual assault victim was brought.

Reporting Type

( ) Unless medical conditions required immediate attention for the health of the victim, the health care provider waited for the SARC or VA to arrive and explained the sexual assault "restricted reporting" and "unrestricted reporting" options available to the victim.

The victim has chosen:

( ) **Restricted Reporting**

( ) The Service-designated agency has assigned the victim's case an RRCN.

( ) MCIO was NOT informed of the sexual assault case.

( ) The victim's name was NOT reported to the service member's chain of command.

( ) **Unrestricted Reporting**

( ) The respective MCIO of the sexual assault case has been notified.

( ) Accommodate a victim's request for responders of a specific gender as much as possible.

( ) The victim has been evaluated for any emergent injuries or illness. The victim will be cleared by a licensed physician before the forensic examiner performs a SAFE.

( ) The victim did not shower, have anything by mouth, or void their bladder until after the evidentiary examination was completed. This depends on victim history (e.g., oral copulation, history of perpetrator kissing victim, etc.). Realize that this may happen well before the forensic examiner is notified of the assault or the member arrives at the medical facility.

( ) Hospital labs collected and to be repeated following current CDC guidelines:

( ) Rapid plasma reagent (RPR).

( ) Human immunodeficiency virus (HIV).

( ) Serum pregnancy testing.

( ) Hepatitis B and C.

( ) Blood alcohol level, if clinically indicated (also drawn as part of SAFE).

( ) Complete blood count (CBC).

( ) Urine was obtained for urine pregnancy and toxicology screen (including Rohypnol if there was a high suspicion of possible drug administration).

( ) Additional testing for sexually transmitted infections to include, but not be limited to:

( ) Chlamydia.

( ) Gonorrhea.

( ) The victim requested a SAFE.

( ) The forensic examiner fully explained the SAFE process to the victim.

( ) The victim's written consent was obtained on the consent form provided prior to interviewing the victim or commencing with the examination utilizing DD 2911 form.

( ) The victim requested the SARC or VA to be present during the:

( ) Health care provider interview.

( ) SAFE.

The SAFE should include the following components, depending on the victim's history regarding the sexual assault and if resources available:

( ) SAFE kit.

( ) Photography of any non-genital trauma.

( ) Woods lamp and alternate light source examination.

( ) Wet prep for motile or non-motile spermatozoa, or the presence of Trichomonas.

( ) Photography of any genital or anal/rectal trauma utilizing magnification via coloposcope or other acceptable magnifying lens. Digital photography is legally accepted as evidence. Avoid use of film due to difficulty in processing and maintaining appropriate accountability and chain of custody of film.

( ) For suspicion of urogenital or rectal injuries, appropriate medical specialty was consulted.

Post-Examination

( ) Upon completion of the SAFE, appropriate written after-care instructions were provided, including:

( ) STI follow-up testing and prophylaxis.

( ) HIV follow-up testing and prophylaxis.

( ) Follow-up for pregnancy testing.

( ) Consider the option of providing the victim up to 72 hours SIQ, administrative, or convalescent leave as indicated by the assessment of the victim by the provider.

( ) The provider, Service-designated agency, SARC, and/or VA have all labeled and verified that the appropriate identification (RRCN for restricted reporting option) has been documented on the appropriate forms and the SAE kit.

( ) The HCP packaged all evidence appropriately.

( ) Assure appropriate medical and forensic documentation is completed.

( ) The HCP confirmed that a VA was available to escort the victim.

( ) The HCP notified the appropriate Service-designated military agency, to assume custody of the SAE kit, documents and evidence related to the SAFE for storage, under established "chain of custody" procedures.

SAMPLE MEMORANDUM OF UNDERSTANDING (MOU)

BETWEEN
NAVAL HEALTH CLINIC/MEDICAL CENTER/HOSPITAL
AND
MEMORIAL MEDICAL CENTER, SEASIDE CITY

1. General

a. Type of Action. This is a new proposal.

b. Participants and Types of Agreements. This memorandum of understanding (MOU) is entered into by and between the Naval Health Clinic (NHCL), City, State, and the "Supplier" and Memorial Medical Center (MMC), City, State the "Receiver."

c. Purpose. The purpose of this MOU is to establish policies and procedures for the care of active duty military and reservists who are the victims of an alleged sexual assault and seeking treatment at MMC. For purposes of this MOU, the following applies:

(1) The Department of Defense requires that active duty and reservists who are on active duty have two options for reporting sexual assault. Reports of sexual assault can be unrestricted or restricted.

(2) An unrestricted report can be made through traditional channels, and affords the victim of an alleged sexual assault an official investigation in addition to medical care and follow-up counseling.

(3) Those individuals who choose not to involve law enforcement or their commands may opt for a restricted report. Restricted reports may be made to a health care provider, health care personnel (e.g., nurses, corpsmen, or other supportive personnel), a sexual assault response coordinator (SARC), or a victim advocate (VA). Restricted reporting allows the victim to receive medical care and follow-up counseling but will not trigger the investigative process.

(4) It is imperative that individuals reporting a sexual assault are given detailed information on their rights with respect to restricted and unrestricted reporting.

d. Authority. This agreement is supported by the following directives:

(1) Department of Defense (DoD) Instruction 6495.02.

(2) Bureau of Medicine and Surgery (BUMED) Instruction 7050.1A.

2. Responsibilities

a. NHCL will provide MMC the following:

(1) The current SARC contact information and the quarterly VA watch bill.

(2) An alpha-numeric restricted report case number (RRCN) via the SARC or VA.

(3) The contact information for the Naval Criminal Investigative Service (NCIS) Consolidated Evidence Facility in Norfolk, VA.

b. MMC will:

(1) Upon the arrival of an active duty military member or reserve member who is on active duty, inform the SARC and/or the duty VA at NHCL.

(2) The patient will be triaged and emergency treatment will be provided as the health care provider deems necessary.

(3) Upon arrival of the SARC or VA, the victim will be informed of his/her rights and given the option of restricted or unrestricted reporting. The victim will choose, in writing, whether he or she wants a restricted or unrestricted report.

(4) If the victim chooses an unrestricted report, MMC will proceed with their standard protocol for sexual assault care. The SARC or VA will remain with the victim to assist him/her as needed.

(5) If the victim chooses a restricted reporting, the following actions will be taken:

(a) The health care provider may conduct a forensic examination after informed consent is obtained. Additional items that may be included in the evidence kit are clothing, photographic evidence, and the results from the alternate light source examination. Note: The small boxed kit is the only item stored; therefore, large pieces of clothing and other items will not fit in the sealed small box and cannot be stored. Bags are typically provided for more bulky items that will not fit in the container (e.g., clothing).

(b) The sealed, double-wrapped SAFE kit with the RRCN will be provided a NCIS Chain of Custody Form and mailed by MMC to the Naval Criminal Investigative Service, Consolidated Evidence Facility, Restricted Reporting, 9079 Hampton Blvd., Suite 110, Norfolk, VA 23505-1098 within 48 hours of the examination. Neither the SARC nor VA are to take possession of the SAFE kit at any time. The kit will be wrapped by the health care provider or forensic examiner as described below.

(c) After the evidence and written documentation has been placed inside, place a blank white label on at least two sides of the box for securing closure of the container. The health care provider or forensic examiner shall place his or her initials, date the examination was completed, and the time the box was sealed on the labels.

(d) Using a black felt-tip pen, a large "X" symbol should be placed on the front of the kit. The "X" mark should extend from one edge of the box to the opposite edge. Subsequently, position a white label over the "X" mark and write the words "Restricted Report" and the assigned alpha-numeric RRCN on the front white label.

(e) Affix a biohazard label to the front of the box, but not touching the white label. Information identifying the victim should not be visible.

(f) The MMC health care provider or forensic examiner will complete DD Form 2911 and NAVMED 6310/5. The SARC shall ensure that both forms are available to the MMC health care provider or forensic examiner.

(g) A separate package may be used for submission of a drug facilitated kit. Use the same RRCN that is used for the SAFE kit.

(h) Billing for the visit, due to the nature of it being a restricted report, will be processed through TRICARE without contacting the victim or victim's family for processing. MMC has one processor for sexual assault bills to limit access to the confidential information. If any problems arise with respect to payment, the NHCL SARC will coordinate resolution via the TRICARE representative at NHCL.

c. NHCL will provide support if any problems arise with respect to payment. The NHCL or NHCL SARC will coordinate resolution via the TRICARE representative at NHCL.

3. Meetings. The parties agree to meet on a quarterly basis to discuss issues of mutual concern and to discuss provisions for mutual support of sexual assault care.

4. Health Insurance Portability and Accountability Act (HIPAA). Pursuant to 45 Code of Federal Regulations (CFR) Parts 160 and 164, DoDINST 6025.18, Privacy of Individually Identifiable Health Information in DoD Health Care Programs, December 19, 2002, and DoD 6025.18-R, the parties agree to enter into a Business Associate Agreement, attached as Appendix A to this agreement.

5. Effective Period. This MOU is effective upon date of signatures for a period of 4 years. It may be continued without change during that period, but must be reviewed annually by all parties. This review will be documented.

6. Modification, Change, or Amendment. Any modifications, changes, or amendments to this MOU must be in writing, and are contingent upon BUMED-M3/5 and MMC approval. Subsequent to BUMED's approval, the modification, change, or amendment must be signed by all parties.

7. Notice. All correspondence related to this MOU will be forwarded to the NHCL SARC for consolidation or corrective action.

8. Termination. The MOU may be cancelled at any time by mutual consent of the parties concerned. The MOU may also be terminated by either party upon giving 45 days written notice to the other party.

9. Concurrence. It is agreed that all parties to this MOU concur with the level of support and resource commitments that are documented herein.

I. M. CAPTAIN CAPT, MC, USN Officer in Charge Naval Health Clinic 11 Seaside Drive City, State, Zip Code	I. R. COMMANDER CDR, MSC, USN Comptroller Naval Health Clinic 11 Seaside Drive City, State, Zip Code	I. M. CIVILIAN Executive Officer Memorial Medical Center Medical Center Drive City, State, Zip Code
Date: _____	Date: _____	Date: _____

Annual Review:

CY ___:	_____ NHCL Representative	_____ MMC Representative
CY ___:	_____ NHCL Representative	_____ MMC Representative
CY ___:	_____ NHCL Representative	_____ MMC Representative
CY ___:	_____ NHCL Representative	_____ MMC Representative

APPENDIX A
PRIVACY OF PROTECTED HEALTH INFORMATION

1. Definitions. As used in this Appendix:

Business Associate has the same meaning as the term "Business Associate" in 45 CFR 160.103.

Covered Entity has the same meaning as the term "Covered Entity" in 45 CFR 160.103.

Individual has the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative per 45 CFR 164.502(g).

Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

Protected Health Information has the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by The Business Associate from or on behalf of the Covered Entity.

Required by Law has the same meaning as the term "required by law" in 45 CFR 164.501.

Secretary means the Secretary of the Department of Health and Human Services or his or her designee.

Terms used, but not otherwise defined, in this agreement shall have the same meaning as those terms in 45 CFR 160.103 and 164.501.

2. In this MOU, both the NHCL, Seaside City and MMC are Covered Entities as defined above; likewise, both the NHCL, Seaside City and MMC are Business Associates as defined above.

3. The Business Associate agrees not to use or further disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law.

4. The Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

5. The Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of Protected Health Information by the Business Associate in violation of the requirements of this Agreement.

6. The Business Associate agrees to report to the Covered Entity any use or disclosure of the Protected Health Information not provided for by the Agreement.

7. The Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created, or received by the Business Associate on behalf of the Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information.

8. The Business Associate agrees to provide access, at the request of the Covered Entity, and in the time and manner designated by the Covered Entity to Protected Health Information in a Designated Record Set, to the Covered Entity or, as directed by the Covered Entity, to an Individual to meet the requirements under 45 CFR 164.524.

9. The Business Associate agrees to make any amendment (s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of the Covered Entity or an Individual, and in the time and manner designated by the Covered Entity.

10. The Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created, or received by the Business Associate on behalf of, the Covered Entity, available to the Covered Entity, or at the request of the Covered Entity to the Secretary, for purposes of the Secretary determining the Covered Entity's compliance with the Privacy Rule.

11. The Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information per 45 CFR 164.528.

12. The Business Associate agrees to provide to the Covered Entity or an Individual, in time and manner designated by the Covered Entity, information collected per this Appendix of the Agreement, to permit the Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information per 45 CFR 164.528.

General Use and Disclosure Provisions

Except as otherwise limited in the Agreement, the Business Associate may use or disclose Protected Health Information on behalf of, or to provide services to, the Covered Entity of the following purposes, if such use or disclosure of Protected Health Information would not violate the Privacy Rule or the Department of Defense Health Information Privacy Regulation if done by the Covered Entity: *None.*

Specific Use and Disclosure Provisions

1. Except as otherwise limited in this Agreement, the Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or carry out the legal responsibilities of the Business Associate.

2. Except as otherwise limited in this Agreement, the Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

3. Except as otherwise limited in the Agreement, the Business Associate may use Protected Health Information to provide Data Aggregation services to the Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).

4. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(l).

Obligations of the Covered Entity

Provisions for the Covered Entity to Inform the Business Associate of Privacy Practices and Restrictions.

1. Upon request, the Covered Entity shall provide the Business Associate with the notice of privacy practices that the Covered Entity produces per 45 CFR 164.520, as well as any changes to such notice.

2. The Covered Entity shall provide the Business Associate with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect the Business Associate's permitted or required uses and disclosures.

3. The Covered Entity shall notify the Business Associate of any restriction to the use or disclosure of Protected Health Information that the Covered Entity has agreed to per 45 CFR 164.522.

Permissible Requests by the Covered Entity

The Covered Entity shall not request the Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity, except for providing Data Aggregation services to the Covered Entity and for management and administrative activities of the Business Associate as otherwise permitted by this Appendix.

Termination

1. Termination. A breach by the Business Associate of this Appendix, may subject the Business Associate to termination under any applicable default or termination provision of this Agreement.

2. Effect of Termination

a. If this Agreement has records management requirements, the records subject to the Appendix should be handled per the records management requirements. If this Agreement does not have records management requirements, the records should be handled per paragraphs 2b and 2c below.

b. If this Agreement does not have records management requirements, except as provided in paragraph 2c below, upon termination of this Agreement, for any reason, the Business Associate shall return or destroy all Protected Health Information received from the Covered Entity, or created or received by the Business Associate on behalf of the Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Business Associate. The Business Associate shall retain no copies of the Protected Health Information.

c. If this Agreement does not have records management provisions and the Business Associate determines that returning or destroying the Protected Health Information is infeasible, the Business Associate shall provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual Agreement of the Covered Entity and the Business Associate that return or destruction of Protected Health Information is infeasible, the Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the Business Associate maintains such Protected Health Information.

Miscellaneous

1. Regulatory References. A reference in this Appendix to a section in the Privacy Rule means the section as in effect or as amended, and for which compliance is required.

2. Survival. The respective rights and obligations of Business Associate under the "Effect of Termination" provision of this Appendix shall survive the termination of the Agreement.

3. Interpretation. Any ambiguity in this Appendix shall be resolved in favor of a meaning that permits the Covered Entity to comply with the Privacy Rule.

I. M. CAPTAIN
CAPT, MC, USN
Commanding Officer
Naval Health Clinic
11 Seaside Drive
City, State, Zip Code

Date: _____

I. M. CIVILIAN
Executive Officer
Memorial Medical Center
Medical Center Drive
11 Seaside Drive
City, State, Zip Code

Date: _____

LIST OF ACRONYMS

AHLTA	Armed Forces Health Longitudinal Technology Application
BUMED	Bureau of Medicine and Surgery
CO	Commanding Officer
CBC	Complete Blood Count
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
DACOWITS	Defense Department Advisory Committee on Women in the Services
DoD	Department of Defense
DOJ	Department of Justice
DON	Department of the Navy
FFSC	Fleet and Family Services Center
GHB	Gamma Hydroxy Butyrate
HCP	Health Care Personnel
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
LOD	Line of Duty
MCCS	Marine Corps Community Services
MCIO	Military Criminal Investigative Organizations
MHS	Military Health System
MMC	Memorial Medical Center
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MTF	Medical Treatment Facility
NCIS	Naval Criminal Investigative Services
NHCL	Naval Health Clinic
NSN	National Stock Number
NSVRC	National Sexual Violence Resource Center
OCONUS	Outside the Continental United States
OSD	Office of the Secretary of Defense
PII	Personally Identifiable Information
PMO	Provost Marshall Officer
POC	Point of Contact
RPR	Rapid Plasma Reagent
RRCN	Restricted Report Case Number
SACMG	Sexual Assault Case Management Group
SAE	Sexual Assault Evidence
SAFE	Sexual Assault Forensic Examination
SARC	Sexual Assault Response Coordinator
SAPR	Sexual Assault Prevention and Response
SAPRO	Sexual Assault Prevention and Response Office
SIQ	Sick-In-Quarters
SITREP	Situation Report
STI	Sexually Transmitted Infection
UCMJ	Uniform Code of Military Justice
USAEUR	U.S. Army Europe
VA	Victim Advocate
VWAC	Victim and Witness Assistance Council

LIST OF REFERENCE LINKS

Ref: (a) DoD Directive 6495.01 of 6 Oct 2005
Available at: http://www.dtic.mil/whs/directives/corres/pdf/649501p.pdf

(b) DoD Instruction 6495.02 of 23 Jun 2006
Available at: http://www.dtic.mil/whs/directives/corres/pdf/649502p.pdf

(c) SECNAVINST 1752.4A
Available at: https://doni.daps.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-700%20Morale,%20Community%20and%20Religious%20Services/1752.4A.pdf

(d) OPNAVINST 1752.1B
Available at: https://doni.daps.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-700%20Morale,%20Community%20and%20Religious%20Services/1752.1B.PDF

(e) MCO 1752.5A of 5 Feb 2008
Available at: http://www.marines.mil/news/publications/Documents/MCO%20_1752.5A.pdf

(f) SECNAVINST 1752.3B
Available at: https://doni.daps.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-700%20Morale,%20Community%20and%20Religious%20Services/1752.3B.pdf

(g) DoD 6025.18-R of 24 Jan 2003
Available at: http://www.dtic.mil/whs/directives/corres/pdf/602518r.pdf

(h) SECNAV M-5214.1 of 1 Dec 2005
Available at: https://doni.daps.dla.mil/SECNAV%20Manuals1/5214.1.pdf