



**UNITED STATES MARINE CORPS**  
HEADQUARTERS UNITED STATES MARINE CORPS  
WOUNDED WARRIOR REGIMENT  
1998 HILL AVENUE  
MCB QUANTICO, VA 22134

WWRO 6300.1C  
S-3

**29 MAR 2021**

WOUNDED WARRIOR REGIMENT ORDER 6300.1C

From: Commanding Officer, Wounded Warrior Regiment  
To: Distribution List

Subj: ADMINISTRATIVE PROCEDURES FOR REFERRAL AND ACCEPTANCE OF WOUNDED, ILL,  
AND INJURED SERVICE MEMBERS

Ref: (a) MCO 6320.2F  
(b) MCTFS PRIUM  
(c) MCO 3040.4  
(d) DoDI 1300.24, Recovery Coordination Program (RCP)  
(e) 5 U.S.C. 552a  
(f) SECNAV 5211.5E  
(g) SECNAV M-5210.1

Encl: (1) Command Referral Request  
(2) WWR Referral Medical Questionnaire  
(3) DD Form 2870 Authorization for Disclosure of Medical or Dental  
Information  
(4) Federal Recovery Consultant Office (FRCO) Consultation Request  
Form

1. Situation. Whether due to combat or other causes, Marines and Sailors often become Wounded, Ill or Injured (WII) to an extent that their units are not equipped to manage or supervise their recovery to the extent necessary. Marines or Sailors who meet certain criteria may require assistance from, or assignment to, the Wounded Warrior Regiment (WWR) for care and case management.

2. Cancellation. WWRO 6300.1B.

3. Mission. To define policy, procedures, and instructions regarding the preparation, submission, and administration of requests for the referral of recovering service members (RSMs) to receive support and resource management from WWR or its subordinate battalions and detachments. Reference (a) dictates the administrative requirement to establish and maintain adequate control procedures in the administration, preparation, and transfer requests of hospitalized Marines and Sailors.

4. Execution

a. Commander's Intent. WWR exists to support the successful recovery or transition of RSMs. In order to properly allocate resources, WWR will ensure all cases requiring complex medical and/or non-medical care are assessed by a multi-disciplinary team that takes into account the recommendations of referring unit commanders and competent medical authority. Determination will be made regarding the suitability of initiating a transfer by service record (TR by SR), attachment in a temporary additional duty (TAD) status, or

apportionment of additional support from the WWR in an externally supported status.

b. Concept of Operations. Wounded Warrior Battalion (WWBn) Commanders will be responsible for the overall management and execution of the referral process and associated administrative actions. All RSMs not in the vicinity of their parent command and receiving treatment in a Military Treatment Facility (MTF) that is collocated with a WWR Detachment will be initially attached TAD to the appropriate detachment in the Marine Corps Total Force System (MCTFS) in accordance with references (a) and (b). The respective Detachment Officer-In-Charge (OIC) or designee will ensure positive contact with the RSM and liaison with their respective WWBn S-3 to inform the parent command on referral procedures based on the RSM's condition. After an initial evaluation period (usually no more than 10 days), and upon receipt of a referral package from the RSM's parent unit, the respective WWBn will make a determination for further TAD up to 90 days or TR by SR to the WWBn or detachment. The Commanding Officer, WWR is the final authority regarding all referral matters.

c. Tasks

(1) S-3. Provide supervision of the operations center charged with oversight and coordination of WWR and WWBn assets related to assignments and referral processes for the WWR.

(2) WWBn Commanders

(a) Conduct a multi-disciplinary referral board, at least weekly, to assess all referral requests and make determinations on initial approval or disapproval of referral requests and assignment. The referral board will, at a minimum, be comprised of: Battalion Commander or Executive Officer, battalion medical and/or medical advisor, administrative (S-1) representative, battalion operations (S-3) representative, Detachment OICs, Recovery Care Coordinators and Company Commanders. Communicate referral decisions to the referring commands and document said decisions in Marine Corps Wounded, Ill, and Injured Tracking System (MCWIITS).

(b) Ensure daily coordination between subordinate detachments and their associated MTF patient administration/admissions and fleet liaison sections.

(c) Per reference (b), ensure all personnel with an anticipated lengthy period of treatment (and who arrive at a MTF outside the normal commuting distance established by their installation commander for care where a WWR Detachment exists) are reported as attached TAD "Other" in MCTFS for accountability. WWR Detachments are responsible for coordinating with the parent command for any required support for service members not attached TAD while undergoing medical treatment.

(d) Ensure coordination with parent commands for administrative requirements upon termination of TAD or care at the MTF where the subordinate detachment is located.

(e) Ensure coordination with parent command when a TAD extension review is considered, TR by SR, or return to command action is required or

requested. Requests for TR by SR will be initiated by the respective WWBn. A TR by SR can be submitted sooner than 90 days if necessary.

(f) Ensure subordinate detachments serve as liaison to their respective MTFs and assume administrative and operational responsibility for the service members assigned; this includes but is not limited to:

1. Personnel Casualty Reports (PCRs),
2. Personnel updates,
3. MCTFS reporting,
4. Accountability

(g) Ensure supplemental PCRs are completed in accordance with reference (c).

(h) Ensure all administrative requirements are completed to include reporting endorsements and any change in status notifications (i.e. in-or outpatient) as this will affect the Marine's applicable pay and allowances.

(i) Utilize the referral tracker in the WWR SharePoint to ensure the WWR is aware of all disapprovals and returned packages.

d. Coordinating Instructions

(1) Reference (a) provides general information relating to the processing of WII service members. This Order provides specific guidance on the process within the WWR.

(2) Contents of Referral Request

(a) Enclosure (1) must be fully completed by the requestor or referring command and contain battalion level, or above, command endorsement.

(b) Enclosure (2) must be completed by the appropriate medical authority, such as the primary care manager, specialist, and/or medical officer. Ensure all information is handled in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Enclosure (3) must be completed and attached to each referral package.

(c) Each Marine being referred should be given the opportunity to make a personal impact statement on their case and be part of the referral package. This statement will be in standard Naval Format letter signed by the RSM.

(d) Local generation of forms is not authorized; all authorized forms are to be located on the WWR Webpage under "Refer a Marine."

(e) Upon completion of enclosures (1) through (4), external commands will submit the referral to the appropriate WWR Battalion Operations Section:

1. WWBn-East: wwbn\_east\_s3@usmc.mil

2. WWBn-West: wwbwn\_referrals@usmc.mil

(f) The WWBn will review each referral package for completeness and accuracy. Incomplete packages will be returned to the originator for corrective action and resubmission.

(g) The WWBn will create a case in the MCWIITS if one does not already exist and input the referral board's decision in the notes section.

(h) If the RSM does not meet the criteria for TR by SR, their case will be considered for extension in a TAD status. RSMs can also be considered for support as an external case and offered other WWR support such as a Recovery Care Coordinator (RCC), Non-Medical Case Manager (NMCM), or Contact Center Representative (CCR). In all instances, the requesting command will be notified of the board's decision in writing and by phone call.

(3) Considerations for Possible Acceptance. The following criteria may be considered to justify acceptance for long term support via TR by SR:

(a) Wounds, illnesses, or injuries requiring extended or long-term care and treatment or rehabilitation at one location.

(b) The parent command cannot support transportation requirements for the RSM due to complex care requirements.

(c) The RSM cannot perform a mission-related function with the parent command due to their medical conditions.

(d) The service member has multiple complex weekly medical appointments causing their inability to perform a function at the parent command.

(e) Service member's preference for geographical location of assignment will also be considered when it is proven feasible to enhance their recovery and rehabilitation. Under no circumstance will appropriate medical support be degraded to accommodate geographical location.

(4) Considerations for Possible Disapproval. For RSMs that do not meet the conditions for supplemental care management, the criteria below (not all inclusive) may be considered to justify disapproval:

(a) The RSM's absence from work for treatment does not interrupt or impede their ability to perform a beneficial function (i.e., the RSM can perform a mission-related function in their parent command even if it is outside their primary military occupational specialty). This may be subjective in cases where behavioral and psychological health is a consideration.

(b) The RSM has been processed into Physical Evaluation Board (PEB) of the Disability Evaluation System (DES). Generally, if the RSM's package has been submitted to the PEB phase of the Department of the Navy (DoN) DES, it is not beneficial to transfer the Marine to the WWR.

(c) The service member requires a level of monitoring or

observation that cannot be provided by the WWR (e.g., 24-hour watch, extreme psychological or behavioral conditions, etc.).

(d) The service member is pending military or civil adjudication of charges.

(e) A line of duty investigation/determination (LODI) regarding the circumstances resulting in wounds, injuries, or illness has not been completed. This is not cause for denial in itself; the parent command retains the requirement to complete the investigation. In some instances, a Chronological Record of Medical Care (SF600) can be accepted by the medical board representative if all means to acquire the LODI have been exhausted.

(f) The service member is not in an inpatient status and not placed on a period of limited duty or has a history of non-compliance with medical treatment.

(g) Service members with an approved retirement.

(5) Approvals

(a) All personnel accepted by the WWBn will be assigned to the appropriate company or detachment under a patient Monitored Command Code (MCC) and assigned an appropriate Draw Case Code (DCC) in Marine Corps Total Force System (MCTFS) of W1 or W2. DCCs are reported by WWR S-1. WWBn S-1 must submit the names of personnel requiring a DCC to be reported to the WWR S-1.

(b) The WWBn S-3 will assign the appropriate level of recovery support (RCC, NMCM, CCR) to the RSM based upon their needs and category classification indicated below.

(c) If accepted for TR by SR, RSM will not be placed in staff positions during the course of their recovery, or in any position that requires them to execute authority over any other RSM. All requests for waivers of this policy will be submitted to the Commanding Officer, WWR via the chain of command.

(d) Any WWR/WWBn staff personnel (joined to a 1W\_ monitored MCC) who become RSMs will submit their request for TR by SR to patient (2W\_ MCC) status in the same manner as any other personnel accepted to the WWR/Bn. The WWBn will inform the WWOC of any staff members in this category that are denied.

(e) Navy Corpsmen assigned as RSMs will not be assigned duties or responsibilities in their Military Occupational Specialty.

(f) Ensure all OCONUS Marines and Sailors accepted via the referral board have TR by SR request submitted upon completion of all administrative, operational, and legal requirements at their parent command.

(g) Reference (d) directed military departments to use or create a similar category classification within their Wounded Warrior Programs. The WWR established category classifications that are closely in line with VSI, SI, and NSI status defined in paragraph (7) below.

(6) Disapproved Requests

(a) Parent commands are notified by the WWBn Commander of the specific reasons for the disapproval, along with a listing of additional WWR assets the parent command may engage.

1. All Very Seriously Injured (VSI) and Seriously Injured (SI) RSM's will be initially assigned an RCC regardless of TAD, joined, or external support.

2. All NSI will be referred to the Wounded Warrior Call Centers, located at the WWBn, to assess for the need of case management or assistance by a NMCM or CCR.

(b) Parent commands desiring reconsideration of a denial are encouraged to contact the WWBn point of contact listed on the denial letter to discuss the case decision. If desired, the parent command may submit requests for reconsideration directly to the Commanding Officer, WWR via the WWR S-3. The WWR S-3 will coordinate with the respective WWBn to request copies of all supporting documentation. Request will be in the same format as the initial request (i.e., enclosure (1)) and identify any new or compelling information, conditions, or changes in the case to be consider. Instructions on how to submit an appeal will be included in the command notification letter.

(c) When the final reconsideration decision is made by the Commanding Officer, WWR, the parent command and WWBn will be notified. An entry will be recorded in MCWIITS with the final decision.

(7) Category Classification

(a) Category I or NSI. A RSM in CAT I or NSI will not normally require transfer to a WWR unit; however, they will be attached while in an inpatient status (each individual will be addressed on a case-by-case basis). All NSI cases will be assigned to the contact centers for assessment of needs prior to suspension:

1. Has a mild injury of illness which requires minimal medical care.
2. Expected to return to duty in less than 90 days
3. Receiving local medical treatment/rehabilitation

(b) Category Two (CAT II) or SI. All SI are assigned a RCC.

1. Has a serious injury or illness,
2. Is unlikely to return to duty in less than 90 days,
3. Placed in a limited duty status, or
4. May be medically separated from the military.

(c) Category Three (CAT III) or VSI. All VSI are assigned a RCC.

1. Has a complex and severe/catastrophic injury or illness,

2. Is highly unlikely to return to duty,
3. Will be medically separated from the military, or
4. Has been referred to the DES.

(d) Other Cases

1. As determined by WWR or WWBn Commanding Officer, or
2. Other issues affecting morale, welfare, recovery, or rehabilitation on a case-by-case basis.

(8) An RSM approved via the referral process for initial assignment to a WWBn or WWR subordinate element will not require another complete referral process for any further inter-WWR moves (e.g., detachment to detachment or battalion to battalion). Prior to assigning or transferring a RSM to another location within the WWR, certain considerations should be weighed:

(a) Positive or negative impacts on the service member's current treatment plan.

(b) The relationship between the parent command and service member.

(c) The geographical location of the family support system for the RSM, and their family's positive or negative impact on recovery.

(d) Potential impact on their transition plan and participation in the lines of operation for recovery.

(e) Whether or not the RSM has been accepted by a medical provider at the new location.

(9) As identified in reference (d), all CAT III and other WII service members who would most likely benefit from the services of the Veterans Administration (VA) Federal Recovery Coordination Program (FRCP) will be referred to the VA FRCP utilizing enclosure (4).

(a) The FRCP referral will serve as notification to the Federal Recovery consultant (FRC) of a CAT III, or other referral, for enrollment into the FRCP.

(b) The service member's Comprehensive Recovery Plan (CRP) will be updated to reflect the FRCP enrollment.

(c) The WWBn Commanding Officer will ensure the FRC has the opportunity to be an active participant of the Recovery Care Team (RCT).

(d) The RCC will coordinate transfer of primary responsibilities to the FRC once the service member has received and accepted their DES findings and has an established end of active service.

(e) A service member designated as CAT III, who later meets the criteria for CAT II as determined by the RCT, shall be re-designated as a CAT II. The FRC shall remain with the service member's case until the FRC, RCC, service member, and family agree the services of the FRC are no longer required. Participation in the FRCP post-service is strongly encouraged; however, the ultimate decision remains with the individual service member.

(f) Ensure that RSMs assigned to a Veterans Administration Poly Trauma Rehabilitation Center are considered for TR by SR record due to the length of time members are resident at the facility.

#### 5. Administration and Logistics

a. Privacy Act. Any misuse or unauthorized disclosure of Personally Identifiable Information (PII) may result in both civil and criminal penalties. The Department of Navy (DON) recognizes the respect and protection of an individual's privacy is a personal and fundamental right. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities will be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII will be in accordance with the Privacy Act of 1974, as amended (reference (e) and implemented per reference (f)).

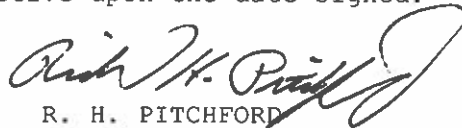
b. Records Management. Manage records created as a result of this Order according to National Archives and Records Administration approved dispositions per reference (g) to ensure proper maintenance, use, accessibility, and preservation, regardless of format or medium.

c. Recommendations for changes to this Orders are encouraged and will be submitted to the WWR S-3 via the appropriate chain of command.

#### 6. Command and Signal

a. Command. This Order is applicable to the WWR and subordinate elements.

b. Signal. This Orders is effective upon the date signed.

  
R. H. PITCHFORD

DISTRIBUTION: B



UNITED STATES MARINE CORPS

IN REPLY REFER TO:

6202

ADJ

(Date)

From: Commanding Officer, \_\_\_\_\_  
To: Commanding Officer, Wounded Warrior Battalion- East ☐ West ☐

Subj: RECOMMENDATION FOR ASSIGNMENT TO WOUNDED WARRIOR BATTALION  
ICO \_\_\_\_\_

(RANK FIRST NAME MIDDLE INITIAL LAST NAME EDIPI/MOS)

Ref: (a) MCO 6320.2  
(b) WWRO 6300.1

1. Per the references, the following assessment is submitted to assist the Commanding Officer of Wounded Warrior Battalion in the determination of assignment of the subject named service member to Wounded Warrior Battalion:

- a. Service member's current military occupational specialty?  
\_\_\_\_\_
- b. What are the service member's current physical limitations? \_\_\_\_\_  
\_\_\_\_\_
- c. Member's current height, weight/Date: \_\_\_\_\_
- d. Is the service member currently assigned to the Body Composition Program? Yes ☐ No ☐
- e. What is the average number of work hours per week that the service member's condition has required them to be away from current duties for treatment, evaluation, and/or recuperation?  
\_\_\_\_\_

Is the service member pending disciplinary action (military or civilian) or involuntary administrative separation for misconduct?  
Yes ☐ No ☐ If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- f. Does the member have a history of disciplinary issues or misconduct?  
Yes ☐ No ☐ If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g. Has a Line of Duty Investigation been completed (or currently pending) surrounding the circumstances of the injury/accident?  
Yes ☐ No ☐ (If yes attach a copy of the investigation findings)
- h. What is the member's marital status? \_\_\_\_\_
- i. How many children does the Marine have? \_\_\_\_\_

j. Is the service member's family co-located with the member?

Yes ☐ No ☐

k. Will the service member require billeting? Yes ☐ No ☐

1. Is the service member medically and legally cleared to drive?

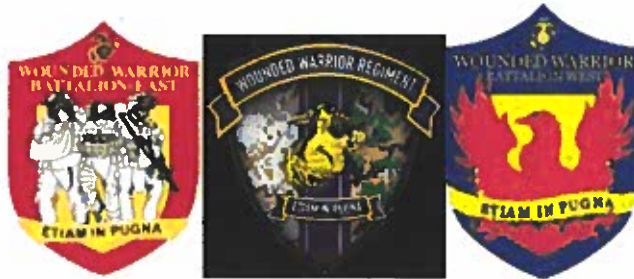
Yes ☐ No ☐

m. Does the member currently have an open case with the Family Advocacy Program? Yes ☐ No ☐ If yes please explain: \_\_\_\_\_

2. Commanding Officers Comments: Why would Wounded Warrior Battalion best suit the recovery of your Marine or Sailor? \_\_\_\_\_

Signature (\*Battalion Commander or above)

\*If the Company Commander signs, attach Battalion Commander Endorsement.



## Wounded Warrior Regiment

### Recovering Service Member Referral Medical Questionnaire

Return to Service Members parent command for submission to Wounded Warrior Battalion-East or West  
All below fields must be completed; any blank fields could delay processing time

Date of Request: \_\_\_\_\_

#### \*Service Members Information

Rank: \_\_\_\_\_

Name: \_\_\_\_\_ EDIPI: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Combat related: Yes ☐ No ☐

#### Unit Information

Unit: \_\_\_\_\_

Unit POC (Rank and Name): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*This document may contain information covered under the Privacy Act, 5 USC 552(a), and/or Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions. Healthcare information is personal and sensitive and must be treated accordingly. If this correspondence contains healthcare information, it is being provided to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. Redisclosure without additional patient consent or as permitted by law is prohibited.

Unauthorized redisclosure or failure to maintain confidentiality subjects you to application of an appropriate sanction. If you have received this correspondence in error, please notify the sender at once and destroy any copies you have made." A covered entity may use AND DISCLOSE the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission.

**Unit Medical Officer / Primary Care Provider**

**Providers Information**

Rank: \_\_\_\_\_ National Identification Number (NIP #): \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Service Member Information**

Rank: \_\_\_\_\_ Name: \_\_\_\_\_

Marital Status: Single ☐ Married ☐ Other ☐

Billeting Required: Yes ☐ No ☐

1. Does this member require any adaptive equipment or housing? Yes ☐ No ☐

Please explain if yes: \_\_\_\_\_  
\_\_\_\_\_

2. Describe the primary diagnosis or mechanism of injury causing this referral to Wounded Warrior Battalion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Can a local Military Treatment Facility (hospital) provide appropriate care for this service member?

Yes ☐ No ☐ If Yes, MTF or WWBn Detachment Name/Location: \_\_\_\_\_

If No, What Medical facility can provide appropriate treatment/care and has any medical referrals been submitted or approved for an accepting provider? \_\_\_\_\_

4. Estimate recovery period: \_\_\_\_\_

5. List any medical specialties assigned to this service member's care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Period of limited duty assigned: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

IDES Referral: YES ☐ No ☐ Date: \_\_\_\_\_ PEB Mailed: Yes ☐ No ☐ Date: \_\_\_\_\_

**(Attach a copy of current limited duty/IDES Referral Forms, expired limited duty forms will not be accepted)**

7. Do you feel the service member will be capable of returning to full duty?

Yes ☐ No ☐

8. Is the service member medically cleared to drive? Yes ☐ No ☐ Please list limitation if indicated: \_\_\_\_\_  
\_\_\_\_\_

9. Number of missed appointments in the past 90 days: \_\_\_\_\_ Please list reasons for missed appointments. \_\_\_\_\_  
\_\_\_\_\_

10. Does the service member have any alcohol abuse or substance abuse? Yes ☐ No ☐ If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

11. Has the service member ever received any treatment for substance abuse? Yes ☐ No ☐ If Yes Date(s): \_\_\_\_\_ Facility: \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_

12. Has the service member been screened for TBI or PTSD? Yes ☐ No ☐

Positive for TBI? Yes ☐ No ☐ Date: \_\_\_\_\_

Positive for PTSD? Yes ☐ No ☐ Date: \_\_\_\_\_

13. Does the service member have a history of suicidal or homicidal ideations or attempts? Yes ☐ No ☐ If Yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

14. Are there any specific medical needs for this service member? Yes ☐ No ☐ If Yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Is the service member on any controlled medications? Yes ☐ No ☐ Please List  
\_\_\_\_\_  
\_\_\_\_\_

16. Why is Wounded Warrior Battalion the best place for this service member?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What is the medical plan of care for this service member?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Will this service member require any surgeries in the near future? Yes ☐ No ☐

Please explain if Yes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Please provide any additional information relevant to the recommendation to assign this service member to Wounded Warrior Battalion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Officer (stamp required)

\_\_\_\_\_  
Date

# AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

## PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

**PRINCIPAL PURPOSE(S):** This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

**ROUTINE USE(S):** To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

## SECTION I - PATIENT DATA

1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD) All Treatment Records	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> BOTH	

## SECTION II - DISCLOSURE

6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO:	
(Name of Facility/TRICARE Health Plan)	
a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN Wounded Warrior Battalion Referral Board Members	b. ADDRESS (Street, City, State and ZIP Code) PPI Wounded Warrior Drive Camp Lejeune, NC 28542-0008
c. TELEPHONE (Include Area Code) 910-450-5153	d. FAX (Include Area Code)
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable) <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> OTHER (Specify) Referral Package <input type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL	
8. INFORMATION TO BE RELEASED All Medical and Mental Health Treatment records relevant to referral to WWBn.	
9. AUTHORIZATION START DATE (YYYYMMDD)	10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED

## SECTION III - RELEASE AUTHORIZATION

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
  - b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
  - c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.
  - d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.
- I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
--	--	---------------------

## SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		
SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:		

**Federal Recovery Consultant Office (FRCO)  
Consultation Request Form**

**Service Member/Veteran Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Branch of Service:(Check Box) USMC ☐ USA ☐ USAF ☐ USN ☐ USCG ☐ Other ☐

Veteran Status: Active Duty ☐ National Guard/Reserve ☐ Veteran ☐

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rank: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Current Location: \_\_\_\_\_  
(if different address) (Street) (City) (State) (Zip)

**Consult Information**

**Reason for Consult (Please check appropriate box below)**

**Benefits** ☐ VA ☐ DoD ☐ Other: \_\_\_\_\_

**Health Care** ☐ VA ☐ DoD ☐ Other: \_\_\_\_\_

**Resources** Please specify: \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

**Consult Requestor Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

WWP: \_\_\_\_\_

**Fax Completed Form to: (202) 495-5430**

**ATTN: FRCO Staff**

**Please Call (877) 732-4456 if you require assistance**

**ENCLOSURE (4)**