Report No. DODIG-2021-106

~~CUI~~

INSPECTOR GENERAL

U.S. Department of Defense

AUGUST 25, 2021

Audit of the Department of Defense's Controls on Health Information of Well-Known Department of Defense Personnel

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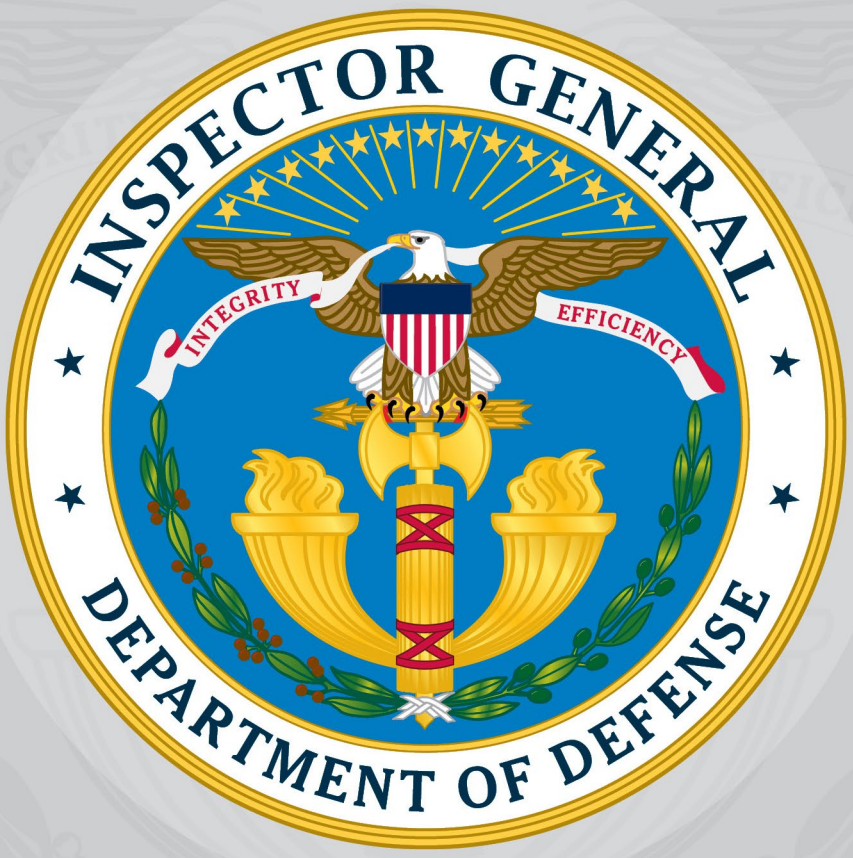
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DEPARTMENT OF DEFENSE

Results in Brief

Audit of the Department of Defense's Controls on Health Information of Well-Known Department of Defense Personnel

August 25, 2021

Objective

The objective of this audit was to determine whether the DoD effectively controlled access to health information of well-known DoD personnel.

Background

~~(CUI)~~ The DoD maintains millions of electronic health records on its DoD beneficiaries, [redacted] DoD personnel who are granted access to health information to perform their official duties may access, without an official reason, a patient's protected health information, such as medical diagnoses, mental health notes, medications, and personally identifiable information, such as a social security number. [redacted] which violates the personal privacy of the affected individuals.

According to the Health Insurance Portability and Accountability Act (HIPAA) and DoD guidance, all authorized users of health information must access only data that they are authorized to access, must have a need to know, and must assume only authorized roles and privileges.

~~(CUI)~~ We nonstatistically selected 38 well-known individuals to determine whether their health information was accessed by an unauthorized health care official. We limited the review to individuals that became well-known from

Background (cont'd)

~~(CUI)~~ a high-media incident [redacted] A high-media incident is when a large audience learns of an event through media communications, such as social media, broadcasting, or newspapers. We requested electronic health records access logs from the Defense Health Agency (DHA) in April 2020 for the selected DoD personnel. A total of 1,410 individuals accessed the health information of these 38 individuals. We nonstatistically selected 44 DoD personnel (viewers) that accessed the health information for 18 of the 38 well-known individuals based on risk factors, such as a difference in locations of the viewers and the well-known individuals, and information accessed immediately after high-media incidents. Afterward, we requested the applicable Military Department or the DHA provide a reason for why the selected viewers accessed the health information of the well-known individual.

Finding

The DoD did not effectively control access to health information of well-known DoD personnel and possibly of any DoD personnel, as exemplified by what we found regarding well-known DoD personnel. Specifically:

- 7 viewers were confirmed by the applicable DoD Components as authorized to access the health information;
- 15 viewers were confirmed by the applicable DoD Components as unauthorized to access health information; these individuals violated HIPAA and DoD guidance; and
- 22 viewers were not confirmed by the applicable DoD Components as authorized or unauthorized to access the health information of DoD well-known personnel; however, the access was likely unauthorized.

~~(CUI)~~ [redacted]

Results in Brief

Audit of the Department of Defense's Controls on Health Information of Well-Known Department of Defense Personnel

Finding (cont'd)

~~(CUI)~~ [redacted]

Recommendations

We recommend that the DHA Director, in coordination with the Military Department Surgeons General:

- ~~(CUI)~~ [redacted]
- (1) perform a review of unauthorized and undetermined access of protected health information of all personnel identified in this audit, (2) based on the results, initiate appropriate disciplinary actions for individuals that were not authorized to access the information of all personnel, and (3) report the incidents in accordance with applicable laws and DoD guidance.

Management Comments and Our Response

~~(CUI)~~ The DHA Director partially agreed with the recommendation [redacted]

~~(CUI)~~ [redacted]

~~(CUI)~~ Although the DHA Director partially agreed, the comments provided addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we obtain documentation that shows the DHA [redacted]

The DHA Director agreed with the recommendation regarding the review of unauthorized and undetermined access and resulting disciplinary actions, and reporting of incidents. The DHA Director stated that the DHA is in the process of reviewing what we presented as unauthorized and undetermined access of protected health information of all personnel identified in this audit, and anticipates completion of the review this year. In addition, the Director stated that incidents found to be in violation of unauthorized access or disclosure, will be dealt with in accordance with applicable laws and DoD guidance.

Comments from the Director addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we obtain the results of the review, and verify the actions that the DHA Director takes fully address the recommendation.

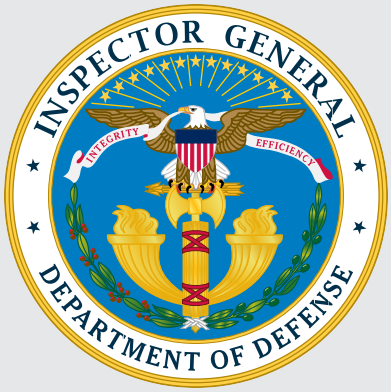
Please see the Recommendations Table on the next page for the status of recommendation.

Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Director, Defense Health Agency	None	1.a, 1.b	None

Note: The following categories are used to describe agency management's comments to individual recommendations.

- **Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **Closed** – OIG verified that the agreed upon corrective actions were implemented.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INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500

August 25, 2021

MEMORANDUM FOR DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Audit of the Department of Defense's Controls on Health Information of Well-Known Department of Defense Personnel (Report No. DODIG-2021-106)

This final report provides the results of the DoD Office of Inspector General's audit. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management's comments on the draft report when preparing the final report. These comments are included in the report.

You agreed with one recommendation and partially agreed with another recommendation. We consider both recommendations resolved because the response and actions described by you met the intent of our recommendations. Therefore, the two recommendations that were addressed are considered resolved and open. As described in the Recommendations, Management Comments, and Our Response section of this report, the recommendation may be closed when we receive adequate documentation showing that all agreed-upon actions to implement the recommendation have been completed. Therefore, please provide us your response concerning specific actions in process or completed on the recommendations for these actions in your comments to the draft report. Your response should be sent to followup@dodig.mil.

If you have any questions, please contact me at [redacted]

Theresa S. Hull
Assistant Inspector General for Audit
Acquisition, Contracting, and Sustainment

Contents

Introduction

Objective

~~(CUI)~~ The objective of this audit was to determine whether the DoD effectively controlled access to health information of well-known DoD personnel. We define well-known DoD personnel as individuals who became well-known from a high-media incident [redacted] A high-media incident is when a large audience learns of an event through media communications, such as social media, broadcasting, or newspapers. See the Appendix for the scope and methodology.

~~(CUI)~~ We define well-known DoD personnel as individuals who became well-known from a high-media incident [redacted]

~~(CUI)~~ On February 25, 2019, the Deputy Assistant Secretary of Defense for Health Services Policy and Oversight and the Deputy Director of the Defense Health Agency (DHA) suggested this audit. [redacted]

Background

~~(CUI)~~ The DoD maintains millions of electronic health records on its DoD beneficiaries, [redacted] Some DoD personnel have been granted access to these records to perform their official duties. DoD personnel could attempt to access health information on acquaintances or well-known DoD beneficiaries without a need to know, which violates the personal privacy of the affected individuals. Protected health information includes medical diagnoses, mental health notes, medications, and a patient's personally identifiable information, such as a full name, social security number, and date of birth.

~~(CUI)~~ Government personnel could also access health information for purposes of extortion, public embarrassment, or sale to others. [redacted]

~~(CUI)~~ [redacted]

Federal and DoD Regulations on Protecting Health Information of DoD Beneficiaries

The Federal Government has laws and regulations to protect the health information of DoD beneficiaries.[1] DoD guidance requires that all authorized users of health information must access only data for which they are authorized access and have a need to know, assuming only authorized roles and privileges. All Military Health System personnel, including those with access to systems that contain protected health information, are required to complete the Health Insurance Portability and Accountability Act (HIPAA) and Privacy Act training annually. Personnel with access to health information have agreed to use their access to these systems for official use only and are subject to official disciplinary action, including removal from Federal service, if they misuse or abuse their access.[2] Also, the DoD may have financial liabilities as a result of violations of privacy laws.

~~(CUI)~~ The DHA issued interim guidance on November 8, 2018, that establishes how to restrict access for individuals who have "notoriety."[3] In summary, upon notification or viewing of a high-profile or high-media incident involving a DoD Service member, DoD civilian, or veteran, the DoD will implement a process to restrict that individual's health information to only a few DoD personnel. [redacted]

Individuals Selected for Review

~~(CUI)~~ We nonstatistically selected 38 well-known individuals to determine whether their health information was accessed by an unauthorized health care official. We limited the review to individuals that became well-known from a high-media incident [redacted] We requested electronic

[1] Federal policies regarding information security are established in sections 300gg and 1320d et seq., title 42, United States Code (U.S.C.); section 1181 et seq., title 29 U.S.C.; and parts 160, 162, and 164, title 45, Code of Federal Regulations. These policies are collectively known and referred to as the "Health Insurance Portability and Accountability Act (HIPAA)." The following are key DoD regulations on protecting health information: DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," August 12, 2015; DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019; and Defense Health Agency, Interim Procedures Memorandum (DHA-IPM), 18-018, "Physical Custody and Control of the DoD Health Record," November 8, 2018.

[2] Defense Health Agency, Interim Procedures Memorandum, 18-018, "Physical Custody and Control of the DoD Health Record," November 8, 2018.

[3] Defense Health Agency, Interim Procedures Memorandum (DHA-IPM), 18-018, "Physical Custody and Control of the DoD Health Record," November 8, 2018 and December 2020.

~~(CUI)~~ health records access logs from the DHA in April 2020 for the 38 individuals that are well-known DoD personnel. A total of 1,410 individuals accessed the health information of these 38 individuals. We nonstatistically selected 44 DoD personnel (viewers) that accessed the health information for 18 of the 38 well-known individuals based on risk factors, such as a difference in locations of the viewers and the well-known individuals, and accesses immediately after high-media incidents. Afterward, we requested the applicable Military Department or the DHA provide a reason for why the selected viewer accessed the health information of the well-known individual.

Review of Internal Controls

~~(CUI)~~ DoD Instruction 5010.40 requires DoD organizations to implement a comprehensive system of internal controls that provides reasonable assurance that programs are operating as intended and to evaluate the effectiveness of the controls.[4] [redacted] We will provide a copy of the final report to the senior official responsible for internal controls in the DHA and the Military Departments.

[4] DoD Instruction 5010.40, "Managers' Internal Control Program Procedures," May 30, 2013.

Finding

The DoD Did Not Effectively Control Access to Health Information of Well-Known Personnel

The DoD did not effectively control access to health information of well-known DoD personnel and possibly of any DoD personnel, as exemplified by what we found regarding well-known DoD personnel. Specifically, of the 44 viewers we selected for review:

- 7 viewers were confirmed by the applicable DoD Components as authorized to access the health information;
- 15 viewers were confirmed by the applicable DoD Components as unauthorized to access health information, and these unauthorized views are violations of the HIPAA and DoD guidance;
- 22 viewers were not confirmed by the applicable DoD Components as authorized or unauthorized to access the health information of DoD well-known personnel; however, the access was likely unauthorized.

~~(CUI)~~ [redacted]

Accessed Health Information of Well-Known Individuals

The DoD did not effectively control access to health information of well-known DoD personnel and possibly of any DoD personnel, as exemplified by what we found regarding unauthorized access to health information for well-known DoD personnel.

Table 1 shows the summary of responses we received from the DHA and Military Departments on each of the 44 viewers, who we selected for review, that accessed the health information of well-known DoD personnel.

Table 1. Summary of Responses of the Health Care Personnel We Reviewed

	Number of Viewers Reported as Authorized to Access Health Information	Number of Viewers Reported as Unauthorized to Access Health Information	Number of Viewers Undetermined as Authorized or Unauthorized to Access Health Information
DHA*	1	4	4
Army	0	6	1
Navy	5	3	17
Air Force	1	2	0
Total	**7**	**15**	**22**

*Individuals assigned [redacted] are listed as the DHA.

Source: DoD OIG.

Unauthorized Access to Health Information

Below are three examples of viewers who accessed health information from a different geographical location than the well-known individual, where the applicable Military Department confirmed the instances of access were not authorized. These incidents were identified by this audit and actions taken were as a result of this audit.

1. ~~(CUI)~~ We requested that [redacted] explain why a viewer accessed the same [redacted] health information in July 2019; September 2019; October 2019; November 2019; January 2020; and March 2020. An [redacted] official stated that the viewer was [redacted] and there was no official reason for [redacted] to access the [redacted] health information. The official also stated that the access was inappropriate. The official further stated that HIPAA training was provided to [redacted], and [redacted] clinical system access was suspended.

> *~~(CUI)~~ An [redacted] official stated that the viewer was [redacted] at [redacted] and there was no official reason for [redacted] to access the [redacted] health information.*

2. ~~(CUI)~~ We requested that [redacted] explain why a viewer accessed a well-known individual's health information in December 2019. An official from [redacted] Privacy Office stated that the health care official did not fall under the office's review, but rather was under the review of [redacted]

~~(CUI)~~ [redacted]. We contacted [redacted] to ask why the health care official accessed a well-known individual's health information in December 2019. The Acting Commanding Officer stated that the health care official was [redacted] and a [redacted], who admitted to accessing the well-known individual's health information, but realized he had not been under his care and ended the search. The Acting Commander further stated that [redacted] was dismissed from [redacted].

3. ~~(CUI)~~ We requested that [redacted] explain why a viewer accessed [redacted] health information in June 2019. An [redacted] official stated that a health care official from [redacted] accessed the health information. We requested that [redacted] explain why [redacted] official accessed the [redacted] health information in June 2019. An [redacted] official stated that the viewer was [redacted], [redacted]. [redacted] investigated and determined that [redacted] did not have authority to access the [redacted] health information. [redacted] stated that the official was counseled and directed to complete HIPAA and Privacy Act training.

Not Determined as Authorized or Unauthorized

Below are three examples of viewers who accessed health information from a different geographical location than the well-known individual or after a high-media event, where the applicable Military Department did not determine whether the accesses were authorized or not authorized. These incidents were identified as a result of the audit.

1. ~~(CUI)~~ We requested that [redacted] explain why a viewer accessed a [redacted] health information in February 2018. A [redacted] official stated that [redacted], which is the viewer, claimed that he simply made a mistake. [redacted] stated that he needed to access the record of another patient with the same last name on the same day. However, [redacted] determined that [redacted] did not access the health information of any other patient with the same last name on the same day. Moreover, [redacted] official also stated that [redacted] had accessed the health information of other well-known individuals on the same day,

> *~~(CUI)~~ [redacted] official also stated that [redacted] had accessed the health information of other well-known individuals on the same day, [redacted]*

~~(CUI)~~ [redacted] The official further stated that it was highly likely that the access was not authorized. Also, [redacted] reported to us that [redacted] accessed three other [redacted] health information in May 2020. [redacted] did not explicitly state whether or not the individual was authorized to access the [redacted] health information.

2. ~~(CUI)~~ We requested that [redacted] explain why a viewer accessed a well-known individual's health information in December 2019. An official from [redacted] Privacy Office stated that the viewer did not fall under the office's review, but rather was under the review of [redacted]. [redacted] referred our request to the [redacted]. [redacted] stated that the viewer was [redacted] that worked as [redacted] [redacted] stated that he could not speculate as to the reason [redacted] would access the health information. Also, the commander for [redacted] stated that he did not authorize [redacted] to access the well-known individual's health information, and he could not think of any reason why [redacted] would have accessed the information. The well-known individual did not receive any health care close to the date [redacted] accessed the health information. [redacted] accessed the health information the same week that a high-media event took place regarding the well-known individual. [redacted] did not explicitly state whether or not [redacted] was authorized to access the well-known individual's health information.

> *~~(CUI)~~ The well-known individual did not receive any health care close to the date [redacted] accessed the health information. [redacted] accessed the health information the same week that a high-media event took place regarding the well-known individual.*

3. ~~(CUI)~~ We requested that [redacted] explain why a viewer accessed a [redacted] health information in April 2019. An [redacted] official provided information that showed the viewer was [redacted] The official further stated that [redacted] accessed the health information because [redacted] asked [redacted] to schedule an appointment but [redacted] misheard the name and inadvertently accessed [redacted] health information. [redacted] realized it was [redacted] and went back to [redacted] to clarify the name. [redacted] further stated that [redacted] then scheduled the appointment for the correct patient, who was [redacted]. To verify the statements from [redacted], we examined the access log of [redacted] health

(CUI) record and found that [redacted] did not access [redacted] health information during that time. We also determined that [redacted] had seen [redacted] before and has written medical notes in the [redacted] medical record, reducing the chances that the individual misheard the correct name from [redacted]. Therefore, we requested that [redacted] reassess what happened, and [redacted] official stated that [redacted] accessed the [redacted] health information because [redacted] lacked experience, lacked training on standard search practices, and exercised poor communication during a time of high stress. [redacted] official did not explicitly state whether or not [redacted] was authorized to access the [redacted] health information.

(CUI) [redacted]

(CUI) [redacted]

(CUI) [redacted]

(CUI) [redacted]

~~(CUI)~~ [redacted]

Management Actions Taken by the Defense Health Agency

~~(CUI)~~ In December 2020, [redacted] stated that in September 2020 he contacted [redacted] to request if they wanted to restrict access to their health information to their designated health care providers. According to the DHA Director, as of June 28, 2021, [redacted] also stated that he implemented controls to ensure unauthorized accesses were identified and resolved.

Concern on Holding Personnel Accountable for HIPAA Violations

~~(CUI)~~ DoD Components may not have adequately held personnel accountable for HIPAA violations. [redacted]

The DHA and Military Departments should perform a review of unauthorized and undetermined access of protected health information of all personnel identified in this audit, and based on the results, initiate the appropriate disciplinary actions for individuals that were not authorized to access the information of all personnel, and report the incident in accordance with applicable laws and DoD guidance.

Conclusion

~~(CUI)~~ [redacted]

[redacted]

Management Comments on the Finding and Our Response

Defense Health Agency Comments

~~(CUI)~~ The DHA Director stated that the Management Actions Taken by the Defense Health Agency section was misleading. Specifically, the Director stated that [redacted]

Our Response

Based on the comments provided by the DHA Director, we revised the Management Actions Taken section to ensure accuracy.

Recommendations, Management Comments, and Our Response

Recommendation 1

We recommend that the Defense Health Agency Director, in coordination with the Military Department Surgeons General:

a. ~~(CUI)~~ [redacted]

Defense Health Agency Comments

~~(CUI)~~ The DHA Director partially agreed with the recommendation, [redacted]

Our Response

~~(CUI)~~ Although the DHA Director partially agreed, the comments provided addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we obtain documentation that shows the DHA [redacted]

b. (1) Perform a review of unauthorized and undetermined access of protected health information of all personnel identified in this audit, (2) based on the results, initiate the appropriate disciplinary actions for individuals that were not authorized to access the information of all personnel, and (3) report the incident in accordance with applicable laws and DoD guidance.

Defense Health Agency Comments

The DHA Director agreed with the recommendation, stating that the DHA is in the process of reviewing what we presented as unauthorized and undetermined access of protected health information of all personnel identified in this audit, and anticipates completion of the review this year. In addition, the Director stated that incidents found to be in violation of unauthorized access or disclosure, will be dealt with in accordance with applicable laws and DoD guidance.

Our Response

Comments from the Director addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we obtain the results of the review, and verify the actions that the DHA Director takes fully address the recommendation.

Appendix

Scope and Methodology

We conducted this performance audit from January 2020 through May 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Documentation, Interviews, and Observations

We reviewed the following laws and regulations.

- Health Insurance Portability and Accountability Act (HIPAA)
- DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," April 12, 2015
- DHA Interim Procedures Memorandum 18-018, "Physical Custody and Control of the DoD Health Record," November 8, 2018 and December 2020

~~(CUI)~~ We nonstatistically selected 38 well-known individuals to determine whether their health information was accessed by an unauthorized viewer. We limited the review to individuals that became well-known from a high-media incident [redacted] We requested electronic health records access logs from the DHA in April 2020 for the 38 individuals that are well-known DoD personnel. A total of 1,410 individuals accessed the health information of these 38 individuals. We nonstatistically selected 44 DoD personnel (viewers) that accessed the health information for 18 of the 38 well-known individuals based on risk factors, such as a difference in locations of the viewers and the well-known individuals, and accesses immediately after high-media incidents. Afterward, we requested the applicable Military Department or the DHA to provide a reason for why the selected individuals accessed the health information of the well-known individual.

We purposely did not access any medical records for the selected 38 well-known individuals, even though the DoD OIG has the legal authority to access their health information for the purpose of this audit. Therefore, we relied on the Military Departments to provide official reasons for why their personnel accessed the health information of the well-known individuals.

Use of Computer-Processed Data

We did not rely on computer-processed data in this audit.

Prior Coverage

No prior coverage has been conducted on restricting health information for well-known DoD personnel during the last 5 years.

Management Comments

Defense Health Agency

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

June 28, 2021

[redacted]
Program Director for Audit
Acquisition, Contracting, and Sustainment
U.S. Department of Defense Office of Inspector General
[redacted]

Dear [redacted]:

I am in receipt of the Department of Defense Inspector General's Draft Report No. D2020-D000AW-0037.000, "Audit of the Department of Defense's Control on Health Information of Well-Known Department of Defense Personnel." Our response is attached.

The Defense Health Agency (DHA) partially concurs with Recommendation 1.a.

[redacted]

The DHA concurs with Recommendation 1.b., and is in the process of reviewing the unauthorized and undetermined access lists. We anticipate completing that analysis this year. Incidents found to be in violation of unauthorized access or disclosure, will be dealt with in accordance with applicable laws and Department of Defense (DoD) guidance.

My point of contact for this topic is [redacted]. [redacted] can be reached at [redacted] or via email at [redacted].

KIYOKAWA.GUY.T OSHIMITSU [redacted]
Date: 2021.06.28 12:22:52 -04'00'

RONALD J. PLACE
LTG, MC, USA
Director

Attachment:
As stated

Defense Health Agency (cont'd)

DOD IG DRAFT REPORT DATED MAY 28, 2021
D2020-D000AW-0037.000

"AUDIT OF THE DEPARTMENT OF DEFENSE'SCONTROLS ON HEALTH INFORMATION OF WELL-KNOWN DEPARTMENT OF DEFENSEPERSONNEL"

DEFENSE HEALTH AGENCY RESPONSE
TO THE DEPARTMENT OF DEFENSE INSPECTOR GENERAL
RECOMMENDATIONS

RECOMMENDATION 1.a: [redacted]

DHA RESPONSE: The DHA partially concurs with this recommendation. [redacted]

RECOMMENDATION 1.b.: (1) Perform a review of unauthorized and undetermined access of protected health information of all personnel identified in this audit, (2) based on the results, initiate the appropriate disciplinary actions for individuals that were not authorized to access the information of all personnel, and (3) report the incident in accordance with applicable laws and DoD guidance.

DHA RESPONSE: The DHA concurs with Recommendation 1.b., and is in the process of reviewing what DoD IG presented as unauthorized and undetermined access of protected health information of all personnel identified in this audit. We anticipate completion of that analysis this year. Incidents found to be in violation of unauthorized access or disclosure, will be dealt with in accordance with applicable laws and DoD guidance.

Defense Health Agency (cont'd)

DEFENSE HEALTH AGENCY
TECHNICAL COMMENTS

1. Page 8, Management Actions Taken by the Defense Health Agency: "In December 2020, [redacted] stated that starting in September 2020, he asked [redacted] whether they wanted access to their health information and their family members' health information restricted to only the officials who they wanted to have access to the information. [redacted] also stated that he implemented controls to ensure unauthorized accesses were identified and resolved."

Recommendation: The statement as written is misleading. In fact, [redacted] were contacted; [redacted] Recommend changing the statement to, "In September 2020, [redacted] contacted [redacted] if they wanted to restrict access to their health information to their designated health care providers. [redacted] stated that he implemented controls to ensure unauthorized accesses were identified and resolved."

Rationale: Accuracy.

Acronyms and Abbreviations

CIO	Chief Information Officer
DHA	Defense Health Agency
DoD	Department of Defense
HIPAA	Health Insurance Portability and Accountability Act

Whistleblower Protection
U.S. Department of Defense

Whistleblower Protection safeguards DoD employees against retaliation for protected disclosures that expose possible fraud, waste, and abuse in Government programs. For more information, please visit the Whistleblower webpage at http://www.dodig.mil/Components/Administrative-Investigations/Whistleblower-Reprisal-Investigations/Whisteblower-Reprisal/ or contact the Whistleblower Protection Coordinator at Whistleblowerprotectioncoordinator@dodig.mil

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