

Army suicide prevention efforts raising privacy concerns

By [Gregg Zoroya](#), USA TODAY

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An Army effort to reduce suicides by sharing more of soldiers' personal therapy information with squad, platoon or company leaders — even in cases where there is no threat of self-harm — is pushing the limit of privacy laws, say civilian experts on medical records restrictions.

Soldiers may be discouraged from seeking care if they fear their privacy will be violated, says Mark Botts, an associate professor of public law at the University of North Carolina who specializes in the privacy of behavioral health records.

"They definitely run that risk," he says of the Army. "If the soldier knows (private information will be released), they're going to be worried."

But Army lawyers say that they are well within the law and that the more leaders know, the more they can help troubled soldiers.

"The emphasis is on trying to prevent suicides," says Charles Orck, a senior Army lawyer who reviewed the practice. "The more information, the better to be able to evaluate and analyze and try to come up with a solution."

The Army suicide rate has doubled since 2004, although suicides for 2011 are fewer than at this time last year. Army officials have said that they hope their efforts, such as those dealing with private health information, are among reasons for the drop.

The new information changes are gradually being implemented Army-wide, says Brig. Gen. Richard Thomas, assistant Army surgeon general.

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 establishes national standards for protecting health information, allowing unauthorized release only sparingly.

One exception is where a patient might cause harm to himself or another. Last year, the Army expanded on this, encouraging the sharing of information about a soldier's mental health if he or she is "at potential risk to themselves." Doctors are encouraged, for example, to notify a leader if a "high-risk" soldier misses a counseling session.

But short of a soldier threatening suicide or homicide, it is unclear what other behavior would allow the sharing of private therapy information, says Joan Kiel, the HIPAA officer at Duquesne University in Pittsburgh. "The Army is saying (to doctors), 'Give us everything,'" she says.

HIPAA already allows the sharing of medical information for "proper execution of a military mission." The Army has defined this as allowing shared information to carry out any activity needed for the "mission of the Armed Forces," a broader catchall clause subject to almost any interpretation, Botts says.

The Army is essentially saying "information can be shared for any purpose that we say it can be shared for," he says.

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appointments without disclosing the reason or clinic. The directive was put in place at Fort Stewart, Ga., and the no-show rate for behavioral health appointments has dropped from 22% to less than 10%, says Col. Paul Cordts, commander of the hospital there.

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The pressure is on and they will do whatever it takes to have a good reporting period. Not ONE Soldier will seek help if they know their buisness is going to become "public knowledge". This is a dumb, desperate move.



Tea Party Nation

7:28 PM on March 31, 2011

Score: -2

The best way to lower the suicide rate is to elect a president that soldiers can be proud to serve. When they have to follow the orders of our clueless leader then they are going to become suicidal.

~ TPN ~

1 reply

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goodgulf

7:29 PM on March 31, 2011

Score: 0

What privacy? Our medical records are available, our financial records, our cars have brain boxes that record our trips, our speed and our braking. Cell phones are over the air, so people can pick up your conversation with a "baby monitor." We don't have cameras in our living room yet. 20 years ago the government asked tv makers about putting a small camera in their tv. There's plenty of upstream bandwidth in your tv cable.

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jsrawlinson

8:08 PM on March 31, 2011

Score: 0

Suicide has always been a problem in the Military, comes with the territory. I'm concerned with the lack of information about drug addiction. There has to be a lot of soldiers smoking drugs. Opium and hashish are just too plentiful in the middle east not to present a major problem.

Moron

1 reply

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Night Warrior

8:13 PM on March 31, 2011

Score: 5

We're trained to lookout for any signs of issues,ie; booze, wives, girlfriends,or PTSD ect; what good is it ? if a Soldier can't go to his NCO or COC without being made to feel wimpy or like a cry baby in doing so? Leadership needs to understand that we all must deal with this issue together. Leadership needs to listen, and understand a trooper might need help and the trooper needs to be told by leadership that it's ok to seek to professional help. At the end of the day, it will always be about our friends, and the Soldier to our left and the Soldier to our right.

I have a friend @ Ft Leonard wood who lost two friends without any signs of any problems or issues in one month. There is no privacy in our world, yet it still happens. Leadership needs to take an active role and lead the team together..

1 reply

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