PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to provide a basis for assessing your use of alcohol and drugs and to provide therapeutic assistance as required. The information will become part of your alcohol and drug treatment record. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice MMN00019 which can be downloaded at **http://privacy.defense.gov/notices/usmc/MMN00019.shtml**.

RETENTION AND SAFEGUARDS: The collected information will be maintained in paper case files in locking file cabinets with restricted, limited access by authorized personnel who are properly screened, cleared, and trained. Records in this file system will only be retrieved by name and social security number. Level I, II, and II alcoholism treatment case files and Level I and II drug abuse treatment case files are cut off and destroyed 5 years after the end of the calendar year the case is closed.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice MMN00019 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at ***http://www.defenselink.mil/privacy/notices/blanket-uses.html.***

DISCLOSURE: Providing information on this form is voluntary. If the individual does not complete necessary data fields, treatment may be negatively impacted.

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NAVMC 11687 (03-10) (EF)
FOUO - Privacy sensitive when filled in.

Print Form

MEDICAL RECORD REVIEW

1. Was the Marine treated for injuries, accidents or fights that could be alcohol-related? Describe event and date.

2. Was the Marine tested by medical for a BAL? If yes, provide details of reasons including dates and outcome.

3. Does the record show a pattern of :

Stomach ailments? ☐ Yes ☐ No

Dizziness or memory loss? ☐ Yes ☐ No

Minor illnesses or injuries? ☐ Yes ☐ No

Prescriptions for sedatives, painkillers or diet pills? ☐ Yes ☐ No

If yes, provide details:

4. Does the record show visits or referrals to : (if yes, provide date, reason and facility)

Psychologist or psychiatrist ☐ Yes ☐ No

Family Advocacy ☐ Yes ☐ No

Substance Abuse Rehabilitation Program (SARP) ☐ Yes ☐ No

Substance Abuse Counseling Center (SACC) ☐ Yes ☐ No

Behavioral Health Counselor ☐ Yes ☐ No

Additional comments and summary of review :

Marine's Name: _____ DATE _____

Reset Form