



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

IL 10-2005-002

In Reply Refer To: 10N

February 11, 2005

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER
COMMUNICATION WITH VETERANS AND THEIR FAMILIES

1. This Information Letter reminds clinicians and managers of information regarding appropriate communications with veterans, their family members, and others designated to receive health care information.
2. Communication is essential if veterans and their families are to have a successful experience in the Veterans Health Administration (VHA) health care system. Communication can also be the weakest link in our fast-paced health care environment, and it has prompted issuance this reminder to all staff.
3. As VHA provides world-class service to veterans within our patient-focused culture, it is VHA's responsibility to clearly communicate with veterans and their families. VHA physicians have a special responsibility to actively and clearly communicate with veterans as well as their families. Whether it is in the outpatient or inpatient setting, communication between physicians and patients must be clearly understood and adequate time must be made available to address questions that arise.
4. In VHA's affiliated academic teaching facilities, attending physicians have dual responsibilities to resident supervision and communication with patients. When physicians in training (residents) are involved in the care of the veteran, supervising physicians are ultimately responsible for the quality of care provided to each patient. Fulfillment of that responsibility requires personal involvement with each resident and each patient consistent with VHA Resident Supervision Handbook 1400.1.
5. When situations arise where a patient is cognitively impaired or medically unable to respond or comprehend, physicians need to communicate directly with the family member or other individual designated as the decision maker, provided the person has appropriate legal authority, e.g., prior written authorization from the patient or legal guardianship over the patient. Under these circumstances, all medical information may be disclosed to this individual.
6. In the event the family member or other individual designated as the decision maker does not have a prior written authorization from the patient or legal guardianship over the patient, the following is all that may be disclosed to a family member, or decision maker:
 - a. General information on the individual's condition and location in the facility, if the patient is in the Facility Directory;

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b. Individual identifiable information including health information when in the presence of the patient, if the provider can reasonably infer from the circumstances that the patient does not object to the disclosure; and

c. Individual identifiable information including health information, but excluding Title 38 United States Code 7332–protected information outside the presence of the patient, when it is determined the disclosure is in the best interest of the patient. The disclosure must be limited to information directly relevant to the person’s involvement with the patient’s health care.

7. The guidance provided in this Information Letter is consistent with:

- a. VHA Directive 2001-006, Veterans Health Care Service Standards;
- b. VHA Handbook 1605.1, Privacy and Release of Information;
- c. The Privacy Act; and
- d. Health Insurance Portability and Accountability Act.

8. Questions regarding this Information Letter may be directed to Odette Levesque (10N) at (202) 273-5852.

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Acting Under Secretary for Health

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