

**SERVICE MEMBER NOTIFICATION OF COMMANDING OFFICER
REFERRAL FOR BEHAVIORAL HEALTH EVALUATION**

(III CORPS & FORT HOOD REG 600-10)

PRIVACY ACT: PURPOSE: DoD Directive 6490.1 requires a commander to consult with a behavioral healthcare provider before referring a Soldier for a behavioral health evaluation. DoD directive 6490.1 also requires a commander to provide the Soldier written notice of the behavioral health referral and written notice of important rights. This form provides required notifications.

FROM: (Print Commander's Name)

TO: (Print Soldier's Name)

DATE:

TO BE COMPLETED BY COMMANDER AND SOLDIER

1. You are directed to report to the Resilience and Restoration Center, located at building 36003 behind Carl R. Darnall Army Medical Center on

DATE: _____ at _____ for a behavioral health evaluation with Dr. _____ (NAME, RANK, DEGREE).

2. Following is a brief factual description of the behavior and/or verbal expressions which led me to determine a behavioral health evaluation is necessary.

3. The name(s) of the behavioral health professionals with whom I have consulted before making this referral is/are as follows (a behavioral healthcare professional is defined as a psychiatrist, clinical psychologist, or a person with a doctorate in social work with appropriate credentials who is properly privileged to conduct behavioral health evaluations for DoD activities).

4. Positions and telephone numbers of authorities who can assist you are (Commander shall provide proper telephone numbers):

Defense Attorney:

Inspector General:

Chaplain:

Behavioral Health Clinic:

5. You will be provided with a copy of this referral which includes the rights to which you are entitled.

6. In accordance with DoD Directive 6490.1, other than in an emergency, you have the following rights. (Commanders should read these to the Soldier. The Soldier should initial each block).

a. _____ Upon your request and at no cost to you, an attorney who is a member of the Armed Forces or employed by DoD, and who is available to provide advice under this section, shall advise you of the ways in which you may seek redress should you question this referral. You may also seek the assistance of a civilian attorney at no cost to the government.

b. _____ You have a right to submit to an Army Inspector General (IG) of the DoD (IG, DoD) for investigation of an allegation that you were referred for a behavioral health evaluation in reprisal for making or attempting to make lawful communication to a member of Congress; any appropriate authority is your chain-of-command; an IG; DoD auditor, inspector, investigator, or law enforcement organization; or in violation of this DoD Directive 6490.1, or implementing directives, and/or any applicable regulation.

c. _____ You have the right to obtain a second opinion and be evaluated by a behavioral healthcare provider of your own choosing, at your own expense, if reasonably available. Such an evaluation by an independent behavioral healthcare provider shall be conducted within a reasonable period of time, usually within 10 business days, and shall not delay nor substitute for an evaluation performed by a DoD behavioral healthcare provider.

d. _____ No person may restrict you in communication with an IG, attorney, member of congress, or others about your referral for a behavioral health evaluation. This provision does not apply to an unlawful communication.

e. _____ In situations other than emergencies, you shall have at least two (2) business days before a scheduled behavioral health evaluation to meet with an attorney, IG, chaplain, and/or other appropriate party. If I, as your commander, believe your situation constitutes an emergency or that your condition appears potentially harmful to your well-being and I judge that it is not in your best interest to delay your behavioral health evaluation for two business days, I shall consult with a behavioral health care provider concerning my concerns and observations and document, in writing, the information discussed in the consultation and forward it to the behavioral health care provider.

f. _____ If you are aboard a naval vessel, deployed or otherwise geographically isolated because of circumstances related to your military duties that make compliance with any of the procedures above impractical, I shall prepare a written memorandum stating the reasons for the inability to comply with such procedures and forward it with this documentation to the behavioral health provider.

7. _____ You acknowledge notification of the above stated rights and receipt of a copy of this form by signing below.

ADDITIONAL COMMENTS BY COMMANDER OR SOLDIER:

8a. PRINTED NAME:

8b. SOLDIER'S SIGNATURE AND DATE

8c. PRINTED NAME:

8d. COMMANDER'S SIGNATURE AND DATE: