



**DEFENSE HEALTH AGENCY
EVANS ARMY COMMUNITY HOSPITAL
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MEDDAC Manual
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CHAPERONE POLICY

History: This is the first edition of this publication due to the transition of healthcare from the Department of the Army (DA) to Department of Defense (DOD), resulting in the Defense Health Agency (DHA) now being the U.S. Army Medical Department Activity (MEDDAC) higher command for healthcare operations. The MEDDAC original publication was MEDDAC Regulation 40-70, *Use of Chaperones During Clinical Encounters*, last reviewed on 14 April 2021.

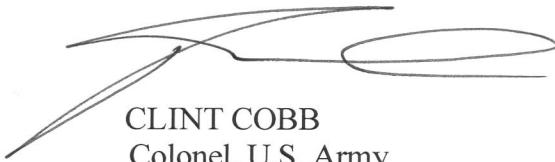
Summary: This publication establishes policy and procedures for chaperones at Evans Army Community Hospital (EACH).

Applicability: This policy applies to all healthcare professionals, including but not limited to physicians, physician assistants, dentists, all categories of nurses, allied healthcare professionals, and support staff who engage in clinical encounters with patients in all settings at EACH, inclusive of all child clinics.

Proponent and Exception Authority: Patient Rights & Responsibilities Committee. The proponent has the authority to approve exceptions to this publication consistent with controlling directives.

Suggested Improvements: Users are invited to send suggested improvements to The Chair, Patient Rights & Responsibilities Committee, 1650 Cochrane Circle, Fort Carson, CO 80913.

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SECTION 1 – GENERAL

1-1. PURPOSE.

To define the policy regarding the use of chaperones at EACH, including, but not limited to, all outpatient clinics, ambulatory work centers, and inpatient units. EACH is committed to providing a safe, respectful, and supportive environment for patients and staff. All patients are entitled to have their medical interactions conducted with appropriate privacy and confidentiality protections, and all staff should be protected from misunderstandings or allegations of misconduct. This manual is designed to ensure the consistent and appropriate use of chaperones within EACH in accordance with Reference (j).

1-2. REFERENCE.

Required and related publications and prescribed and referenced forms are listed in Appendix A.

1-3. EXPLANATION OF TERMS.

a. Sensitive Exam – Sensitive Exam: Any examination, treatment or procedure involving the rectum, genitals, or female breasts or forensic health care examinations. This includes, but is not limited to:

- (1) Pelvic examination.
- (2) Examinations, treatments, or procedures of or involving external or internal genitalia.
- (3) Examinations, treatments, or procedures of the female breast, inclusive of mammograms.
- (4) Rectal Examinations, treatments, or procedures.
- (5) Placement of finger(s), swabs, or medications/medical equipment on or into the vagina, penis, urethra, or rectum.

b. Opt-in Policy – A chaperone is provided if requested.

c. Opt-out Policy – A chaperone must be offered.

d. Chaperone – A chaperone, also known as a standby, is an unbiased observer that the MTF must resource who must be at least 18 years old, assigned as a health care professional on staff, knowledgeable about the chaperone process and any applicable procedures, and able to maintain confidentiality and respectful professional behavior.

(1) Chaperones serve as an impartial third party and a safeguard for patients and staff members alike. They will conduct their duties discreetly, maintain confidentiality, and report any suspected inappropriate conduct immediately. The following personnel may serve as chaperones:

physicians; dentists; allied healthcare professionals, such as physician assistants, psychologists or social workers; nurses; medics; corpsmen; technicians; para-professional staff; MTF volunteers; residents or students working at the MTF/DTF under a formal training agreement; medical support assistants. A chaperone stands in a location where he or she is able to observe the examination, therapy, or procedure. The chaperone's role is to ensure patient and provider comfort, safety, privacy, and security during these exams or procedures.

(2) Sexual Assault Response Coordinators, Victim Advocates, or Family Advocacy personnel accompanying patients for healthcare associated with interpersonal violence cannot serve as chaperones, but they may accompany the patient in the examination, if the patient specifically requests their presence.

e. Patient – A person who requires medical care, who is receiving medical treatment, or is under a healthcare professional's care for a particular disease or condition. For the purposes of this policy, the age ranges are defined as:

- (1) Pediatric patient: age 0 – 10 years.
- (2) Adolescent patient: age 11 – less than 18 years.
- (3) Adult patient: age 18 years and above.

f. Support Person – Spouse, family member, friend, or another individual present with the patient. The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. This individual is chosen by the patient and is not a chaperone.

1-4. RESPONSIBILITIES.

- a. Healthcare professionals will comply with the requirements of this SOP.
- b. Chaperones:
 - (1) Must be healthcare professionals or unlicensed staff members who have up to date HIPAA and Privacy Act training, are familiar with the DHA Policy Memorandum on chaperones, and maintain dignified, professional boundaries.
 - (2) Must maintain confidentiality by refraining from sharing information about the patient's care or discussing care provided with anyone other than the patient's healthcare provider or another member of the patient's healthcare team.
 - (3) Must introduce themselves to the patient and explain their role in the encounter.
 - (4) May stop a sensitive examination if they believe that the healthcare professional's behavior is inappropriate or unacceptable.
 - (5) A chaperone who witnesses inappropriate or unacceptable behavior on the part of the

healthcare professional will immediately report this to the chaperone's manager, the clinic Officer in Charge (OIC), or another senior manager. Any patient or provider who reports physical contact perceived to be inappropriate or sexual in nature requires immediate notification to the Sexual Assault Response Coordinator or Sexual Assault Prevention and Response (SAPR) victim advocate at (719) 338-9654, in accordance with the MTF's written plan as required in Reference (k) by the MTF personnel who receive the disclosure. If the patient is under 18 years of age, a report will also be given to the Family Advocacy Program at (719) 526-4585, in accordance with the MTF's written plan as required in Reference (k), by the MTF personnel who receive the disclosure.

SECTION 2 – CHAPERONE POLICY

2-1. CHAPERONE PRESENCE.

a. This policy will outline when chaperones are requested, offered, or required. Except for sensitive exams as defined above in paragraph 1-3, and for patients who lack capacity (including those who only lack momentary capacity due to sedation of any type or are under hypnosis), EACH maintains an opt-in policy for chaperones. The patient may request the presence of a medical chaperone for any exam, treatment, or procedure, at any time, regardless of the sex or role of the clinician or healthcare provider. This request must be honored. This opt-in policy includes pediatric patients who do not require a chaperone if the parent or legal guardian is present unless they are undergoing sensitive exams. For all sensitive exams, EACH maintains an opt-out policy (i.e., a chaperone must be offered). For patients who lack capacity (including those who only lack momentary capacity due to sedation of any type or are under hypnosis), a chaperone is mandatory.

b. Sensitive Exams: A chaperone must be offered for all sensitive exams.

(1) If a patient declines a chaperone for a sensitive exam or for any exam where the healthcare provider believes one is clinically necessary, the patient will be educated on the role of a chaperone and any concerns the patient has regarding the presence of a chaperone should be elicited and addressed if feasible. If, after counseling, the patient continues to decline, a chaperone will not be used. The patient's decision and the education provided must be documented in the medical record.

(2) Healthcare staff can, however, decline to perform a non-emergent examination if the patient declines a chaperone and the provider believes a chaperone is clinically necessary. Healthcare providers declining to provide non-emergent examinations without a chaperone present must make every effort to refer the patient to a healthcare provider willing and able to provide the examination as soon as possible so as to minimize the delay in access to healthcare.

c. Pediatric exams:

(1) In the pediatric population, the following examinations do not require a chaperone if the parent or legal guardian is present unless requested by the patient, parent, person acting in loco parentis, and/or legal guardian:

(a) Examinations of the genitalia and/or breast as part of the exam to ensure normal pubertal development and/or normal anatomy in patients.

(b) Insertion of a catheter into the urethra.

(c) Use of rectal thermometer or digital rectal exam.

(d) For sensitive exams not specifically excluded above, healthcare staff must offer a chaperone for any examination or procedure in the pediatric population.

(2) Providers may not allow parents, person acting in loco parentis, or guardians in the examination room when they are suspected of abuse or sexual misconduct with the pediatric patient.

d. Emergent care: For emergent care necessary to preserve life, limb, or eyesight, care will not be delayed while awaiting a chaperone if one is not readily available.

e. Providers have the right to request the presence of a chaperone during any patient encounter if they believe that there may be a reason to have a chaperone present, even if there is no examination or procedure performed.

f. Patient Privacy: If an exam requires the patient to remove any article of clothing, the healthcare provider and/or chaperone will provide the patient with appropriate drapes to cover exposed areas. The provider and chaperone will step out of the exam room to allow the patient privacy to change clothing, unless the patient requests assistance.

g. Beyond sensitive examinations, healthcare professionals may determine the need for a chaperone based on the nature of the clinical encounter, the patient's vulnerability, and the potential for discomfort or emotional distress and will use their professional judgment to assess the need for a chaperone. They will consider factors such as the patient's age, sex, cultural background, and the invasiveness or sensitivity of the medical encounter, examination, or procedure.

h. Patients may request a specific sex for their chaperone. Healthcare professionals will make reasonable efforts to fulfill these requests, considering staff availability and patient safety. If a specific sex chaperone is requested and cannot be accommodated at the time of the encounter, the patient should be offered to reschedule at a time when a specific sex chaperone will be available.

i. All clinics/units providing chaperones will have EACH-specific signs clearly posted informing patients of their right to a chaperone.

j. In any encounter when a chaperone is used, document in the patient's medical record: full name and role (i.e., category of healthcare professional) of the chaperone.

2-2. DOCUMENTATION. For sensitive exams, the offer of a chaperone must be documented in the patient's medical record in addition to the patient's acceptance or declination of a chaperone. In any scenario where a chaperone is present, the chaperone's full name and role (i.e., category of

healthcare professional) must be clearly documented in the patient's medical record. Any other persons in the room during a medical exam, including a support person, student or a resident learner, will also be documented in the patient's medical record.

2-3. REPORTING CONCERNS. Staff will report any concerns regarding potential violations of this policy or inappropriate behavior to the appropriate Clinic Chief, Department Chief, or Deputy Commander. The supervisory chain will be notified as appropriate.

2-4. TRAINING. A chaperone must be a healthcare professional or an unlicensed staff member with current HIPAA training and Privacy Act Training (References (l) and (m)). They must understand the roles and responsibilities, consideration of patient level of understanding and associated barriers, how to address patient concerns, and how to report concerns of inappropriate behavior or suspected misconduct in accordance with the DHA Policy Memorandum. Training must be conducted during their onboarding/orientation and annually, at a minimum.

2-5. ENFORCEMENT. Failure to comply with this policy may result in appropriate disciplinary action to include clinical adverse action in accordance with applicable DHA regulations and EACH policies.

APPENDIX A: References

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency,” September 30, 2013, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) DoD Instruction 6000.14, “DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS),” September 26, 2011, as amended
- (e) DHA-Procedural Instruction 6000.14, “Standard Processes, Guidelines, and Responsibilities of the DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS) Military Medical Treatment Facilities (MTFs),” October 9, 2018, as amended
- (f) DoD Instruction 6025.27, “Medical Ethics in the Military Health System,” November 8, 2017, as amended
- (g) DHA-Administrative Instruction 6025.24, “Informed Consent for Medical and Dental Treatments and Procedures,” September 18, 2024
- (h) The American College of Obstetricians and Gynecologists, “Committee Opinion Number 796: Sexual Misconduct,” December 19, 2019
- (i) American Academy of Pediatrics, “Use of Chaperones for the Pediatric and Adolescent Encounter: Policy Statement,” May 19, 2025
- (j) DHA-Policy Memo 25-020, “Chaperones/Standbys Within Defense Health Agency Facilities,” December 15, 2025
- (k) DHA-Policy Memorandum 23-005, “Sexual Assault Prevention and Response,” May 31, 2023
- (l) DoD Instruction 6025.18, “Health Insurance Portability and Accountability Act Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
- (m) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019, as amended