



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

DHA-Policy Memorandum 25-020
December 15, 2025

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Chaperones/Standbys Within Defense Health Agency Facilities

Reference:

- (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

This Defense Health Agency-Policy Memorandum clarifies existing requirements regarding chaperones as outlined in Reference (d) and in accordance with guidance in References (e) through (i) within Defense Health Agency (DHA) facilities. For the purposes of this policy, military dental treatment facilities (DTFs) are a component of military medical treatment facilities (MTFs). This memorandum protects patients' rights to privacy and dignity; ensures a safe environment is maintained during medical encounters; and promotes ethical principles by ensuring patient autonomy and transparency and healthcare staff adherence to professional standards of conduct in accordance with References (d) through (i).

The guidance herein applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include those assigned, allocated, or detailed to, or otherwise used to perform duties and functions associated with MTF/DTF operations in both physical locations and in telemedicine settings. This guidance specifically applies to healthcare staff and includes anyone providing medical or dental care and support services in hospitals, clinics, and through telemedicine.

A chaperone, also known as a “standby,” is an unbiased observer who must be at least 18 years old, knowledgeable about the chaperone process and any applicable procedures, and able to maintain confidentiality and respectful professional behavior. 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 MTF/DTF staff have the responsibility of serving as chaperones. 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. 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.

All patients and healthcare staff have the right to request a chaperone for any physical exam or medical/dental encounter. A chaperone is a necessary part of patient-centered care and a prudent medical practice. Staff at the facility will make reasonable efforts to provide a chaperone of the preferred sex when requested by the patient or by healthcare staff. If the patient is uncomfortable with the assigned chaperone, staff must identify an alternate chaperone or provide rescheduling options. 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.

The patient retains the right to decline the presence of a chaperone during any clinical examination or procedure. 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.

Defense Health Network (DHN) and MTF/DTF Responsibilities:

DHN and MTF Directors must ensure facilities have a local standard operating procedure (SOP) regarding the use of chaperones that ensures protection of both patients and healthcare staff; aligns with applicable laws and policies regarding chaperones, informed consent, and patient privacy; and promotes cultural competence amongst staff during the chaperone process. MTF Directors will use Attachment 1 as their SOP. MTF Directors may modify Attachment 1 to create a more restrictive policy at their facility, with the requirement that the DHN Director or delegate approves any such modification. The MTF’s SOP will apply to their respective DTF. The SOP aligns with, and incorporates, the guidance herein, including specifying the following:

- Informing patients. Guidance and signage that informs patients of their right to have a chaperone present for any type of visit must be included in the SOP. The SOP must

define what “reasonable efforts” they will take to provide a chaperone when requested, such as what steps are taken to find a chaperone. The SOP must also define processes for when a patient requests an alternate chaperone or when the patient declines a chaperone for a sensitive exam (e.g., examination, treatment or procedure of the genitalia, rectum, or female breasts, or forensic health care examinations). If a sensitive exam becomes clinically indicated during the course of a telehealth visit, patients must be informed that the exam requires an in-person visit and that a chaperone must be offered.

- **Sensitive Exam Encounters.** A chaperone must be offered for all sensitive exams irrespective of the sex of the person performing the examination and applies to examinations performed in outpatient and inpatient settings as well as during diagnostic studies. **Prior to examining potentially sensitive areas, healthcare staff *must* offer a chaperone.**
- **Declination of a chaperone.** The SOP must address actions healthcare staff are to take if a patient declines a chaperone for a sensitive exam or for any encounter where the healthcare provider believes a chaperone is clinically necessary. Healthcare staff should elicit any concerns the patient has regarding the presence of a chaperone and address those concerns, if feasible. If, after counseling, the patient continues to decline the chaperone, this decision will be documented in the medical record. A patient’s decision to request or decline a chaperone shall not, in itself, affect the provision of care. As noted above, if healthcare staff declines to perform a non-emergent examination, they must make every effort to refer the patient to a healthcare provider willing and able to provide the examination as soon as possible.
- **Informed Consent.** If a patient is unable to provide informed consent without a legally authorized representative present (e.g., the patient exhibits altered mental status, has diminished capacity, has an intellectual disability), or is part of a recognized vulnerable population, and the patient presents to the facility without a legally authorized representative, healthcare staff must ensure the patient has a chaperone. The chaperone does not replace the legally authorized representative and cannot make healthcare decisions on the patient’s behalf.

In pediatric settings and in accordance with Reference (i), a chaperone is typically not required during routine anogenital observation and examination of infants and young children (e.g., well-child visits), provided a parent, legal guardian, or individual acting *in loco parentis* is present. However, healthcare staff must offer a chaperone for any examination or procedure that extends beyond a routine assessment. For the adolescent population (11 to less than 18 years of age), the MTF/DTF SOP will mirror the adult chaperone guideline.

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

- 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 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.
- Misconduct. The SOP must include guidance on addressing patient complaints of inappropriate behavior, as well as reporting and management of suspected misconduct, which may result in disciplinary action and/or clinical adverse action.
- Training. MTF Directors must ensure all staff who serve as chaperones have current HIPAA training and Privacy Act training, and are trained in the local chaperone policy, including but not limited to their 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. Training must be conducted during their onboarding/orientation and annually, at a minimum.
- Compliance. A policy implementation checklist is available in Attachment 2. Within 60 days of the date of this memorandum, each Director, DHN must validate to the Acting Director, DHA (or designee), at a minimum, that:
 - Each reporting MTF has a chaperone SOP which incorporates this guidance.
 - Each reporting MTF Director has distributed this policy and their local SOP.
 - Each reporting MTF Director has trained all staff on the local SOP.
 - Each reporting MTF Director has ensured that all staff are current on their sexual assault prevention and response training.
 - Each reporting MTF has identified a Chief Medical Officer, Chief Nursing Officer, or other comparable local proponent for their SOP.
 - Each reporting MTF has a posted chaperone SOP in all areas of the MTF/DTF and that it is readily visible and available to all staff and patients.
 - Each reporting MTF Director has notified the local beneficiary population through Public Affairs channels of the chaperone guidance (a sample is provided in Attachment 3).

The DHA headquarters will issue additional formalized guidance on this topic via a DHA-Procedural Instruction, which will incorporate and then cancel the contents of this DHA-Policy Memorandum.

This DHA-Policy Memorandum is **cleared for public release**, and available at <https://militaryhealth.sharepoint-mil.us/sites/RPI-J1-AMP-PUBS/Lists/DHA%20Library%20Signed%20Publications/AllItems.aspx>.

Please address questions regarding this DHA Policy Memorandum to COL Ingrid Mulkerrin, at ingrid.b.mulkerrin.mil@health.mil.

David J. Smith, M.D.
Acting Director

Attachments:

As stated

DISTRIBUTION:

Defense Health Agency Chief of Staff, Assistant Directors, Deputy Assistant Directors, and Special Staff
Directors, Defense Health Support Activity Offices
Directors, Defense Health Networks
Directors, Defense Health Agency Military Medical Treatment Facilities
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cc:

Principal Deputy Assistant Secretary of War for Health Affairs
Deputy Assistant Secretary of War (Health Readiness Policy and Oversight)
Deputy Assistant Secretary of War (Health Services Policy and Oversight)
Deputy Assistant Secretary of War (Health Resources Management and Policy)

Attachment 1

MTF SOP

[NOTE: The MTF Director will modify the wording in red]



[MTF Name]
[MTF Address]

MEMORANDUM FOR RECORD

[Date]

SUBJECT: [MTF] Chaperone/Standby Standard Operating Procedure

1. 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
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- (f) DoD Instruction 6025.27, "Medical Ethics in the Military Health System," November 8, 2017, as amended
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- (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.xxx, "Chaperones/Standbys Within Defense Health Agency Facilities," **December XX, 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

(n) Any MTF specific references for reporting allegations of misconduct

2. PURPOSE: To define the standard operating processes and procedures (SOP) regarding the use of chaperones at [MTF], including, but not limited to, all outpatient clinics, ambulatory work centers, and inpatient units. [MTF] 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 SOP is designed to ensure the consistent and appropriate use of chaperones within [MTF] in accordance with Reference (j).

3. 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 [MTF], inclusive of all child clinics.

4. DEFINITIONS:

a. 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:

- pelvic examination
- examinations, treatments or procedures of or involving external or internal genitalia
- examinations, treatments, or procedures of the female breast, inclusive of mammograms
- rectal examinations, treatments, or procedures
- 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. 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.

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.

5. POLICY:

a. Chaperone Presence: This policy will outline when chaperones are requested, offered, or required. Except for sensitive exams as defined above in Paragraph 4a, and for patients who lack capacity (including those who only lack momentary capacity due to sedation of any type or are under hypnosis), [MTF] 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, [MTF] 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.

(1) Sensitive exams: A chaperone must be offered for all sensitive exams.

(a) 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.

(b) 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.

(2) Pediatric Exams:

(a) 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:

- examinations of the genitalia and/or breast as part of the exam to ensure normal pubertal development and/or normal anatomy in patients
- insertion of a catheter into the urethra
- use of rectal thermometer or digital rectal exam
- for sensitive exams not specifically excluded above, healthcare staff must offer a chaperone for any examination or procedure in the pediatric population.

(b) 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.

(3) 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.

b. 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.

c. 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.

d. 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.

e. 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.

f. All clinics/units providing chaperones will have [MTF] specific signs clearly posted informing patients of their right to a chaperone, see Attachment 2.

g. 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.

6. RESPONSIBILITIES:

a. Chaperones 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.

b. The chaperone 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.

c. Chaperones must introduce themselves to the patient and explain their role in the encounter.

d. A chaperone may stop a sensitive examination if they believe that the healthcare professional's behavior is inappropriate or unacceptable.

e. 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 (###) ###-####, 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 (###) ###-####, in accordance with the MTF's written plan as required in Reference (k), by the MTF personnel who receive the disclosure.

7. 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.

8. REPORTING CONCERNS: Staff will report any concerns regarding potential violations of this policy or inappropriate behavior to the [MTF specific process]. The supervisory chain will be notified as appropriate.

9. 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.

10. POLICY REVIEW: This policy will be reviewed and updated annually, or more frequently as needed, to ensure compliance with current regulations and best practices. The [POC] is responsible for ensuring the policy is reviewed and updated as needed.

11. ENFORCEMENT: Failure to comply with this policy may result in appropriate disciplinary action, up to and including and/or clinical adverse action, in accordance with applicable DHA regulations and [MTF] policies.

12. CONTACT: Point of contact for this SOP is [POC].

[MTF/DTF Director or authorized signatory]

[Date of signature]

Attachment 2

Chaperone Policy Implementation Tracer Checklist

Task	Yes or No
Did the MTF/DTF implement a standard operating procedure (SOP) regarding the use of chaperones?	
Does the MTF/DTF checklist incorporate the guidance in the DHA policy memorandum on the use of chaperones?	
Did the MTF/DTF identify a Chief Medical Officer, Chief Nursing Officer, or other local proponent for the SOP?	
Does the MTF/DTF chaperone guidance proponent keep the MTF Director updated on the status of implementation of the SOP?	
Did each MTF post signage to inform patients of their right to have a chaperone present for any type of visit in patient care areas, which are visible to patients?	
Do healthcare teams offer patients a chaperone for sensitive exams in inpatient and/or outpatient MTF or DTF settings?	
Do healthcare teams document the names and roles (i.e., category of healthcare professional) of chaperones in the electronic medical record?	
Do healthcare teams document patient declinations of chaperones for sensitive exams in the electronic medical record?	
Do healthcare teams ensure a chaperone is present for all patients unable to provide informed consent (e.g., the patient exhibits altered mental status, has diminished capacity, has an intellectual disability) or is part of a recognized vulnerable population?	
Does the MTF/DTF SOP clearly outline situations when a chaperone is not required?	
Does the MTF/DTF SOP include guidance on addressing patient complaints of inappropriate behavior and management of suspected misconduct?	
Did the MTF/DTF implement local processes to address patient complaints, including appropriately addressing each complaint and documenting complaint closure, when resolved?	
Did the MTF/DTF ensure all staff are trained in the local chaperone policy?	

Attachment 3

MTF/DTF Chaperone Advertising

1. Signage must be prominently posted in all areas (e.g., patient check in, reception desks, each treatment room, each exam room, across the inpatient units) notifying the patient that a chaperone is available upon request and that for sensitive exams a chaperone must be offered.
2. The following verbiage must be utilized: “*Thank you for choosing [MTF/DTF] for your healthcare needs. At [MTF/DTF], you have a right to have a chaperone present during the visit. Please notify your healthcare team to request this service. For sensitive encounters involving the rectum, genitalia, or female breasts, a chaperone must be offered. Should you have any concerns, please contact clinic leadership or the Patient Advocate Office at (###) ####-####.*”