TREAT Astronaut Act text

1- Privacy and Paperwork Reduction Act Statements

PRIVACY ACT STATEMENT

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), this statement is provided to individuals supplying information for inclusion in the NASA Health Information Management System, including information collected under the NASA To Research, Evaluate, Assess, and Treat (TREAT) Astronauts Act.

AUTHORITY: The collection of this information is authorized by 5 U.S.C. § 7901; 51 U.S.C. § 20113(a); 44 U.S.C. § 3101; 42 CFR Part 2; and Public Law 115-10 (TREAT Astronauts Act).

PURPOSE: The Johnson Space Center Flight Medicine Clinic uses this information to maintain accurate medical records for routine care, medical monitoring, diagnosis, and treatment—including conditions associated with human spaceflight. Information collected under the TREAT Astronauts Act supports the medical evaluation and treatment of former astronauts and former payload specialists and contributes to NASA's understanding of long-term spaceflight-related health effects.

ROUTINE USES: Records collected through the Electronic Medical Record system may be disclosed as described in the NASA Health Information Management System (NASA 10HIMS) System of Records Notice and NASA Standard Routine Uses for all NASA systems of records. The full System of Records Notice is available at: https://www.federalregister.gov/documents/2023/10/10/2023-22412/privacy-act-of-1974-system-of-records

DISCLOSURE: Providing this information is voluntary. Failure to furnish the requested information may result in NASA's inability to track you for health monitoring and follow-up.

PAPERWORK REDUCTION ACT STATEMENT

The public burden to complete this information collection is estimated at 30 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to terrance.a.taddeo@nasa.gov. Current information regarding this collection of information - including all background materials - can be found at https:/www.reginfo.gov/public/do/PRAMain by using the search function to enter either the title of the collection or 2700-0171.

2- Patient Registration Forms

a. Patient Tab Form:

Patient lD:	Status:
Last Name:	Social Security No:
First Name:	Patient Category:

Address 1: Language:
Address 2: Employment Status:
City: State: Home Location:
Country: Zip:
Birth Date/Time: Title:
Home Phone: Suffix: Sensitive Patient: Get Picture..
Cell Phone: Sex: Female, Male
Work Phone: Marital: Users denied access to the patient:
Fax: Ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino"
Pager: Race:

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Patient Declines
State Prohibited
Hispanic
Other
Undetermined
Multiracial

E-mail:
Contact By: Items selected:
Registration Notes: Checked = may access with patient:

b. Insurance Tab Form:

Patient Insurance Plans:
Type: Company: Plan: Insurance Company:
.
Phone:
Fax:
E-mail:
Contact:

Patient's Plan Information:
Insured Party: Insurance Plan:
Group No: Name:
ID No: Contact:
Effective: Comments:
Termination:

New: Note: Changes made in this section cannot be canceled.

c. Contacts Tab Form

Contacts: Details.
Name: Phone:
Relationship: E-mail:
Contact by:
Contact:
Comments:

New: Note: Changes made in this section cannot be canceled.

d. Registry Tab Form

Opt In:
Registry:
Registry Type:
Opt-In Date:
Opt-out Date:
Opt-In Method:
Public Database: