### PRE-DEPLOYMENT HEALTH ASSESSMENT PDHA DD2795 Instructions

## Access MHA (Medical Health Assessments) Site through Internet Explorer at <u>https://rc.mods.army.mil/MHA/Home/Default.aspx</u>

If no internet explore available you can access through EDGE and/or Google Chrome. Sometimes this web browser seem to work best.



# Once you logged in with your credentials:

MHA will ask you to log in twice, Scroll all the way to the bottom of the page; there you will see the "Agree" tab: Click once, page will reload a second similar page, scroll again all the way to the bottom, there you will see the second "Agree" tab, click again.

MODS DOD CAC Login Service

#### MHA Application is asking you to login

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only. By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG authorized purpose.

• This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.

Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged
communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such
communications and work product are private and confidential. See User Agreement for details.

#### HIPAA WARNING

Cancel

 Protected Health Information in this system is subject to Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 and the Final Privacy Rule and Final Security Rule codified in 45 C.F.R sections 160 and 164, DoD 6025.18-R, "DoD Health Information Privacy Regulation" and DoD 8580.08-R, "DoD Health Information Security Regulation." Information in this system may only be used and/or disclosed in strict conformance with these authorities. The Medical Operational Data System (MODS) is required to, and will apply, appropriate sanctions against individuals who fail to comply with its privacy policies and procedures. Once you have click twice on the "Agree" tab, this page will display, be patience.... It takes a few seconds to display the assessment page, <u>do not</u> refresh page.



#### Once the Health Assessments page displays: You will click on the "Pre Deployment DD2795" tab

SSN: Name: Rank:	Forms Help DOB: UIC: Gender:
Medical Health Assessments	
Pre Deployment DD2795 Post Deployment DD2796 Post Deployment Health Reassessmer DHA 2012 Training Material • DHA 2012 Form Revisions • DHA 2012 Auto Calculation Methods • DHA 2012 Summary of Form Changes	t DD2900 PHA SHPE Medical Health Assessments

 Once on the Pre Deployment DD2795 tab, this section will populate, and the option to start a new survey will be available at the bottom. Click on the "Start New Survey" tab, to initiate your new survey.

Deployment DD2795   Pos	t Deployment DD2796	Post Deployment Health Reassessment	DD2900				
A 2012 Training Material							
<ul> <li>DHA 2012 Form Revisions</li> <li>DHA 2012 Auto Calculation Methods</li> <li>DHA 2012 Summary of Form Changes</li> </ul>							
suant with Section 702 of th	e FY 2012 National Defe	nse Authorization Act, information der	ived from mental health assess	ments may be shared with the Department of			
ense to health care and trea	tment provided by the D	epartment of Veterans Affairs.	transition from health care and	treatment provided by the Department of			
Destaurant II							
Pre Deployment H	ealth Assessme	ent for:					
Pre Deployment H re-Deployment Survey	ealth Assessme	ent for:	Indicates Forms Completed	using the DD Form 2795 September 2012 version.			
Pre Deployment H re-Deployment Survey	ealth Assessme	ent for:	Indicates Forms Completed	using the DD Form 2795 September 2012 version. using the DD Form 2795 March 1999 version.			
Pre Deployment H re-Deployment Survey	ealth Assessme	ent for: Last Updated Date	Indicates Forms Completed	using the DD Form 2795 September 2012 version. using the DD Form 2795 March 1999 version.			
Pre Deployment H re-Deployment Survey View Form	Start Date	Last Updated Date	Indicates Forms Completed	using the DD Form 2795 September 2012 version. using the DD Form 2795 March 1999 version.			
Pre Deployment H re-Deployment Survey View Form View Form	Start Date	Last Updated Date 10:12:00 AM 38:29 PM	Indicates Forms Completed Indicates Forms Completed Status Complete Complete Complete	using the DD Form 2795 September 2012 version. using the DD Form 2795 March 1999 version.			
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 First page will be routine instructions, click next to continue. Each page has series of questions, answer to the best of your knowledge.
 Once you have completed your assessment, ensure to print a copy for your records. You can also save as PDF file and mail it to yourself.

Pre-Dep	oyment He	ealth Assessment						
Instructions	Demographics	Health Assessment 1-11d.	Health Assessment 11e-13.					
			PRIVACY ACT ST	ATEMENT				
This staten	This statement serves to inform you of the purpose for collecting personally identifiable information through the DD Form 2795 (Pre-Deployment Health Assessment).							
AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 1074f, Medical Tracking System for Members Deployed Overseas; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.								
<b>PURPOSE:</b> To obtain information from an individual in order to assess the state of the individual's health before possible deployment outside the United States, its territories and possessions as part of a contingency, combat, or other operation and to assist health care providers in identifying and providing present and future medical care to the individual. The information provided may result in a referral for additional health care that may include medical, dental, or behavioral health care or diverse community support services.								
<b>ROUTINE USES:</b> In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the DoD "Blanket Routine uses" under 5 U.S.C. 552a(b)(3) apply to this collection. Information collected from you may be shared with other Federal and State agencies and civilian health care providers, as necessary, in order to provide necessary medical care and treatment and to guide possible referrals. For additional information see: http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html								
DISCLOSUR WILL NOT E	E: Voluntary. If yo E DENIED.	u chose not to provide informa	ation, comprehensive healthcare	services may not be possible or administrative delays may occur. HOWEVER, CARE				
NOTIFICATION: Pursuant with Section 702 of the FY 2012 National Defense Authorization Act, information derived from mental health assessments may be shared with the Department of Veterans Affairs in order to ensure continuity of mental health care and treatment during the transition from health care and treatment provided by the Department of Defense to health care and treatment provided by the Department of Veterans Affairs.								
<b>INSTRUCTIONS:</b> You are encouraged to answer all questions. You must at least complete the first portion on who you are and when and where you deployed. If you do not understand a question, please discuss the question with a health care provider.								
				Next				
Print Record	ser's Form List							

Once you have finish with your Pre Deployment Health Assessment survey, it will stay as pending or incomplete, that is because SRP provider will review and sign off the assessment you just completed when you go through your medical validation at your assigned CRC Location.

"Don't Forget to print a copy".