



U.S. Naval Hospital Naples

A Patient and Family Centered Health System

**CAPT Chad E. McKenzie, MSC, USN
MTF Director/Commanding Officer**

"We Keep Warfighters in the Fight"



USNH Naples, Italy



U.S. Naval Hospital Naples, Support Site

Branch Health Clinic, Capodichino

Fleet Liaison Det. Landstuhl, Germany

Preferred Provider Network, Naples area

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Emergencies



On-Base: dial **911** or **081-568-4911**

Off-Base: dial **118** or find the nearest hospital!

- USNH ambulances do NOT operate off-base
- **Must speak Italian; IF NOT call the on-base #, dispatch will assist**

International SOS (Tricare): +44 20-8762-8133

- No pre-authorization needed for emergency care
- Keep all receipts and documentation
- Notify your PCM as soon as possible

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Access to Care



Who is eligible for Health & Dental care?

- Active Duty
- Active Duty Family

Space-Available Health Care ONLY

- DoD Civilian/Contractors
- Active Duty NATO
- Retirees & their Dependents
- Active Duty NATO Family

All Others/non-DoD: On-Site Emergency Care Only

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Hours of Operation

OPEN 24 HOURS

Emergency Department

Inpatient Ward

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Hours of Operation



Outpatient Clinic (Support Site)

Monday – Friday

0800 - 1630

Tuesday

0800-1200

Capodichino Clinic

Monday – Friday

0800-1600

Tuesday

0800-1200

**** Closed weekends & US National Holidays****

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Hours of Operation



Pharmacy Hours

Support Site

Mon-Fri (Excluding Tuesday): 0800-1700

Tuesday: 0800-1400

Sat/Sun/Federal Holidays: 1300-1600 (For refill pickup ONLY that are already checked by a pharmacist).

BHC Capodichino

Mon – Fri (Excluding Tuesday): 0800-1600

Tuesday: 0800-1200

Sat/Sun/Federal Holidays: Closed

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Medical Services Available



Family Medicine
Internal Medicine
Mental Health & Substance Abuse
Medical Readiness
Immunizations
Health Promotions & Wellness
Surgery
Anesthesia
Multi-Service Ward
Urgent & Emergency Care
Orthopedics
Case Management
Pharmacy
Children's Educational & Intervention Services
Optometry

Nutrition Services
Laboratory
Radiology
****Dermatology**
****Urology**
Physical Therapy
Audiology
Occupational Health
Travel Medicine
Ear, Nose & Throat
Pastoral Care
Dental
Women's Health & Pregnancy
Men's Health
Ophthalmology

**** shared asset with other MTFs in EUCOM****

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TRICARE ONLINE

Patient Portal

TRICARE Online: Book appointments 24/7



[Announcements](#) | [Accessibility & Security](#) | [Site Map](#)



Personal Data - Privacy Act 1974 (PL 93-579) For Official Use Only (FOUO)

TRICARE Online (TOL) is a Department of Defense (DoD) computer system. Use of this site is governed by multiple DoD policies and terms summarized in the TOL Security Policy. Many of these policies are designed to protect the privacy of your personal information. We encourage you to review these policies.

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Superb Access to Care

Medication Renewal

PATIENT PORTAL
TRICARE® Online

Request Rx Refill | Check Rx Status

MTF:
NH Naples

Request Rx Refill For:
Sharon Crowder

Rx's Available Now | All Active Rx's

Select Rx's to Refill:
To view details, tap the icon at the start of the row.

	<input type="checkbox"/>	Rx #	Medication
+	<input type="checkbox"/>	H70969181	LIDODERM 5% PTCH
+	<input type="checkbox"/>	H70977301	MELOXICAM 7.5MG ORAL TABLET
+	<input type="checkbox"/>	H70974235	amLODIPine/BENZAEPRI 10-20 MG ORAL CAP

+ Manually Enter Rx's for Refill

Pharmacy Pick-up Location: (required)
USNH Naples Refill Pharmacy

When planning to pick up your refills at USNH Naples Pharmacy, please note our hours of operations and the date and time your refill(s) will be ready on the confirmation screen.
Phone: 629-6226 or 081-811-6226 or 629-6225 or 081-811-6225
Address: Naval Support Activity Naples
US Naval Hospital
Ground Floor

Send notifications to my primary email and/or mobile number.

Message about your refills

Request Medication Refills 24/7 online

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Superb Access to Care

Health Record



[FAQs](#) | [Feedback](#) | [Quick Links](#) | [Resources](#) | [Contact Us](#) | [Log Out](#)

Today's Date: Wednesday, 06 Feb 2019, Last Login: 06 Feb 2019 @ 1152
[Switch to Mobile](#)

Military Health Care Facility: [NH Naples \(update\)](#) *i*
Family Sponsor: [Sharon Crowder](#) *i*

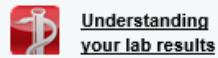
- Home
- Appointments
- Rx Refill
- Health Record
- Service Separation
- Profile

- Laboratory Results
- Medications
- Radiology Results
- Immunizations
- Problem List
- Encounters
- Vitals
- Allergies
- Download My Data
- View Download History
- Help - How to Download
- Help - Labs
- Help - Rads

Instructions: You are seeing portions of your own or your family member's personal health information (PHI) as stored in the military electronic health record (EHR). Contact your health care team if you have questions or are concerned the information displayed is incorrect or missing. If you are receiving an error message, select [Contact Us](#) to report the problem.

You cannot see the health data for family members 12 years and over via TRICARE Online due to varying State laws. Please contact your health care team to request this information.

View personal health data for: Sharon



Laboratory Results

From: 06 Nov 2017 To: 06 Feb 2019 [Update](#)

To view details, click on the icon at the start of the row.

	Lab Test ↓	Date/Time Collected ↓
+	Throat Culture	18 Jun 2018 @ 0711
+	Streptococcus pyogenes Ag	18 Jun 2018 @ 0650
+	Vitamin B12 (Cyanocobalamin)+Folate Panel	26 Mar 2018 @ 1254
+	HIV-1/2 Ag/Ab Screen 4th Gen	26 Mar 2018 @ 1254
+	Lipids+LDL+Glucose	26 Mar 2018 @ 1254

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Medical Services for Non-Tricare Patients



Establish care with PCM

- Civilians are not typically screened prior to assignment to Naples
- Ensure the hospital or network facilities have what you need (i.e. medical specialists, medications, exams)

Enrollment in Health Care Deliver Plan (HCDP)

- RAPIDS Office on Capodichino can activate your HCDP
 - 626-5632 / 2940
- HCDP is activated for the period of time you are scheduled to be serving OCONUS

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COVID 19 Vaccination Requests

<https://informatics-stage.health.mil/COVAX/>

Select

- Italy
- Naval Support Activity – Naples
 - JANSSEN
 - MODERNA
 - PFIZER
- READ THIS PAGE FOR INSTRUCTIONS
 - Date/Times Available
 - Eligibility
 - 2nd dose requirements

Highlighted calendar days indicate where appointments may be available. Please click on the day number to select it.

May				June 2021			Jul
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
30	31	1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	1	2	3	

11:00	11:15	11:30	11:45
12:00	12:15	12:30	12:45
13:00	13:15	13:30	13:45
14:00	14:15	14:30	14:45

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Customer Relations

Have Something Nice to Say? Have a Concern?

Three easy ways to provide feedback:

- **Interactive Customer Evaluation (ICE) survey**
- **JOES survey (mailed to you)**
- **Customer Relations Representatives in each department**
 - **Contact the quarterdeck to ask for the department's Customer Relations Representative at:
+39 (081) 811-6006**



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Hospital Points of Contact



LTJG Keith Mahannah, MSC, USN
Division Officer, Patient Administration

DSN: 629-6293 or 081-811-6293

Information Desk:

DSN: 629-6006 or 081-811-6006

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Dental Clinic



Located on the ground floor of the hospital, immediately to the left upon entering the hospital from the main entrance.

Commercial phone: +39 081-811-6007

DSN: 314-629-6007

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Dental Eligibility



- Support Site Dental Clinic
 - Active duty and active duty dependents
- Capodichino Clinic
 - Active duty (working at Capodichino)
- There is no availability for routine dental care for DoD civilians, contractors, and retirees. These members are recommended to find dental care on the economy.
- ****Sick call/emergency care****: walk-in appointments for acute dental issues consisting of pain and infection are available Monday-Friday from 0800-0930 for all eligible beneficiaries.

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Dental Appointment



- Routine care:
 - In person or Phone: Mon – Fri 0800 - 1600
 - New patient; Will be scheduled for a **new patient** or “T-1” exam.
 - Complete paperwork
 - Radiographs
 - Comprehensive clinical exam

Notes

- Due to the extensive nature of new patient exams, no cleaning appointment will be scheduled until after your exam, when a complete diagnosis and treatment plan has been developed.
- We encourage patients to contact their previous dental providers to request copies of their dental record and radiographs to enhance their dental record at the hospital.
- Please report to the reception desk **15 minutes** before your appointment, and provide your beneficiary identification. You may be asked to reschedule your appointment if you do not arrive on time.

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Missed Appointments/Children



- Missed Appointments
 - If you must reschedule an appointment, please call our front desk at least 24 hours in advance.
- Children
 - All children under the age of 18 shall be accompanied by a parental guardian for all dental appointments.
 - Children under the age of 12 years old are required to be supervised at all times, and are not permitted to be left unattended in the dental waiting area.
 - Please make childcare arrangements if you have a dental appointment. For their own safety, children without dental appointments are not permitted into dental treatment rooms during their parent's or another patient's treatment.

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Exams and Cleanings



- Offered based on *individual patient needs and risk factors* rather than a fixed schedule.
- While most patients are used to a bi-annual recall in the civilian practice, the American Dental Association recommends that one cleaning per year is adequate for healthy, low-risk adults, while those with more significant oral health issues may need to come in more frequently (every 6 or even 3 months).

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Orthodontic Care



- Orthodontic care is limited to Active Duty service members and their dependents only.
- Priority is given to dependent children, followed by active duty members.
- Case selection is based on severity of orthodontic problems, likely impact to overall health and well-being, and time left on station.
 - You must have at least 2 years remaining in the area to be eligible. Because demand is extremely high and the orthodontist is only able to accept a limited number of cases, patients who desire minor tooth movement like crowding of lower front teeth for esthetics are not likely to be selected for treatment.
 - If you are interested in orthodontic treatment, let your general dentist know while they are completing your annual exam. The dentist will complete an orthodontic pre-screening to determine if you are a good candidate for evaluation. At this point, you will be scheduled for an evaluation with our orthodontist.

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Medical Record Services



Medical Record Copies

- At-the-window printing for immunization list, radiology & laboratory results
- Up to 30 days for complete records

Civilian / non-DoD Records

PCS

- Active Duty may hand carry (except separating or retiring)
- non-Active Duty records will be mailed

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Medical & Dental Record Updates



- All personnel must complete USNH Naples Registration Forms (provided by presenters)
- If Active Duty (AD) or AD Dependents do not have their hard copy records, the Sponsor must complete DD Form 877.
- The rest of this presentation only applies to Activity Duty personnel in possession of their Medical and/or Dental Records.
- ****At this time, please take out your Medical and Dental records****

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REQUEST FOR MEDICAL/DENTAL RECORDS OR INFORMATION		REQUESTING ACTIVITY -Complete Items 1 through 10 (Except 8b); also complete Item 19.		DATE
ADDRESSEE -Complete Items 8b, 11 to 14 or 15 to 18, as appropriate. Final returner shall return to requestor.		3. STATUS <input type="checkbox"/> MILITARY <input type="checkbox"/> VA BENEFICIARY		
1. PATIENT (Last Name - First Name - Middle Name)		<input type="checkbox"/> DEPENDENT <input type="checkbox"/> FEDERAL EMPLOYEE		
2. ORGANIZATION AND PLACE OF TREATMENT		<input type="checkbox"/> OTHER (Specify)		
		3a. NAME OF SPONSOR (If dependent)		
4. TO (Include ZIP Code)		5. IDENTIFYING INFORMATION		
		a. SERVICE NUMBER		
		b. GRADE/RATE		
		c. SOCIAL SECURITY ACCOUNT NO.		
		d. VA CLAIM NUMBER		
		e. DATE OF BIRTH (If Federal employee)		
6. DATES OF TREATMENT (Include)		7. DISEASE OR INJURY		
8. a. RECORDS REQUESTED		b. RECORDS FORWARDED		9. REMARKS
ML VA		ML VA		
<input type="checkbox"/> CLINICAL		<input type="checkbox"/>		
<input type="checkbox"/> OUTPATIENT		<input type="checkbox"/>		
<input type="checkbox"/> HEALTH RECORD		<input type="checkbox"/>		
<input type="checkbox"/> DENTAL RECORD		<input type="checkbox"/>		
<input type="checkbox"/> X-RAY		<input type="checkbox"/>		
<input type="checkbox"/> MEDICAL REPORT CARDS, EMERGENCY MEDICAL TAGS, FIELD MEDICAL CARDS		<input type="checkbox"/>		
<input type="checkbox"/> ABSTRACT OF RATING SHEET		<input type="checkbox"/>		
<input type="checkbox"/> REPORT OF PHYSICAL EXAMINATION		<input type="checkbox"/>		
<input type="checkbox"/> ALL AVAILABLE RECORDS (Except X-rays unless specifically requested)		<input type="checkbox"/>		
<input type="checkbox"/> OTHERS (List under remarks)		<input type="checkbox"/>		
		10. SIGNATURE		
REPLY/REFERRAL				
11. TO:		12. REMARKS		
		<input type="checkbox"/> RECORDS CHECKED IN 8b FORWARDED.		
		<input type="checkbox"/> NO RECORDS FOUND FOR PATIENT DURING ABOVE PERIOD.		
		<input type="checkbox"/> MORE INFORMATION NEEDED. FURNISH FOLLOWING:		
13. SIGNATURE		14. DATE		
REPLY/SECOND REFERRAL				
15. TO:		16. REMARKS		
		<input type="checkbox"/> RECORDS CHECKED IN 8b FORWARDED.		
		<input type="checkbox"/> NO RECORDS FOUND FOR PATIENT DURING ABOVE PERIOD.		
		<input type="checkbox"/> MORE INFORMATION NEEDED. FURNISH FOLLOWING:		
17. SIGNATURE		18. DATE		
19. RETURN TO: (Include ZIP Code)		<p style="text-align: center;">← REQUESTING ACTIVITY WILL ENTER COMPLETE ADDRESS TO WHICH RECORDS OR FINAL REPLY SHOULD BE MAILED.</p>		



Health Record Agenda



- **Front Cover Pencil Entries**
- **Inside Cover Pencil Entries**
- **Privacy Act DD Form 2005**
- **Abstract of Service and Medical History**
- **HIPAA/Privacy Acknowledgement**

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Front Cover: Pencil



COMMAND
NAME AND
RANK

0	1	2	3	4	5	6	7	8	9	◇	◇	-	-	-	6
PENCIL ENTRIES															
COMMAND		TITLE		LAST				FIRST				MIDDLE			
<input type="checkbox"/> Outpatient Treatment Record <input type="checkbox"/> Dental Treatment Record		Alert <input type="checkbox"/> Allergies <input type="checkbox"/> Sensitivities				Instructions This treatment record is a dual purpose record which may be used as an Outpatient Medical Treatment Record or as a Dental Treatment Record. 1. Place a check in the appropriate box to indicate which type of treatment record you wish this to be. 2. Fill in all appropriate information on the front as well as inside this record. 3. Refer Manual of the Medical Department, chapters 4 for dentists and 16 (for medical).				SUPPORT SITE or CAPO					
Military <small>service grade or rate and, if rank/medical grade is reported, rank and grade</small> <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Other _____ <input type="checkbox"/> Retired <input type="checkbox"/> Family Member Family Member Insurance Yes ___ No ___ <input type="checkbox"/> Civilian <input type="checkbox"/> Personal Reliability Program <input type="checkbox"/> Blood Type _____ <input type="checkbox"/> Flight Status _____ <input type="checkbox"/> Food Handler <input type="checkbox"/> Radiation Exposure <input type="checkbox"/> Asbestos Surveillance <input type="checkbox"/> Medical Condition _____		1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014													
U.S. Navy Medical Outpatient and Dental Treatment Record NAVMED 6150/26 (Rev. 11-95) GIN 0105-LF-113-8990															
Warning: Property of US Government. Possession by individual without proper authorization is prohibited. Removal of this record or its contents from the treatment facility is prohibited unless authorized by appropriate authority. Post-treatment, forward to the nearest US naval medical or dental treatment facility.															

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Inside Cover: Pencil



- Part I: Summary of Care
Record of Immunizations
- Part II: Chronological documentation of care
(including consults, inpatient care, etc.)
- Part III: Overseas screening
Boards
Physical examinations
Exposure forms (i.e., radiation, asbestos, etc.)
- Part IV: Laboratory/Radiology/EKG, etc.
Ancillary studies

Location:
Rear, Section 1

PENCIL ENTRIES ONLY!

ARRIVAL DATE	PROJECTED ROTATION DATE	
LOCAL HOME ADDRESS (OR MAILING ADDRESS)		LOCAL HOME TELEPHONE
COMMAND UIC (OPTIONAL)	WORK TELEPHONE	IF A FAMILY MEMBER, SPONSOR'S WORK TELEPHONE

**UIC
HERE**



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you with the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR	SSN OF MEMBER OR SPONSOR	DATE

DD FORM 1 FEB 76 2005

PREVIOUS EDITION IS OBSOLETE

D1B10208

Location:
Rear, Section 2



ABSTRACT OF SERVICE AND MEDICAL HISTORY
 NAVMED 615004 (Rev. 12-67) S.I.N. 0166-203-5446
 (Formerly NA/MED 1466)

SHIP OR STATION	DIAGNOSIS, DIAGNOSIS NUMBER AND REMARKS	DATE	
		FROM	TO
NAVAL TRAINING CENTER GREAT LAKES, IL	Duty	1 MAY 96	30 JUL 96
NAVSTA NORVA	Duty	1 AUG 96	15 NOV 97
USS CARRIER (CV 00)	Duty	16 NOV 97	19 MAR 98
	Contusion, left thoracic region ICDA Code No. 9220	19 MAR 98	19 MAR 98
NAVHOSP Blank, VA	Treatment	19 MAR 98	4 MAY 98
	Contusion, left thoracic region ICDA Code No. 9220	19 MAR 98	4 MAY 98
	Tonsillitis, acute #4630	26 MAR 98	4 MAY 98
USS CARRIER (CV 00)	Duty	4 MAY 98	3 MAY 99
USS UNDERWAY (LHD 00)	Duty	14 MAY 99	
NAME (Last, first and middle)	BIRTH DATE	BRANCH OF SERVICE	SERVICE/SOCIAL SECURITY NO.
DOE, John James	9 MAY 75	USN	20-123-45-6789

C-279-49



Location:
 Last Page, Section 3



At this time, please ensure that you have completed all **PENCIL/PEN** entries for both your **MEDICAL** and **DENTAL** Records.

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Notice of Privacy Practices

Acknowledgement of Military Health System Notice of Privacy Practices	
The signature below only acknowledges receipt of the Military Health System Notice of Privacy Practices, effective date <u>1, October, 2013</u> .	
Signature of Patient/Patient Representative	Date
Name of Patient/Representative	Relationship to Patient
DoD Identification No. _____	
If no DoD ID No., Last 4 digits of SSN _____	
<input type="checkbox"/> Patient/Representative declined to sign	_____ MTF Staff initials

Location:
Back of Record Jacket

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Thank you!



**At this time, we
will collect your
medical and dental
records.**

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