

## FOIA/Privacy Act Request

Army and Air Force Exchange Service  
Office of the General Counsel  
Compliance Division - FOIA  
3911 S. Walton Walker Blvd.  
Dallas, TX 75236-1598  
[schreurste@aafes.com](mailto:schreurste@aafes.com)  
Fax 214-465-2388

Date: \_\_\_\_\_

Dear FOIA/Privacy Manager:

This is a request under the Freedom of Information Act (5 U.S.C. § 552) and/or the Privacy Act of 1974, as Amended (5 U.S.C. § 552a) for documents and or records maintained and controlled by the Army and Air Force Exchange Service (Exchange).

I prefer to have documents disclosed by the following method:

☐ e-mail Correspondence      ☐ First-Class Mail      ☐ Fax: \_\_\_\_\_  
☐ Overnight Delivery

*(By choosing mail delivery, you will be invoiced for the cost of delivery.)*

[For Assistance, please call 214-312-6103 between the hours of 8:00 - 13:00, Monday-Friday CST]

### Please choose one option

☐ Documents requested are **NOT** part of a System of Records containing personal information obtainable by my personal identifier and will be processed under the **Freedom of Information Act**.  
**(Only complete and return pages 1-2)**

☐ Documents requested are stored in an Exchange System of Records obtainable by my personal identifier. I request those under my rights afforded by the **Privacy Act of 1974**, as amended.

☐ Attached is an original, notarized affidavit of identification. **(complete and return pages 1-3)**

☐ I choose to have the requested documents stored in an Exchange System of Records obtainable by my personal identifier be disclosed to a **third party**.

☐ Attached is an original, notarized affidavit of identity and release authorization for this disclosure. **(Complete and return pages 1-2, and either pages 3-5 applicable to your request)**

Please identify the documents/records requested as specifically as possible. Add more pages if more room is required.

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## FOIA Request (page 2)

In order to help you determine my status for the purpose of assessing fees, you should know that I am .... (Please select only one of the following)

☐ a representative of the news media affiliated with the \_\_\_\_\_ newspaper (magazine, television station, etc.), and this request is made as part of news gathering and not for a commercial use.

☐ affiliated with an educational or noncommercial scientific institution and this request is made for a scholarly or scientific purpose and not for a commercial use.

☐ affiliated with a private business and am seeking information for use in the company's business.

☐ an individual seeking information for personal use and not for a commercial use.

I am willing to pay fees for this request up to a maximum of \$\_\_\_\_\_.

Please include your contact information below so our office can contact you regarding your request.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

**The above form can be returned to the Exchange FOIA office either by fax or e-mail. Should you have any questions, please direct those to the FOIA office at 214-312-6103, 214-202-5541 or 800-967-6067.**

**Do not submit the following pages, unless you are proving ID or submitting a request to be disclosed to a third party.**



## EXCHANGE

ARMY & AIR FORCE EXCHANGE SERVICE  
P.O. Box 650060  
Dallas, TX 75265-0060

### AFFIDAVIT OF ID

**Privacy Act of 1974: Title 10, U.S. Code 8013 and 9013 authorizes solicitation of your Social Security Number and/or other personal information. Failure to provide requested information could result in not locating the authorized responsive documentation/records.**

**Instructions: Use this form for requests for documents, records, or information protected by the Privacy Act of 1974. Such records are accessible to the individual for whom they pertain. In order to protect unauthorized disclosure, you must provide proof of identity and authorization of release to third parties. Complete this form in its entirety and return by email to [privacymanager@aafes.com](mailto:privacymanager@aafes.com), fax to 214-465-2388, or by following the return directions of the AAFES associate who provided you this form.**

**NOTE: Do not use this form for first/third party releases or Protected Health Information (PHI) or for third party release of personal documentation.**

I, (PRINTED NAME) \_\_\_\_\_, (Affiant) deposes, affirms, and says:

- That I am the one and same person as named in this affidavit. I understand that falsification in any degree of this Affidavit is a felony criminal offence and will subject such Affiant to prosecution to the fullest extent of the law.
- The purpose of this Affidavit is to verify my identity and authorize the Army and Air Force Exchange Service (AAFES) to release of documents pertaining to me.

Pursuant to the Privacy Act, 5 U.S.C. §552a, I hereby request and authorize AAFES to release the following documents or information from AAFES System of Records pertaining to me:

through secured/protected electronic means to me at \_\_\_\_\_ (email address). I understand that if no email is provided documents or information will be mailed to the address provided below and may require delays or in some situations my payment of postage:

Address, phone number, and/or cell number (Must be completed, even if you choose electronic disclosure):

This authorization will expire 60 days after AAFES responds to my request for documentation. I may revoke this authorization at any time by notifying AAFES in writing of my revocation. Such revocation will not apply to any information or records already disclosed. I understand that Routine Use Disclosures may apply to the information requested and may be found by contacting the [privacymanager@aafes.com](mailto:privacymanager@aafes.com) or by reviewing the applicable System of Records Notice at <https://dpcl.d.defense.gov/>.

**Personal Identifier for location of responsive documents as authorized:** \_\_\_\_\_  
(Last 4 of SSN and/or Date of Birth)

Affiant Printed Name

Affiant Signature

I Swear to this Affirmation on this \_\_\_\_\_ day of \_\_\_\_\_,

If not already presented, please provide a copy of your request for documentation/information. Questions should be directed to [PrivacyManager@aafes.com](mailto:PrivacyManager@aafes.com) or to the AAFES individual who provided you this form.



## EXCHANGE


ARMY & AIR FORCE EXCHANGE SERVICE  
P.O. Box 650060  
Dallas, TX 75265-0060

### AFFIDAVIT OF ID & AUTHORIZATION TO RELEASE TO THIRD PARTIES

Privacy Act of 1974: Title 10, U.S. Code 8013 and 9013 authorizes solicitation of your Social Security Number and/or other personal information. Failure to provide requested information could result in not locating the authorized responsive documentation/records.



Instructions: You have requested documents, records, or information protected by the Privacy Act of 1974. Such records are accessible to the individual for whom they pertain. In order to protect unauthorized disclosure, you must provide proof of identity and authorization of release to third parties. Complete this form in its entirety and return by email to [PrivacyManager@aafes.com](mailto:PrivacyManager@aafes.com), fax to 214-465-2388, or to the AAFES associate who provided you this form.

NOTE: Do not use this form for first party releases or Protected Health Information (PHI) to a third party.

 I, (PRINTED NAME) \_\_\_\_\_ (Affiant)  
deposes, affirms, and says:


- That I am the one and same person as named in this affidavit. I understand that falsification in any degree of this Affidavit is a felony criminal offence and will subject such Affiant to prosecution to the fullest extent of the law.
- The purpose of this Affidavit is to verify my identity and authorize the Army and Air Force Exchange Service (AAFES) to release of documents pertaining to me.

Pursuant to the Privacy Act, 5 U.S.C. §552a, I hereby voluntarily authorize AAFES to release the following documents or information from the AAFES System of Records pertaining to me:

  
\_\_\_\_\_  
 To the following (name, organization name, address, phone number, e-mail address):  
\_\_\_\_\_  
\_\_\_\_\_

This authorization will expire at the conclusion of my legal claim or 60 calendar days if no legal claim exists. I may revoke this authorization at any time by notifying AAFES in writing of my revocation. Such revocation will not apply to any information or records already disclosed. I understand that after the above recipient has obtained the authorized documents or information, federal law might not protect it from being re-disclosed. I further understand that Routine Use Disclosures may apply to the information requested and may be found by contacting the [PrivacyManager@aafes.com](mailto:PrivacyManager@aafes.com) or by reviewing the applicable system of Records Notice located at <https://dpcl.dod.mil/>.

Personal Identifier for location of responsive documents as authorized: \_\_\_\_\_  
(Last 4 of SSN and/or Date of Birth) 

 \_\_\_\_\_  
Affiant Printed Name

\_\_\_\_\_  
Affiant Signature

I Swear to this Affirmation on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

If not already presented, please provide a copy of your request for documentation. Questions should be directed to [PrivacyManager@aafes.com](mailto:PrivacyManager@aafes.com) or to the AAFES associate who provided you this form.



## EXCHANGE

### HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

**Privacy Act of 1974:** Title 10, U.S. Code 7013, 9013, and U.S. Presidential Executive Order 9397 (SSN) authorizes the solicitation of your Social Security Number and/or other personal information. Failure to provide requested information could result in not locating the authorized responsive documentation/records.

**Instructions:** Please complete ALL blank areas. When completed, signed, dated, and sworn, returned to the Army and Air Force Exchange Service by one of the means listed below. **Do not use this form to request employment and payroll records or any other type of documents not associated with a Workers Comp. Claim.**

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I hereby voluntarily authorize the Army and Air Force Exchange Service (hereinafter "the Exchange") or their Third Party Administrator (TPA) to use or disclose my Protected Health Information (PHI) to the following for the purpose of

➤ \_\_\_\_\_  
**Disclose to**  
Name/Organization/Representative \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-mail \_\_\_\_\_

- This disclosure authorizes the release of the following PHI relative to my injury/illness or work-related/occupational injury or illness.  
(Please list any workers' compensation claim number(s) [if known]:

**All Workers' Compensation Claims within AAFES control; specifically for claim #'s):** \_\_\_\_\_ :

All portions, regardless of confidentiality, of my PHI files and records held by the Exchange including but not limited to the Department of Labor (DOL) reports and AETNA and Third Party Administrator's sensitive information maintained within the administrative record, medical and consultant notes. This includes any and all billing records showing charges, expenses, costs and payments, including payments received, hospital bills, bills for services and other relative and material information; X-Rays, interpretation of x-rays or other tests (including a copy of the report); drug and alcohol abuse testing, evaluation and treatment; mental health information consisting of but not limited to notes, records, reports of psychotherapy diagnosis evaluation and treatment including the diagnosis and prognosis; physical therapy records; outpatient records; mental illness, counseling referrals and/or a history of testing or treatment of human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases and conditions ; vital statistics, medical examination report and conclusions; clinical notes, nurses' notes, patient history of injury, medical provider's notes and evaluations; test results, subjective and objective complaints; hospital operational logs, emergency logs, tissues committee reports, and correspondence. This authorization also includes documents held by the Exchange relative to health and dental claims.

- Other (Specify) \_\_\_\_\_

#### **Conditions**

I understand that I have the right to revoke this authorization at any time by notifying the Exchange in writing at the address below. I understand that the revocation is only effective after the Exchange receives the revocation and does not apply to disclosures, which have already occurred. If not revoked, this authorization shall automatically terminate one year from the date of signature below. I understand that the disclosure of my specific personal health information may include data regarding drug or alcohol use, counseling referrals and/or a history of testing or treatment of acquired immune deficiency syndrome (AIDS) or related conditions. I understand that after disclosure is made to the above recipient, federal law might not protect it from being re-disclosed. Routine Use Disclosure may apply. Any further disclosures will be compliant with DoD 6025.18-R, Section C7.12 (January 2003).

**When completed, return to AAFES, Attn: Privacy Manager at [PrivacyManager@aafes.com](mailto:PrivacyManager@aafes.com) or fax to 214-465-2388 or to the AAFES associate who presented this form for completion.**

- **PERSONAL IDENTIFIER FOR LOCATION OF RESPONSIVE DOCUMENTS/RECORDS AS AUTHORIZED ABOVE**

Last Four Numbers of Social Security Number and/or Birthdate: \_\_\_\_\_

PRINTED NAME

SIGNATURE

DATE

#### **PERSONAL REPRESENTATIVE SECTION:**

- If a personal representative executes this form, the representative warrants that he or she has authorization to sign on the basis of (List of basis for representation; i.e. parent or guardian of minor): \_\_\_\_\_

#### **MUST BE COMPLETED BY ALL WHO SIGN THIS AFFIDAVIT:**

- I understand that falsification in any degree of this Affidavit is a felony criminal offense and will subject such Affiant to prosecution to the fullest extent

of the law. I Swear to the above affirmation on this \_\_\_\_\_ day of \_\_\_\_\_.

Army & Air Force Exchange Service, Office of the General Counsel, Compliance Division, 3911 S. Walton Walker Blvd, Dallas, TX 75236.