

FIGURE 1-A-1 RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST, DD FORM 2086

INSTRUCTION FOR COMPLETING DD FORM 2086-1	
<i>This form is used to record costs associated with the processing of a Freedom of Information request for technical data.</i>	
<p>1. REQUEST NUMBER - First two digits will express Calendar Year followed by dash (-) and Component's request number, i.e., 87-001.</p> <p>2. TYPE OF REQUEST - Mark the appropriate block to indicate initial request or appeal of a denial.</p> <p>3. DATE COMPLETED - Enter year, month and a day, i.e., 19970621.</p> <p>4. CLERICAL HOURS - For each applicable activity category, enter time expended to the nearest 15 minutes in the total hours column. The activity categories are:</p> <p style="padding-left: 20px;">Search - Time spent in locating from the files the requested information.</p> <p style="padding-left: 20px;">Review/Excising - Time spent reviewing the document content and determining if the entire document must retain its classification or segments could be excised thereby permitting the remainder of the document to be declassified. In reviews for other than classification, FOI exemptions 2 through 9 should be considered.</p> <p style="padding-left: 20px;">Correspondence and Forms Preparation - Time spend in preparing the necessary correspondence and forms to answer the request.</p> <p style="padding-left: 20px;">Other Activity - Time spend in activity other than above, such as duplicating documents, hand carrying documents to other locations, restoring files, etc.</p> <p style="padding-left: 20px;">- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each requester.</p> <p>5. PROFESSIONAL HOURS - For each applicable activity category, enter time expended to the nearest 15 minutes in the total hours column. The activity categories are:</p> <p style="padding-left: 20px;">Search/Review/Excising, and Other Activity - See explanation above.</p> <p style="padding-left: 20px;">Coordination/Approval/Denial - Time spent coordinating the staff action with interested offices or agencies and obtaining the approval for the release or denial of the requested information.</p> <p style="padding-left: 20px;">- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each requester.</p>	<p>6. EXECUTIVE HOURS - For each applicable activity category, enter the time expended to the nearest 15 minutes in the total hours column. The activity categories are:</p> <p style="padding-left: 20px;">Search/Review/Excising - See explanation above.</p> <p style="padding-left: 20px;">Coordination/Approval/Denial - See explanation above.</p> <p style="padding-left: 20px;">- Multiply the time in the total hours column in each category by the hourly rate and enter the cost figures for each category. Review costs are chargeable to the requester.</p> <p>7. COMPUTER SEARCH - When the amount of government-owned (not leased) computer processing machine time is know, and accurate cost information for operation on an hourly basis is available, enter the time used and the hourly rate. Then, calculate the total cost which is fully chargeable to the requester.</p> <p style="padding-left: 20px;">- Programmer and operator costs are calculated using the same method as in Items 4 and 5. This cost is also fully chargeable to requesters as computer search time.</p> <p>8. REPRODUCTION - Enter the number of pages or items reproduced.</p> <p style="padding-left: 20px;">- Multiply by the rate per copy and enter cost figures. The entire cost is chargeable to the requester. Reproduction cost for audiovisual material is the actual cost of reproducing the material, including the wage of the person doing the work.</p> <p>9. FOR FOI OFFICE USE ONLY -</p> <p style="padding-left: 20px;">Search Fees Paid - Enter total search fees paid by the requester.</p> <p style="padding-left: 20px;">Review Fees Paid - Enter total review fees paid by the requester.</p> <p style="padding-left: 20px;">Copy Fees Paid - Enter total of copy fees paid by the requester.</p> <p style="padding-left: 20px;">Total Paid - Add search fees paid and copy fees paid. Enter total in the total paid block.</p> <p style="padding-left: 20px;">Date Paid - Enter year, month, and ay, i.e., 19971024, the fee payment was received.</p> <p style="padding-left: 20px;">Total Collectable Costs - Add the blocks in the cost column marked with an asterisk and enter total in the total collectable cost block. Only search, reproduction and printed records are chargeable to the requester. Further discussion of collectable costs is contained in Chapter VI, Section 3, DoD Regulation 5400.7-R.</p> <p style="padding-left: 20px;">Total Processing Costs - Add all blocks in the cost column and enter total in the total processing cost block. The total processing cost in most cases will exceed the total collectable cost.</p> <p style="padding-left: 20px;">Total Charged - Enter the total amount that the requester was charged, taking into account the fee waiver threshold and fee waiver policy.</p> <p style="padding-left: 20px;">Fees Waived/Reduced - Indicate if the cost of processing the request was waived or reduced by placing an "X" in the "YES" block or an "X" in the "NO" block.</p>

FIGURE 1-A-2 FORM TO BE USED BY CONTRACTOR TO OBTAIN INFORMATION

I, **(Name of Person Giving Consent)**, hereby authorize **(Name of Person, Organization, or Institution)** to release to the Department of Defense, TRICARE Management Activity (TMA) or their designee, **(Name of Contractor)** information related to my medical treatment and, if necessary, photocopies of any medical records which may be required for adjudication of my claim for TRICARE benefits. This consent will expire _____ from the date shown below; however, I reserve the right to withdraw this authorization at anytime.

Date

Signature of person giving consent

FIGURE 1-A-3 AUTHORIZATION TO DISCLOSE INFORMATION

(FORM TO BE USED BY THE CONTRACTORS TO DISCLOSE INFORMATION)

I, **(Name of Person Giving Consent)**, hereby authorize TRICARE Management Activity (TMA) to release to **(Name of Party Information Related to Whom Information is to be Disclosed)** information related to my medical treatment and, if necessary, photocopies of any medical records which may be required for adjudication of my claim for TRICARE benefits. This consent will expire _____ from the date shown below; however, I reserve the right to withdraw this authorization at anytime.

Date

Signature of person giving consent

