

**UConn HEALTH
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: H 1.01

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INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION

Effective Date: 02/01/00

POLICY: A permanent inmate Health Record (**HR**)/Protected Health Information (**PHI**) shall be initiated and maintained by UConn Health, Correctional Managed Health Care (**CMHC**) personnel on all inmates under the jurisdiction of the Connecticut Department of Correction (**CDOC**).

The HR/PHI shall contain documentation of all health-related treatment/care provided to an inmate during his/her incarceration. Treatment includes, at a minimum, medical, mental health, and dental services and DOC addiction services as well as other treatment delivered to an inmate by a health care provider outside the parameters of the UCHC, CMHC Program or the CDOC.

Every effort will be made to have the inmate HR/PHI available at the time health services treatment is provided to the inmate.

The HR/PHI shall be considered a legal document.

No employee, contractor, or any other person shall remove from a CDOC facility, all, or any part of, an inmate HR/PHI, or copy of an inmate HR/PHI, for personal or private use. This includes facsimile and/or other automated transmission of an inmate HR/PHI to any location or person other than a CDOC facility health services unit, CDOC Central Office Health Services staff, CMHC Program staff, the CDOC Central Records Unit, or the Attorney General's office.

PROCEDURE: CMHC staff shall initiate the inmate HR/PHI at the time of the inmate's Initial Health Screening.

The inmate HR/PHI shall be assigned the same identification number (**ID**) as the inmate's CDOC ID number. This ID number can be verified through a centralized computer system known as an Inmate Based State Correction Information System (OBSCIS) and commonly referred to as the **RT** system. The inmate ID number shall be clearly documented, in large print, on the outside of the projected tab at the top of the HR jacket.

INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION

The inmate HR/PHI shall accompany the inmate to all assigned facilities within the CDOC. When it is known that the inmate has had a previous incarceration(s) within the CDOC, then an immediate effort shall be initiated, utilizing the CDOC RT system, to identify and obtain the original HR from its current storage location.

(See related Policy H 1.05 Inmate HR/PHI: Storage, Security, and Retrieval)

REFERENCES: *Administrative Directive 8.7, Health Records Management.* 2008. Connecticut Department of Correction.

Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.

Standards for Health Services in Prisons (P-H-01). 2008. National Commission on Correctional Health Care. Chicago, IL.

UCHC Privacy PHI Policy 2003-11. Patients' Rights to Privacy of Protected Health Information; Rights of Individuals (Privacy & Security of PHI)

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

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**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
FORMS**

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that all forms utilized in the Connecticut Department of Correction (**CDOC**) inmate Health Record (**HR**/Protected Health Information (**PHI**)) be standardized in format and content and be approved by the CMHC Policy and Procedure Committee, CMHC Administration and the CDOC Monitoring Panel.

PROCEDURE: Format and content of the inmate HR/PHI shall be in accordance with the following approved provisions:

All inmate HR/PHI forms shall be 8 ½ x 11 inches in size.

All CMHC forms used for documenting health care shall contain a standardized identification block in the upper right hand corner of the form. This identification block shall contain the CDOC ID number, inmate's name, date of birth, sex, race, and CDOC facility name. This documentation shall be handwritten (i.e. labels are not to be used).

The inmate's name and CDOC inmate number shall be recorded on each page of a form in the inmate HR/PHI, in the identification box. It cannot be assumed that because a form is in an inmate HR/PHI that it belongs to that inmate.

Two holes shall be pre-punched at the top of all inmate HR/PHI forms, and when applicable, at the sides of the forms for use in the CDOC facility in-patient setting.

All inmate HR/PHI forms shall be printed on white paper, except for **HR 800, Health Problem List** (blue).

All written entries in the inmate HR/PHI must be dated and signed by the health care provider making the entry. Inmate HR/PHI form design may provide space for the writer's initials rather than signatures. However, any inmate HR/PHI form design that provides for initials must also provide signature lines somewhere on the form, since there must be a signature to correlate with all sets of initials.

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
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All forms that make up the inmate HR/PHI shall be filed in a prescribed order within the HR/PHI.

Whenever appropriate both sides of the inmate HR/PHI form shall be used for health care documentation.

Form Design

Each CMHC approved inmate HR/PHI form shall be given a title and assigned a form number. The form number appears in the uppermost left-hand corner and is preceded by "HR". For example, Form HR 001 is Health Intake Screening. The number is used to inventory forms and to reorder.

The date that the CDOC/CMHC approved inmate HR/PHI form was designed or revised shall be printed next to the form number; for example, HR 301, Rev. 5/95. The date of design or revision makes it possible to periodically review forms and to identify if an outdated form has crept back into circulation.

CMHC approved inmate HR/PHI forms that are more than one page in length shall be numbered by page to make continuity plainly visible. Whenever possible, the reverse side of the paper is used to make it clear that two pages represent one form. The inmate name and number shall appear on each side of the form.

The format of the CDOC/CMHC approved inmate HR/PHI form, i.e., narrative, checklist, flow sheet, graph, etc., shall be designed to facilitate the completion and purpose of the form.

An instruction sheet shall accompany each CDOC/CMHC approved inmate HR/PHI form. The instruction sheet includes a brief description of the purpose of the form, the design format, who shall be responsible for completing the form, where it is located within the HR/PHI, and how to reorder the form. The Policy and Procedure Committee shall generate the instruction sheet at the time the form is designed or revised.

No deviation from these standardized forms shall be permitted without the express written permission of the CMHC Administration and the CDOC Monitoring Panel.

Annual Review

All CDOC/CMHC approved inmate HR/PHI forms shall be reviewed annually, at the time of policy review, or sooner if the need arises, by members of the Policy and Procedure Committee. The review of the inmate HR/PHI forms shall include health services staff members who complete or use the forms.

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The review process shall be recorded in the minutes of the Policy and Procedure Committee meetings.

All forms shall be ordered through the Macola System or CMHC Central Office with approval of the Functional Unit Health Services Administrator and approved by CMHC Central Office.

All approved forms and individual justification/instructional sheets shall be located on the UCHC/CMHC **Sharepoint Portal**, <http://cmhcportal.uchc.edu:8081>. This will ensure that only approved, current versions of forms are being utilized in the manner intended.

(See related CMHC Policy, H 1.04, Inmate Health Record/Protected Health Information: Organization, Appendices A1 and A2, Health Records Management Organization of Health Record, revised 06/08)

REFERENCES:

Administrative Directive 8.7, Health Records Management. 2006 Connecticut Department of Correction.

Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.

Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.

Standards for Adult Correctional Institutions (4-4413). 2003. American Correctional Association.

Standards for Health Services in Prisons (P-H-01). 2008. National Commission on Correctional Health Care. Chicago, IL.

UCHC Privacy of PHI Policy 2003-02. Record Keeping (Privacy & Security of PHI)

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

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**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
DOCUMENTATION**

Effective Date: 02/01/00

POLICY:

All health-related encounters with inmates under the jurisdiction of the Connecticut Department of Correction (**CDOC**) shall be documented and/or recorded in the individual inmate's Health Record (**HR**)/Protected Health Information (**PHI**). The method of recording entries in the HR/PHI shall be in accordance with the provisions contained herein, approved by the UConn Health, Correctional Managed Health Care Program (**CMHC**) Administration and the CDOC Monitoring Panel.

PROCEDURE:

Documentation of inmate health-related encounters and clinical findings shall be recorded on approved inmate HR/PHI forms.

At a minimum, the individual inmate HR/PHI shall contain the following documents/documentation:

- Identifying information (e.g., ID number, inmate name, AKA's (also know as), date of birth, sex, ethnicity, facility);
 - Inmate ID number shall also be recorded under the AKA on front of the HR jacket
- Health Problem list (including allergies, and the inmate's Corrections Compact Status noted as "Corrections Compact Inmate" if applicable)
- Health Summary Form
- Admission screening and health assessment forms;
- All significant findings, diagnoses, treatments, and dispositions;
- Medication orders and medication administration records;
- Reports of laboratory, x-ray, and diagnostic studies;
- Clinical encounters;
- Flow sheets;
- Consent and refusal forms;
- Release of information forms;
- Results/summaries of specialty consultations and/or off-site referrals;
- Discharge summaries of hospitalizations and other inpatient stays;
- Special needs treatment plans, if any;
- Immunization records;
- HR 800 Health Summary List

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
DOCUMENTATION**

Inmates will be notified of the result of laboratory tests, chest x-rays, cultures and urine tests in writing using form **HR 302 Notification of Test Results**, unless the patient is scheduled to meet with the prescriber to discuss the results.

Requirements for Documentation in the Health Record/Protected Health Information or Completion of Health Related Forms/Documents:

- All entries in the individual inmate HR/PHI shall have the date and time noted, shall be written legibly.
- All entries in the inmate HR/PHI shall be signed with the full name and title of the health care provider making the entry. Initials shall not be accepted as legal identification of the health care provider. Only CMHC authorized prescribers name stamps may be used. Prescribers may use an authorized name stamp or print their name for clarification of signature.
- All signatures in the inmate HR/PHI shall be legible and **must** be accompanied by a printed name and title or name stamp.
- Documentation in the inmate HR/PHI shall be clear and concise using only terminology and abbreviations approved by CDOC/CMHC. (**See attached approved abbreviations**)
- No health care provider shall sign the entry of another health care provider unless for the purpose of countersignature or witness.
- Preferably only **blue/black** ink shall be used for documentation
- All entries in the inmate HR/PHI shall be in chronological order.
- All entries in the inmate HR/PHI shall be dated and timed. The format shall be:
 - Date: includes month, day and year
 - Time: specified as A.M. or P.M. or in 24-hour notations.
(i.e., 0900, 2300, etc.)
- No blank spaces shall be left between entries in the inmate HR/PHI.
- No blank space shall be left between the body of information documented in the inmate HR and the health care provider's signature.
- Documentation in the inmate HR/PHI shall occur immediately following the health encounter. (The entry will be more accurate if it is made promptly following the health encounter and the credibility of the record will be enhanced if providers can testify that entries are made promptly following the health encounter).

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
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- Avoid inconsistent and contradictory entries. Read each entry before signing.
- Refrain from using personal comments about the inmate in HR/PHI documentation.
- Adhere to CDOC/CMHC policy, contained herein, for correcting HR/PHI documentation errors. Never document an inmate health encounter "in advance".
- When documenting an encounter with an inmate, avoid "evaluative phrases" in the HR/PHI such as good, normal, appears healthy. Avoid generalities, be objective, describe facts and circumstances, and do not draw conclusions.
- Quote the inmate whenever possible, especially when documenting health complaints.
- Record Medical, Nursing, and Mental Health responses to health complaints, actions, or instructions.
- Document in the inmate HR/PHI only what you see or do. Information reported to you shall be documented as "Reported by _____".
- Chronic care blood pressure readings shall be documented in chronological order on the **Clinical Record Form HR 401** using the width of two lines for documentation enhancing the visual impact of the information.

Documentation Format

Inmate health-related encounters shall be entered into the HR/PHI utilizing the **Subjective, Objective, Assessment, Plan (SOAP)** format and shall conform to the following criteria:

- **S (Subjective)** - the inmate's own statement regarding his/her health complaints, concerns, or ideas regarding his/her own health problem(s) shall be documented in the HR/PHI. It shall also be documented here if the inmate said nothing.
Example: **S:** "I have a cold",
- **O (Objective)** - information obtained from a person's observation(s), examination, result of laboratory tests, x-ray reports, or other sources of measurable data shall be documented and should include a specific description of the clinical findings. The **Objective** section may also include documentation of information obtained from other sources, i.e., a Correctional Officer's observations. (*LPNs shall document inmate health care observations under this section, using **SOP** format.*)
- **A (Assessment)** - the health care provider's written documentation of his/her evaluation and interpretation of the inmate's subjective and objective data. This analysis/evaluation of the inmate health data shall culminate in a written Medical, Mental Health, Dental, or Nursing diagnosis and will lead to the formulation of the inmate's plan of health care.

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
DOCUMENTATION**

LPNs shall not document IM health care under the Assessment section but may write "assessment referred to RN", as appropriate.

- **P (Plan)** - the health care provider's written documentation of the course of action for the inmate.
 - The plan may include the gathering of additional data, i.e., lab studies, x-rays, or referral to additional Health Services resources within the CMHC system or outside the CMHC system.
 - The plan may include medication orders, inmate health education, and/or specific health services interventions, i.e., activity orders, crutches, vital signs, etc.
 - The plan must be written to address all problems presented.

Documentation Format for Medical, Mental Health, and Dental Classification Scores

Health-related Classification scores reflect the acuity of the inmate health status as follows: (**see related CMHC policy and CDOC Administrative Directives for Inmate Classification scoring procedures**)

- Medical Classification Scores range from Level I (no health problems requiring nursing care), to Level V (requires confinement in a 24-hour nursing care facility or acute care facility). The Medical Classification Score shall be documented on **Form HR 800a, Health Summary Sheet**.
- Mental Health Classification Scores range from Level 1 (no Mental Health history), to Level V (requires inpatient Mental Health services). The Mental Health Classification Score shall be documented on **Form HR 800a, Health Summary Sheet**.
- Dental Classification Scores range from Level 1 (no dental problems), to Level V (a complicated dental case which may need treatment requiring URC approval). The Dental Classification Scores shall be documented on **Form HR 800a, Health Summary Sheet**.

All changes in Classification levels shall be dated and recorded on **Form HR 800a, Health Summary Sheet**.

Dental Documentation Format

Generally, information gathered regarding the inmate's dental status shall be documented on the following forms:

Form HR 601 Dental Record

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
DOCUMENTATION**

Form HR 601 A	Dental Record Continued
Form HR 602	Dental Treatment Plan
Form HR 603	Soft Tissue Evaluation (revised 9/00)
Form HR 604	Request for Dental Services

Mental Health Documentation Format

- Mental Health care providers shall follow the same guidelines for documentation that apply to other health care providers.
- Mental Health documentation shall be recorded, using SOAP format, on **Form HR 401 Clinical Record**, in chronological order in the body of the HR/PHI.
- Mental Health documentation may also include specifically designed forms (examples: HR504, Mental Health Screening; HR 507 Initial Psychiatric Evaluation)
- The Psychiatrist or Psychiatric Advanced Practice Registered Nurse (**APRN**) shall write all medication orders on **Form HR 925, Physician's Orders**.

Documenting Inmate Refusal of Health Care

Form HR 301, Refusal of Health Services Care shall be completed by the health care provider and signed by the inmate when possible, for each encounter or service refused by the inmate. The completed form will be placed in the inmate HR/PHI.

In addition to the above procedure, a corresponding entry shall be documented on **Form HR 401, Clinical Record**. This entry shall address the health condition(s) for which the recommended treatment has been refused by the inmate, the inmate's stated reason(s) for refusing the recommended treatment and to whom the information will be directed for follow-up.

Accurate and Timely Documentation

- Documentation of all health care provided to a CDOC inmate shall be entered in the inmate HR/PHI in a timely manner.
- Each inmate health care encounter, observation, or inmate health-related conversation/conference shall be documented at the time it occurs.
- Each entry in the inmate HR/PHI shall follow in immediate chronological order.

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
DOCUMENTATION**

- No blank space(s) shall be permitted between entries.
- A fresh **Form HR 401, Clinical Record** shall be initiated only when the previous form has been filled.
- If any previously initiated CMHC approved form cannot be located, and all efforts have been made to locate the existing or current HR/PHI form, a fresh HR/PHI form shall be initiated indicating that a previous record/form exists. When the existing record/form is located the empty space(s) between the last entry and the newly created page shall be crossed out by drawing lines crisscross across the blank space.

Late Entries

- Under certain conditions it may be necessary to document information in the inmate HR/PHI regarding inmate health encounters that occurred earlier, or document information that was inadvertently left out of the original entry in the inmate HR/PHI. Such an entry shall be defined as a "Late Entry".
- A "Late Entry" in the inmate HR/PHI shall be documented as such and shall include the following:
 - Date and time that the "Late Entry" is being made along with the words "Late Entry" or "Addendum".
 - A reference statement to the date and time of the original entry in the inmate HR/PHI.
 - The information that is to be added to the inmate HR/PHI.
 - A written description of who, if anybody, was notified of the information documented in the "Late Entry".
 - Signature and title of the health care provider making the "Late Entry".

Corrections and Alterations in the Health Record/Protected Health Information

Standardized procedures shall be followed when correcting errors in the inmate HR/PHI. These procedures, approved by CDOC/CMHC, shall include the following:

- At no time shall a documentation error be obliterated.
- The person who makes the documentation error shall be the person who corrects the error unless that person is no longer available to document. This would include personnel who no longer work for CMHC or who are no longer at the site where the specific inmate HR/PHI resides.

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
DOCUMENTATION**

- Health care providers shall not erase mistakes, use ink eradicators (i.e. "white-out"), or remove pages from the inmate HR/PHI.
- Black, blue, or any other dark magic marker shall not be used to obscure the erroneous entry in the inmate HR/PHI. Corrections in the HR shall be made in black ink and be considered as part of the permanent inmate HR/PHI record.
- Errors in the inmate HR/PHI shall be deleted by drawing a single line through the incorrect entry, labeling it as an "error", and signing and dating it. This technique shall also be used to delete information documented in the wrong inmate HR/PHI record or on the wrong inmate HR/PHI form.
- When information is corrected in the inmate HR/PHI, the CMHC nurse in charge shall determine if the corrected information is of such significance that it should be communicated to the physician or any other health care provider.
- When space does not permit correcting the error at the original entry site in the inmate HR/PHI, the health care provider shall reference an addendum or "late entry" to the HR/PHI and enter the more lengthy corrections in the addendum.
- Inmates may request that corrections be made in their HR/PHI. **HR 303A Request for Amendment of Health Information.**

Alteration or Falsification of Documentation

Written entries in the inmate HR/PHI are critical when a lawsuit is threatened against any health care provider, institution, or agency. In such cases, no changes shall be made in the inmate HR/PHI without consulting the Attorney General's Office.

- Deliberately altering an inmate HR/PHI, or deliberately writing an incorrect entry in the inmate HR/PHI, is illegal and subject to statutory sanctions.
- False documentation in the inmate HR/PHI, or on any other health form or related document in the inmate HR/PHI, is subject to professional license revocation for unprofessional conduct and/or CDOC/CMHC disciplinary action.

Documentation of Physician Orders

CMHC Physicians, Physician's Assistants, Optometrists, Podiatrists, Dentists and APRNs are required to deliver their orders in writing except in situations where verbal orders are unavoidable. **Form HR 925, Physician Orders**, shall be used for this purpose.

Documentation of Telephone Calls Relating to Patient CareCommunication:

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
DOCUMENTATION**

- Telephone communication that is inmate health-related shall take place in an area of the CDOC facility that protects the confidentiality of the information being discussed.
- All telephone calls relating to inmate health care shall be documented on **Form HR 401, Clinical Record** with the date, time, specific content of the conversation, parties involved, resolution of issue(s), if any, and follow-up required, including referrals. (See policy E 14.01 Prescriber Orders)
- Licensed health care personnel shall document regularly scheduled communication with health care providers at community hospitals, clinics, other state agencies, or private sector providers, whenever an inmate is receiving health care services from those providers.
- Telephone calls made by licensed health care providers to health resources outside the CMHC system relating to inmate health care shall be documented on **Form HR 401, Clinical Record**.
- The name and title of the community health care provider, along with the content of the conversation, including tentative plans for discharge or follow up, shall be documented on **Form HR 401, Clinical Record**.
- The CMHC licensed health care provider documenting this information shall include how and to whom the received information was communicated.

Telephone Orders:

- Phone calls to **medical prescribers** shall be initiated by, and concluded by, licensed nursing personnel.
- Licensed health care providers are authorized to document telephone orders.
 - All telephone orders received by licensed nursing staff shall be repeated to the prescriber for clarity and confirmation.
- A licensed nurse shall document a telephone order in the inmate Health Record (HR), on CMHC Form HR 925, Physician's Order Sheet. The nurse shall document the date and time of the order, the name of the medication, the strength, route of administration, dose form, duration (or number of units), frequency, directions for use, and prescribers name.
 - The nurse shall sign the order, including title. If the signature is illegible, the nurse shall also print his/her name.
- LPNs may accept telephone orders from a physician or other authorized prescribers.

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
DOCUMENTATION**

- An LPN shall not carry out a telephone order until an RN has reviewed and assessed the order/inmate to ensure the order is consistent with the current plan of care. **The RN shall date and sign that the order was reviewed.**
- All telephone orders shall be repeated to the physician for confirmation.
 - All telephone orders must be cosigned by a licensed health care prescriber.
- Medications administered according to CMHC approved Nursing Protocols shall be documented on the **Physician's Order Sheet, Form HR 925** and transcribed onto the inmate's Medication Administration Record.
- When a CMHC prescriber is available to a CDOC facility five days a week, the CMHC prescriber shall sign all physician generated telephone orders within seventy-two (72) hours of the telephone order.
- When a CMHC prescriber is available less than five days each week to a CDOC facility, the CMHC prescriber shall sign all prescriber-generated telephone orders within five (5) business days of the telephone order. When a CMHC prescriber is on-site less than once a week the telephone order is to be signed the next time a prescriber is on site.

Personnel Approved to Document in the Inmate Health Record/Protected Health Information

The following CMHC health care personnel categories and approved non-agency providers are authorized to document health care services that they provide to the inmate.

Addiction Services Staff (CDOC)
Advanced Practice Registered Nurse
Clerical Staff charged with HR/PHI management
Clinical Social Worker
Clinical Social Worker Associate
Clinical Social Worker Supervisor
Correctional Nurse
Correctional Head Nurse
Correctional Hospital Nurse Supervisor
Dental Assistant
Dental Hygienist
Dentist
Developmental Specialist 2
Department of Public Health (DPH)
Department of Mental Health and Addiction Services (DMHAS)
Health Services Administrator
Lead Dentist Assistant
Lead Dentist
Licensed Practical Nurse

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DOCUMENTATION**

Licensed Professional Counselor
Medical Records Specialist
Nurse Clinical Specialist
Occupational Therapist
Office Assistant
Phlebotomist
Physician
Physician Assistant
Psychiatric Social Worker
Psychiatrist
Records Clerk
Recreational Therapist
Rehabilitation Therapist II
Representative of CT Dept of Health Sexually Transmitted Disease Unit
Secretary I & II
Students: affiliated licensed or masters prepared
Students: affiliated undergraduate and graduate/doctoral candidate students and
unlicensed nursing students may document

- a co-signature is required

HIV Counselor
Supervising Psychologist CL I and 2
Psychologist
Radiology Technologist

CMHC Medical Records and clerical personnel shall not document clinically related health information in the inmate HR/PHI. This includes inmate appointments, inmate “no shows”, and inmate health-related telephone calls from outside resources. CMHC Medical Records and clerical personnel shall document requests for health records, health information, inmate HR reviews and health information photocopying.

CMHC Medical Records and clerical personnel may complete the demographic data box in the upper right hand corner of all standardized CMHC inmate HR/PHI forms, document the merging of HR's, and requests for copies of HR/PHI's.

Discharge Summaries

A completed Discharge Summary is required for all inmates discharged from a CDOC facility in-patient setting.

HR 522 Mental Health Inpatient Housing Discharge Summary
HR 406A Medical Infirmary Discharge Summary

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
DOCUMENTATION****Documentation Stamps**

Documentation stamps may be used to record inmate health information in very limited situations.

Documentation stamps shall not be used to replace professional documentation of health encounters.

Name stamps (including approved prescriber and clinical staff) should include the staff member name and clinical title (ie. RN, LPN, MD, DO, SW etc.) and must be accompanied by actual signature of the staff member. Only those documentation stamps (excluding name stamps) approved by the Health Records Management Committee shall be used in the inmate HR/PHI.

The following documentation stamps are currently approved for use in the inmate HR/PHI:

- “Admission”
- “Chart Reviewed”
- “Confidential Information”
- Copy
- Detox
- “Discharge”
- “Gyn Clinic”
- HIV Rapid Test
- “ID Clinic”
- “Inmate Transfer”
- “Intake Screening Completed
- “No Show”
- “MH Clinic”
- “Name” Stamp
- “Record Merging”
- “Received”
- “RISS” – Regular Insulin Sliding Scale
- “7 ” (see Policy D 2.19, Medication Administration)
- Podiatry – see consult
- Optometry – see consult

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
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Receipt of Non-CMHC Inmate Health-Related Documents

Whenever additional inmate health-related information arrives at a CDOC facility from a source outside the CMHC system acknowledgement of receipt of the information will be done by stamping the date of receipt on each document. The health care provider shall review the document(s) and note this with a signature and date.

Review of Old Health Records/Protected Health Information

The physician/designee shall make every effort to review, upon receipt, "Old Health Records/Protected Health Information" and document pertinent findings on **Form HR 800, Health Problem List** with the date of the HR/PHI "review".

Multiple Health Records/Protected Health Information volumes (A,B, etc.) shall be transferred simultaneously with the inmate and be available for further physician review.

REFERENCES: *Administrative Directive 8.7, Health Records Management.* 2008; *8.15 Corrections Compact Health Services.* 2007. Connecticut Department of Correction.

CDOC Classification Manual.

Connecticut Public Health Code 19a-14-40.

Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.

Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.

Standards for Health Services in Prisons (P-H-01). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD

Title: CMHC Director of Medical Services, Johnny Wu MD

Title: CDOC Director Health Services, Kathleen Maurer MD

CMHC Abbreviations – alphabetical listing

Abbreviation	Meaning	Comment	Abbreviation	Meaning	Comment
↓	Decreased		BPH	benign prostatic hypertrophy	
↑	Increased		BS	Bowel Sounds	
°	Degree		BSE	Breast Self Exam	
+/-	Either positive or negative, indefinite		BTL	bilateral Tubal Ligations	
F	Female		BUN	blood urea nitrogen	
>	Greater than		Bx	biopsy	
≥	Greater than or equal to		C	Celsius; centigrade	
<	Less than		°	with	
≤	Less than or equal to		C&S	culture and sensitivity	
M	Male		c/o	complains of	
%	Percent		CO ₂	carbon dioxide	
BID, bid	twice daily		Ca (note case)	calcium	
QID, qid	four times daily		CA (note case)	Cancer	
TID, tid	three times daily		CABG	Coronary Artery Bypass Graft	
@hs	at bedtime		CaCO ₃	calcium carbonate	
1 ^o	primary		CAD	Coronary Artery Disease	
2 ^o	secondary		cal.	calorie	
ā	before		cap	capsule	
A+O x 3	Alert and oriented times three (person, place and time)		CAT Scan	computerized axial tomography	
A. (D, S, U)	ear (right, left, both)		cath.	catheter	
Ab	Antibody		CBC	complete blood count	
Abd	Abdominal or Abdomen		cc	cubic centimeter	= milliliter
ABE	Acute Bacterial Endocarditis		CC	chief complaint	
ABG	arterial blood gas		CCU	Coronary Care Unit	
ac	before meals		CD4	CD4 lymphocyte	
Acid Phos.	acid phosphatase		Cdif	Clostridium difficile	
ACV	acyclovir		CHF	congestive heart failure	
ad lib	as desired		CIWA-A	Clinical Institute Withdrawal Assessment of Alcohol Scale	
ADA	American Diabetes Association	as in "ADA" diet	CIWA-B	Clinical Institute Withdrawal Assessment Benzodiazepine	
ADA	Americans with Disabilities Act		Cl	chloride	
ADD	Attention Deficit Disorder		cm	centimeter	
ADHD	Attention Deficit Hyperactivity Disorder		CMV	cytomegalovirus	
ADL	Activities of Daily Living		CNS	central nervous system	
adm.	admission		CO	carbon monoxide; cardiac output	
AE	Above the Elbow		comp	compound	
AEB	As evidenced by		COPD	chronic obstructive pulmonary disease	
AED	Automated External Defibrillator		COWS	Clinical Opiate Withdrawal Score	
AF	Atrial Fibrillation		CP	cerebral palsy	
AFB	acid-fast bacilli		COPD	chronic obstructive pulmonary disease	
Ag	Antigen		COWS	Clinical Opiate Withdrawal Score	
AH	Auditory hallucinations		CP	cerebral palsy	
AIDS	Acquired ImmunoDeficiency Syndrome		CPAP	Continuous Positive Airway Pressure	
AII	Airborne Infection Isolation		CPK or CK	creatinine phosphokinase	
AIMS	Abnormal Involuntary Movement Scale		CPR	cardiopulmonary resuscitation	
AJ	Ankle Jerk		CRF	Chronic Renal Failure	
AK	Above the Knee		CSF	cerebrospinal fluid	
ALT	Alanine Aminotransferase = SGPT		CT Scan	Computerized Axial Tomography	
ama	against medical advice		CV	cardiovascular	
amb	ambulate		CVA	cerebrovascular accident	
AML	Acute Myeloblastic Leukemia		CVP	central venous pressure	
amp	ampule		Cx.	cervix	
ANC	Absolute neutrophil count		CXR	chest x-ray	
ant.	Anterior		D&C	dilatation and curettage	
AOx3	Alert and oriented x 3(person, place, time)		d/c	discontinued	NOT "discharged"
APAP	Acetaminophen		DCD	Dry Clean Dressing	
aq.	aqueous		D_W	dextrose (NN%) in water	
ARD	Acute Respiratory Disease		derm.	dermatology	
ARF	Acute Renal Failure		DIP	Distal Interphalangeal (Joint)	
AS	Aortic Stenosis		DKA	Diabetic Ketoacidosis	
ASA	aspirin		DM	Diabetes Mellitus	
ASCAD	Arteriosclerotic Coronary Artery Disease		DNA	deoxyribonucleic acid	
ASCVD	Arteriosclerotic Cardiovascular Disease		DNKA	did not keep appointment	
ASD	atrial septal defect		DNR	Do Not Resuscitate (code status)	
ASHD	Arteriosclerotic Heart Disease		DOA	dead on arrival	
ASPD	Antisocial Personality Disorder		DOB	date of birth	
AST	Aspartate Amino transferase	= SGOT	DPT	diphtheria-pertussis-tetanus vaccine	
AWOL	absent without leave		DS	Double strength	
Ax temp.	axillary temp.		DSD	Dry Sterile Dressing	
B→C	bed to chair		DTR	deep tendon reflexes	
BaE	barium enema				
BBB	bundle branch block				

BBP	bottom bunk pass
BE	Below the Elbow
BG	Blood Glucose
BiPap	Bi-level Positive Airway Pressure
BK	Below the Knee
BKA	below-knee amputation
B/L	Bilateral
BM	bowel movement
BMI	Body Mass Index
BP	blood pressure

DTs	delirium tremens
DVT	Deep Vein Thrombosis
Dx	diagnosis
Ψ	Psychiatry
Δ	change

CMHC Abbreviations – alphabetical listing

Abbreviation	Meaning	Comment
E. coli	Escherichia coli	
EBV	Ebstein-Barr virus	
ECT	Electroconvulsive Therapy	
EDB	Estimated Date of Birth	
EDD	Estimated Date of Delivery	
EEG	electroencephalogram	
EENT	eyes, ears, nose and throat	
EKG or ECG	electrocardiogram	
ELISA	Enzyme linked immunosorbent assay	
elix	elixir	
EMB	ethambutol	
EMG	electromyogram	
ENT	ear, nose and throat	
EOM	Extra ocular Muscles	
EOMI	Extra ocular Muscles Intact	
EOS	End of Sentence	
ER	Emergency Room	
ESR	erythrocyte sedimentation rate	
ESRD	End Stage Renal Disease	
etiolo.	etiology	
EtOH	alcohol	
ETT	endotracheal tube	
exam.	examination	
F	Fahrenheit	
FB	foreign body	
FBS	fasting blood sugar	
Fe	Iron	
FeSO ₄	ferrous sulfate	
F/F	Face-to-face for audio control privacy	
F/F/P/AC	Face-to-face; in private; audio privacy/ control	
F/U	Follow Up	
FH	Family History	
fl. oz.	fluid ounce	
FOI	Flight of ideas	
freq.	frequency	
FSH	follicle stimulating hormone	
ft	foot; feet (measure)	
FTA-ABS	fluorescent treponemal antibody	
FUO	fever of unknown origin	
Fx	fracture	
GAF	Global Assessment of Functioning	
gal	gallon	
GB	gallbladder	
Gc	gonorrhea	
GCS	Glasgow Coma Scale	
GH	Growth Hormone	
GI	gastrointestinal	
gtt	drop	
GTT	Glucose Tolerance Test	
gm	gram(s)	
gr	grain(s)	
Grav	Pregnancies	
GSW	gunshot wound	
gtt(s)	drop(s)	
GU	genitourinary	
GYN	gynecology	
h	hour(s)	
H&P	history and physical	
h.s.	at bedtime	

Abbreviation	Meaning	Comment
Hg	mercury	
Hgb	hemoglobin	
HI	Homicidal ideations	
HIV	human immunodeficiency virus	
hr(s)	hour(s)	
HSV	Herpes Simplex Virus	
Hx	history	
I&D	incision and drainage	
I&O	intake and output	
I/M	inmate	
ICU	intensive care unit	
ID	Infectious Disease	
IDDDM	Insulin Dependent Diabetes Mellitus	
IDS	Infection Disease Specialist	
Ig(A, D, E, G, M)	immunoglobulin (A, D, E, G, M)	
IHD	Ischemic Heart Disease	
IM	intramuscular	
INH	isoniazid	
IOP	Intraocular Pressure	
Irrig.	irrigation	
IUD	intrauterine device	
IV	intravenous	
IVC	Inferior Vena Cava	
IVP	intravenous pyelogram	
IWMI	inferior wall myocardial infarction	
JVD	Jugular Venous Distention	
K	potassium	
KCl	potassium chloride	
kg(s)	kilogram(s)	
KUB	kidneys, ureters, bladder, abdominal x-ray	
KVO	Keep Vein Open	
L	Left (Also S – Sinistro)	
L	liter	
L1, L2, etc	First and Second Lumbar Vertebrae Etc. (L1-L5)	
lb(s)	pounds	
LBBB	left bundle branch block	
LDH	lactic dehydrogenase hormone	
LFT's	liver enzymes (AST, ALT, Alk Phos, Bili)	
LH	Luteinizing Hormone	
LLL	left lower lobe	
LLQ	left lower quadrant	
LMP	last menstrual period	
LN	lymph node	
LOA	Looseness of association	
LP	lumbar puncture	
LRQ	Lower Right Quadrant	
LS	lumbosacral	
Lt	left	
LVF	Left Ventricle Failure	
lymph	lymphocyte	
M	Murmur	
M.	meter	
MAC	Mycobacterium avium complex	
Mag Citrate	Magnesium Citrate	
mcg	microgram	
MDD	Major Depression Disorder	
MDI	metered dose inhaler	
	bronchospasm med	
med(s)	medication(s)	
mEq	milliequivalent	

H/A or HA	headache	mEq./L	milli-equivalent(s) per liter
h/o	history of	Mg	magnesium
HBcAB	Hepatitis B core antibody	mg	milligram
HBsAb	Hepatitis B surface antibody	MH	Mental Health
HBsAg	Hepatitis B surface antigen	MI	Myocardial Infarction
HCab	Hepatitis C antibody	min(s)	minute(s)
HCG	Human Chorionic Gonadotropin	ml	milliliter = cubic centimeter
HCl	hydrochloric acid	MI	Myocardial Infarction, Mitral Incompetence
Hct	hematocrit	mm	millimeters
HCTZ	hydrochlorothiazide	mo	month
HCV	Hepatitis C virus	MOM	Milk of Magnesia
HEENT	head, ears, eyes, nose and throat	MRI	magnetic resonance imaging
H ₂ O	water	MRSA	Methicillin resistant S. aureus
H ₂ O ₂	hydrogen peroxide	MS	multiple sclerosis
		MSE	Mental Status Exam
		MVA	motor vehicle accident
		N	nitrogen; normal (strength of solution)
		N/A	not applicable
		N&V	nausea and vomiting

CMHC Abbreviations – alphabetical listing

Abbreviation	Meaning	Comment	Abbreviation	Meaning	Comment
Na	sodium		RBV	Ribavarin	
NaCl	sodium chloride		reg	regular	
NAD	No Abnormality Detected/No Acute Distress		REM	rapid eye movement	
NB	note well		resp	respiration	
neg; -	negative		retic. ct.	reticulocyte count	
neuro	neurology		RF	rheumatic factor	
NF	Non-formulary		Rh	rhesus factor	
NIDDM	Non Insulin Dependent Diabetes Mellitus		RLL	right lower lobe	
NKA	no known allergy		RLQ	right lower quadrant	
NKDA	no known drug allergies				
No./#	number		RML	right middle lobe	
noc	night		RNA	ribonucleic acid	
			R/O	rule out	
NPO	nothing by mouth		ROI	Release of Information	
n/s	No show		ROM	range of motion	
NS	normal saline		RPR	Syphilis serology (Reiter)	
NSAID	Nonsteroidal Anti-Inflammatory Drug		rt	right	
NSR	normal sinus rhythm		RTC	return to clinic	
NTG	nitroglycerine		RUL	right upper lobe	
OI	Opportunistic infection		RUQ	right upper quadrant	
P	pulse/pulse rate		Rx	treatment, prescription, therapy	
P&A	percussion and auscultation		̄	without	
p	after		s/p	status-post	
PAC	premature arterial contractions		SBE	subacute bacterial endocarditis	
Pap smear	Papanicolaou's smear		sc	subcutaneous	
Path	pathology		Sec	Squamous Cell Carcinoma	
pc	after meals		SCPT	Schizophrenia, Chronic Paranoid Type	
PCR	Polymerase Chain Reaction		SCUT	Schizophrenia, Chronic Undifferentiated Type	
			sec	second(s)	
PE	physical examination, pulmonary embolism		sed. Rate	sedimentation rate	
Peds	pediatrics		SGOT	serum glutamic oxalacetic transaminase = AST	
Perf	perforation				
			SGPT	serum glutamic pyruvic transaminase = ALT	
PERL	pupils equal and reactive to light		SI	Suicidal ideations	
pg	page		SIB	Self-injurious behaviors	
pH	hydrogen ion concentration		sig	let it be written – label	
PI	Present Illness		SL	sublingual	
PI	Protease inhibitor		SLE	systemic lupus erythematous	
PID	pelvic inflammatory disease		SOB	shortness of breath	
PIH	Pregnancy Induced Hypertension		sol	solution	
PIP	Proximal Interphalangeal (Joint)		sp. gr.	specific gravity	
PKU	phenylketonuria		spec	specimen	
pm	evening		SQ	subcutaneous	
PMDD	Premenstrual Dysphoric Disorder		SSE	soap suds enema	
pmh	past medical history		SSKI	saturated solution potassium iodide	
PMS	Premenstrual Syndrome		Staph.	Staphylococcus	
PND	Paroxysmal Nocturnal Dyspnea		stat	immediately – at once	
PO	Post Operatively		STD	Sexually transmitted disease	
po	oral		Strep.	Streptococcus	
pos; +	positive		STS	serologic test(s) for syphilis	
post.	posterior		supp	suppository	
post-op	postoperative		surg	surgical	
PPD	purified protein derivative, tuberculin		SVF	Supraventricular Fibrillation	
PPH	Post Partum Hemorrhage		SVT	Supraventricular Tachycardia	
pr	By Rectum		Sx	symptom	
pre-op	preoperative		syr	syrup	
prn	whenever necessary		T	temperature	
psi	pounds per square inch		T&A	tonsillectomy & adenoidectomy	
Psych	Psychiatry		tab	tablet	
PT	prothrombin time		tach	tachycardia	
PT	physical therapy		TAH	Total Abdominal Hysterectomy	
PTA	prior to admission		TB	tuberculosis	
PTSD	Post Traumatic Stress Disorder		tbsp	tablespoon	
PTT	partial thrombin time		TFT	Thyroid Function Tests	
PUD	Peptic Ulcer Disease		temp	temperature	
PV	Per Vagina		TH	Total Hysterectomy	
PVC	premature ventricular contraction		THBSO	Total Hysterectomy Bilateral Salpingo-Oophorectomy	
PVD	Peripheral Vascular Disease				
			THR	Total Hip Replacement	
q	every N day, wk, mo “every” stated interval		TIA	transient ischemic attack	
q am	every morning		tinct	tincture	
q(n)h	every n hours		TKR	Total Knee Replacement	
qd	every day				

qt
(R)
RISS
r/o
RA
RBBB
RBC

quart
Right; (Also D – Dextro)
Regular Insulin Sliding Scale
rule out
rheumatoid arthritis
right bundle branch block
red blood cell
RUQ – right upper quadrant

TLC
TMJ

TMP SMX
TO
tol
TOP

TPN
TPR
trach

Transitional Link to Community
temporomandibular joint

Trimethoprim sulfamethoxazole
telephone order
as tolerated
Termination of Pregnancy

total parenteral nutrition
temperature, pulse, and respiration
tracheotomy

CMHC Abbreviations – alphabetical listing

Abbreviation	Meaning	Comment	Abbreviation	Meaning	Comment
TSE	Testicular Self Exam				
TSH	thyroid stimulating hormone				
tsp	teaspoon				
TSS	Toxic Shock Syndrome				
TURP	transurethral resection of prostate gland				
Tx	treatment, not medications				
U	unit	Doses- Insulin, etc.			
UA	urinalysis				
URC	Utilization Review Committee				
URI	upper respiratory infection				
US	ultrasound				
UTI	urinary track infection				
vag	vaginal				
VD	venereal disease				
VDRL	Syphilis serology				
VF	Ventricular Fibrillation				
VH	Visual hallucinations				
via	by way of				
VO	verbal orders				
VRE	Vancomycin-resistant enterococcus				
VS	vital signs				
VSD	ventricular septal defect				
VT	Ventricular Tachycardia				
W → D	Wet to Dry				
WBC	white blood count				
wk	week				
WNL	within normal limits				
wt	weight				
x (n)	times, as 4x				
x 6mos	for 6 months	or specified interval			
X-match	crossmatch				
XR	x-ray				
yr(s)	year(s)				

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: H 1.04

Page 1 of 3

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
ORGANIZATION**

Effective Date: 02/01/00

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that all inmate Health Records (**HR**)/Protected Health Information (**PHI**) initiated and maintained within Connecticut Department of Correction (**CDOC**) facilities are complete, uniform and properly organized according to the provisions contained herein.

No employee, contractor, or any other person shall remove from a CDOC facility, all, or any part of, an inmate HR/PHI, or copy of an inmate HRPHI, for personal or private use. This includes facsimile and/or other automated transmission of an inmate HR/PHI to any location or person other than the CDOC Commissioner and his/her designee, and CMHC Health Services staff, in accordance with the performance of their assigned duties.

PROCEDURE: Health Record Contents

The HR/PHI jacket, the forms utilized within the HR/PHI, and the order of their placement, including additional forms specifically designed for female inmates, shall be uniform throughout the CDOC, utilizing a form number and organization system approved by the CMHC. All individual inmate health-related documents and correspondence shall be filed within the CMHC/CDOC approved HR/PHI jacket in accordance with **Appendix A1, Organization of the Health Record Without Clinic Sub-tabs, and Appendix A2, Organization of Health Record With Clinic Sub-tabs.**

The inmate's last name, first name, date of birth and "**AKA**" (as known as) shall be clearly and neatly typed/printed directly on the HR jacket in the upper left-hand corner or on a white, 1 x 1 ¼ inch label and affixed to the upper left-hand corner of the HR jacket.

No PHI, except known or suspected **allergies (must be documented in Red Ink)** or no known allergies (NKA/NKDA) and (when appropriate) a **Living Will label (Pink sticker)** shall be placed on the outside of the HR/PHI jacket.

All HR/PHI forms and documents shall be secured to the HR/PHI jacket with the use of brackets. The brackets are incorporated into the HR/PHI jacket and shall accommodate two pre-punched holes at the top of each form.

The HR/PHI organization shall consist of Medical, Mental Health, Dental and Addiction Services PHI. HR/PHI shall be maintained as a single record separated by dividers in the format described below.

The contents of the **HR/PHI** shall be organized in sections according to the health service discipline providing the inmate care. This format utilizes color-coded section dividers as described in **Appendix A**.

All health-related forms and documents shall be filed in the appropriate sections in reverse chronological order, that is, with the most recent form placed uppermost in the section.

For easy access to HR/PHI, when an inmate is housed in a CDOC facility infirmary setting, the inmate-patient's HR/PHI shall be made available/maintained in the infirmary for the period of infirmary care.

The most current inmate photo shall be affixed to the right inside bottom center of the health record jacket (**H1.04, Appendix B**).

When the original inmate HR/PHI becomes too bulky (over one and a half inches thick without compressing the documents), a second HR/PHI shall be initiated. The original HR/PHI shall be labeled "**A**" record. The health service coverage dates contained within the "**A**" record shall be written on the outside of the jacket in large black letters. Should there be a need for additional HR/PHIs, they shall be labeled "**B**", "**C**", etc., with coverage dates also marked on the outside of the jacket.

Creating Additional Volumes of Health Records

The old health record volume shall be closed-out with the following documentation in black permanent marker on the outer jacket cover: The letter volume and the period of coverage dates (start date through end date) and the statement "**Closed and Do Not Use**" on the bottom of the jacket.

The new jacket shall have the standard inmate information with **allergies (NKA/NKDA) documented in red ink**, (when appropriate) a **Living Will label (Pink sticker)**, the current letter volume, and the start date.

All printing on all health records jackets must be clear and legible. With the exception of allergy information, printing should be done using a black magic marker.

The health record staff thinning the records shall document such on the Clinic Record form (HR401) in the new health record volume, and include the date, signature and title.

A new health record volume shall be created upon readmission if the current health record is too bulky or is more than one and a half inches thick (without compression). New folders shall be used when available. If none are available, recycled folders may be used. These folders must be intact (not torn or with broken spines or have missing brackets) and devoid of previous labels.

See **Policy H 1.04, Appendix B** to identify forms to be brought forward to the current health record.

REFERENCES: *Administrative Directive 8.7, Health Records Management.* 2008. Connecticut Department of Correction.
Administrative Directive 8.11, Human Immunodeficiency Virus Infection. 2008. Connecticut Department of Correction.
Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.
Standards for Health Services in Prisons (P-H-01). 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
ORGANIZATION**

**HEALTH RECORDS MANAGEMENT
ORGANIZATION OF HEALTH RECORD**

Only CT DOC/UCHC-CMHC approved forms are to be placed in the Health Record.

All forms are to be filed in reverse chronological order (most recent information on top).

LEFT SIDE OF HEALTH RECORD

HR 800	Health Problem List – Health Problem List – Revised 08/03– above the Physician’s Order Sheets (HR 925)
HR 106	Health-Related Transfer Hold (Placed here until the transfer hold is discontinued, then remove from Health Record) - Revised 5/94
HR 708	Non-Formulary Drug Request – Revised 08/12
HR 925	Physician’s Order Sheet – Revised 2/11
HR 925A	<i>Therapeutic Diet Request/Termination-Orig 4/11 (Form renumbered 10/11 to HR309)</i>
HR309	Therapeutic Diet Request/Termination – Revised 06/14
HR 925B	Discharge Medication Prescription-Revised 02/13
HR 925C	Discharge Medication Prescription-Controlled Substance-Revised 02/13
HR 925Y-1	Physician’s Orders (Periodic Health Assessment / Ages 16-39) – Revised 08/11(York CI)
HR 925Y-2	Physician’s Orders (Periodic Health Assessment / Ages 40-49) – Revised 08/11 (York CI)
HR 925Y-3	Physician’s Orders (Periodic Health Assessment / Ages 50 and over) – Revised 08/11 (York CI)
HR 925D	Physician’s Orders – Hepatitis C Diagnostic Orders – Revised 5/03
HR 925E	Physician’s Orders – Hepatitis C Treatment Orders – Revised 5/05
HR 925F	<i>Physician’s Orders – (Hypertension/Dyslipidemia Chronic Care Initial Assessment) - (Pilot 10/06) (Form Eliminated 07/10)</i>
HR 925F	Physician’s Orders – Seasonal Flu – Original 10/10
HR925G	Infirmiry Admission Orders –Revised 12/11– Directly above the Physician’s Order Sheets (HR925)
HR 925J	Physician’s Orders-Buprenorphine Protocol-After 12 Noon-Revised 05/13
HR 925K	Physician’s Orders-H. Pylori Orders-Original 03/13
HR 925L	Physician’s Orders Optical-Original 04/13
HR 925M	Physician’s Orders-Buprenorphine Protocol-Before 12 Noon-Original 05/13
HR 925N	HR925N Physician’s Orders (Temporary)-Original 10/13
HR 925O	Physician’s Orders Preferred Colonoscopy Preparation-Revised 03/14
HR 925P	Physician’s Orders CTDOC Smoking Cessation-Revised 01/14
HR 800A	Health Summary Sheet – Original 8/03
HR 803	Health Transportation Requisition (<i>Once the outside visit has been completed the form may be discarded</i>) - Revised 5/94
HR 312	Living Will (In clear plastic sleeve) – Revised 4/96
HR 312A	Appointment of Health Care Agent & Attorney in Fact for Health Care Decisions – Revised 7/96 (In clear plastic sleeve with Living Will)
HR 312B	Living Will Notary Form - Revised 7/96 (In clear plastic sleeve with Living Will)
PSS	Lab orders awaiting receipt of results

Top Left Discharge Sub-Tab Section: White with Black Letters

HR 928	Discharge Planning Check List – Original 8/06
HR 929	Health Services Discharge Instructions - Original 08/08
W-10	Forms (In preparation for discharge)

Revision Dates: 12/94, 5/95, 2/1/00, 12/20/01, 1/15/03, 4/20/04, 7/21/04, 6/28/05, 7/28/06, 7/1/07, 11/16/07, 1/11/08, 2/5/08, 6/30/08, 7/15/08, 08/22/08, 12/19/08; 4/22/09; 07/31/09; 09/30/09, 07/30/10; 08/15/11;07/25/12; 07/31/13; 06/30/14

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
ORGANIZATION**

Byrnes-Grant Pilot Program/CRT Application
CSSD Jail Re-Interview Information and Requests
DMHAS Jail Diversion Information and Requests
DMHAS Referral
DSS Applications (W-1F; W-1; W-300; W-303)
MI/MR Screen
Nursing Home Application
Social Security Disability Application

Any copies of documentation gathered in preparation for discharge or transfer to a halfway house, or other approved CT DOC follow-up program.

Clinic Section: Brown

HR 101 *Infectious Disease Problem Report – generated by Central Office ID (Form eliminated)*
HR 102 HIV Flow Sheet – Revised 3/04
HR 103 HIV Treatment Plan – Revised 4/97
HR 110 CMHC JDH ID Clinic Note – Original 9/09
HR 111 Varicella (Chickenpox), Herpes Zoster (Shingles) Screening Checklist Original 06/14
HR 401 Clinical Record (Infectious Disease clinic notes) – Revised 9/02
HR 002 (M) Comprehensive Health History / Physical Exam 5/94 –Replaced by HR 002 F Physical Exam (Female) - Original 10/07 and HR 002(M) Physical Exam (Male) – Original 11/07
HR 002 (F) Physical Examination-Female (Pilot) Original 01/14
HR 003 *Health History Form – Replaced with HR003(F) Health History (Female) Original 10/07 and HR003(M) Physical Exam (Male) Original 11/07 (Form eliminated 04/12)*
HR 108 Influenza Symptom Screening Original 2.07. Revised 9/30/09 (if patient assessed during clinic visit).
HR 502 Mental Health Conference (Bi-Weekly) – Revised 5/94
HR 526 Monthly Review Treatment Progress Review - 03/09 **Filed with HR401 Clinical Record**

CDC AIDS Reporting Form
HR 303 Authorization for Release of Information Form (discontinued 7/03)
CN 4401 Authorization to Obtain and/or Disclose Personal Health Information (English & Spanish) – Revised 4/25/11
W-10 Form (In preparation for HIV Discharge Planning) – Revised 07/93
HR 005 Transfer Summary (In preparation for HIV Discharge Planning) – Revised 07/11
HR 107 Hepatitis C Treatment Flow Sheet – Revised 2/11

Hepatitis C Treatment MAR org. 5/05
HR 007A Initial Evaluation of Hepatitis C Infection by Primary Care Provider – Original 12/02
HR 007B Follow-up Evaluation of Hepatitis C Infection by Primary Care Provider – Original 12/02
HR 307 Consent and Compliance Agreement for Hepatitis C Treatment – Revised 5/03
HR 400 Wound Care Check List – 6/09 - **Filed with HR 401 Clinical Record**
HR 401 Clinical Record for Hepatitis C treatment inmates – Revised 9/02
HR 401C Clinical Record Infectious Disease Specialist Hepatitis C Evaluation – Revised 5/03
HR 401D Clinical Record Initial HCV Functional Status Report – Revised 5/03
HR 401E Clinical Record HCV Functional Follow-up Status Report – Revised 5/03
HR 109 Skin, soft tissue and other Infection, and Wound Treatment Plan Methicillin-Resistant Staphylococcus Aureus Treatment Plan (MRSA) –Org 12/08
HR 415 *Epilepsy Data Base – (Pilot 10/06) (Form eliminated 07/10)*
HR 416 *Epilepsy Flow Sheet – (Pilot 10/06) (Form eliminated 07/10)*
HR 417 *Epilepsy Treatment Plan – (Pilot 10/06) (Form eliminated 07/10)*

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
ORGANIZATION**

TB Sub-Tab: Violet

HR 801 Immunization Record / TB Surveillance – Revised 5/94
 HR 104 Positive PPD and/or Tuberculosis Surveillance Worksheet –Revised 12/11
 HR 104A Tuberculosis Symptom Screening –Revised 07/07
 HR 703 Medication Record -TB Prophylactic Therapy (after therapy completed) – Revised 5/94
 HR 911A Negative Pressure Admission Worksheet - Revised 08/11

HR 202 Utilization Review Requests (requests pending) – Revised 4/07
 HR 202A Utilization Review Management (**discontinued**)
 ----- Anesthesia Record (York CI)
 ----- Authorization for Special Procedure Form
 ----- Correspondence related to URC appointments and reports
 ----- Operative Record (York CI)
 ----- Response Letters from URC
 ----- URC Health Consultation Reports (generated by URC)

HR 402A Diabetic Monitoring Sheet – Original 7/07
 HR 420 Chronic Disease Initial Baseline Health Data – Original 05/10
 HR 421 Chronic Disease Visit Follow Up – Original 05/10

HR 402 *Diabetic Flow Sheet – Revised 3/98 - Replaced by HR 402A (Eliminated 07/10)*
 HR 402A *Diabetic Monitoring Sheet – Original 7/07(Eliminated 07/10)*
 HR 402 *Diabetes Clinic Flow Sheet – (Pilot 10/06) (Eliminated 07/10)*
 HR 402B *Diabetes Treatment Plan – (Pilot 10/06) (Eliminated 07/10)*
 HR 403 *Diabetes Mellitus Clinic Intake (Nursing) (side one) – Original 10/00 (Eliminated 07/10)*
 HR 403 *Diabetic Foot Screening (side two) – Original 10/00 (Eliminated 07/10)*
 HR 403 *Diabetes Clinic Intake – (Pilot 10/06) (Eliminated 07/10)*
 HR 403A *Diabetic Foot Screening – (Pilot 10/06) (Eliminated 07/10)*

HR 410 *Pulmonary Clinic Intake (Asthma/COPD) – Original 10/00 (Eliminated 07/10)*
 HR 410 *Pulmonary Database (Asthma/COPD) – (Pilot 10/06) (Eliminated 07/10)*
 HR 411 *Pulmonary Clinic Flow Sheet (Asthma / COPD) – Original 10/00 (Eliminated 07/10)*
 HR 411 *Pulmonary Flow Sheet Asthma/COPD – (Pilot 10/06) (Eliminated 07/10)*
 HR 412 *Pulmonary Treatment Plan Asthma/COPD – (Pilot 10/06) (Eliminated 07/10)*

HR 407 *Cardiovascular / Hypertension Clinic Intake (Nursing) – Original 2/01 (Eliminated 07/10)*
 HR 407 *Hypertension/Dyslipidemia Database – (Pilot 10/06) (Eliminated 07/10)*
 HR 408 *Cardiovascular / Hypertension Clinic Flow Sheet – Original 2/01 (Eliminated 07/10)*
 HR 408 *Hypertension/Dyslipidemia Flow Sheet – (Pilot 10/06) (Eliminated 07/10)*
 HR 409 *Hypertension/Dyslipidemia Treatment Plan – (Pilot 10/06) (Eliminated 07/10)*
 ----- *EKG Reports (Eliminated 07/10)*

OB/GYN Sub-Tab: Pink (York CI Only)

HR 003 Initial Gynecological Screening Examination (Pilot)-Original 01/14
 HR 003A Routine Gynecological Screening Examination (Pilot)-Original 01/14
 HR 203 York Fax Consultation Sheet - Original 10/07
 HR 401G Clinical Record Admission GYN Evaluation - Original 08/11
 ----- Clinical Breast and Cervical Screening Form
 ----- Colposcopy Consent Form

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
ORGANIZATION**

- LEEP (Loop Electrosurgical Excision Procedure) Consent Form (Needs to be approved)
- Pap Smear Results
- Pregnancy Related Information i.e. (ACOG Antepartum Record)
- Other OB/GYN Related Forms

Initial Assessment Section: Purple

Reverse chronological order.

- HR 005 Transfer Summary Form – Revised 7/11
- HR 001 Intake Health Screening – Revised 04/12
- HR 001Y(F1) Intake Screening (Pilot)-Original 01/14
- HR 108 Influenza Symptom Screening - Original 2/07 – Revised 9/30/09 (If part of intake screening process following **HR 001.**)
- JDQ-5 Connecticut Judicial Branch Marshall Services Detainee Behavior Questionnaire-Original 6/06
- Court Mitimus
- Admission Urinalysis Form – (York CI)
- HR 001A Withdrawal Flow Sheet: Alcohol - Revised 3/06
- HR 001B Withdrawal Flow Sheet: Benzodiazepine - Revised 10/05
- HR 001C Withdrawal Flow Sheet: Opiate - Revised 10/05
- HR 002(F) Physical Exam (Female) - Original 10/07
- HR 002(M) Physical Exam (Male) – Original 11/07
- HR 002 Comprehensive Health History/Physical Exam - Revised 5/94 - Replaced with HR002(F) and HR002(M)
- HR 002A Periodic Health Assessment Flowsheet - Revised 11/09
- HR 003 Health History Form - Original 5/94 – Replaced with HR003(F) and HR 003(M)
- HR 003(F) Health History (Female) Original 10/07 (*Form eliminated 04/12*)
- HR 003(M) Health History (Male) – Original 11/07 (*Form eliminated 04/12*)
- HR 004 Food Handler Clearance (kitchen physical) – Revised 5/94
- HR 006 Health Evaluation for Restrictive Housing Unit (RHU) Placement - Revised 08/11
- HR 006A Restrictive Housing Med/MH Visitation Log - Original 12/01 (*Eliminated 03/11 except for York CI*)
- HR 006A Restrictive Housing Med/MH Visitation Log – Revised 05/11
- Scar Sheet (discontinued by Health Services in 1990)

Laboratory Section: Blue

Reverse chronological order.

- Laboratory Reports
- DPH STD Reporting Form
- Pathology Reports

Radiology Section: Red

Reverse chronological order.

Information in this section is for radiology reports generated through a CT DOC ordered consultation or obtained through a Request of Information (after review and signature by physician).

- HR 201 Health Consultation – Revised 5/94
- Cat Scan Reports

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
ORGANIZATION**

----- Chest X-ray Reports
 ----- Mammogram Reports
 ----- MRI
 ----- Myelogram Reports
 ----- Tomogram Reports
 ----- Ultrasound Reports
 ----- X-ray Consultation Reports

Consultation Section: Green

HR 201 Health Consultation Reports/Requests (other than radiology) – Revised 5/94
HR 201A Optometry/Ophthalmology/Teleopathalmology Referral/Examination Form – Original 7/02
HR 304 Request for Health Service Counselor (HIV Counseling Guidelines) (**discontinued**)
HR 305 Consent for Treatment – Revised 05/12
W-10 Forms (Completed for internal transfers prior to 2006)
 ----- Consent for Elective Procedure, Minors (**discontinued 8/00**)
 ----- Hearing Tests
 ----- Informed Consent for HIV Testing
 ----- In-House/Outside Consultation Reports
 ----- Medical Parole Referral
 ----- Next of Kin Form
 ----- Vision Test

Correspondence Section: Yellow**Request for Information Letters**

HR 106 Health Related Transfer Hold – Revised 5/94 (after it has expired)
HR 303 Authorization for Release of Information Form (**discontinued 7/03**)
HR 303A Request for Amendment of Health Information - Revised 02/13. (Only if amendment is denied)
HR 303B Notification of Denial/Access PHI Request - Original 9/03
HR 306 Consent for Treatment of Minor – Original 8/00
 Request for Mental Health Services-revised 5/95
HR 918 Certificate of Authenticity (copy) - Revised 6/05
CN 4401 Authorization to Obtain and/or Disclose Personal Health Information – Revised 04/11
CN 8901 Appeal of Health Services Review (English and Spanish)-Revised 06/09
CN 9601 Inmate Request Form - Revised 1/09 (Replaces **CN 9602** below...).This applies to inmate requests for Health Records only.
CN 9602 Inmate Requests to Staff Members – Revised 01/09(inmate requests for Health Records only, and old requests prior to policy change)
CN 9602 Inmate Administrative Remedy Form - Revised 1/09 (if related to a Review of a Medical Decision “Diagnosis and/or Treatment”)
 ----- Copies of patient's records which have been obtained from outside health care providers (not CDOC originated). **Mental Health Correspondence to be placed in Mental Health Section.**
 ----- Related documentation regarding Health Services Review (A.D. 8.9, effective 1/08)
 ----- Termination Transfer Summary Form (completed) (discontinued)
 ----- Third Party Requests for PHI
 ----- Walker RSMU Checklist

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
ORGANIZATION**

RIGHT SIDE OF HEALTH RECORD

The following forms shall be integrated in reverse chronological order

HR 109	Skin,Soft Tissue and other Infection and Wound,Treatment Plan-org 12/08
HR 301	Refusal of Treatment/Health Services – Revised 5/94
HR 303A	Request for Amendment of Health Information - Revised 02/13. (Only if amended - filed with Clinical Record entry).
HR 309	Therapeutic Diet Requests/Termination – 6/04 - Replaced by HR 925A – Original 10/07 - Renumbered back to HR 309 - 10/11 Revised 07/12
HR 310	NPO Acknowledgement-Original 03/14
HR 400	Wound Care Check List – Revised 6/09 - filed with HR 401 Clinical Record
HR 401	Clinical Record – Revised 9/02 (Policy change 7/06 - all are to be filed in this section)
HR 401A	Mental Health Physician/APRN Encounter- Original 11/07 - intertwined with HR 401
HR 401B	Clinical Record-Seasonal Flu-Original 11/13
HR 401F	Psychoactive Medication Agreement-Original 05/11
HR 401H	Clinical Record (Nicotine Dependence)-Revised 01/14
HR 401K	Infections Disease Admission-Readmission – Original 06/14
HR 401M	Infections Disease Transfer/Reception – Original 06/14
HR 406A	Medical Infirmary Discharge Summary – Revised 11/06
HR 515	Start Now Progress Record-Org 10/10
HR 522	Mental Health Inpatient/Mental Health Housing Discharge Summary – Revised 11/06
HR 526	Monthly Review Treatment Progress Review - 03/09 Filed with HR401 Clinical Record
HR 909	Inmate Activity Assignment Temporary/Permanent Change - Original 5/03
HR 913A	Funeral Home Release Form - Original 12/03
HR 914	<i>Hunger Strike Flow Sheet – Original 5/04-Eliminated 2/11</i>
HR 914	Inmate Abstaining from Food and Fluids-Org 2/11
HR 922	Residential Program / Health Services Referral – Revised 7/04
HR 923	Health Services Communication to Halfway House Client: Plan of Care – Original 10/04
CN 6602	Medical Incident Reports – Revised 06/09
W-10	From UCHC and Outside Agencies

Mental Health Section:Gray

HR 514	Mental Health Interdisciplinary Treatment Plan- Revised 04/12
HR 514	<i>Mental Health Services Initial Treatment Plan - Revised 8/05-Eliminated 4/10</i>
HR 514A	<i>Mental Health Services Revised Treatment Plan - Revised 8/05-Eliminated 4/10</i>
HR 514B	<i>Mental Health Services Treatment Plan - Inpatient - Revised 8/05-Eliminated 4/10</i>
HR 514C	Mental Health Interventions - Original 8/05
HR 908	Monthly Health Services Group Log (for MH use) – Revised 10/07
CN 9510	Mental Health Disciplinary Review Form-Revised 03/14
CDOC	Addiction Services

Sub-Tab Use (Mental Health)

Assessment Sub-Tab: Purple

HR 501	Request for Mental Health Services-Revised 05/94
HR 504	Mental Health Screening – Revised 9/10
HR 504	<i>Mental Status Evaluation – (Eliminated 12/03)</i>
HR 507	Initial Psychiatric Evaluation – Revised 11/01

Revision Dates: 12/94, 5/95, 2/1/00, 12/20/01, 1/15/03, 4/20/04, 7/21/04, 6/28/05, 7/28/06, 7/1/07, 11/16/07, 1/11/08, 2/5/08, 6/30/08, 7/15/08, 08/22/08, 12/19/08; 4/22/09; 07/31/09; 09/30/09, 07/30/10; 08/15/11;07/25/12; 07/31/13; 06/30/14

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
ORGANIZATION**

HR 508	Mental Health Assessment – Revised 04/12
HR 511	<i>Mental Health Assessment for Inmates Housed in Segregation Beyond 30 days – (Eliminated 1/11)</i>
HR 517	Suicide Risk Assessment – Revised 8/06
HR 519	Mental Health Involuntary Medication Panel Decision-Original 03/13
HR520	Mental Health Involuntary Medication Panel Original 03/13
HR 520	<i>Mental Health Flow Sheet – Original 4/02-Eliminated 12/03</i>
HR521	Appeal of Decision to Involuntarily Medicate-Original 03/13
HR 523	Northern CI Mental Health Clearance Form for Administrative Segregation - Revised 07/12
HR 524	<i>Mental Health Observation Items Authorization Worksheet - Original 12/06-Eliminated 5/11</i>
HR 524	Mental Health/Behavioral Observation Items Authorization Checklist-Orig 5/11
HR 516	Sex Offender Treatment Track One Discharge Summary – Revised 8/00
HR 516a	Static-99 Scoring Sheet – Revised 2/01
HR 516b	Sex Offender Assessment Addendum to Mental Health Assessment (HR508) – Revised 2/01
HR 516c	Sex Offender Program Initial Screening Summary – Revised 2/01
HR 516d	Contract for Sex Offender Program – Revised 2/01
HR 516e	Sex Offender Summary of Group Progress – Revised 2/01
HR 516f	Sex Offender Program Participation – Revised 2/01
HR 516g	Sex Offender Program Termination Form – Revised 2/01
HR 506	Abnormal Involuntary Movement Scale (AIMS) – Revised 6/94
HR 503	<i>Consent for Treatment with Psychoactive Medication – Revised 11/01-Eliminated 7/11</i>
HR 519A	<i>Request for Psychostimulant Medication(s) – (discontinued)</i>
HR 519B	<i>Requests for Continuation of Sleep Medication (excess of 14 days) – (discontinued)</i>
HR 512	<i>Mental Health Involuntary Medication Hearing Referral – Revised 5/06-Eliminated 7/11</i>
HR 512	Mental Health Involuntary Medication Panel Referral-Revised 03/13
HR 513	<i>Notification of Mental Health Board Hearing - Revised 7/94-Eliminated 5/11</i>
HR 513	Notification of Mental Health Involuntary Medication Panel-Revised 03/13
HR 518	<i>Mental Health Board Hearing Written Response to Inmate – Original 4/02-Eliminated 5/11</i>
HR 518	Postponement of Involuntary Medication Panel Written Response to Inmate-Revised 03/13
DCF 465	Psychotropic Med Consent – 9/07
DCF 465A	Notification of Psychotropic Med Consent– 6/07
DCF 465B	Suspected Adverse Drug Reaction Reporting – 6/07
-----	Vital Sign Sheet (York CI)
HR 401	Clinical Record – Revised 9/02 (Prior to policy change 7/06)
HR 505	Close Observation Watch List – Revised 06/11
HR 505A	Therapeutic Restraint Flow Sheet - Revised 07/13
HR 509	Court Recommendations for Mental Health 5 Inmates Under the Age of 18 – Original 08/13
HR 510	Recommendations to Parent or Legal Guardian for Mental Health 5 Inmates Under the Age of 18 Discharging or Bonding Out – Original 08/13
HR 510	<i>In-Patient Mental Health Daily Flow Sheet – Revised 7/94 – discontinued 7/09</i>
HR 515	<i>Consent for Admission to Mental Health Unit – Revised 7/94 – discontinued 7/09</i>
HR 525	Mental Health Parole Summary - Original 3/08
-----	Mental health correspondence/consultations (generated by mental health)
-----	Mental health information obtained through Release of Information
-----	Third party mental health information: mental health discharge summaries, legal communications (mental health only)
-----	Whiting Forensic Discharge Information
-----	Whiting Forensic/CVH Transfer Form

Addictions Services Tab

Revision Dates: 12/94, 5/95, 2/1/00, 12/20/01, 1/15/03, 4/20/04, 7/21/04, 6/28/05, 7/28/06, 7/1/07, 11/16/07, 1/11/08, 2/5/08, 6/30/08, 7/15/08, 08/22/08, 12/19/08; 4/22/09; 07/31/09; 09/30/09, 07/30/10; 08/15/11;07/25/12; 07/31/13; 06/30/14

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
ORGANIZATION**

Dental Section: White

HR 308	Oral Surgery Consent Form (English & Spanish) - Revised 08/11
HR 601	Dental Record – Revised 4/08
HR 601A	Dental Record Continued – Revised 5/94
HR 602	Dental Treatment Plan – Revised 5/94
HR 603	Soft Tissue Evaluation – Revised 9/00
HR 604	Requests for Dental Services – Original 9/00
HR 605	Receipt of Denture Notification – Revised 9/09(English/Spanish)
HR 607	Prosthetic-Orthotic Approval Request-Original 07/12
-----	Dental X-rays

In-Patient Section: Orange

Anytime an inmate is admitted or discharged from a CT DOC infirmary; the in-patient hospitalization record is filed in this section. The assembled records filed here include:

HR 105	Nursing Flowsheet (former Graphic Chart) - Original 3/09
HR 105A	Intake and Output Record-Original 08/03
HR 201	Health Consultation – Revised 5/94
HR 305	Consent for Treatment – Revised 5/12
HR 401	Clinical Record – Revised 9/02 (Prior to policy change 7/06)
HR 403	Infirmary Observation Flow Sheet-MWCI Pilot-Original 08/12
HR 404	Infirmary Admission Record /Nursing– Original 10/00
HR 405	Nursing Care Plan – Original 9/00
HR 413	Hospice Pain Management Flow Sheet – Original 5/02
HR 414	Medical/Surgical (Non-Behavioral) Restraint Flow Sheet – Revised 9/04
-----	Anesthesia Record
-----	Operative Record
-----	Signs and Symptom Sheet - Methadone (York CI only)

Medication Section: Pink

Reverse chronological order.

HR 702	<i>Pentamidine Aerosolization Treatment Record – (discontinued 7/04)</i>
HR 704	Prothrombin/Heparin Flow Sheet – Revised 5/94
HR 705	Flow Sheet - Erythropoietin, Filgrastim – Revised 5/94
HR 716	Medication Administration Record – Revised 4/01
HR716A	Medication Administration Record - Hep C - Revised 10/07
-----	Copies of outside prescriptions

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION: ORGANIZATION –
Creating Additional Volumes of Health Records****CREATING ADDITIONAL VOLUMES OF HEALTH RECORDS**

A new health record volume shall be created upon readmission if the current health record is too bulky or is more than one and a half inches thick.

In addition to the forms listed below, and with the exception of MARs and inpatient documentation (see bottom of page 3), three months of the most current health record documentation shall be brought forward for all sections.

LEFT SIDE OF HEALTH RECORD:

Health Problem List (most recent) if old one, copy for previous record.

Transfer Hold (if current).

Physicians' Orders and Non-Formulary Drug Requests.

Health Summary Sheet (most recent) if old one, copy for previous record.

Living Will, bring original forward. A new Living Will Sticker (Pink) shall be placed on the outside jacket of health record you are creating.

Appointment of Health Care Agent (if current).

Discharge Section:

Discharge planning documentation (current or pending).

ID Section (directly under Clinic Tab):

ID Problem List, copy for previous record.

HIV Flow Sheet, HIV Treatment Plan; Clinical Record, Mental Health Conference, Comprehensive Health History/Physical Exam, ROI's, and Transfer Summary Form.

Hepatitis C Treatment Flow Sheet, Initial Evaluation of Hepatitis C Infection by Primary Care Provider. Follow-Up Evaluation of Hepatitis C Infection, Consent and Compliance Agreement for Hepatitis C Treatment, Clinical Record, Clinical Record--Infectious Disease Specialist Hepatitis Evaluation, Clinical Record Initial HCV Functional Status Report.

TB Sub-Tab: As stated above.

Clinic Section:

Immunization Records (most current). If there are no Sub-Tabs and the inmate is PPD Positive, bring forward Positive PPD and/or Tuberculosis Surveillance Worksheet; Tuberculosis Symptom Screening, Medication Record--TB Prophylactic Therapy. Copies made for previous record.

URC Sub-Tab: URC forms (current or pending).

Chronic Disease Sub-Tab:

Chronic Disease Initial Baseline Health Data (HR 420) : All
Chronic Care follow-up forms

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION: ORGANIZATION-
Creating Additional Volumes of Health Records**

OB/GYN Sub-Tab: (York CI Only) OB/GYN forms (most current or pending).
American College of Obstetricians and Gynecologists Antepartum Record (ACOG)
Edinburgh Postnatal Depression Scale (EPDS)
Gynecological Examination Form(s)

Initial Assessment Section:

Intake Health Screening (most current), copy for new record.
Transfer Summary--if neither of these are within last 3-6 months, copy for new record.
Admission Urinalysis (York CI).
Withdrawal Flowsheet: Alcohol.
Withdrawal Flowsheet: Benzodiazepine.
Withdrawal Flowsheet: Opiate.
Comprehensive Health History/Physical Exam (current), or copy for new record.
Health History (current), or copy for new record.
Food Handler Clearance (current), or copy for new record.
Periodic Health Assessments Flowsheet (current), or copy for new record.
Restrictive Housing Medical/Mental Health Visitation Log (current).
Scar Sheet (discontinued), probably won't have any.

Laboratory Section: All current or pending

Laboratory Reports (last complete blood count if not current), copy for new record.

Radiology Section: All including pending

Radiology Reports, and most recent chest x-ray--copy for new record.
Radiology Consultation Reports.
CAT Scan Reports.
Ultrasound Reports.
MRI's.
Mammogram Reports.
Myelogram Reports.
Tomogram Reports.
EKG Reports

Consultation Section:

Optometry/Ophthalmology/Teleopathalmology Referral/Examination Form (current), copy for new record.
Consultations (All including pending).
Consent for Treatment (current), copy for new record.
Consent for Treatment of Minor and for Elective Procedure (current).
Vision and Hearing Tests (current) if older, copy for new record.
W-10 (current).
Informed Consent for HIV testing (current)

Correspondence Section:

Effective Date: 05/19/08

Revision Dates: 07/30/10; 07/31/13; 06/30/14

Current or pending correspondence

RIGHT SIDE OF THE HEALTH RECORD:

Clinical Records.

Mental Health Physician/APRN Encounter.

Refusal of Treatment/Health Services.

Medical Incident Reports.

Therapeutic Diet Requests/Termination.

Inmate Activity Assignment Temporary/Permanent Change.

Residential Program / Health Services Referral.

Health Services Communication to Halfway House Client.

Mental Health Section (including Sub-Tabs):

All treatment Plans (current), Initial Psychiatric Evaluation (HR507), Suicide Risk Assessment (HR517), Mental Health Screenings (HR504), AIMS testing, and Mental Health Assessment (HR508).

Addiction Services

CDOC forms

Dental Section:

All Dental Records should be brought forward.

Inpatient Section:

Any records for the previous month should be brought forward.

Medication Record Section:

All MAR's from the previous month should be brought forward.

Inmate Photo:

A copy of the most recent inmate photo (minimum size 3 x 2 inches) shall be affixed to the right inside bottom center of the health record jacket.

(If there are problems obtaining photographs, please contact CDOC Central Health Records Repository for assistance.)

**UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: H 1.05

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**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
STORAGE, SECURITY AND RETRIEVAL**

Effective Date: 02/01/00

POLICY:

Inmate Health Records (**HR**)/Protected Health Information (**PHI**) shall be retained in Connecticut Department of Correction (**CDOC**) facility health services units under the supervision of the UConn Health, Correctional Managed Health Care (**CMHC**) Program. The designated area in the CDOC facility shall be such as to provide for the security, management, storage and retrieval of all applicable inmate HRs/PHI.

No employee, contractor, or any other person shall remove from a CDOC facility, all, or any part of, an inmate HR/PHI, or copy of an inmate HR/PHI, for personal or private use. This includes facsimile and/or other automated transmission of an inmate HR/PHI to any location or person other than a CDOC facility health services unit, CDOC Central Office Health Services staff, CMHC Program staff, the CDOC Central Records Unit, or the Attorney General's office.

PROCEDURE:

Each CDOC Unit Administrator shall provide secure health care space for the management, storage and retrieval of inmate HR/PHI by health services personnel.

Storage and security of inmate HR's/ PHI by CMHC personnel shall be in accordance with the following provisions:

1. The facility designated HR/ PHI storage area shall be accessible only to health care providers. **(No inmate shall have access to the HR/PHI storage area without direct supervision.)**
2. New or Readmitted Inmates: New health records are to be created for inmates new to the CDOC system. Previous records may need to be retrieved for readmissions. To verify readmission vs. new inmate status, and to locate the prior health records ("old charts") for readmitted inmates, health records staff will query RT60 to determine the inmate's last housing facility, if any.
 - If the inmate was incarcerated at his current location within a facility specific time frame, generally 6-12 months; the health record will be on site (and need to be retrieved).

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
STORAGE, SECURITY, RETRIEVAL**

- If the inmate was incarcerated at another intake facility the health record will likely be at that facility (and need to be requested).

The prior HR/PHI shall be transferred to the requesting facility via courier within three business (3) days

- If the inmate was discharged from a prison or from an intake facility prior to his current location, the health record will likely be at the CDOC Central Health Records Repository (CHRR). In this instance, health records will automatically be sent via courier by CHRR to the intake facility within 3 business days.
3. Current Inmates: HR's/ PHI for currently incarcerated inmates are to be kept separate from the CDOC inmate confinement record and maintained within the facility's Health Services unit or other secure location accessible to health services staff.
 4. Discharged Inmates – Direct Intake Facilities: HR's/ PHI of discharged inmates from CDOC **direct intake facilities** are to be *maintained at the facility for the time period determined by the CHRR*. These records are returned in bulk on dates pre-determined CHRR. (*For example, according to CHRR directions, Facility X is to send records for discharged inmates to the warehouse on March 1, 2013. The records that will be sent will consist of all discharged inmates from January 1, 2011 to January 1, 2012.*) Reminders are generally sent by CHRR several months in advance.

There can be unusual circumstances (primarily storage issues) that necessitate bulk health record return to the CHRR prior to the usual schedule. These exceptions will be approved by the CDOC Health Services Director or designee.

5. Inmate HR's/PHI shall be stored in metal filing cabinets with locking mechanisms. *When possible*, the cabinets shall be fireproof.
6. Each facility shall ensure the immediate location of all HR's/PHI through the use out guides ("pull cards"). Guides ("cards") must be used each time a record is removed from the cabinet and left in place of the record. Information to be completed on each guide includes: inmate number, date, location (of where chart is to be used), and the initials of the person or the department using the record. When a record is returned, the pull card is removed from the cabinet and prior information shall be crossed out.

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
STORAGE, SECURITY, RETRIEVAL**

- In addition to the log mentioned above, a facility Log In/Out record shall be maintained to identify when a HR/PHI arrives at a given facility and when it leaves that facility, either for transfer to another facility, or to archive storage.

The facility HR/PHI record Log In/Out System, at a minimum, shall contain inmate name, number, date the inmate arrived at facility, date the HR/PHI arrived, whether it is a permanent or temporary, and all volumes of HR/PHI, date the HR/PHI leaves the facility, again whether it is a temporary or permanent and all volumes of HR/PHI, and the destination of the HR/PHI.

7. The security and confidentiality of the HR/PHI shall adhere to HIPAA/PHI regulations and state statutes.

Health Records/PHI for Community Release Inmates at Halfway Houses

CMHC providers at CDOC facilities supply health care for Community Release inmates at CDOC contracted halfway houses. Procedures for handling these inmates' HR's/PHI include the following:

1. HR's/PHI for inmates at halfway houses that will be receiving health care from CMHC providers shall be stored in the health services unit in a file cabinet or file drawer separate from currently incarcerated inmate HR's/PHI at that facility.
2. HR's/PHI for inmates on current Community Release status shall be sent to the designated CDOC facility health services unit (and not the CHRR).
3. HR's/PHI for all other inmates at halfway houses shall be handled as records of "discharged inmates." (See above)
4. A list of halfway houses shall be published annually by the CDOC. CMHC shall publish a list of CDOC facilities providing health care to the halfway houses and for the location of the health records.
5. Medical Records personnel assigned to health service units providing healthcare to inmates in specific halfway houses shall utilize the RT system quarterly to determine if the inmate is still assigned to the CDOC or has been discharged. Once the Community Release Halfway House (CHRR) inmate has been discharged from the CDOC, the HR/PHI shall be transferred to the CHRR.
6. No original HR's/PHI shall be forwarded to parole offices. Parole services may receive PHI when appropriate only with a current ROI on file.

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
STORAGE, SECURITY, RETRIEVAL****Record Retention**

Inmate HR/PHI retention in the CDOC is based on CT State Statute, the nature of the CDOC facility and the resources available within each CDOC facility to maintain documents for an extended period of time. HR/PHI retention shall be in accordance with the following provisions:

1. In the State of Connecticut, patient Medical Records/PHI must be retained for a minimum of fifteen (15) years following discharge from a CDOC facility or from a health care facility or fifteen (15) years following death within a CDOC facility. (If 18 years old or less, the PHI will be retained for 25 years).
2. An exception to this retention rule is when the original Medical Record/PHI is microfilmed, using a process approved by the CT State Department of Public Health. (Section 19-13-D3 (d) (6) or scanned under CDOC CHRR procedures in compliance with CT state statutes.
3. X-rays shall be maintained for seven (7) years. Destruction of x-rays shall conform to all CT environmental protection concerns. Documentation of the destruction shall be maintained in a log at the facility.

Destruction of the Health Record/PHI (by CDOC CHRR)

- Upon expiration of the statutory retention period, a HR/PHI may be destroyed.
- Destruction of Health Record/PHI is the responsibility of CDOC CHRR.
- No HR/PHI shall be destroyed without the written permission of the Commissioner of the CDOC through the CDOC Records Management Liaison Officer.
- When a HR/PHI is destroyed, the confidentiality of health information shall be protected. The employee responsible for destroying the HR/PHI shall certify that the HR/PHI was destroyed properly. Written documentation of the HR/PHI destruction shall be maintained in a log book.
- Connecticut State Statute does not control the method of HR/PHI destruction subsequent to the expiration of the retention period.
 - HR's/PHI may be destroyed by shredding or burning or other approved method that will maintain confidentiality.

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
STORAGE, SECURITY, RETRIEVAL**

- Destruction of HR's/PHI must be carried out in the ordinary course of business and no HR shall be destroyed individually.

Temporary Health Record vs. Permanent Health Record

A temporary HR/PHI is defined as a manila folder containing loose health information/documents that contains current PHI, but not from previous health encounters or previous admissions. This file is to be merged with the existing (permanent) record within 3 business days of receipt.

REFERENCES: *Administrative Directive 8.7, Health Records Management.* 2008. Connecticut Department of Correction.
Administrative Directive 8.11, "Human Immunodeficiency Virus Infection." 2008. Connecticut Department of Correction.
Connecticut General Statutes.
 Connecticut Public Records Administration (1/96), General Schedule IV: Retention/Disposition of Health Information Management Records and Case Files of Connecticut State Facilities.
 Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.
Standards for Health Services in Prisons. (P-H-01). 2008. National Commission on Correctional Health Care. Chicago, IL.
UCHC Privacy of PHI Policy 2003-02. Record Keeping (Privacy & Security of PHI)

Approved: UConn Health – CMHC	Date:
Title: CMHC Executive Director, Robert Trestman MD PhD	_____
Title: CMHC Director of Medical Services, Johnny Wu MD	_____
Title: CDOC Director Health Services, Kathleen Maurer MD	_____

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**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
LOOSE DOCUMENTS**

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that Connecticut Department of Correction (**CDOC**) inmate Protected Health Information (**PHI**), separated from the inmate Health Record (**HR**), are handled in accordance with the provisions herein.

PROCEDURE: When an inmate's loose PHI, including PHI amendments, arrive at a CDOC facility after the inmate transfers or discharges from a CDOC facility or an outside facility.

- The document(s) shall be stamped with the receipt date at the original CDOC receiving facility and forwarded promptly to the current location of the inmate or the inmate HR.
- At the second receiving facility the inmate PHI shall be stamped with the receiving date again.

Mailing and Handling Procedures:

1. HR/PHI for inmates currently incarcerated (Active HR) in CDOC Facilities:

- Loose health-related documents shall be placed in a manila envelope and labeled "**Health Services, Medical Records, Name of Facility, address and mail code**". The envelope shall be **sealed** with both fasteners and marked confidential.
- Loose PHI being forwarded to another CDOC facility's Health Services unit shall be sorted and arranged for individual inmates and in chronological order for the same inmate.
- The receiving facility shall review the loose PHI **prior** to filing them in the inmate HR.

**INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION:
LOOSE DOCUMENTS**

2. Inmates discharged from CDOC facilities (including inmates who are assigned to transitional supervision or parole):

- Identify where the inmate HR is located, utilizing the CDOC RT computer system.
- Place each individual inmate’s loose PHI in a manila envelope-labeled on the outside with the inmate’s name and number, and marked confidential.
- Loose PHI (as above) shall be incorporated into the body of the inmate HR at the time the inmate reenters the CDOC system and the HR is retrieved.

REFERENCES: *Administrative Directive 8.7, Health Records Management.* 2008. Connecticut Department of Correction.
CT Public Health Code 19a-14-40.
Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.
Standards for Adult Correctional Institutions (4-4413). 2003. American Correctional Association.
Standards for Health Services in Prisons (P-H-01). 2008. National Commission on Correctional Health Care. Chicago, IL.
UCHC Privacy of PHI Policy 2003-02. Record Keeping (Privacy & Security of PHI)

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UCONN HEALTH
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**INMATE HEALTH RECORD/ PROTECTED HEALTH INFORMATION
FAXING**

Effective Date: 06/18/03

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall protect the confidentiality and privacy of healthcare information when this information must be released via facsimile (FAX). CMHC is committed to safeguarding Connecticut Department of Correction (**CDOC**) inmate Health Records/Protected Health Information (**HR/PHI**), and to operate in a manner that is consistent with applicable federal and State laws and regulations.

PROCEDURE: Sending Information Via FAX

Faxing of patient information internally (CMHC) is allowable at anytime using the approved CMHC **HR 924 Fax Cover sheet** (access on CMHC portal), and Office of the Attorney General State of Connecticut Telefax Communication, CDOC approved FAX cover sheet for Attorney General's Office (access on CMHC portal,) to facilitate treatment, payment and health care operations, provided the guidelines outlined in this policy are adhered to. Patient information shall be hand delivered or mailed whenever possible.

Faxing of patient information outside of the CMHC system is allowable in situations when PHI is needed immediately for patient care purposes, continuing care placement, or when mail or courier delivery will not meet a necessary timeframe.

The following types of medical/dental information are protected by Federal and/or state statute and may NOT be faxed without specific written patient authorization, unless required by law.

- Sensitive health information such as that dealing with mental health, chemical dependency, sexually transmitted diseases, HIV or other highly personal information is prohibited except in emergency patient care situations as allowed by law.

Each CMHC facility shall designate a FAX machine that will be utilized to send and/or receive patient information. This FAX machine shall not be accessible to the public and should only be accessible to CMHC staff directly involved in patient care or those authorized to handle faxed information.

**INMATE HEALTH RECORD/ PROTECTED HEALTH INFORMATION
FAXING**

The faxed information must be accompanied by a special CMHC FAX cover sheet specifically designated for faxing patient health information (attached). Each page of intended FAX should be stamped or marked "confidential". CMHC staff authorized to FAX PHI shall confirm the accuracy of the numbers and security of recipient machines. Staff sending the FAX should also request verification of the receipt of the intended FAX.

When possible, a FAX confirmation slip should be printed from the FAX machine for each outgoing transmission and machine operators must also verify that the intended destination matches the number on the confirmation. The confirmation should be attached to the document that was transmitted and kept as part of the patient's HR. If the confirmation slip cannot be obtained from the FAX machine or if the sender wishes additional verification, the sender must attempt to verify receipt through a telephone call.

Receiving Information Via FAX

When expecting arrival of a FAX containing PHI, schedule with the sender whenever possible to ensure that the faxed documents can be promptly removed from the FAX machine.

Each facility shall designate employees who are authorized to handle patient information who will be responsible to check FAX trays at scheduled intervals and disseminate their contents to the appropriate responsible parties.

Staff responsible for routing faxed patient information must be sure that they leave them in a secure/confidential location. Patient information should never be left in high traffic public locations.

PHI that is received from other health care locations shall be placed in the patient's HR.

If there is a need to destroy any information it shall be done either by shredder or placed in a confidential/secured trash bin. Patient information shall never be discarded in non-secured trashcans.

Sending and Receiving FAXES Using Automated FAX Capability

Some CMHC facilities utilize auto-faxing as an acceptable means of faxing PHI to other health care institutions, physicians.

- Facilities that utilize auto-fax technology included in their clinical applications shall implement quality control processes and appropriate procedures to insure patient confidentiality is

**INMATE HEALTH RECORD/ PROTECTED HEALTH INFORMATION
FAXING**

maintained. Quality control must include periodic verification that all speed dialed numbers are current, valid and that the recipient has authorization to receive confidential information.

REFERENCES:

Administrative Directive 8.7 "Health Records Management". 2008. Connecticut Department of Correction.

Administrative Directive 8.11 "Human Immunodeficiency Virus Infection". 2008. Connecticut Department of Correction.

Connecticut General Statutes.

Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.

Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.

Standards for Health Services in Prisons (P-H-02). 2008. National Commission on Correctional Health Care. Chicago, IL.

UCHC HIPAA Privacy Policy 2003-23. Faxing of Protected Health Information (Privacy and Security of Protected Health Information (PHI)).

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn Health
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**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND**

Effective Date: 02/01/00

POLICY: Except for the provisions contained herein, access to Connecticut Department of Correction (**CDOC**) inmate Health Records (**HR**)/Protected Health Information (**PHI**) shall be granted to UConn Health, Correctional Managed Health Care (**CMHC**) staff and CDOC Addiction services staff and monitoring panel in accordance with the performance of their duties.

When disclosing or using PHI or when requesting PHI from another covered entity, CDOC/CMHC shall make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

PROCEDURE: Any HR/PHI information that identifies a CDOC inmate is considered confidential. Unless otherwise specified, a signed **Form CN 4401, Authorization to Obtain and/or Disclose Personal Health Information** from the identified inmate is required if such HR/PHI is to be accessed, released or disclosed.

Access

1. Access Guidelines

The HR serves as the foundation for planning and documenting a patient's care. It is necessary for all personnel involved in providing treatment to an inmate-patient to have access to PHI in the HR.

Access: CMHC Staff

- CMHC health services staff shall have access to CDOC inmate PHI necessary to carry out their patient care duties.
- Staff shall limit their examination of inmate HRs/PHI to those records directly related to the inmate being treated, or to conduct continuous quality improvement studies and auditing.
- CMHC health care providers, assigned to a facility other than the facility in which an inmate is housed, shall not have access

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND**

to inmate HRs/PHI without approval of the facility Health Services Administrator/designee or clinical lead.

- Inmate HRs and/or PHI within an inmate's HR, requested by the UCHC-CMHC Program Directors/Administrators, CMHC QI Program staff, TB Surveillance Program staff, HIV Program staff, Utilization Review Program staff, or by members of the CDOC Monitoring Panel and Addiction Services Staff, do not require written authorization of release from the inmate.
- The facility CMHC HR specialist, with daily access to PHI, and with responsibilities for releasing information from inmate HR's, shall control access to inmate HR/PHI and shall maintain and protect the confidentiality of PHI in accordance with this policy.

b. Access: Non-CMHC Staff

- There are instances when persons, other than CMHC staff may have an appropriate and legitimate need for access to the inmate HR/PHI. These occasions include:
- Inmate HR/PHI may be accessed and reviewed in person by CT State Agency third parties, such as specific representatives of the Connecticut Department of Public Health Sexually Transmitted Disease Unit, Pulmonary Disease Unit, and Department of Mental Health and Addiction Services (DHMAS).
- CDOC Agency representatives from the CT State Attorney General's Office may need, and shall have, access to inmate HR's.
- **CMHC staff may disclose PHI orally to law enforcement officials (i.e. State Police) and/or information on the medical incident report that they believe constitutes health related evidence of criminal conduct committed by the inmate. A copy of the Medical Incident Report may be provided to law enforcement officials upon request. Direct questions to the HSA.**
- CDOC Monitoring Panel and Addiction Services Staff

c. Implied Access

In some situations an inmate's consent to access or disclosure of PHI may be implied from the circumstances. For example:

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND**

- When an inmate is admitted to a community hospital, a CDOC facility or a CDOC facility inpatient unit, it is presumed that the inmate consents to granting access to his/her PHI to all persons involved in his/her health care.

OR

- When an inmate is transferred from one CDOC facility to another or from one health care institution to another, it is presumed that the inmate consents to release of PHI to the receiving institution's health care providers.

d. Access: Waived Right

An inmate may be deemed to have waived his/her right to confidentiality of PHI when he/she brings a malpractice lawsuit against a provider, thereby placing his/her medical condition and treatment in issue and waiving the right to claim that information in the HR is confidential or privileged.

In these circumstances, the DOC Office of the Attorney General should be contacted for guidance prior to the release of HR/PHI.

2. Restricted or No Access Guidelines

Unless otherwise specified below: signed Form CN 4401, Authorization to Obtain and/or Disclose Personal Health Information from the identified inmate is required if HR/PHI is to be accessed, released or disclosed.

- a. As a general rule, members of an **inmate's family** are ***not*** entitled to have access to PHI in his/her HR without the inmate's consent.
- b. **Insurers or other third party payers** have ***no*** special right of access to an inmate's HR/PHI without express consent by the inmate.
- c. PHI of an **inmate minor** should be accessed/disclosed ***only*** upon the written consent of a parent or legal guardian or personal representative.
- d. **Deceased Inmates:**

PHI of deceased inmates shall remain confidential. If under applicable law an **executor, administrator, or other person has authority to act on behalf of a deceased individual (inmate) or**

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND**

of the individual's estate, CDOC/CMHC must treat such person as a personal representative with respect to PHI relevant to such personal representation.

For all probate appointments the following are required:

- A letter of request for PHI **and**
- Copy of the Probate Court appointment document with seal or Certificate of Fiduciary **and**
- Form CN 4401, HR 303, Authorization for Release of Information.

e. **Inmate Workers and Certified Nurses Assistants (CNAs)**

CMHC staff working in CDOC facilities shall provide direct, close supervision of all inmate workers who are working in proximity to inmate HR's.

No inmate worker or CNA shall have access to HR.

No inmate shall be involved in the process of scheduling or arranging health care appointments.

Review/Request

1. Inmate HR/PHI Review /Request Guidelines

- a. Connecticut law guarantees inmates' access to their HR/PHI:

Connecticut General Statutes 19a - 490b

CT General Statute 19a - 490b relating to an institution, and 20-7C relating to institutional providers, licensed pursuant 368v of the General Statutes provides that such institution or institutional provider shall, upon-the written request of the patient, or his/her attorney or authorized representative, furnish the person making the request a copy of the patient's HR/PHI, including but not limited to, copies of bills, laboratory reports, prescriptions, and other technical information used in assessing the patient's condition.

- b. No inmate or inmate personal representative shall have access to any inmate HR/PHI other than his/her own. This restriction shall include access to inmate health-related information as well, whether in written, automated, or verbal context.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND****c. Inmate Request for HR/PHI**

Inmates shall have access to their HR/PHI by review or by taking possession of a written copy. The original inmate HR shall remain in the CDOC facility, health services unit.

- **Inmate Request to Review HR/PHI**

A CDOC inmate may, upon completion of **Form CN 9601, Inmate Request**, request to review his/her HR/PHI. The written request shall be placed in the Medical Request Box at the CDOC facility or handed directly to a facility CMHC staff member. CMHC staff shall respond to the request in writing by documenting on the bottom half of the completed **Form CN 9601, Inmate Request**. Upon approval of the request, a CMHC staff member shall document the approval and the approximate time schedule for the review, and enter the inmate's request for review on the facility HR review log/list.

- **Approval of Inmate Request to Review HR/PHI**

The HSA shall assign the record review to the appropriate supervisor. The designated Mental Health supervisor shall be apprised of the inmate's request **prior** to the review. The facility physician or psychiatrist shall have the opportunity to review the HR and withhold detrimental information **prior** to scheduling a time for the inmate to review the HR.

The HR review shall take place within thirty (30) days of the inmate's written request unless a facility and/or medical emergency exist. The designated CMHC Nursing Supervisor and designated Mental Health supervisor shall schedule the date and time of the review.

The physical location of the HR review shall afford privacy for the inmate.

- **Inmate Review of HR/PHI**

A maximum period of one hour shall be scheduled for the inmate's review of his/her HR. A CMHC staff member shall remain with the inmate at all times during the HR review to ensure that the HR is not altered or destroyed.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
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The HR review session may be terminated if a facility emergency arises or the inmate's behavior becomes threatening.

The CMHC staff member supervising the HR review shall not answer health-related questions unless specifically assigned this responsibility by the facility CMHC Nursing Supervisor or designated Mental Health supervisor. The designated CMHC Supervisor shall be available to answer questions regarding the contents of the HR and to make appropriate referrals to the physician, psychiatrist and/or clinical psychologist for follow-up.

The inmate may make handwritten notes during the review session but no photocopying shall take place. If photocopying is requested, refer to **CMHC Policy H 3.01, Health Record: Sharing of PHI/Copying.**

Following the review session, the CMHC staff member supervising the review shall document the completion of the review on **Form HR 401, Clinical Record.** This documentation shall include date, time, and length of the HR review, along with any inmate responses/remarks regarding the content of the HR.

The inmate may review his/her HR once during each six (6) month period while incarcerated.

- **Denial of Inmate Request to Review HR/PHI**

If the inmate is denied access to their health record information, the inmate shall be notified in writing in plain language, containing the basis for the denial, a statement of the inmate's review of rights, and instruction on how to file a complaint with the CMHC Director of Medical Services or the Secretary of the Department of Health and Human Services on **Form HR 303b, Notification of Denial/Access Request.**

The inmate may request that the denial be reviewed; in which case another licensed health care professional chosen by CMHC shall review the inmate's request and the denial. The staff member conducting the review shall not be the person who denied the inmate's first request. If the denial is overturned the inmate will have the right to access their record. If the denial is upheld the inmate will be unable to access their records. CMHC shall provide written notice to the inmate of the determination of the reviewing staff member.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND**

- ***Unreviewable Grounds For Denial To Review and/or Obtain Copies***

CMHC (covered entity) may deny an individual (inmate) access without providing the individual an opportunity for review in certain circumstances.

Listed below are reasons/cases that would constitute denial for an inmate to inspect and /or obtain copies of their records which are not contestable by the inmate or their representative.

- The PHI is ~~excepted~~ **exempted** from the right to access, and is not available for inspection or copying.
 - ❖ Information subject to Clinical Laboratory Improvement Amendments of 1988 (CLIA).
 - ❖ Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or pending litigation.
 - ❖ Psychotherapy notes recorded by a mental health professional, in any medium, and maintained separately from the rest of the inmate's health record.
- A covered entity that is a correctional institution or a covered health care provider acting under the direction of the correctional institution may deny, in whole or in part, an inmate's request to obtain a copy of PHI if obtaining such copy would jeopardize the health, security, custody, or rehabilitation of the individual or of other inmates, or the safety of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate.
- The inmate agreed to temporary denial of access when consenting to participate in research that includes treatment, and the research is not yet complete.
- The PHI was obtained from someone other than a healthcare provider under a promise of confidentiality, and access would be reasonably likely to reveal the source of the information.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND**

(See 45 CFR §164.524 (a) (2) (ii) as amended 2002)

- **Reviewable Grounds for Denial to Review and/or Obtain PHI**
 - The PHI makes reference to another person who is not a healthcare provider and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person.
 - The request for access is made by the individual's personal representative and a licensed healthcare professional has determined that access is reasonably likely to cause substantial harm to the individual or another person.
 - A list of inmates requesting copies of their HR/PHI shall be forwarded to the designated Central Office staff monthly. This information shall include inmate name, inmate ID number, date copied and number of pages.

Amend

1. Inmate Request to Amend HR/PHI

- a. An inmate or their legal representative has the right to request that CDOC/CMHC amend his/her health information. The inmate has the right to request an amendment for as long as the records are kept by or for the CDOC.
- b. If an inmate believes an entry in his/her HR is incomplete or inaccurate upon inspection, the following steps are to be followed:
 - Such requests for amendments to the HR shall be in writing, utilizing **Form CN 9601, Inmate Request**.
 - CMHC staff shall respond to the request in writing by requesting on the bottom half of the completed **Form CN 9601, Inmate Request**, that the inmate complete **Form HR 303a, Request for Amendment of Health Information**. The request must include the reason to support the amendment. All requests for amendment shall be submitted to the Health Services Administrator.
- c. CDOC/CMHC shall respond to the inmate's request for amendment in writing, in plain language on the submitted **Form HR 303a, Request for Amendment of Health Information**, no later than sixty (60) days after

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND**

receipt of such request. CDOC/CMHC shall have a one-time extension of up to thirty (30) days for an amendment request if necessary, provided the inmate is given a written statement of the reason for the delay, and the date by which the amendment will be processed.

- Upon completion of the **Form HR 303a**, the staff member shall give one copy to the inmate, place one copy of the health record in question, and forward the original to the author of the entry.
- The author of the alleged inaccurate/incomplete entry may request the record for review to determine the validity/feasibility of the addendum and following that review will complete the appropriate section of **Form HR 303a**, sign it, and return it to the Health Services Administrator.
- The original form with the clinician's comments and signature will remain a permanent part of the inmate's HR (replacing the copy which was previously filed in the HR at the time of the request).
- If an amendment is made based on the inmate's request, the clinician shall make a notation at the site of the information being amended indicating, "see amendment" and will date and sign that entry. The **Form HR 303a** will be attached to the entry that was amended.
- A copy of the completed **Form HR 303a** will be sent to the inmate indicating that an amendment was made and will also be sent to others who have already received the information subject to the amendment and that may have relied or may rely on that information to the detriment of the inmate.
 - Copies of the amendment form will also be furnished to additional individuals or organizations the inmate deems necessary as documented on **Form HR 303a**.
 - Whenever a copy of the amended entry is disclosed, a copy of the amendment form will accompany the disclosed entry.

2. Denial of Inmate Request to Amend HR/PHI

- a. Inmate requests for amendment of PHI may be denied as provided in **UCHC HIPAA Privacy Policy 17, Patient Right to Inspect, Copy, and Amend Their Medical Record**.
- b. If the inmate request for amendment to their record information is denied, the inmate shall be notified in writing in plain language.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND**

Included in this notification to the inmate on **Form HR 303a, Request for Amendment of Health Information** will be:

- The basis for the denial,
- A statement of the inmate's review of rights
- Instruction on how to file a complaint with the Health Services Administrator or the Secretary of the Department of Health and Human Services
- A statement that if the inmate does not submit a statement of disagreement, the inmate may request that CMHC provide the request for amendment and the denial with any future disclosure of the information that is the subject of the requested amendment.

c. Grounds for Denial of Amendment

PHI that is the subject of the request:

- Was not created by CMHC
- Is not part of the inmate's designated record set
- Is accurate and complete

If the inmate disagrees with the denial, CMHC must permit the inmate to submit a statement of disagreement.

CMHC may provide a written rebuttal to the inmate's statement of disagreement after review of the statement and submit that back to the inmate.

The letter of disagreement from the inmate and the letter of rebuttal by CMHC will be kept on file in the patient's record, filed under the clinical record in reverse order, and will be included with any subsequent disclosure of the PHI to which the disagreement relates.

**INMATEHEALTH RECORD AND PROTECTED HEALTH INFORMATION:
ACCESS/REVIEW/AMEND**

REFERENCES: *Administrative Directive 8.7, Health Records Management.* 2008. Connecticut Department of Correction.

Connecticut General Statutes.

Doe vs. Meachum Consent Judgement. 1990. Connecticut Department of Correction.

Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.

Standards for Adult Correctional Institutions 4th Edition. 2003. American Correctional Association.

Standards for Health Services in Prisons (P-H-02). 2008. National Commission on Correctional Health Care. Chicago, IL.

UCHC HIPAA Privacy of PHI Policy, 2003-17. Patient Right to Inspect, Copy, And Amend Their Medical Record.

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

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**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
CONFIDENTIALITY/DISCLOSURE**

Effective Date: 04/01/00

POLICY:

The UConn Health, Correctional Managed Health Care (**CMHC**) staff shall be responsible for maintaining the confidentiality of the Connecticut Department of Correction (**CDOC**) inmate Health Record (**HR**) and Protected Health Information (**PHI**).

PROCEDURE:

With the exceptions contained herein, no CMHC or CDOC employee shall disclose any part of the CDOC inmate HR/PHI without the written authorization of the inmate whose HR contains the information unless otherwise authorized by law.

The inmate HR/PHI developed at the CDOC facility is considered to be the property of the CDOC. Though the completed forms that make up the HR belong to CMHC and the CDOC, the confidential information documented on these forms belongs to the inmate, and the inmate retains the right to control the release/disclosure of such information.

Except for provisions contained in this policy, no CMHC or CDOC employee shall remove all or any part of, an inmate HR/PHI from a CDOC facility. The original inmate HR shall not be removed from a CDOC facility except as authorized by the CDOC Director of Health and Addiction Services/designee.

A CMHC or CDOC employee shall verify the identity of a person requesting PHI and the authority of any such person, prior to photocopying, or communicating, all or any part of, the contents of an inmate HR/PHI for purposes of disclosure. Barring exceptions to this policy, written authorization (CN 4401, Authorization to Obtain and /or Disclose Protected Health Information (ROI) shall be obtained from the inmate whose HR/PHI is requested.

1. This policy, restricting disclosure of inmate protected health information, includes the use of transmission of inmate PHI by CMHC health services staff through facsimile and/or other automated transmission, **does not apply** to the following:
 - A health services unit within a CDOC facility, or any other correctional facility to which the inmate may be transferred*
 - CMHC/CDOC Central Office staff authorized to receive inmate HRs/PHI*
 - CDOC Central Records Unit*
 - CT State Office of the Chief Medical Examiner*
 - Department of Public Health*

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
CONFIDENTIALITY/DISCLOSURE**

- CDOC Population Management for purposes of identification of restrictions required by the inmate's health condition*
- Health Services Administrators, CDOC District Administrators, Wardens, and Facility Unit Administrators and other designated Correctional Staff*
- CDOC Addiction Services Staff*
- CDOC Agency representatives from the CT State Attorney General's Office*

*Also refer to the Disclosures section contained within this policy.

2. An inmate may be deemed to have waived his/her right to confidentiality of PHI when he/she brings a malpractice lawsuit against a provider, thereby placing the medical condition and treatment in issue and waiving the right to claim that PHI in the HR is confidential or privileged..

DISCLOSURES

Once PHI documents are copied, a completed **HR Form 918**, Certificate of Authenticity shall be attached verifying that the documents are true copies of the PHI requested. A copy of the certificate of authenticity shall be kept in a binder. The back of the form shall note the requestor name, date sent, and method sent (i.e. facsimile, mail). The information shall be documented on the ROI/PHI facility log.

1. Disclosures/Uses to Carry Out Treatment, Payment, or Health Care Operations

- a. CDOC/CMHC may use or disclose PHI for the following:
 - Its own treatment, payment, or health care operations
 - Treatment activities of a health care provider
 - Risk of communicable disease, for example, TB, Chicken pox, etc.
 - To another covered entity or health care provider for payment activity
 - To another covered entity for health care operations activities
 - Participation in an organized health care arrangement
- b. When an inmate is transferred off-site for hospitalization, consultation, or outpatient/ambulatory care not provided within the correctional setting, PHI can be released to the off-site health care provider/facility without the written authorization of the inmate. **The original HR shall not be removed from the correctional health setting.** It is understood that the medical information is needed to provide continued treatment for the inmate and that confidentiality will be maintained.
- c. The Connecticut Department of Public Health, Division of Health Systems Regulation, may conduct investigations concerning complaints regarding health care provided to CDOC inmates. Such investigations are conducted in accordance with CT General Statute 19a-14(a)(1) and 19a-14(a)(2). Public Act 96-47 allows for the Department of Public Health to have access to inmate HRs without a subpoena.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
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- All PHI requested by the CT Department of Public Health shall be directed to the CMHC Health Services Administrator.
- d. Disclosure to the Office of the Attorney General when necessary for purposes of rendering legal advice to and/or legal representation of the CMHC, CDOC and their employees.
- e. Conn. Gen. Stat. 20-7d requires various health care providers listed in this Statute to provide a copy of the inmate-patient's HR/PHI to another health care provider upon written request of the patient. The inmate-patient is responsible for the reasonable cost of furnishing the information.

2. Disclosure to the Commissioner or Designee, CDOC

- a. The Commissioner of the CDOC or his/her designee, the Commissioner's legal representative, and Agency representatives from the CT Attorney General's Office, shall have access to inmate HR/PHI, as necessary, for the performance of the Commissioner's duties, including the defense of the Agency, in accordance with CDOC **Administrative Directive 8.7, Health Records Management**.
 - CMHC staff and/or CDOC Monitoring Panel members shall verify the identification of any authorized representative of the Commissioner of the CDOC who requests a complete copy, or any parts of an inmate HR/PHI.

3. Disclosure to Health Services Administrator and CDOC Facility Unit Administrators, (wardens or designees) and other designated Correctional Staff named below as appropriate

- a. The responsible CMHC/CDOC physician, psychologist, dentist, APRN or PA, or CMHC Nursing Supervisor may provide the CMHC HSA with PHI concerning an inmate's medical, dental, and/or mental health management, safety or security, and ability to participate in programs.
- b. The responsible CMHC HSA shall notify the CDOC Facility Unit Administrator when an inmate in that Unit Administrator's facility suffers from a health condition that may result in a medical or mental health crisis or a risk of disease transmission to another person.
- c. Custody staff, including correctional treatment officers, correctional counselors, unit managers, and line officers may:
 - Receive verbal and/or written information including treatment plans and discharge plans for the purposes of ongoing inmate health care and to ensure continuity of care for an inmate upon discharge from the correctional facility.
 - Participate as a member of an interdisciplinary treatment team assigned to a particular unit, for the provision of mental health care to all inmates in a designated treatment track.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
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- d. Custody staff conducting unit tours may have access to the unit log for the purpose of documenting updated information. Health services staff should be reminded that any protected health information maintained in the unit log should be kept to a minimum to carry out the task of communicating with others.

4. Disclosure of CDOC Confinement Record to CMHC Facility Personnel

- a. In addition to PHI contained in the inmate HR, the CMHC physician, HSA, and/or Mental Health Supervisor shall have access to the inmate's confinement record if the physician believes such information may be relevant to the inmate's health or course of treatment.

5. Disclosure to CDOC Population Management Personnel

- a. Inmate health information provided by CMHC staff to CDOC Population Management staff shall be limited to the identification of restrictions required by the inmate's health condition and **shall not** include disclosure of PHI specific to the inmate.

6. Disclosure of Inmate PHI to Outside CDOC/CMHC System

- a. Written authorization by a CDOC inmate is required for the transfer/disclosure of an inmate's HR/PHI, to any party outside the CDOC/ CMHC system. The Release of Information (ROI) shall be an original document. The process can be initiated with a faxed copy. The ROI shall be in accordance with State Statutes and Federal Regulations.
- b. All completed authorized releases of information forms shall be filed in the HR under the correspondence section for the life of the HR.
- c. If CDOC/CMHC does not maintain the PHI that is the subject of the individual's (inmate's) request for access/disclosure, and knows where the information is maintained, CDOC/CMHC must include the name, or title, and telephone number of the contact person.

7. Disclosure to Inmate Personal Representative(s)

- a. Under applicable law a person has authority to act on behalf of an individual (inmate) who is an adult or an emancipated minor in making decisions related to health care. CDOC/CMHC shall treat such person as the inmate's personal representative with respect to PHI.
- b. Unemancipated Minors:
 - a. If under applicable law a parent, representative, or other person acting *in loco parentis* has authority to act on behalf of an individual (inmate) who is an unemancipated minor (under 18) in making decisions related to health care,

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
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CDOC/CMHC shall treat such person as a personal representative with respect to PHI relevant to such personal representation.

- b. Such person may not be a personal representative of an unemancipated minor, and the minor has the authority to act as an individual, with respect to PHI pertaining to a health care service if:
 - The minor (under 18) consents to such health care service; no other consent to such health care services is required by law, regardless of whether the consent of another person has also been obtained; and the minor has not requested that such person be treated as the personal representative.
 - The minor may lawfully obtain such health care service without the consent of a parent, guardian, or other person acting *in loco parentis*, and the minor, a court, or another person authorized by law consents to such health care services; or
 - A parent, legal guardian, or other person acting *in loco parentis* assents to an agreement of confidentiality between a covered health care provider and the minor (under 18) with respect to such health care service.
- c. Notwithstanding a state law, CDOC/CMHC may elect not to treat a person as the personal representative of an inmate if:
 - CDOC/CMHC has a reasonable belief that:
 - The inmate has been or may be subjected to domestic violence, abuse, or neglect by such person; or
 - CDOC/CMHC, in the exercise of professional judgment, decides that it is not in the best interest of the inmate to treat the person as the inmate's personal representative.
 - If the above conditions are met, CMHC staff shall notify the HSA who shall notify the Designated CMHC Director and CDOC Director of Health Services.

8. Disclosure to the CT State Office of the Chief Medical Examiner (Statutory Duty to Disclose)

- a. Health care providers are required to report the following to the CT State Office of the Chief Medical Examiner:
 - Violent or suspicious deaths;
 - Employment - related deaths;
 - Deaths resulting from diseases which might constitute a threat to the public's health.
 - Forensic identification purposes

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
CONFIDENTIALITY/DISCLOSURE****9. Disclosure of Deceased Inmate PHI**

- a. PHI of deceased inmates shall remain confidential. If under applicable law an executor, administrator, or other person has authority to act on behalf of a deceased individual (inmate) or of the individual's estate, CDOC/CMHC must treat such person as a personal representative with respect to PHI relevant to such personal representation.
- b. For all probate appointments the following are required:
 - A letter of request for PHI
 - The Probate court appointment document with seal
 - **Form CN 4401, Authorization to Obtain and/or Disclose Personal Health Information**

10. Utilization Review, Peer Review, and Quality Assurance Activities

- a. HR's are important sources for utilization review, peer review, and other quality assurance activities. State and Federal law protects disclosure made in connection with such programs.
- b. The facility HSA shall monitor and audit disclosure of PHI periodically to ensure that disclosure of PHI is compliant with federal regulations and state statutes.
- c. Providers shall minimize disclosure to only information that is necessary for purposes of the review activities.
- d. Inmate identifying information shall be deleted from any committee reports.
- e. All persons participating in the review shall be advised that PHI received is confidential.

11. Minutes of CMHC and CDOC Health-Related Committee Meetings

- a. Minutes of CMHC and CDOC health-related committee meetings should not identify inmates by name, but by CDOC ID number, since copies of these minutes can be routinely distributed to non-medical personnel

ACCOUNTABILITY OF DISCLOSURES OF HEALTH RECORDS/PHI

1. **All CMHC and CDOC employees with access to inmates' PHI are directly responsible for the confidentiality of such information.**
2. In accordance with **UCHC Privacy of PHI Policy 18: Accounting of Disclosures of Protected Health Information to Patients Upon Their Request**, CMHC shall ensure that all disclosures are in a single repository that can be accessed and given to the patient, on request, within the time frame established by regulations. Examples of disclosures that must be documented on the accounting log are located in UCHC Privacy Policy 18.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
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3. All disclosures shall be documented on the ROI/PHI facility log. Copies of the log shall be forwarded monthly to CMHC Health Records Management Central Office and kept in a central database.

See UCHC Policy 14: Authorization for Release of information (Privacy and Security of Protected Health Information (PHI)).

LIABILITY for IMPROPER DISCLOSURE of HEALTH RECORDS/ PHI

1. Liability may be imposed for wrongful disclosure of PHI in a number of different ways, including through statutory penalties and through common law causes of action. CT General Statutes 19a - 590 provides for "a private cause of action for injuries suffered as a result of a violation of the AIDS confidentiality statutes".
2. A release of HR/PHI that has not been authorized by the inmate-patient or that has not been made pursuant to statutory, regulatory, or other legal authority, may subject the health care institution and its staff to civil liability.
3. A common law tort action for invasion of an inmate's right to privacy may be brought following the unauthorized disclosure of PHI.
4. The U.S. Supreme Court has recognized a constitutional right to privacy in personal medical information whether or not a physician holds the records.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
CONFIDENTIALITY/DISCLOSURE**

REFERENCES: *Administrative Directive 8.7, Health Records Management.* 2008. Connecticut Department of Correction.

Administrative Directive 8.11, Human Immunodeficiency Virus Infection. 2008. Connecticut Department of Correction.

Connecticut General Statutes.

Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.

Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.

Standards for Health Services in Prisons (P-H-02). 2008. National Commission on Correctional Health Care. Chicago, IL.

UCHC Privacy of PHI Policies 2003-16. Authorization for Release of Information. *2003-18. Accounting of Disclosures of Protected Health Information to Patients Upon Their Request; 2003-11.* Patients’ Rights to Privacy of PHI; Rights of Individuals; *2003-20.* Verification of Individual or Entities Requesting Disclosure of PHI; *2003-27.* Use and Disclosure of PHI Where Authorization or Opportunity for Patient to Agree or Object is NOT Required.

Approved: UConn Health – CMHC	Date:
Title: CMHC Executive Director, Robert Trestman PhD MD	_____
Title: CMHC Director of Medical Services, Mark Buchanan MD	_____
Title: CDOC Director Health Services, Kathleen Maurer MD	_____

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**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
SUBPOENAS AND COURT ORDERS**

Effective Date: 04/01/00

POLICY: The UConn Health, Correctional Managed Health Care (**CMHC**) staff shall be responsible for maintaining the confidentiality of the Connecticut Department of Correction (**CDOC**) inmate Health Record (**HR**)/Protected Health Information (**PHI**).

PROCEDURE: With the exceptions contained herein, no CMHC or CDOC employee shall disclose any part of the contents of any CDOC inmate HR without the written authorization of the inmate whose HR contains the PHI.

The inmate HR developed at the CDOC facility is considered to be the property of the CDOC. Though the completed forms that make up the HR belong to the CMHC and the CDOC, the confidential information documented on these forms belongs to the inmate, and the inmate retains the right to control the release/disclosure of such information.

Except for provisions contained herein and in **CMHC Policy H 2.03, Inmate HR/PHI Confidentiality/Disclosure**, no CMHC or CDOC employee shall remove all or any part of, an inmate HR from a CDOC facility.

No CMHC or CDOC employee shall photocopy, for purposes of disclosure, all or any part of, the contents of an inmate HR without the written authorization of the inmate whose HR is being photocopied.

This policy, restricting disclosure of inmate PHI, includes the use of facsimile and/or other automated transmission of an inmate HR to any location other than to the following:

- A health services unit within a CDOC facility;
- CMHC/CDOC Central Office staff authorized to receive inmate HRs;
- CDOC Central Records Unit;
- CDOC Agency representatives from the CT State Attorney General's Office;

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
SUBPOENAS AND COURT ORDERS****Subpoenas**

Health care facilities generally receive two types of subpoenas. These are:

1. Subpoena ad testificandum - a written order commanding a person to appear and give testimony at a trial or other judicial or investigative proceeding;
2. Subpoena duces tecum - a written order commanding a person to appear, give testimony, and bring all documents, papers, books, and records described in the subpoena;

These devices are used to obtain documents during pretrial discovery and testimony during trial.

Those authorized to issue subpoenas vary from State to State. Generally, judges, clerks of the court, justices of the peace, and attorneys are so authorized. In federal courts, only the clerks of the courts are so authorized.

A valid subpoena usually contains the following information:

- Name and address of the court (or other official body in which the proceeding is being held);
- Names of the plaintiff and the defendant;
- Docket number of the case;
- Date, time, and place of the requested appearance;
- Specific documents sought (if the subpoena is a subpoena duces tecum);
- Name and telephone number of the attorney (who caused the subpoena to be issued);
- Signature or stamp and seal of the official empowered to issue the subpoena;

For federal courts, subpoenas are generally served, in person, by a U.S. Marshall.

For state courts, sheriffs generally serve subpoenas.

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
SUBPOENAS AND COURT ORDERS**

Subpoenas may also be served by mail or delivery.

Response to Subpoenas

CMHC staff, served with a subpoena or court order to produce inmate health related documents, shall immediately notify their Health Services Administrator.

The time period for responding to a valid subpoena is 18 hours.

Any PHI that identifies a CDOC inmate is considered confidential and a signed **Form HR CN 4401, Authorization to Obtain and/or Disclose Personal Health Information** is required for disclosure of that information.

Unless the inmate consents to the release of the information requested by the subpoena, the provider is obligated to file an objection or a motion for a protective order. The court then decides whether the information in the inmate health record should be disclosed. (The issuance of a protective order generally insulates the provider from liability.)

The CMHC provider shall request (through CDOC Agency representatives from the CT State Attorney General's Office) a motion to quash or for a protective order limiting the scope of the disclosure or protecting the confidentiality of the information contained in the inmate health records.

Comply and produce the requested documents.

Civil Actions: Since a subpoenaed, inmate HR contains privileged information, the health care provider may not release the inmate HR unless it has received proper, written authorization from the inmate or the release is pursuant to a court order. A subpoena for the inmate HR to be filed in court is not sufficient. In the absence of proper authorization, the provider shall bring a **certified copies** of the inmate HR to court, (contact the requestor in order to determine how many copies are needed) and keep it in his/her possession until the court excuses the provider or orders the provider to turn over the documents. The certified copies of the HR brought to the court should be appropriately labeled and submitted in a sealed envelope that clearly identifies the court case docket number, the inmate's name, institution or facility issuing the documents; and confidential health records clearly labeled on the envelope on each certified copy brought to court.

Criminal Actions: Prosecutors and/or defense attorneys may subpoena witnesses and documents that might trigger a special

**INMATE HEALTH RECORD AND PROTECTED HEALTH INFORMATION:
SUBPOENAS AND COURT ORDERS**

privilege. A health care provider, subject to a privilege, may not testify as to privileged information unless the inmate consents.

Court Orders

Occasionally, a state or federal court or a state commission orders a health care facility/unit to produce a certified copy of an inmate’s HR, or other confidential, inmate, health-related information, or “produce inmate” orders in court. Requests from the court for **original** inmate HR shall be referred to CDOC Agency representatives from the CT State Attorney General’s Office for approval.

Written court orders are usually served in similar manner as subpoenas, but the court may also issue court orders verbally. A court order can be contested, and a case made to the court, before any sanctions for failure to comply are imposed. Failure to comply with a valid court order subjects the person, agency or hospital ordered to act to a contempt-of-court citation.

See Policy I 9.01 Inmate Health Records and Protected Health Information: Subpoenas and Court Orders for CMHC Employees

REFERENCES: *Administrative Directive 8.11 Human Immunodeficiency Virus Infection.* 2008. Connecticut Department of Correction.
Connecticut General Statutes.
Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.
Standards for Adult Correctional Institutions (4-4413, 4-4396). 2003. American Correctional Association.
Standards for Health Services in Prisons (P-H-02). 2008. National Commission on Correctional Health Care. Chicago, IL.
UHC Privacy of PHI Policies 2003-11. Patients’ Rights to Privacy of PHI; Rights of Individuals; *2003-20.* Verification of Individual or Entities Requesting Disclosure of PHI; *2003-27.* Use and Disclosure of PHI Where Authorization or Opportunity for Patient to Agree or Object is NOT Required.

Approved: UConn Health - CMHC	Date:
Title: CMHC Executive Director, Robert Trestman MD PhD	_____
Title: CMHC Director of Medical Services, Johnny Wu MD	_____
Title: CDOC Director Health Services, Kathleen Maurer MD	_____

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**INMATE HEALTH RECORD:
AIDS AND HIV-RELATED PROTECTED HEALTH INFORMATION**

Effective Date: 04/01/00

POLICY: All health-related information provided by Connecticut Department of Correction (**CDOC**) inmates to UConn, Correctional Managed Health Care (**CMHC**) staff verbally, or obtained through examinations and other sources such as laboratory and x-ray testing, or obtained from the inmate's Health Record (**HR**)/Protected Health Information (**PHI**) shall be regarded as confidential.

An inmate's HIV status shall remain confidential as part of the inmate HR/PHI. With the exceptions contained herein, no CMHC or CDOC employee shall disclose any part of the contents of a CDOC inmate HR/PHI without the written authorization of the inmate whose HR contains the information.

PROCEDURE: Disclosure

No person who obtains confidential HIV-related PHI regarding a CDOC inmate may disclose, or be compelled to disclose, such PHI except to the following:

- The protected inmate or his/her personal representative, legal guardian.
- Any individual who secures an authorized release of information, signed by the protected inmate.
- A federal, state or local health officer when disclosure of an inmate's confidential HIV-related PHI is mandated or authorized by federal or state law.
- A health care provider or health care facility when:
 - an inmate's confidential HIV-related PHI is necessary to provide appropriate care to the protected inmate;
 - the inmate's confidential HIV-related PHI is already recorded in the inmate's HR and a health care provider has access to such record for the purpose of providing medical care to the protected inmate.

**INMATE HEALTH RECORD
DISCLOSURE OF HIV-RELATED PROTECTED HEALTH INFORMATION**

- A Medical Examiner, to assist in determining the cause of an inmate death.
- CMHC or CDOC health-related, staff committees, or accreditation or oversight review organizations to conduct program monitoring, program evaluation, or service reviews.
- A health care provider, or other person, in cases where such a provider or person, in the course of his/her occupational duties, has had a significant exposure to HIV infection, provided the same criteria are met as required for testing without consent under the same circumstances.
- Employees of hospitals for mental illness (operated by the CT Department of Mental Health) if the Infection Control Committee of the hospital determines that a CDOC inmate/patient poses a significant risk to another patient of the hospital, and no reasonable alternatives exist. In such circumstances, disclosure must be limited to as few employees as have a direct need to receive the PHI.
- The CDOC facility Unit Administrator and any employees deemed by the Unit Administrator as needing to know in order to provide services related to HIV infection when the CMHC HSA and the Unit Administrator determine that the behavior of an inmate poses significant risk of transmission to another inmate or has resulted in a significant exposure to another inmate of the facility. Such a disclosure shall only be made if it is specifically required to enable the inmate to receive such services or is likely to prevent or reduce the risk of HIV transmission and no reasonable alternatives exist that will achieve the same goal and also preserve the confidentiality of the PHI. In such circumstances, disclosure must be limited to as few employees as possible and only to those employees with a direct need to receive the information. The Commissioner of the CDOC shall be notified in all cases when a Unit Administrator authorizes disclosure of an inmate's HIV sero-status, in accordance with the above criteria.
- Any individual who is a sexual partner of an inmate who has tested HIV positive and participates in the CDOC Extended Family Visiting Program with that inmate and that inmate has signed a release authorizing such disclosure. Disclosure shall only be made as provided under Public Act 89-246. **Failure to permit such disclosure shall make the inmate ineligible for the CDOC Extended Family Visiting Program.**
- Any person obtaining a court order, providing the same criteria are met as required for the issuance of a court order for testing without consent.

**INMATE HEALTH RECORD:
DISCLOSURE OF HIV-RELATED PROTECTED HEALTH INFORMATION**

- Life and health insurers, government payers and health care centers and their affiliates, re-insurers, and contractors (except agents and brokers) in connection with underwriting and claim activity for life, health, and disability benefits.
- Any health care provider specifically designated by the protected inmate to receive such information from a life or health insurer or health care center pursuant to a life, health, or disability insurance.

HIV Disclosure Statement

CT General Statutes 19a-585 (a) (i 995) contains language that must be included in a written statement whenever confidential HIV- related PHI is disclosed. The language reads as follows:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose".

With certain exceptions, a notation of all disclosures must be placed in the inmate HR or with any record of an HIV-related PHI test result of a protected inmate. Exceptions include disclosures made:

- to federal, state, or local health officers when such disclosure is mandated or authorized by federal or state law
- to persons reviewing inmate PHI or inmate HRs in the ordinary course of ensuring that a health facility is in compliance with applicable quality of care standards or other authorized program, evaluation, program monitoring, or service review.

Nothing contained in the CT Statute prohibits the recording of HIV and/or AIDS - related PHI in the HR of a protected inmate or the listing of AIDS, HIV-related illness or HIV infection in a certificate of death or autopsy report.

Disclosure Procedures

Disclosure of HIV related information shall only be made as outlined in **CDOC Administrative Directive 8.11, "Human Immunodeficiency Virus Infection"**.

**INMATE HEALTH RECORD:
DISCLOSURE OF HIV-RELATED PROTECTED HEALTH INFORMATION**

To assure that unauthorized disclosure or re-disclosure of an inmate's HIV sero-status does not occur, the following procedures shall be developed:

The CMHC Director of Medical Services and the CDOC Monitoring Panel, as part of the procedures developed under this Policy and CDOC Administrative Directives, shall develop protocols that assure only appropriate disclosures of HIV status, consistent with Public Act 89-246, are made.

- Written permission must be obtained from the inmate for each individual disclosure of HIV related PHI except as provided for in this Policy.
- In addition to any other penalties that may be provided by law, a CDOC/CMHC employee shall be subject to progressive discipline, including suspension or dismissal for repeated infractions, for unauthorized disclosure of confidential HIV related PHI.
- CDOC/CMHC employees, with access to inmate HR's/PHI, shall receive training in HIV confidentiality and disclosure requirements and processes. Completion of the training shall be documented in the employee's training and personnel files.
- CDOC Unit Administrators shall have access to all available inmate HR's at their facility in accordance with the law.
- Any system established to identify and monitor the HIV status of inmates shall ensure confidentiality is maintained in accordance with the requirements set forth in this Policy.
- An inmate's HIV status shall not be obvious through any recognizable external marking on an inmate's file, HR, housing card or any other list maintained for general circulation.
- No system or record shall be used solely for the purpose of warning of the risk of HIV infection from an individual inmate.
- The CMHC Director of Medical Services, in conjunction with the CDOC Monitoring Panel, shall develop procedures for inmate HR keeping, HR security and HR access documentation.

**INMATE HEALTH RECORD:
DISCLOSURE OF HIV-RELATED PROTECTED HEALTH INFORMATION**

REFERENCES: *Administrative Directive 8.7, Health Records Management.* 2008. Connecticut Department of Correction.

Administrative Directive 8.11, Human Immunodeficiency Virus Infection. 2008. Connecticut Department of Correction.

Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.

Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.

Standards for Adult Correctional Institutions (4-4413, 4-4396). 2003. American Correctional Association.

Standards for Health Services in Prisons (P-H-02). 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

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**INMATE HEALTH RECORD:
SHARING OF PROTECTED HEALTH INFORMATION (COPYING)**

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that release of inmate Protected Health Information (**PHI**), including the copying of partial or complete Connecticut Department of Correction (**CDOC**) inmate Health Records (**HR**), shall not be accomplished without the express written consent of the inmate whose PHI is being requested and/or released, unless otherwise authorized by law.

PROCEDURE:

All requests to release/copy PHI shall be submitted in writing. With the exception of inmate requests to release/copy PHI from the HR to himself/herself, an inmate's authorization to release/copy PHI from the HR is required. To grant this authorization, **Form CN 4401, Release of Information (ROI)** shall be completed and signed by the inmate. All third party requests shall include a copy of the ROI form, signed by the inmate, and a cover letter from the third party requesting the information.

No original inmate HR/PHI shall be removed from any CDOC facility unless the inmate transfers to another CDOC facility or half-way house (under community release), discharges from CDOC, or died while in CDOC custody unless authorized by the CDOC Health Services Director/designee. (**See related CMHC Policies: H 301a, Sharing Health Protected Health Information for the Purposes of Death Investigations, H 1.05, Inmate Health Record/Protected Health Information/Storage, Security, and Retrieval**).

The institution shall furnish the HR/PHI within thirty (30) days of the request.

When an inmate requests a copy of his/her HR/PHI, and a charge is appropriate, the charge per page for photocopying shall conform to CDOC guidelines. (**See CDOC Administrative Directive 3.10 and CMHC Policy H 3.01, Sharing of PHI**.)

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All inmate HR/PHI copied shall be certified as true copy. The CMHC staff member copying specific inmate PHI, or the entire contents of the inmate HR, shall complete **CDOC Form HR 918, Certificate of Authenticity**, and attach it to the copied documents. A copy of the certificate along with **Form CN 4410, Authorization to Obtain and/or Disclose Personal Health Information**, shall be filed under the Correspondence Section of the HR.

Photocopying Fees

**INMATE HEALTH RECORD:
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There shall be no charge to another state agency for copies of any inmate HR document fewer than 1,000 pages. If the document is more than 1,000 pages, the charge to the agency shall be twenty-five cents for each page copied over 1000.

The charge for duplicating inmate HR documents for the general public shall be twenty-five cents per page.

Under CDOC Administrative Directive 3.10, "Fees and Reimbursements" unless inmate is indigent, an inmate shall be charged twenty-five cents for each page copied. CDOC Special Request Form shall be completed by CMHC health record staff to generate the inmate copying fee. Once the inmate signs the authorization to withdraw funds, copying fees shall be deducted from the inmate's account by the CDOC facility business office prior to providing the inmate with the copied HR documents.

The institution shall not charge the patient if the record is necessary to support a claim or appeal under any provision of the Social Security Act, which includes Medicare, Medicaid, and disability (SSDI) claims.

There shall be no charge for photocopying inmate PHI request by the CDOC to a third party health provider (examples include: health related information from the Veteran's Administration, local Health Departments, Community HIV Clinics or previous Mental Health information, etc.) There shall be no charge for photocopying if requested by the CT State Attorney General's Office, Office of the Public Defender, Social Security Administration, attorneys associated with Social Security claims, court-appointed Public Defenders, and other health care providers. The CMHC HSA/designee shall still review and sign the Certificate of Authenticity form for no-payment inmate HR copies, before sending to the requester.

Photocopying for Inmate Legal Assistance Program shall be billed to non-indigent inmates.

Inmate Request for Copy of HR/PHI

CDOC inmates may request a copy of their own HR/PHI under the Connecticut Personal Data Act. However, the original HR/PHI shall remain in the CDOC facility health services unit.

CDOC inmates may, upon completion of **Form CN 9601, Inmate Request**, be provided with a copy of their HR/PHI. The written request shall be placed in a Medical Request Box at the CDOC facility or handed directly to a facility CMHC staff member.

The inmate shall sign **Form HR CN 4401, Authorization to Obtain and/or Disclose Health Information** indicating written intention of taking possession of a copy of his/her HR/PHI. This applies to minors as well unless otherwise individually specified.

The CMHC staff member reviewing the inmate request shall make an attempt to determine if the inmate perceives that a medical or mental health problem has not been addressed.

**INMATE HEALTH RECORD:
SHARING OF PROTECTED HEALTH INFORMATION (COPYING)**

The inmate shall be counseled by a CMHC staff member regarding the inmate's responsibility for maintaining the confidentiality of his/her HR/PHI once the copy leaves the facility health services unit.

Any determination to withhold/deny PHI to the inmate shall be documented in the clinical record in the correspondence section of the HR by the facility supervisor/designee.

Medical: If the facility CMHC Nursing Supervisor/designee believes there is medical information in the HR that would be detrimental to the inmate, or that non-disclosure of PHI to the inmate is otherwise permitted or required by the law, the CMHC Medical Director, and/or the CDOC Director of Health Services shall review the HR/PHI to determine if the information should be disclosed.

If the CMHC Medical Director/designee, and/or the CDOC Director of Health Services agree that disclosure of PHI would be detrimental to the inmate, the CDOC Agency representatives from the CT State Attorney General's Office shall be notified.

Mental Health: If the CMHC Mental Health Supervisor and/or Psychiatrist/mental health prescriber determine that there is Mental Health PHI in the HR that may be detrimental to an inmate, the CMHC Director Psychiatric Services/designee shall be notified as appropriate. If the CMHC Director of Psychiatry Services/designee and the CDOC Director of Mental Health agree not to disclose Mental Health PHI to the inmate, CDOC Agency representatives from the CT State Attorney General's Office shall be notified.

The completed HR/ PHI copies shall be provided to the inmate within thirty (30) days of the inmate's written request, unless a documented facility or health emergency exists. In such cases, the inmate shall be notified in writing as to the expected date of receipt of the copied HR PHI.

The copied HR/PHI documents shall be given to the inmate in an envelope large enough to contain the items. The envelope shall bear the inmate's name and number. Only one complete HR copy shall be provided to an inmate during a calendar year. The inmate may request copies of PHI to bring the original copy up to date once in a six (6) month period. This recopy policy does not apply to Attorney requests, inmates representing themselves pro se for litigation they have brought, or third party requests.

All requests for PHI/HR shall be noted in ROI log. A copy of the ROI Request Log shall be forwarded to the CMHC Central Office designated staff monthly. This information shall include, at a minimum, inmate name, inmate ID number, date copied and number of pages.

Third Party Request for Copy of Inmate HR under ROI

Information contained in an inmate's HR shall only be released with an appropriately completed, signed, and dated **Form HR CN 4401, Authorization to Obtain and/or Disclose Health Information**, unless otherwise permitted by law. The ROI form must be completed according to the written directions on the form. CDOC shall accept ROI's generated by the U.S. Government's Social Security Administration, the Connecticut Departments of Mental Health, Mental

**INMATE HEALTH RECORD:
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Retardation, Social Services, as well as the Superior Courts, State of Connecticut, and other State or Federal agencies, provided that the releases are completed and signed according to State statutes and Federal regulations.

Questionable third party requests for copies of inmate health information, accompanied by signed authorization forms, shall be forwarded (faxed) to CMHC, designated staff for review and approval **before** the inmate HR/ PHI is copied.

CMHC, Central Office designated staff shall review questionable requests for adherence with Connecticut State Statutes and Federal Regulations to protect the confidentiality of the inmate's PHI.

All requests shall include a copy of the ROI form, signed by the inmate, and the cover letter from the third party requesting the information.

All requests shall be logged at the facility on the CDOC/CMHC ROI Request Log sheets and a copy forwarded, monthly, to CMHC designated Central Office staff.

CMHC staff from the CDOC facility where the HR/ PHI is located shall notify the requesting party that the information is being processed.

All copies (original photocopy) shall be clean and legible.

CMHC HRs staff shall notify the appropriate CMHC HSA and/or appropriate Medical and/or Mental Health supervisory staff of any unusual circumstances surrounding a request for PHI on an inmate.

Inmate PHI, approved for recopy, shall be copied within thirty (30) days of the approved request.

The photocopy charge for third parties shall conform to Connecticut General Statutes, Vol. 1, Chapter 3, Section I – 15 and **CDOC Administrative Directive 3.10**.

The original signed ROI form shall be placed in the inmate's health record: in the Correspondence Section on the left side of the health

Only CDOC generated health information shall be copied from the HR.

No third party information shall be recopied, unless specifically authorized in writing by the inmate. Third party information is defined as "information received by the CDOC as a result of a "Release of Information" request by the CDOC to a third party health provider. (Examples include: health related information from the Veteran's Administration, local Health Departments, Community HIV Clinics or previous Mental Health information, etc.)

Exceptions to this policy are requests from CDOC Agency representatives from the Attorney General's Office.

**INMATE HEALTH RECORD:
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When disclosing or using PHI or when requesting PHI from another covered entity, CDOC/CMHC shall make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

Refer to **Photocopying Fee** section above for payment information for PHI/HR copies.

CMHC staff copying the inmate HR/ PHI information shall certify the documents as original copies by completing **CDOC Form 918, Certificate of Authenticity**. The Certificate of Authenticity shall include a CMHC approved Confidentiality clause.

Upon receipt of payment, all copies of inmate HR's/ PHI shall be mailed to third parties via Certified Mail, U.S. Postal Service.

The request letter, ROI and a copy of the Certificate of Authenticity shall be filed inside the Correspondence Section of the inmate HR, for the life of the HR.

See related CMHC HR/PHI Policies:

H 2.03, Confidentiality/Disclosure

H 2.02, Access/Review/Amend

H 3.01a Sharing of PHI for the Purpose of Death Investigations

H 3.01b Request to Obtain PHI from Outside Agencies

H 1.05, Inmate Health Record/Protected Health Information/Storage, Security, and Retrieval

**INMATE HEALTH RECORD:
SHARING OF PROTECTED HEALTH INFORMATION (COPYING)**

REFERENCES: *Administrative Directives 3.10 "Fees, Reimbursement and Donations" 2005; 8.7 "Health Records Management". Connecticut Department of Correction. Administrative Directive 8.11 "Human Immunodeficiency Virus Infection". 2008. Connecticut Department of Correction. Connecticut General Statutes. Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction. Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002. Standards for Health Services in Prisons (P-H-03). 2008. National Commission on Correctional Health Care. Chicago, IL. UCHC Privacy of PHI Policies 2003-17. Patient Right to Inspect, Copy, and Amend Their Medical Record. 2003-11. Patients' Rights to Privacy of PHI; Rights of Individuals.; 2003-20. Verification of Individual or Entities Requesting Disclosure of PHI; 2003-27. Use and Disclosure of PHI Where Authorization or Opportunity for Patient to Agree or Object is NOT Required.*

Approved: UConn Health – CMHC	Date:
Title: CMHC Executive Director, Robert Trestman MD PhD _____	
Title: CMHC Medical Director, Johnny Wu MD _____	
Title: CDOC Director Health Services, Kathleen Maurer MD _____	

**UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
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**INMATE HEALTH RECORD:
SHARING OF PROTECTED HEALTH INFORMATION
FOR THE PURPOSE OF DEATH INVESTIGATIONS**

Effective Date: 11/28/06

POLICY: Connecticut Department of Correction (**CDOC**) shall ensure that upon the death of an inmate, the inmate Protected Health Information (**PHI**),/ inmate Health Record (**HR**), will be made available to UConn Health, Correctional Managed Health Care (**CMHC**) if needed for investigation purposes.

PROCEDURE:

1. As per Department of Correction (CDOC) Administrative Directive 8.2 and Correctional Managed Health Care (CMHC) Policy A 10.01, Inmate Death and Cardiac Arrest: Response/Pronouncement/Notification, when an inmate dies the Health Record is immediately packaged and sent to the Director of Health and Addiction Services at CDOC . The death records are stored in CDOC Central Office for the calendar year and are then shipped to the Warehouse at CRCI, where they are stored for 25 years. Upon request, the Health Record will be made available to UCHC/CMHC if needed for investigation purposes.
2. CDOC health records staff will provide a copy of the Health Record or Compact Disc of the Health Record that may be relative to the investigation to CMHC Designee assigned to the joint investigative process. The Health Record may be retrieved from CDOC Central Office by an assigned CMHC Staff Member.
3. The CMHC designated medical investigator will maintain that partial ~~redacted~~ copy of the Health Record in a locked area, and will lend it within the office to Directors.
4. CMHC Labor Relations (LR) may copy selected portions of the Health Record, as needed for any disciplinary process, either from the CMHC designated medical investigator or from CDOC sources.
5. LR and CMHC clinical managers will use the copies to conduct their investigations. They may need to use these documents at employee interviews, and later to complete their reports. Directors may likewise copy sections of the Health Records to include in their supervisory file to support employee conduct findings.

**INMATE HEALTH RECORD:
SHARING OF PROTECTED HEALTH INFORMATION
FOR THE PURPOSES OF DEATH INVESTIGATION**

6. Any personal comments of CMHC reviewers/investigators will be written on notes affixed to the appropriate pages of the Health Record. Comments will not be written directly on the copies of Health Record. The affixed notes are not part of the permanent investigation, and must be discarded as soon as the report is completed or the disciplinary process is finished.
7. Any employee who challenges discipline based on allegedly incomplete records will have access to the selected redacted-portions of the health record that were used by LR for discipline, appeals and arbitration. These documents may be stored at either CMHC LR or at OLR.
8. CMHC may retain the copy of the file for 12 months following the last of any of these events: the investigation has been officially closed; all corrective actions from that case have been carried out; all employee discipline has taken place; any known appeals or arbitration of such discipline has been completed; all annual evaluations incorporating this investigation have been issued to the employee; any known legal claims or other external legal/regulatory actions have been completed. Recognizing that there will be an occasional 'late' event, our usual recourse will be to use the records supplied by the Assistant Attorney General who routinely copy the whole Health Record.
9. Any selected and redacted records that are attached to employee files (official file in UCHC Human Resources and supervisory files in CMHC office), as part of the disciplinary process will be maintained indefinitely.
10. It is recognized that OLR may need to be provided with selected redacted records; retention of these will be determined by OLR. Delete and move to HR policy

**INMATE HEALTH RECORD:
SHARING OF PROTECTED HEALTH INFORMATION
FOR THE PURPOSES OF DEATH INVESTIGATION**

- REFERENCES:**
- Administrative Directives 8.2 Inmate Death. 2005.* Connecticut Department of Correction.
 - Administrative Directive 8.7 Health Records Management. 2008.* Connecticut Department of Correction.
 - Connecticut General Statutes.*
 - Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.*
 - UCHC Privacy of PHI Policies 2003-17. Patient Right to Inspect, Copy, and Amend Their Medical Record. 2003-11. Patients' Rights to Privacy of PHI; Rights of Individuals.; 2003-20. Verification of Individual or Entities Requesting Disclosure of PHI; 2003-27. Use and Disclosure of PHI Where Authorization or Opportunity for Patient to Agree or Object is NOT Required.*

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Clinical Director, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn Health
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**INMATE HEALTH RECORD:
REQUEST TO OBTAIN PROTECTED HEALTH INFORMATION FROM OUTSIDE AGENCIES**

Effective Date: 06/30/08

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that release of inmate Protected Health Information (**PHI**), including the copying of partial or complete Connecticut Department of Correction (**CDOC**) inmate Health Records (**HR**), shall not be accomplished without the express written consent of the inmate whose PHI s being requested and/or released, unless otherwise authorized by law.

Whenever possible community health information shall be requested and utilized in providing continuity of care.

PROCEDURE: In all instances requiring an inmate's authorization to release/copy PHI from form **CN 4401, Release of Information (ROI)** shall be completed and signed by the inmate.

Unemancipated Minors:

If under applicable law a parent, representative, or other person acting *in loco parentis* has authority to act on behalf of an individual (inmate) who is an unemancipated minor (under 18) in making decisions related to health care, CDOC/CMHC shall treat such person as a personal representative with respect to PHI relevant to such personal representation.

No original inmate HR/PHI shall be released from any CDOC jurisdiction (facility's health service unit, central records repository), unless the inmate died while in CDOC custody (original record is sent to CDOC Central Office)

Request to Obtain Inmate PHI from Outside Agencies

Upon intake or whenever appropriate thereafter, CMHC staff shall routinely for continuity of health care have the inmate complete sign and date **Form CN 4401, Authorization to Obtain and/or Disclose Health Information.**

**INMATE HEALTH RECORD:
REQUEST TO OBTAIN HEALTH INFORMATION FROM OUTSIDE AGENCIES**

The staff member initiating the ROI request shall document on the **Clinical Record Form HR 401** the following:

Date and time

To whom the ROI was sent/directed

What the request was for

The fax confirmation sheet and the completed form CN 4401 shall be given to the health records staff to be logged in the **Request to Obtain PHI from Outside Agencies Log** and to file the forms in the health record under the left side divider, Correspondence.

A copy of all documentation shall be saved and given to the health records staff to be logged in and filed in the health record if the request is mailed out to an outside agency.

If the requested information has not been received in thirty days, a second request shall be submitted and sent by the health records staff.

Once the requested PHI is received, it shall be given to the health records staff to be logged in and forwarded to the health care provider who requested the PHI for review. The provider shall document pertinent findings on the blue **Problem List HR800** prior to returning the PHI to the health records staff for filing in the health record.

If the inmate transfers prior to the receipt of the requested PHI, the facility receiving the PHI shall log in and out and forward the PHI to the facility the inmate is currently at.

A copy of the Request to Obtain PHI from Outside Agencies Log shall be forwarded to the CMHC Central Office designated staff monthly. This information shall include, at a minimum, inmate name, inmate ID number, request date, CMHC staff requesting PHI and discipline, name of outside agency, faxed/mailed. PHI received/reviewed and filed date, or date PHI was forwarded and to whom.

(See related CMHC HR/PHI Policies: H 2.03, Confidentiality/Disclosure; H 2.02, Access/Review/Amend, 3.01 Sharing of Protected Health Information)

**INMATE HEALTH RECORD:
REQUEST TO OBTAIN HEALTH INFORMATION FROM OUTSIDE AGENCIES**

REFERENCES: *Administrative Directive 8.7 "Health Records Management".* 2008. Connecticut Department of Correction.

Administrative Directive 8.11 "Human Immunodeficiency Virus Infection". 2008. Connecticut Department of Correction.

Connecticut General Statutes.

Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.

Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.

Standards for Adult Correctional Institutions (4-4396). 2003. American Correctional Association.

Standards for Health Services in Prisons (P-H-03). 2008. National Commission on Correctional Health Care. Chicago, IL.

UHC Privacy of PHI Policies 2003-17. Patient Right to Inspect, Copy, and Amend Their Medical Record. *2003-11.* Patients' Rights to Privacy of PHI; Rights of Individuals.; *2003-20.* Verification of Individual or Entities Requesting Disclosure of PHI; *2003-27.* Use and Disclosure of PHI Where Authorization or Opportunity for Patient to Agree or Object is NOT Required.

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

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TRANSFER OF INMATE HEALTH RECORD/PROTECTED HEALTH INFORMATION

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that Connecticut Department of Correction (**CDOC**), inmate active Health Records (**HR**)/Protected Health Information (**PHI**) are retained in the Health Services unit of the inmate's current CDOC facility.

CMHC shall ensure location of the inmate's HR/PHI through a HR Tracking System.

PROCEDURE: Prior to transferring an inmate from one CDOC facility to another, an appropriate CMHC staff member shall review the inmate's HR/PHI, assess the inmate's suitability for transfer and travel, and complete **Form HR 005, Health Transfer Summary**.

CMHC staff shall ensure the Medication Administration Records (**MAR**) and inmate specific "on-line" medications are packaged with the inmate's HR/PHI. An inmate HR with multiple volumes shall be rubber banded together and stored in the health unit to ensure at the time of transfer, all volumes (**ie.:** "A, B, C") are transported simultaneously with the inmate to another CDOC facility.

No inmate shall be transferred to another CDOC facility without a HR.

CMHC staff shall ensure that the HR/PHI is packaged in an envelope, paper bag, or box(es) large enough to accommodate the record volume(s). When there are multiple volumes of the HR, the MAR and "on-line" medications shall be packaged with the current HR volume. Only the individual inmate's HR(s) shall be packaged in the envelope. CMHC staff shall write the inmate's name, ID number, volume number, and "Health Records" on the outside of the envelope along with the name of the receiving facility, or the name of the CDOC/CMHC individual authorized to receive the HR.

CMHC staff shall seal the packaged HR/PHI and mark it "Confidential". In the absence of health services staff in the CDOC facility, CDOC staff, designated by the facility Warden, shall package the inmate HR/PHI for transport, in accordance with the procedures outlined above. The CDOC staff shall leave documentation of inmate's name, ID number and volumes transported to the receiving facility.

Transfer Inmate Health Record(s)/PHI Sign In/Out

CMHC and CDOC staff shall ensure the inmate's HR/PHI is signed in/out on HR In/Out Logbook, binders, or an approved Automated HR Tracking System. Documentation in the HR Tracking System shall include at a minimum, the inmate's name, ID number, date of birth, date of transfer in/out, destination/facility transferring to or from, and what was received/sent (i.e. temporary vs. permanent, "A, B, C" Health Records).

When a transferred inmate arrives with a "temporary" HR/PHI, a HR search shall be initiated by the receiving facility, in accordance with **CMHC Policy H 1.05, Inmate Health Record/PHI: Storage, Security, Retrieval.**

Inmate Transfer to Community Release (Halfway House)

When an inmate is transferred to a CDOC Community Release Program (Halfway House), the inmate's HR shall be immediately transferred to the CDOC facility designated to provide health care. When the inmate is discharged from CDOC custody, the HR/PHI shall be transferred to the central health records repository.

- REFERENCES:**
- Administrative Directive 6.4, Transportation and Community Supervision of Inmates.* 2007. Connecticut Department of Correction.
 - Administrative Directive 8.7, Health Records Management.* 2008. Connecticut Department of Correction.
 - Doe vs. Meachum Consent Judgment.* 1990. Connecticut Department of Correction.
 - Standards for Adult Correctional Institutions* 4th Edition, (4-4414). 2003. American Correctional Association.
 - Standards for Health Services in Prisons (P-H-05).* 2008. National Commission on Correctional Health Care. Chicago, IL.
 - UHC Privacy of PHI Policies 2003-11.* Patients' Rights to Privacy of PHI; Rights of Individuals.

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____