

	State of Alaska Department of Corrections Policies and Procedures	Index #: 807.06	Page 1 of 12
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	Chapter: Medical and Health Care Services Subject: Health Care Record		

I. Authority

In accordance with 22 AAC 05.155, the Department will maintain a manual comprised of policies and procedures established by the Commissioner to interpret and implement relevant sections of the Alaska Statutes and 22 AAC.

II. References

Alaska Statutes

AS 08.02.040, AS 18.05.042, AS 18.08.087, AS 18.23.010, AS 47.30.845, AS 47.30.850

Alaska Administrative Code

7 AAC 27.005, 7 AAC 27.890

III. Purpose

To establish uniform procedures within the Department for recording, management, and maintenance of prisoner personal health information.

IV. Application

To all staff and prisoner population.

V. Definitions

As used in this document, the following definitions shall apply:

A. Responsible Health Authority

The individual responsible for all levels of health care, including providing quality, accessible health services to all inmates.

B. Health Care Personnel

The individuals responsible for medical, dental, and mental health services in an institution; may be full time, part time or contractual employees.

C. Institutional Health Care Officer (IHCO)

The Institutional Health Care Officer is a mid-level practitioner, for example a Physician Assistant or Advanced Nurse Practitioner. The IHCO is responsible for the delivery of health care at their specific institution.

D. Health Care Record

An individual medical and health care record is opened for each person remanded or committed to the custody of the Department, pre-trial, unsentenced or sentenced; including all records pertaining to medical study or practice, based on active treatment and observation of a prisoner. The health care record is separate from the prisoner case record. A health care record for each individual prisoner may be open, inactive or closed:

1. Open

An individual health care record is initiated when an individual is committed to, or otherwise comes under the jurisdiction of, the

Department. The health care record repository is the in-state institution having jurisdiction over the prisoner.

2. Inactive

An Individual health care record becomes inactive when a prisoner is transferred to an out-of-state facility or is released to community custody or electronic monitoring or is released on probation or parole. The health record repository is the Anchorage Correctional Complex-East Health Information Office.

3. Closed

An Individual health care record is closed when the Department no longer has jurisdiction of the prisoner. The health care record repository is the Anchorage Correctional Complex-East Health Information Office.

E. Disclosure

The release, transfer, provision of access to, or divulging in any other manner of information outside the Department of Corrections Medical Unit.

F. Individually Identifiable Health Information

Information that is a subset of health information, including demographic information collected from an individual, and:

1. Is created or received by a health care provider; and
2. Relates to the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; and
 - a. Identifies the individual; or
 - b. There is a reasonable basis to believe the information can be used to identify the individual.

G. Protected Health Information

Individually identifiable health information that is transmitted or maintained in any form or medium.

H. Bona Fide Medical Emergency

A health care situation which requires immediate action to preserve life or bodily functions.

I. PHI

Protected health information or personal health information.

J. HIPAA (Health Insurance Portability and Accountability Act)

National standards to protect the privacy of personal health information.

VI. Policy

- A. A distinct Health Care Record will be maintained for each prisoner to accurately document all health care services provided, or not provided when refused, throughout the prisoner's entire period of incarceration.
- B. All prisoner health care records are the property of the State of Alaska. The information contained in the record is confidential and will not be released without the specific approval of the individual concerned utilizing a properly executed Authorization for Release of Personal Medical Information in compliance with HIPPA regulations.
- C. Department Health Care Personnel will ensure that all health care encounters with prisoners, including sick call appearances, are recorded within the Health Care Record.
- D. Health care records from prior incarcerations will be maintained at the Anchorage Correctional Complex-East Health Information Office and incorporated into the open file when available.

VII. Procedures

- A. Initiation of the Record
 - 1. All entries in the Health Care Record will be entered in black or blue ink or typed, signed and dated by the appropriate health care personnel or treatment staff.
 - 2. Each Responsible Health Authority shall establish and monitor procedures to ensure that an individual health care record file is opened and maintained on each prisoner admitted to an institution. This record must contain all relevant documentation and information concerning the physical and mental health of the prisoner.
 - 3. A prisoner health care record must be opened at the time of initial prisoner commitment. The designated Responsible Health Authority shall be responsible for maintaining the prisoner health care record. The health care file will be maintained at the holding institution.
 - 4. Health Care Record Folder
 - a. The authorized health care records file folder is an off-the-shelf, 8-section Prestex type folder, letter size.
 - b. The file folder will be labeled on the tab with the prisoner's name (last name first), date of birth, and offender number.
 - c. All allergies will be noted on the front of the file folder using special (red allergy) labels. No other health care information (i.e. diagnosis, infectious disease status) should be placed on the front of the file folder.
 - 5. The eight sections of the health care record file folder will be distinguished as described in Annex A (Health Care Record File Folder).
 - 6. Minimum Records Required

Each prisoner's health care record will contain the following completed forms as a mandatory minimum:

- a. Health Care Problem List / Form 807.06B
 - b. Health Inquiry of Received Prisoner / Form 807.14E
 - c. Criminal Remand Screening / Form 807.14A
 - d. Inmate Tuberculosis and PPD History / Form 807.14F
 - e. Health Care Progress Note / Form 807.06A
7. Medical Record Form Development
- a. All forms used in the health care record will be standardized.
 - b. All new forms will be submitted to the Medical Director for approval.
8. Health Care Record Number
- The prisoner's six-digit offender number will be used as the health care record number on all documents.

B. Access and Confidentiality

Inmates shall be afforded the right to confidentiality with regard to physical health care, mental health care, health records, and release of information.

1. General
 - a. The active health record is to be maintained separately from the other volumes of the prisoner institutional record.
 - b. The Health Care Administrator or designee is the custodian of the health record.
 - c. No Alaska Department of Corrections or contract employee shall discuss with other staff or inmates any confidential health information overheard during their duties.
 2. Access to Health / Psychological Information
 - a. Access to health records, including all substance abuse and mental health records shall be limited to Inmate Health Care Personnel.
 3. Confidentiality of Health Information
 - a. Documentation received from outside health care agencies is the property of that agency and shall not be released to any outside agencies by Alaska DOC staff or contract providers under any circumstances. The requesting agency must obtain such documentation from the original source.
 - b. No health information shall be publicly released with the exception of public health reporting as mandated under 7 AAC 27.005.
 4. Release of Health Information with Authorization
 - a. Requests for access to Protected Health Information shall be made in writing and accompanied by a signed Authorization for
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Release of Personal Health Information, form 807.06H. No Protected Health Information shall be released verbally except under authorization of the agency's Health Care Administrator, the Chief Medical Officer or the Chief Mental Health Officer.

- b. Information contained in a current or former AK-DOC inmate's health record may be released to a qualified professional or agency representing the inmate upon receipt of written authorization by the inmate. The minimum necessary information will be released in accordance with federal HIPAA regulations. If the inmate is a minor, written authorization must be obtained from a parent or legal guardian. If the inmate has a conservator, the written authorization must be obtained from the conservator. Authorization for deceased inmates shall be obtained from the deceased's legal representative.
- c. An Authorization to Release Personal Medical Information, Form 807.06H, shall be completed prior to the release and a copy placed in the inmate's health record.
- d. Psychiatric/psychological information may be released only to a physician, other mental health professional, another health care or state/federal agency, (including vocational rehabilitation and social security), or an attorney representing the inmate.
- e. When forwarding written psychiatric/psychological information to the above mentioned professionals/agencies, a cover letter shall be attached indicating that the information being provided should not be directly provided to any other individual, including the inmate.
- f. Information regarding the inmate's HIV/AIDS, STD status shall not be released unless it is specifically authorized for release by the inmate on Form 807.06H.

5. Release of Health Information without Authorization

Health information may be released without a written authorization in the following circumstances:

- a. All medical and psychiatric/psychological records shall be released after the receipt of a court order. Advisory: Any doubts about the validity or scope of the court order should be resolved by contacting legal staff assigned by the Office of the Attorney General to assist the AK-DOC.
 - b. A health summary report listing the inmate's major health problems and/or a copy of the inmate's "Medical Summary for Prisoner Transfer" may be provided to individuals, other correctional agencies, and/or to committees needing health information when considering an inmate for transfer, classification, or release, or to facilitate appropriate treatment by another agency that will be responsible for the treatment of the inmate.
 - c. The pertinent contents or a summary of the health record shall be made available upon request of the Alaska Parole Board.
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- (1) Institutional probation officers shall contact the institutional health authority for necessary health care summary information.
 - (2) In the health summary, the health service staff shall include any physical or mental health issues that are relevant to the supervision of the inmate while the inmate is on parole (e.g. medication regimens, behavioral problems, physical impairments, and infirmities). Emphasis should be placed on a “need to know” basis.
- d. Information shall be released to the Office of the Attorney General or to attorneys who are representing employees of the Department of Corrections who are being sued by an inmate.
 - e. Information shall be released to local and state health departments concerning reportable diseases, in accordance with 7 AAC 27.005.
 - f. Protected Health Information shall be released to the Health Care Administrator, Chief Medical Officer, Chief Mental Health Officer or Director of Nursing for the purpose of monitoring and evaluating the delivery of health services.
 - g. Pertinent information may be released to treating physicians via telephone, in a bona fide medical emergency situation, but only after the legitimacy of the request has been verified. Any release of health information shall be noted in the health record and release of information log.
 - h. Information may be released to a community hospital or treatment facility when the inmate is transferred to the facility for care.
 - i. Protected Health Information shall only be released to non-medical staff when necessary to ensure the safety of staff, safety of the prisoner, security of the institution or to maintain public safety or orderly administration of the institution.
 - j. Confidential information may be disclosed if the clinician determines that such disclosure is necessary to protect against a substantial risk of death, disease, or injury to self or others, or a threat to the security of the institution and/or community.
 - k. Information shall be released to AK-DOC Grievance Investigator(s) conducting an authorized grievance investigation.
 - l. Information shall be released to the State Ombudsman upon written request.
6. Reproduction of Documents
- a. When information from the health record is reproduced for release to a 3rd party, the receiving party may be charged \$20.00 for ten pages or less and \$.25 per page thereafter.
 - b. Privately managed facilities shall charge according to their corporate policies.
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7. Inmate Access to Health Records
 - a. Inmates have a limited right of access to their own health records. Inmates desiring to review their own health records shall make a written request to the health services unit, which shall include the purpose of the review and the specific information requested. Arrangements shall be made by health care personnel for specific information to be reviewed in the presence of a physician, mid-level provider, licensed nurse, or medical records clerk. Reviews shall be allowed no more often than once annually, unless a life threatening medical condition has occurred since the prior review, or at the discretion of the IHCO.
 - b. Prior to reviewing the health record with the inmate, the record shall be purged of all psychiatric/psychological materials, any materials received from an outside source which we have requested with authorization from the prisoner, and any information which may jeopardize the safety of the inmate or institution.
 - c. Psychiatric/psychological records shall not be reviewed with an inmate without consultation with the treating (or a knowledgeable) psychiatric/psychological professional. If this consultant believes that the content of the psychological records, or any part thereof, may be counter-therapeutic or detrimental to the inmate's mental health, the records may be withheld pending a court order to release the records.
 - d. Copies of the health record shall not be released directly to the inmate while incarcerated. Exception to this release shall be made only when an inmate is personally involved in a lawsuit directly involving medical issues that would require the use of his/her medical records, as verified by legal staff or the Office of the Attorney General.
 - e. Inmates receiving copies of their health care record as detailed in e. above shall be charged \$20.00 for ten pages or less and \$.25 per page thereafter for legal copies.
 - f. After release from the Departmental jurisdiction, a former inmate may have access to his/her closed health care record through the Medical Records Administrator. The documents contained in the closed health care record may be provided for viewing and/or photocopying except those the Medical Records Administrator or designee determines would result in substantial risk of reprisal or injury or would endanger the security of an institution. The release of any part of a health record requires a signed release by the inmate. The costs for reproduction will be borne by the requesting party.
 8. Facsimile Transmission of Health Care Records
 - a. Institutions may transmit by facsimile (fax) health record information. All preceding items in this policy regarding
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confidentiality, release, and access to health record information shall apply.

- b. Facsimile transmission should be used only when the need for information is so immediate that mail cannot be used.
- c. Authorizations to Release Personal Medical Information transmitted by facsimile are acceptable if completed and signed.
- d. Institutional health care staff shall ensure that the confidentiality of transmitted material is protected. Facsimile transmissions should be received in the clinic, or when that is not possible, health care staff should arrange to be at the fax machine when receiving a transmission. Prior to transmitting material to another health care entity, the sending party should verify the receiving facsimile number and then verify that the facsimile was received.
- e. A facsimile transmission cover letter shall be used when transmitting health record information. The following confidentiality caveat must appear on the facsimile transmission cover sheet:

“The information contained in this transmission is privileged and confidential. It is intended only for the use of the individual entity named above. This information has been disclosed to you from records protected by federal and state confidentiality rules. These rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by federal rules 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.”

9. Email Transmissions

Email may be used for communication purposes. Patient identifiers or PHI are not to be included in the body or subject field. If requesting a health care record via email; the offender number, first and last name may and should be used.

10. Retention and Disposition of Health Care Records

- a. The health record will be closed when an inmate is paroled, released from custody, or is deceased.
 - b. The discharging facility's host medical unit will ensure that the medical record is organized and complete in accordance with section 3 and 4 of this procedure, and forwarded to the Medical Records Administrator as soon as feasible.
 - c. All deceased inmates will have their health record closed and immediately forwarded to the Medical Records Administrator.
 - d. Closed health records will remain at the Anchorage Correctional Complex – East / Health Information Office location for three years following the release of an inmate. If not recalled to active record
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status within that time, the closed record will be forwarded to the off-site long-term storage facility.

- e. Closed health records will be returned by certified mail in offender number order.

11. Transfer of Health Care Records

a. Intra-System Facility Transfers

The complete medical record will accompany the patient whenever an intra-system facility transfer occurs and will be stored with the receiving health services unit responsible for the patient's health care.

Health care personnel shall complete a Medical Summary for Prisoner Transfer 807.14E on each inmate being transferred; this includes transfers to CRC's.

12. Processing Out-of-State Health Care Records

- a. The original Alaska DOC Health Care Record **does not** go with the patient out-of-state.
- b. The Alaska Health Care Record and the Out-of-State Health Care Record are to remain separate.
- c. Preparing Medical Record for transfer Out-of State:

(1) All pertinent health care information is copied from the original Alaska Health Care Record to go with the patient out-of-state:

- (a) Problem List (807.06B)
- (b) Medical Summary for Prisoner Transfer (807.14E)
- (c) Last three months of progress notes
- (d) Pertinent/current lab results, EKG, x-ray, cat scan, MRI, etc.
- (e) The most recent medication documentation record (807.05A)
- (f) Applicable/current consultations
- (g) All dental records
- (h) Last three months of Mental Health notes and consultations
- (i) Most recent physical examination

Note: Inmate Health staff should use discretion when copying health care information for patients with significant medical problems and/or histories. Staff may need to provide additional information in order to facilitate the continuity of care. Copies should be placed into a manila envelope, sealed and labeled with the patient's name and the offender number. The transfer record (807.14E) is attached to the outside of the envelope. When numerous inmates are being transferred at the same time the copies may be filed alphabetically with dividers identifying

each separate inmate in a Records Box and then sealed for transport.

- (2) Patients who are currently on medications at time of transfer should have a separate (second) Medication Record copied and placed with the patient's medications for transport. Example: The Medication Record and blister packs of medication may be placed in the front of the Records Box to consolidate space for transport, but should remain separate from the copies of the Health Care Records.
 - (3) All manila envelopes and/or Records Boxes are given to the Transportation Officer. Prisoner Transportation is responsible for the delivery of the Health Care Record copies and any accompanying medications.
 - (4) Each Medical Department transferring patients out-of-state is advised to "hold" the Alaska DOC Health Care Record for a week after transport in order to:
 - (a) Process any outstanding laboratory or other reports.
 - (b) Complete chart documentation.
 - (c) Facilitate communication with the out-of-state facility in case they may call with some questions. Note in the Health Care Progress Notes the date and that the patient was transferred out-of-state. Return completed Alaska Health Care Record to the Anchorage Central Medical Records Department for archival purposes.
13. Receiving Medical Record transfers from Out-of State
- a. Prisoner Transportation is responsible for the delivery of the Out-of-State Health Care Record to the Alaska facility Medical Department.
 - b. Upon return from out-of-state, contact the Anchorage Central Medical Records Department to obtain the Alaska Health Care Record. Note the patient's date of return from out-of-state when you receive the Health Care Record.
 - c. Each institution should keep the Arizona file at the patient's current location until release from DOC. Do not however incorporate the two files together. The Alaska and out-of-state records are to remain separate.
14. Upon release from DOC custody
Send both files, Alaska and Out-of-State Health Care Records, to Anchorage Central Medical Records Department for archival.
15. Community Residential Centers
Medical records for patients placed in community residential centers (CRC's) will be stored and maintained by the host medical unit located closest to the contracting community agency where the inmate is housed.
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16. Specialized Supervision Programs

Patients released to specialized supervision programs will have their medical record(s) transferred to the closed medical records unit (Anchorage Correctional Complex-East/Health Information Office).

17. Voluminous Record Reduction

Medical records, which have become voluminous, may need to have the original volume divided into one or more separate volumes. Medical records divided into separate volumes will require:

- a. An individual 8-section Prestex type folder will be created for each volume.
- b. The patient's name, DOC number (offender number), DOB, allergy alert label, and the volume number are to be clearly affixed to the jacket.
- c. Specific medical documents will be removed from the original volume and placed into the newly created volume in the following sequential order:
 - (1) Part one
 - (i) Problem list
 - (ii) Inmate Tuberculosis and PPD History
 - (iii) Physical Examination
 - (iv) Health History
 - (v) Most recent Medical/Mental Health Screening Form
 - (2) Part two
Progress Notes (not to exceed the previous three month period)
 - (3) Part three
 - (vi) Laboratory reports completed within the previous three months
 - (vii) All current radiographic reports
 - (4) Part four
Current Medication Administering Chart
 - (5) Part five
Current Prisoner Health Care Authorization Forms
 - (6) Part six
Current Information
 - (7) Part seven

All dental records

(8) Part eight

All mental health records within past 30 days

VIII. Implementation

This policy and procedure is effective upon being signed by the Commissioner. Each Manager shall incorporate the directions outlined in this document into local procedures. All Standard Operating Procedures must conform to these directions.

3/13/2014

SIGNATURE ON FILE

Date

Joseph D. Schmidt, Commissioner
Department of Corrections

Forms Applicable to this Policy

- Annex A: Health Care Record File Folder
- Annex B: Terminal Digit Filing Order
- 807.06A Health Care Progress Notes
- 807.06A(1) Health Care Progress Notes Medical (Administrative) Segregation
- 807.06B Health Care Problem List
- 807.06C Authorization for Release of Personal Health Information

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