Request for Inclusion or Revision to an
Administrative Directive
Connecticut Department of Correction

Administrative Directive Number: 8.11 Title: Human immunodeficiency Virus/Infection Acquired Immune Deficiency Syndrome

☑️ I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):

I recommend the following revision to language in AD 8.11 Section 9.

Section 9. Testing Without Informed Consent:
- Remove reference to the DOC Director of Clinical Services, the Director of Health and Addiction Services, and the Director of Programs and Treatment (Division) as the approval authority for involuntary HIV testing.
- Insert language adding "the Department’s contracted health services provider" as the approval authority for involuntary HIV testing of an inmate.

Section 9, subsection A, parts 2 & 3:
- Remove the title "DOC Director of Clinical Services" in part(s) 2 & 3
- Replace with "Department’s contracted health services provider" in part(s) 2 & 3

☐ See attached documents

ORIGINATOR
Name: [Redacted] Title: [Redacted] Date: [Redacted]
Signature: [Redacted]
Facility/Unit: [Redacted]

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

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Unit Administrator’s signature: [Redacted] Date: 2/8/16
District Administrator’s signature: N/A (only needed if originating from facility) Date: N/A
Division Administrator’s signature: [Redacted] Date: 2/13/16

COMMISSIONER’S DECISION

This request is: ☑️ APPROVED ☐ DENIED Effective date of request: As practicable

☑️ The language/provisions of this inclusion/revision shall be effective as of: 2/18/16
☐ This inclusion/revision shall be added to the Administrative Directive prior to: _______________________
☐ This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner’s signature: [Redacted] Date: 2/16/16