

 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 8.7	Effective Date 9/15/2008	Page 1 of 6
	Supersedes Health Records Management, dated 12/15/2006		
Approved By <i>Theresa C. Lantz</i>	Title Health Records Management		

1. Policy. The Department of Correction shall accurately document the health services provided to each offender and maintain the confidentiality of the offender's health record.

2. Authority and Reference.
 - A. Public Law 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - B. Connecticut General Statutes, Sections 1-1d, 1-15, 4-190(3), 4-193b, 4-193d, 4-194, 18-81, 18-94, 19a-581 through 19a-583, 19a-585, 20-7(b) through 20-7(d), 52-146d through 52-146k, 52-146o, and Chapter 899.
 - C. West v. Manson, Civil Action No. H-83-366 (ANH), April 23, 1987.
 - D. Smith v. Meachum, Civil Action No. H-87-221 (JAC) August 8, 1989.
 - E. Doe v. Meachum, Civil Action No. H-88-562 (PCD), November 2, 1990.
 - F. Regulations of Connecticut State Agencies, Sections 19a-14-40 and 19a-14-43.
 - G. Administrative Directives 2.7, Training and Staff Development; 3.12, Fees for Programs and Services; 4.7, Records Retention; and 8.11, Human Immunodeficiency Virus Infection/Acquired Immune Deficiency Syndrome.
 - H. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
 - I. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4396 and 4-4413 through 4-4415.
 - J. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-4D-11, 4-ALDF-4D-13, 4-ALDF-4D-14, 4-ALDF-4D-23 and 4-ALDF-4D-26 through 4-ALDF-4D-28.
 - K. National Commission on Correctional Health Care, Standards for Health Services in Prisons, 2003.
 - L. National Commission of Correctional Health Care, Standards for Health Services in Jails, 2003.

3. Definitions. For the purposes stated herein, the following definitions apply:
 - A. Authorized Representative. A parent, guardian, or conservator appointed to act on behalf of a person regarding access to health information.
 - B. Central Health Records Repository (CHRR). The health record warehouse located on the grounds of the Robinson Correctional Institution, which is the central repository for discharged health records.
 - C. Health Authority. The Department of Correction's Chief Operating Officer or designee.
 - D. Health Services Staff. Any staff person employed by the Department of Correction, or the Department of Correction's provider for health services, on a part time, contractual, or full time basis who provides health services to offenders remanded to the custody of the

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Commissioner of Correction. Any student intern or volunteer under the supervision and direction of the Health Services Unit shall be considered a member of the health services staff.

4. Confidentiality. Information regarding an offender's healthcare shall be protected as required by Public Law 104-191 and Chapter 899 of the Connecticut General Statutes. Such information is governed by the provisions of Sections 52-146d through 52-146k of the Connecticut General Statutes, inclusive.
5. Health Record Storage, Maintenance and Retention. Health services staff shall maintain a complete and properly organized health record available at the offender's facility.
 - A. Storage. All health records shall be filed numerically by offender number.
 1. Current Offenders. Health records for current offenders shall be maintained in the facility's Health Services Unit.
 2. Discharged Offenders - Direct Intake Facilities. Health records for discharged offenders of direct intake facilities shall be maintained at the facility for the current and prior year. Health records of discharged offenders predating the time period as specified in this paragraph shall be forwarded to the CHRR.
 3. Discharged Offenders - Non-Direct Intake Facilities. Health records for discharged offenders of non-direct intake facilities shall be forwarded and stored at the CHRR.
 4. Readmission. Upon readmission of an offender, the facility's health services staff shall access the offender health record tracking system to request the offender's prior health record. The prior health record shall be combined with the existing temporary record upon arrival of the prior health record.
 - B. Maintenance. Health services staff shall update each offender's health record as necessary and maintain said record in a secure and confidential manner.
 - C. Retention and Disposal of Offender Health Records. Each health record shall be retained for 25 years after the offender's discharge. Upon expiration of the specified time limit, CHRR staff shall complete and submit RC-108, Records Disposal Authorization to the Department's Records Retention Liaison for processing in accordance with Administrative Directive 4.7, Records Retention. Upon the approval for disposal, CHRR staff shall destroy the offender health record.
6. Health Records Tracking System. Each Health Services Unit shall create and maintain a tracking system for the purpose of accountability within the unit. The tracking system shall monitor each time a staff member removes or returns a health record.
 - A. Tracking Requested Health Records. All requests for health records shall be logged and tracked when received at each facility. When records are transferred to another facility or the CHRR such movement shall be logged.

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- B. Tracking Health Records within a Facility. Each Health Services Unit shall maintain a system to track the accountability of all health record movement within each facility.
7. Format. On the tab of each health record the offender's identification number shall be clearly listed. The offender's name shall be clearly and neatly written in black ink or typed on a white adhesive label affixed to the front of the health record jacket. The same current offender photo affixed to the offender's master file shall also be affixed to the right inside bottom center of each permanent health record jacket.
- Each health record shall be organized in accordance with the guidelines established by the Health Services Unit and approved by the Chief Operating Officer.
8. Documentation. Each health record shall be a repository of historic and current health data gathered on an offender and shall reflect all health information regarding the offender. All documentation shall be in black ink with the exception of the identification of allergies which shall be annotated in red ink. All entries shall be documented in chronological order and shall include the month, day, year, and time specified in a.m. or p.m., or in 24-hour notations. Each entry shall be signed legibly with the full name and title of the health services staff making the entry. Initials shall not be permitted as legal identification of a person. No health services staff shall sign the entry of another health services staff. No blank spaces shall be left between entries. Only approved abbreviations shall be used in documenting.
9. Access and Disclosure. Information in the health record shall be maintained in a confidential manner. Access to any information contained in a health record shall be restricted to authorized persons and shall be controlled by the Chief Operating Officer. Written authorization shall be required for disclosure utilizing CN 4401, Authorization to Obtain and/or Disclose Protected Health Information for all or any part of a health record to any individual not authorized by this Directive. The Department shall accept release of information forms from federal and state agencies requesting health information providing the form adheres to HIPAA requirements.
- A. Disclosure to an Offender/Authorized Representative. If a health record is requested by an offender or by an offender's authorized representative, the responsible physician or designee shall review the record prior to release. If the physician or designee believes that disclosure to an offender of the offender's health data would be detrimental to the offender, the physician shall relate such concern, through the chain of command, to the Chief Operating Officer or designee for appropriate consultation with the Office of the Attorney General.
1. Offenders Under 18 Years of Age. Written authorization, signed by an authorized representative, shall be required for the release of the health record of an offender under 18 years of age with the exception of Section 9(A)(2) of this Directive.
 2. Human Immunodeficiency Virus Infection (HIV) Testing Information Regarding Offenders Under 18 Years of Age. An offender, who is under the age of 18 years old, and has requested testing, examination or treatment for HIV and has requested that the offender's parent or guardian not be

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informed, and the physician believes that the offender would not submit to testing, examination or treatment if the parent or guardian were informed, and the physician has documented such in the health record, a minor shall have the right to authorize the release of only that personal health information which is related to testing for HIV infection or to the examination and/or treatment for HIV infection.

3. Fees. When an offender or authorized representative requests a copy of a health record, the offender's account shall be charged a fee in accordance with Administrative Directive 3.12, Fees for Programs and Services.
 4. Denial of Access. The offender shall be notified in writing of any part of the offender's health record that will not be disclosed.
- B. Disclosure to the Unit Administrator. The responsible Regional Chief Operating Officer or designee shall provide the Unit Administrator with relevant information concerning an offender's medical and mental health management, security and ability to participate in programs. When an offender suffers from a health condition that may result in a medical or mental health crisis or risk of disease transmission to another, the responsible Regional Chief Operating Officer or designee shall inform the Unit Administrator.
- C. Disclosure to Classification Personnel. Offender health information provided by health care staff to classification personnel or classification systems shall be limited to the identification of restrictions required by the offender's health condition and shall not include disclosure of health information specific to the offender.
- D. Disclosure to the Commissioner or Designee. The Commissioner or designee and the Commissioner's legal representatives, including the Office of the Attorney General, shall have access to all available health records as necessary for the performance of the Commissioner's duties, including the defense of the Department and/or its agents or employees. Health services staff shall verify the identification of any authorized representative of the Commissioner who requests a copy of an offender health record.
- E. Disclosure to Law Enforcement Agencies. Disclosure of inmate health information to law enforcement agencies shall be handled as follows:
1. Release of Information with Authorization of Inmate. An inmate may authorize the disclosure of his or her own health information to a law enforcement agency by completing CN 4401, Authorization to Obtain and/or Disclose Protected Health Information.
 2. Release of Information Related to a Deceased Inmate. The requesting law enforcement agency shall complete and submit form CN 8701, Request for Deceased Inmate Health Record, to the Security Division in order to initiate a review of the deceased inmate's health record. Upon receipt of form CN 8701, Request for Deceased Inmate Health Record, the Security Division shall coordinate the review of the deceased inmate's health record with the requesting law enforcement agency. In addition, the Security Division shall advise the Health and Addiction Services Unit when the health record will be needed for the review. The health record shall remain in the Health and Addiction Services Unit until needed. Just prior to the

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review, a representative of the Security Division shall retrieve the health record from the Health and Addiction Services Unit. The Security Division representative shall meet, and remain with, the law enforcement agent during the review of the deceased inmate's health record. Copies of relevant portions of the health record shall be provided upon request. Upon the conclusion of the review, the Security Division representative shall promptly return the health record to the Health and Addiction Services Unit for accountability and storage.

- F. Additional Disclosure. Disclosure of HIV related information shall only be made as outlined in Administrative Directive 8.11, Human Immunodeficiency Virus Infection/Acquired Immune Deficiency Syndrome.
 - G. Prior Drug Treatment Records. When a pregnant offender involved in a community methadone maintenance program is admitted to the York Correctional Institution, the facility shall initiate telephone contact with the offender's methadone program within 24 hours to confirm participation and dosage level.
 - H. Community Records. When a contract provider's practitioner requests a prior community health record, health services staff shall obtain written authorization from the offender or authorized representative and send such authorization to the provider. When an offender is referred to a community health care provider, health services staff shall send a sealed, written authorization for release to the Department's Health Services Unit with the escorting officer, requesting all health data developed during the consultation, treatment or hospitalization that has been provided in the community. Upon receipt of the community information, it shall be reviewed by health services staff and filed in the offender's health record.
10. Transfer.
- A. Facsimile and Automated Transmission. All authorized transmittals shall be accompanied by a confidential cover sheet.
 - B. Facility Transfer. Upon transfer of an offender to another facility, health services staff shall coordinate with the transporting staff member(s) so that the health record is transported simultaneously with the offender. When the health record leaves the Health Services Unit for transfer or any other authorized purpose, the health record (including all volumes) shall be packaged in an envelope or box large enough to accommodate the volume(s). The offender's name and number shall be written on the outside along with the name of the receiving Health Services Unit or designated person authorized to receive the health record. The package shall be sealed with a confidential sticker. In the absence of health services staff, operational staff designated by the Unit Administrator shall package the health record for transport.
 - C. Discharge or Transfer to Community Release (Halfway House). Upon transfer of an offender to community release (halfway house), the health record shall be transferred to the correctional facility responsible for providing health care services for that halfway house. Upon offender discharge from community release, the health record shall be forwarded to the CHRR.

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11. Review. The Chief Operating Officer or designee shall ensure that the health record is subject to regular, periodic quality assurance review by health services staff.
12. Training. The contract provider's health services staff shall be properly trained in health records management and the contract provider shall provide documentation of such training to the Chief Operating Officer or designee in accordance with Administrative Directive 2.7, Training and Staff Development.
13. Forms and Attachments. The following form is applicable to this Administrative Directive and shall be utilized for the intended function:
 - A. CN 8701, Request for Deceased Inmate Health Record.
14. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.