



# Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301  
REV 02/06/15

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

Approved	Denied	Signature	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: <i>[Signature]</i>	Date: 2/8/16
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: N/A <small>(only needed if originating from facility)</small>	Date: N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: <i>[Signature]</i>	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  
and subsequently added to the Administrative Directive at the next update.

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: *[Signature]* Date: 2/16/16