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| NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE | CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.43</u> |
| SUBJECT: DIVISION OF MEDICAL/FORENSIC SERVICES RECORDS MAINTENANCE, RETENTION AND RELEASE PROPONENT: <u>Helen Hanks, Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i> | EFFECTIVE DATE <u>09/21/2011</u> REVIEW DATE <u>09/21/2012</u> SUPERSEDES PPD# <u>6.43 & 1.36</u> DATED <u>05/01/06</u> <u>07/15/03</u> |
| ISSUING OFFICER: <u>William Wrenn, Commissioner</u> | DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____ |
| REFERENCE NO: See reference section on last page of PPD. | |

I. PURPOSE:

To provide guidelines and procedures for the content, handling, assembling, utilization, maintenance and retention of inmate/patient records for the Division of Medical/Forensic Services.

II. APPLICABILITY:

To all staff that are allowed access to the division's inmate/patient health records, especially health, dental, mental health, sex offender treatment (SOT) personnel and medical records staff.

III. POLICY:

It is the policy of the Department of Corrections that complete inmate/patient record files shall be maintained for each inmate/patient to accurately document all health, dental, sex offender treatment and psychiatric services provided throughout the period of incarceration/hospitalization. The records to be maintained, the format and the method of recording entries is determined and approved by the Medical/Forensic Record Committee.

A. The prison health/medical record shall/may contain as a minimum:

1. Problem list, Health Services medical data initial/repeat H & P, Medical Intake Questionnaire, M-Score (old), psychotropic medication consent, vaccination consent, waiver of treatment, intra system transfer medical intake screening, consent for Outpatient Behavioral Health Services, Mental Health Limits to Confidentiality, Treatment, advanced directives, NHDOC Consent and Compliance Agreement for HCV Treatment.
2. Record of medication/med Call, PRN medications, medication administration record (MAR), Non-formulary Medication Request Form (as directed).
3. Physician orders
4. Medical Progress Notes, Flow Sheet
5. Chronic Care Clinic Forms
6. X-ray , EKG, Holter Monitor (on-site)
7. Labs, NH Public Health Lab, TB test/examination report/vaccines
8. Allied Health, Physical Therapy Progress Notes/Evaluations/Referrals, Dietary Consults/Referrals, RTU Recreation Therapy Notes, eye record exam,

- acknowledgement/receipt of eyewear, Medical Restriction Pass
- 9. Physician Services Consultations, Consult Tracking Form, dictated reports/studies
- 10. Hospital inpatient/emergency room admissions, outpatient surgery admissions
- 11. Behavioral Health I: Mental Health Intake, bio-psycho-social inpatient admission notes; MH Referral Forms, psychological testing/assessments, psychiatric treatment plans, PTP Treatment Plan, treatment team review, 623:1 Transfer, Level of Severity Index (LSI), 6.10 Follow Up, discharge summary, Beck Anxiety Inventory, PTSD Check List, BDI Cicilian version, BDI II, Adult, Psych Symptoms Check List
- 12. Behavioral Health II: Progress Notes, SOAP Notes, Group SOAP Notes; SPU/RTU Flow Sheets, SPU Precaution Check List Suicide Risk Assessment Tool Assessment of Outcome;
- 13. Release of Information To and From, Court Orders, Guardianship, Interstate Compact Authorization for Community Health Care, Community Corrections Authorization for Outside Medical Care
- 14. Inmate Request Slips (IRS), Provider Notes to Inmates
- B. The dental record shall contain at a minimum
 - 1. Dental medical history
 - 2. Dental Intake exam
 - 3. Dental treatment record
 - 4. Panorex and/or peri-apical x-rays
 - 5. Copies of Inmate Request Slips
 - 6. Correspondence requests for records
- C. The Sex Offender Treatment record shall contain at a minimum:
 - 1. Inmate identification: name, ID number, DOB, sex

The following records will be filed/retained in the Offender Record:

- 2. Results of screening and actuarial risk assessments
- 3. Mittimus and sentencing documents
- 4. Pre-Sentence Investigation/police reports, when available
- 5. Consent and refusal forms as needed
- 6. Copy of discharge/termination summary

The following records will be filed/retained in the SOT record:

- 7. Progress notes for core clinical groups
- 8. Individualized treatment plans
- 9. Needs assessment (dynamic risk assessment)
- 10. Release of information forms as needed
- 11. Results on consultations with ancillary services (e.g. Mental Health, Intervention Services)
- 12. Discharge or termination summary
- 13. Contact notes for any collateral contacts
- 14. Polygraph exam results
- D. The Secure Psychiatric Inpatient record shall contain at a minimum:
 - 1. Problem list, H&P's medical intake screening, Mental Health score, eye wear, releases, waiver/refusal of treatment, consents for treatment, advanced directives
 - 2. Medication administration records and pharmacy records
 - 3. Physician orders
 - 4. Progress notes, flow sheets, medical restriction passes
 - 5. DOC x-rays, EKGs, Holter monitors
 - 6. DOC lab reports, HIV and TB reports
 - 7. Outside medical consults and tracking forms
 - 8. DOC eye exams, dietary consults, physical therapy, pain management consult records
 - 9. Inpatient, outpatient and ER hospital records

10. Psychiatric/Mental Health records
 11. Correspondence and record requests, legal documents and transfer summaries
 12. Communications to residents, resident request slips and grievance forms.
- E. A unit record system will be maintained for all division records. All records from previous incarcerations/hospitalizations will be brought forward to assure continuity of care.
- F. The Medical/Forensic Record Committee will meet at a minimum biannually. The committee is responsible for reviewing medical/treatment record content, forms and procedures. Membership is comprised of the following disciplines, but not limited to:
1. Medical Record Supervisor, Chairperson
 2. Physician
 3. Dentist
 4. Psychiatrist
 5. Sex Offender Treatment Administrator
 6. SPU/RTU Administrator
 7. Director of Nursing
 8. Administrative Director or designee
 9. Quality Improvement
 10. Other DOC staff as indicated

IV. PROCEDURES:

A. Storage of Records

Each division bureau shall maintain identification and filing system that ensures rapid access to each inmate's/patient's health record. The facility will provide adequate space and equipment for the storage of all health records in a manner safe from fire and water damage, and secure from unauthorized use. All active (defined as those records created and maintained for inmates/patients currently incarcerated/hospitalized) records shall be maintained separately from the offender record except those noted in Section III C (SOT records)

1. The health/medical and dental records are the responsibility of the Medical/Forensic Records Committee.
2. Health records for currently incarcerated inmates shall be maintained in the medical record and dental departments, located at each prison facility.
3. The Sexual Offender Treatment record is the responsibility of the SOT Administrator and shall be maintained in a secure office space.
4. The Secure Psychiatric Unit inpatient record is the responsibility of the SPU/RTU Administrator and shall be maintained in the SPU Nurse's Station.
5. The Medical Record Supervisor will develop, implement and perform compliance QI monitoring of the above functions.

B. Retention of Records: Inactive Status

1. All inactive prison medical/dental records shall be combined with the Offender Record at the end of each calendar year. Inactive records are defined as records of inmates no longer under the supervision of the NHDOC because of max out of sentence or inmate death or actions of the court.
2. Inactive prison medical/dental records will be stored in the NHDOC secured Warehouse location and State Archives, if needed. NH State Archives and the DOC store inactive records for 10 years after which they are destroyed by the approved state record destruction vendor.
3. Inactive Secure Psychiatric Unit patient records are defined as patients:
 - a. Committed under RSA 135-C who are discharged to New Hampshire Hospital (NHH).
 - b. Committed under RSA 135-E who have been discharged per RSA 135-E:12 and E:13. These records will be maintained permanently either in their original paper format or by an alternative non-paper medium.

- c. Committed under RSA 171B who have been approved by the Commissioner to be discharged to a less restrictive setting.
- d. Committed under RSA 651:9 who have been approved for transition to a less restrictive level of care per RSA 651:1a IV, (c).
- e. Transferred via RSA 622:45 who have been returned to NHH.
- f. Transferred via RSA 623:1 who have been returned to a county House of Corrections or to a NHDOC facility.

C. Retention of Records: Released Inmates Under DOC Supervision Status:

- 1. All prison medical/dental records of released inmates still under DOC supervision shall be combined with the Offender Record. These records are defined as records of inmates who remain under DOC supervision, i.e. parole, probation, etc.
- 2. These prison medical/dental records will be stored in the DOC secured Warehouse location
- 3. On an annual basis, all released inmate records that move to inactive status will be purged and combined with the Offender Record and stored in the Warehouse and/or State Archives.
- 4. Secure Psychiatric Unit records will be retained based on the RSA that committed the patient and stored in the SPU Records Room and the secured area of the Warehouse.
 - a. Records of committals per RSA 135-C; RSA 171-B; RSA 622:45 and RSA 623:1 shall be retained for a period of 10 years
 - b. Records of committals per RSA 651:9 and RSA 135-E shall be retained permanently.
- 5. SOT records of inmates under DOC supervision filed in the Offender Record will be retained as stated under C.1 of this section.
- 6. SOT records of inmates filed in the SOT file will be retained permanently either in their original paper format or by an alternative non-paper medium and stored in the secured area of the Warehouse.

D. Retrieval of Records

- 1. Prison medical/dental records of parole violators and new charge inmates will be retrieved from the secured Warehouse storage location within two business days by Medical Record/Offender Record staff. If the records are located at the State Archives, Offender Record/Medical Record staff will request the record according to State Archives policy and procedure.
- 2. Secure Psychiatric Unit inpatient records of readmitted patients will be retrieved from the SPU record room and/or Warehouse within two business days.
- 3. SOT records of parole violators and new charge inmates will be retrieved from the SOT record room and/or Warehouse within two business days.

E. Confidentiality

- 1. The Medical/Forensic Records Committee shall determine access to all division records as defined in the PPD. Routine access to division records shall include:
 - a. Medical, dental, nursing, physical therapy, and dietary staff, including comparable vendor staff
 - b. Psychiatric, mental health staff, SOT, social workers and occupational and recreational therapist including comparable vendor staff
 - c. Case counselors/managers to aid in offender reentry and discharge planning
 - d. Quality improvement staff, including comparable vendor staff
 - e. Staff of the Office of the Attorney General and counsel for contract medical, dental and psychiatric staff
 - f. Inmate (See G. REVIEW OF HEALTH RECORDS)
 - g. Division of Children, Youth & Families in child abuse and neglect cases.
 - h. Law enforcement agencies, public safety officials and others including individuals and the media when necessary or prudent in the event that dangerous inmates/patients are not in custody through escape or error.

- i. Safety Services
 - j. Office of Reimbursement pursuant to RSA 126-A
 - k. Public Health for reportable communicable diseases
 - l. Inmate/patient guardians specific to medical treatment
2. Limited access to division records for the purpose of determining appropriate housing, programming, and/or working conditions resulting from an inmate's/patient's health status, protecting the health/safety of the inmate/patient, other inmates/patients and correctional staff responding to grievances and referrals to off-site and/or outside consultant health care providers shall include:
- a. Commissioner of Corrections; Assistant Commissioner or designee
 - b. Administrator of Medical/ Forensic Services or designee;
 - c. Warden of each facility;
 - d. Investigations Unit;
 - e. Classification;
 - f. Outside health care consultants;
 - g. Paramedics/EMT's responding to medical emergencies.

Access to the Offender Record by the medical, dental, nursing, psychiatric, mental health and SOT staff is permitted when the practitioner believes such information may be relevant to the inmate's health and course of treatment.

3. Restricted access to health records requiring a signed Release of Information Form and/or subpoena shall include:
- a. Law enforcement organizations (LEO)
 - b. Community Mental Health Centers/Clinics
 - c. Employers
 - d. Extended Care Facilities
 - e. Relatives and/or friends
 - f. Hospitals
 - g. Insurance companies including Worker's Compensation
 - h. Lawyers with the exception of the Attorney General's Office and counsel obtained for contract medical, dental and psychiatric staff.
 - i. Medicare/Medicaid
 - j. Outpatient programs
 - k. Patient authorized representative
 - l. Non-DOC physician
 - m. Prison systems other than the NHDOC
 - n. Programs for Substance Abuse Treatment
 - o. Social Security and Social Security Disability determination
 - p. Veteran's Administration
 - q. Visiting Nurse Association
 - r. Vocational Rehabilitation
 - s. Welfare organizations
 - t. Health care facilities and health care providers not providing current treatment.

Access to the Offender Record by the medical, dental, nursing, psychiatric, mental health and SOT staff is permitted when the practitioner believes such information may be relevant to the inmate's health and course of treatment.

F. Transfer of the Health Record

- 1. Medical and dental records shall accompany the inmate at the time of transfer when the inmate is transferred within the DOC correctional system. NHDOC health records shall not be removed from the prison or SPU except under written order or subpoena, court order, the Director of Medical/Forensic Services, the Commissioner or their designees.
- 2. Transfer/discharge summaries will be prepared and processed pursuant to PPD 1.29 for

inmates transferred outside the DOC correctional system. Health record information can be transmitted to other correctional jurisdictions upon written authorization of the inmate. Transfer/discharge summaries will be prepared and processed for SPU patients transferred to NHH, county facilities, state prison or community providers pursuant to Section 4B 3 of this policy.

3. Summaries or copies of the health record in addition to the consult referral form may be sent with the inmate/patient upon referral to an off-site health care provider or outside consultant who provides services on-site during active treatment episodes of care.
 4. Health record information can be transmitted to health care providers and health care facilities in the community upon written authorization of the inmate/patient.
 5. SOT clinical records **WILL NOT** accompany inmates transferred within the DOC correctional system. SOT records will not be removed from the prison except under written order of subpoena, court order, the Director of Medical/Forensic Services, the Commissioner or their designee or pursuant to RSA 135-E.
- G. Collection and Recording of Health/Treatment Data
All health/treatment appraisal data is collected in a uniformed manner as determined by the health authority. Only qualified or health/treatment trained personnel only are authorized to collect health/treatment data and document in the health/treatment record.
- H. Review of Prison Health Records
1. Review of the health record by attorneys other than members of the Attorney General's Office, insurance companies, or inmates shall be by appointment only. Appointments will be made at least 48 hours in advance. Since all reviews must take place under the direct supervision of HIM staff, and to minimize disruption to departmental operations, appointments shall be for half-hour periods only. The Medical Records Supervisor can authorize extensions to the time period if appropriate. Inmates are restricted to review of their health record once every six months. The Medical Records Supervisor may authorize exceptions to the six-month rule for documented court appearances or other documented reasons.
- I. Review of SPU Health Records
1. SPU record reviews shall follow the same procedure above with the exception that the record review will be supervised by the SPU/RTU Administrator or designee. The SPU/RTU Administrator may grant extensions of the time period and/or exceptions to the six month rule referred to above, if appropriate.
- J. Review of SOT Records
1. Review of the SOT records filed/retained in the Offender Record will be determined by the Offender Record Bureau and their PPD(s).
 2. Review of the clinical SOT record is restricted to SOT staff or Division Administration only. Inmates and others are restricted from access and review.
- K. Consent for Release of Information (ROI)
1. The written consent of the inmate/patient or the inmate's/patient's authorized representative is required prior to the release of information. Consent is to be given and accepted:

If the inmate/patient is:

- a. Over 18, competent*
- b. Over 18, incompetent
- c. Under 18, competent**
- d. Under 18, incompetent
- e. Deceased

Consent must be given to:

Inmate/patient
Legal guardian
Parent or legal guardian
Parent or legal guardian
Executor or administrator of
inmate's/patient's estate (proof of such
appointment required), spouse (RSA
560:22), adult child, parent or sibling
(in that order) may consent in absence of

court-appointed representatives

* **Unless the Court finds otherwise and a guardian is appointed, a person is assumed to be competent under NH law.**

** **Inmates under age 18 adjudicated as an adult will provide consent.**

2. Written consent obtained shall be documented on the "**Authorization for Release of Information**" Form (attachment 1). A properly completed "Authorization for Release of Information" must contain the following entries and components:
 - a. Inmate/patient full name, ID #, DOB and SSN.
 - b. Indicate if NHDOC is disclosing or receiving requested records
 - c. Name of the NHDOC provider requesting/sending records
 - d. Purpose for record request or disclosure
 - e. To/From information to include Name, Address, Phone #, Fax # (if applicable)
 - f. Specific health information reports to be requested or disclosed. The amount of information requested or disclosed will be the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Use of the term "any and all records" is not acceptable.
 - g. Dates of care to be released
 - h. Initials by the inmate/patient if records to be requested or disclosed include drug and/or alcohol abuse treatment, psychiatric treatment and HIV (AIDS) testing/treatment.
 - i. Statement the authorization can be revoked and the valid time period for the ROI is not greater than six months.
 - j. Statement that re-disclosure to persons and/or agencies outside the DOC is prohibited with the exception of outside medical consultants involved in active treatment of the inmate/patient.
 - k. Inmate/patient or authorized representative's signature. Signature **MUST BE IN INK.**
 - l. Signature of witness. Signature **MUST BE IN INK.**
 - m. Date of signature.
3. The signature on the ROI may be checked for validity by comparing it to the signature(s) obtained on the admission records if there is a question as to its authenticity.

L. **Disclosure and Copying of Health/Treatment Records/Re-Disclosure**

1. Inmates;
 - a. To receive copies of health records, inmates must submit an itemized list of copies to be made on an Inmate Request Slip accompanied by a signed Cash Withdrawal Slip. Inmates must have sufficient funds in their accounts to pay for the copies. Copies will be made at the rate of \$.20 per page. Copies will be sent to the inmate's housing unit in a sealed envelope marked "CONFIDENTIAL".
 - b. Copies will be made during the course of everyday business and not at the time of a medical record review.
 - c. Inmates will request/receive copies of the SOT record filed/retained in their Offender Record per the Offender Record PPD(s).
 - d. Inmates and others are restricted from obtaining copies of their clinical SOT record.
 - e. Inmates who request copies of records after release must provide an original written ROI. After review of the record, a count of the total pages to be copied and the cost, at \$.50 per page will be sent to the requesting party for pre-payment. A copy of the bill will also be sent to Financial Services.
2. SPU Patients:
 - a. To receive copies of health records, SPU patients must have the approval of their guardian, if applicable, and submit an itemized list of copies to be made on a Resident Request Slip accompanied by a signed Cash Withdrawal Slip. Patients

- must have sufficient funds in their account to pay for the copies. Copies will be made at the rate of \$.20 per page. Copies will be hand delivered by the SPU/RTU staff.
- b. Copies will be made during the course of everyday business and not at the time of the record review.
3. Attorneys, Insurance Companies and Others:
 - a. Attorneys (excluding the Attorney General's Office), insurance companies, employers and/or friends, patient authorized representative(s) must provide an original release of information from the inmate/patient and prepayment for copies.
 - b. After review of the record, a count of the total pages to be copied and the cost, of \$.50 per page, will be sent to the requesting party for pre-payment. A copy of the bill will also be sent to Financial Services.
 - c. Spouses of deceased inmates have access to copies of the deceased inmate's medical record under RSA 560:22 upon proof of the requestor's identity and where there is no estate administration unless the medical record indicates surviving spouses not have access to those records. The charge of \$.50 per page will apply.
 - d. Upon receipt of the appropriate monies, Financial Services will notify the appropriate HIM department that payment was received and the requested copies will be made and mailed to the requester.
 - e. Copies will be made during the course of everyday business and not at the time of a medical record review.
 - f. Agencies such as community health centers, extended care facilities, hospitals, Medicare/Medicaid, outpatient programs, community physicians, state and federal prison systems, substance abuse treatment facilities, welfare organizations, etc. will not be charged the \$.50 per page fee. These records are requested for the benefit of the inmate/patient for continuity of care and coordination of benefits post-prison/hospital release.
 4. Education and Research:

Students from other facilities and programs who are in official clinical placements at prison facilities and SPU may be granted access to inmate/patient information with the approval of the health authority. Access to records of released inmates/patients shall not be allowed without the written consent of the inmate/patient or their authorized representative, or as part of a departmentally approved research project (see PPD 1.09).
 5. Accrediting and Review Agencies:
 - a. Representatives and surveyors of the Joint Commission on Accreditation of Hospitals, if applicable, The American Correctional Association, National Commission on Correctional Healthcare, Medicare, The National Institution of Mental Health, Medicaid, Professional Review Organizations, shall be granted access to any medical information deemed necessary and/or required by contract, in the course of the survey or review process.
 - b. The Director of Medical/Forensic Services under such restrictions as may be appropriate may grant access by other agencies.
 - c. In cases where the SPU and/or prison is the petitioner for Social Security, Medicaid, etc. benefits of an inmate/patient who is incapable of handling their own financial affairs, the Division Director authorized the petition process and Social Security, Medicaid Forms should provide for authorization to release information and this shall be obtained if the forms do not provide authorization.
 6. Division of Mental Health and Development Services Personnel (RSA 622:47:
 - a. The Division Director shall be provided information upon receipt without authorization of the inmate/patient or their authorized representative to the extent that it facilitates treatment.

- b. Other employees of the Division may be granted access to information as delegated by the Division Director and RSA 126, which defines the duties and responsibilities of the Office of Reimbursement.
7. Department of Health and Human Services (RSA 622:47):
- a. Limited access to information shall be given as required by statute.
 - b. RSA 141-C:7 requires the prison and SPU to report communicable diseases on a form specified by statute.
8. Attorney General's Office:
- a. The Attorney General's Office shall have access to inmate/patient information in cases in which its agents are defending the Prison and/or SPU in legal actions. The Division Director of Medical/Forensics Services or designee shall coordinate such access.
 - b. The Attorney General's Office has statutory authority to investigate state agency operations under certain circumstances. Approval to release information in this instance shall be sought from the Division Director.
 - c. When representing the Prison and/or SPU in Probate or Federal/Superior Court proceedings, the Attorney General's Office shall have unlimited access to inmate/patient information, inclusive of non-clinical documents.
9. Courts:
- a. Probate Court:
 - 1) In petitioning for involuntary commitment or guardianship, a court order shall be sufficient in order for the inmate's/patient's record to be taken to court for reference in the proceedings.
 - 2) Attorneys and physicians appointed by the Court to represent inmates/patients in Involuntary Commitment and Guardianship Hearings shall have unlimited access to the inmate's/patient's record, including third party information, upon verification of their appointment. Such access shall be documented.
 - b. District, Superior or Federal Court:
 - 1) Court orders received from District, Superior or Federal Courts shall be checked with the Attorney General's Office prior to the release of information to enable the AG's Office to evaluate the scope and reach of the order to determine whether or not the order is appropriate or if an amendment is necessary, or if a hearing should be sought.
 - c. Subpoena/Court Order
 - 1) A subpoena pertinent to the case shall be served with the proper fee guarantees and with allowance for the time to prepare the documents, if possible.
 - 2) All subpoenas shall be referred to the Attorney General's Office and/or the Director of Medical/Forensic Services for review. In the event the inmate/patient whose record is sought is not a party to the litigation or if the record appears irrelevant to the proceeding, the Attorney General's Office shall determine the necessary course of action and communicate such action to the Division Director.
 - 3) The Prison/SPU will not honor out-of-state subpoenas or court orders without prior consultation with the Attorney General's Office and the Division Director of Medical/Forensic Services.
 - 4) Court orders may be necessary to cause the release of recordings in court proceedings involving inmates/patients who have been treated for substance abuse. Such orders shall be brought to the attention of the Attorney General's Office and the Division Director of Medical/Forensic Services.
 - 5) Certified copy of the inmate's/patient's record shall be provided to the

court, if acceptable by the court.

10. Telephone Requests:
 - a. The fact of resident status of inmates/patients in DOC facilities is privileged information and staff shall make every effort to protect an inmate's/patient's right to privacy and ensure security policies and procedures are followed.
 - b. Telephone requests for information concerning an inmate/patient, when the caller is not known by the staff member taking the call to be an authorized person to receive the information, should be referred to the Division Director, Commissioner's Office or the Attorney General's Office. When these inquiries are received in SPU/RTU, these calls should be referred to the SPU/RTU Administrator. Annotations of such inquiries, including the identity of the caller, should be made in the medical record of the inmate/patient involved.
 11. Governor's Office:
All inquiries will be referred to the Commissioner, Assistant Commissioner, Division Director and/or designee.
 12. News Media:
No member of the prison or SPU staff is authorized to release any information to, or answer any inquiries from, any member of any news media about any aspect of the prison and/or SPU, its staff, its inmates/patients, or its operations. Any and all questions from members of the news media are to be referred to the Office of the Commissioner or Department of Corrections, Public Information Officer (see PPD 1.13).
 13. Records in Locked Files:
 - a. In case of a need for special protection, certain records may be kept in locked files in the Medical Records Department, access by medical record personnel only.
 - b. Such records involved in litigation shall have a special listing kept on the front cover of record movement.
 14. Photocopies:
 - a. Copies of medical record documents shall be limited to the information specified on the Release of Information Form.
 - b. Second or convenience copies of medical record documents will not be made by or for staff members or others.
 - c. The cost of copies shall be consistent with the rates set in PPD 7.42.
 15. Medical Records Obtained from other Facilities and/or Health Care Providers:
 - a. Copies of medical records obtained from outside hospitals, physicians, health care institutions, etc., are the property of those facilities and in their custody and control.
 - b. Copies of medical records from outside hospitals, physicians, healthcare institutions, etc. have been provided to DOC for evaluation, diagnosis, treatment, and continuity of medical care and normally, they are not to be recopied and/or redisclosed. Records from other facilities may be redisclosed without authorization from the inmate/patient if that information needs to be provided for emergency medical care. If time permits, authorization from the inmate/patient should be obtained prior to redisclosure to a third entity.
 - c. Requests from inmates/patients for copies of non-DOC health records are permitted. The same procedures noted in Section H above are to be followed.
 - d. Attorneys (other than the AG), insurance companies, SSDI, etc., requesting to obtain copies of medical records not the property of or under the custody and control of DOC will be denied. Person(s) requesting such copies will be directed to obtain them directly from the appropriate health care provider or health care institution, subject to their release policies.
- M. Facsimile Transmission/Receipt of Health Information

1. Transmission of Health Information:
 - a. Health Records will be transmitted via facsimile only when urgently needed for patient care.
 - b. Routine disclosure of information to insurance companies, attorneys or other users will be made through regular mail or messenger service.
2. Receipt of Health Information:
 - a. Health information received via facsimile is acceptable for inclusion in the health record as determined by the Medical/Forensic Record Committee.
3. Facsimile Release of Information:
 - a. Requests for records faxed to the Medical Records Department will be accepted from other correctional facilities and other healthcare facilities/providers in the case of emergencies.
 - b. Facsimile release of information from attorneys, insurance companies, workman's comp, prior inmates, etc. will not be accepted under any circumstances. An original release of information will be required.
4. Misdirected Facsimiles:
 - a. If a fax is received in error, the sender will be notified immediately. After informing the sender of the error, the faxed document will be returned via regular mail or destroyed upon request of the sender.
 - b. If a fax transmission fails to reach the recipient, check the internal logging system of the fax machine to obtain the number to which the transmission was sent. Fax a request to the incorrect number that explains the information was misdirected and ask for the documents to be returned by mail.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

4-4396; 4-4413 thru 4415

Standards for Adult Community Residential Services
Fourth Edition Standards

4-ACRS-4C-22 thru 4C-23

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

HANKS/pf

Attachment

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS



DIVISION OF MEDICAL &
FORENSIC SERVICES
281 N. State St.
Concord, NH 03301
Phone: 603-271-6063
Fax: 603-271-5295

**AUTHORIZATION TO DISCLOSE
PROTECTED HEALTH INFORMATION**

Date Sent:

Patient's Full Name: _____
ID#: _____ (Last, First, MI)
Date of Birth: _____ SSN #: _____

I authorize NH Department of Corrections to disclose and/or receive protected health information for the following purpose: **NHDOC provider requesting/sending records:** _____
 Continuity of care Medical Record Attorney Other: (specify) _____

To/From:
Name: _____ Phone #: _____
Address: _____ Fax #: _____

- Type of Information Requested:** **Dates of care to be Released** _____
- | | | |
|---|---|--|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Laboratory Data | <input type="checkbox"/> Radiology Reports |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> EKG | <input type="checkbox"/> Radiology Films |
| <input type="checkbox"/> Assessments – Medical | <input type="checkbox"/> Assessments –Behavioral Health | <input type="checkbox"/> Physician Orders |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Progress Notes – Medical | <input type="checkbox"/> Progress Notes –Psychiatric/Drug Abuse/MH Treatment |
| <input type="checkbox"/> Operative | <input type="checkbox"/> Nurse Notes | <input type="checkbox"/> Emergency Dept. Record |
| <input type="checkbox"/> Pain Management Assessment/Treatment Plans | | |
| <input type="checkbox"/> Other: _____ | | |

- I understand these facts regarding authorization to disclose information by the Division of Medical & Forensic Services through the Medical Records Office:
1. Information released may contain psychiatric and/or drug and alcohol information.
 2. Information may only be released which is considered necessary to fulfill the purpose as stated in the release.
 3. Release of information may result in advantages and disadvantages to the offender or former offender. The best interests of the offender or former offender should be served by the authorization to disclose.
 4. Consent to disclose information is not a required condition for treatment.
 5. This authorization may be revoked in writing at any time, except to the extent that action or information disclosed prior to the date of revocation has occurred.
 6. Disclosure of information directly to an offender or former offender shall be under supervision of an appropriate member of the medical records office and/or Health services staff.
 7. Re-disclosure of information obtained to persons and/or agencies outside of the Department of Corrections is prohibited with the exception to outside medical consultants involved in active/current treatment of the offender.
 8. **I authorize the following information to be disclosed by initialing:**
Drug and/or alcohol abuse or treatment: Initials: _____
Psychiatric: Initials: _____
HIV (AIDS) testing/treatment: Initials: _____
Sexually transmitted disease: Initials: _____

9. This authorization shall expire automatically six (6) months from the date of signature.
I hereby give consent freely and voluntarily and acknowledge the expiration date for the authorization of :

Expiration date not to exceed six (6) months

Signed this _____ day of _____, 20 _____.

(Signature of Offender) _____
(Signature of Witness)

(Signature of Legal Representative/Guardian)