

Department of Public Safety and Correctional Services

Clinical Services & Inmate Health



Operations Manuals

Administration	Medical Records
Chronic Disease Management	Pharmacy Services
Infection Control	Pregnancy Management
Infirmity Care	Sick Call
Inmate Deaths	Substance Abuse
Medical Evaluations	

By signing this cover page, DPSCS officials responsible for the care and treatment of persons confined to their facilities give approval that the policies and procedures, reviewed and updated as needed annually and found herein, formally establish these processes to be acceptable to DPSCS.

Patricia Goins-Johnson, Executive Director Field Support Services

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Date Reviewed	1/2013
	11/2014
	1/2015
	2/20/2016

Department of Public Safety and Correctional Services

Clinical Services & Inmate Health



Medical Records Manual

Date	2/22/2012
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	11/2014
	1/2015
	2/20/2016

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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
OFFICE OF CLINICAL SERVICES/INMATE HEALTH

MEDICAL RECORDS MANUAL

Chapter 1

CONSENT TO TREATMENT

- I. Policy: to establish guidelines for obtaining an informed consent for any and all medical/dental/mental health treatments, a “Consent to Treatment” form shall be completed before any medical/dental/mental health treatment or procedure may be performed. Emergency medical treatment shall be provided with or without consent as necessary for health and well-being of the inmate. **An inmate may not refuse placement/admission to the onsite infirmary, nor can they refuse transfer to another DPSCS medical facility for care. After the transfer is completed, the inmate may refuse care once they are seen by the medical personnel at the receiving site.** If the inmate is a minor, “Consent to Treatment” shall be obtained from the appropriate responsible person authorized to provide such a consent for that minor before any medical procedure is performed.
- II. Procedure:
 - A. A Consent/Refusal of Medical Treatment (Appendix A) shall be signed upon arrival at a facility, and provides for the initial and general ongoing care of the inmate/detainee. The inmate/detainee has the option to refuse care and sign the appropriate section of the form.
 - B. Consent to Treatment (Appendix B) shall be completed when a minor requires medical attention. If the treatment is in response to a medical emergency, treatment shall be provided with or without consent.
 1. If the minor is married or the parent of a child, any form of treatment shall be provided with the consent of the minor.
 2. If the minor wants specific treatment or advice about: drug abuse, alcoholism, sexually transmitted diseases or pregnancy, any form of treatment shall be provided with the consent of the minor.

3. If the minor needs a physical exam and treatment of injuries from any alleged rape or sexual offence or a physical exam to obtain evidence for same, any form of treatment shall be provided with the consent of the minor.

- C. A Patient consent and Authorization for Dental Treatment (Appendix C) form shall be obtained when an inmate requires dental treatment.
- D. A Patient Consent and Authorization for Oral Surgery (Appendix D) form shall be obtained when an inmate requires dental surgical/treatment.
- E. Consent for Chronic Hemodialysis (Appendix E) form shall be completed when an inmate requires hemodialysis at an institution. This consent need only be signed at the beginning of the hemodialysis treatment(s) and shall be in effect as long as the inmate requires this service. In the event that the service is discontinued for any reason, a new consent will be needed to reinstitute the treatment.
- F. Consent to Transfusion of Blood/Blood Products (Appendix F) form shall be completed when a transfusion of blood or blood products is deemed necessary.
- G. Consent to Mental Health Care/Treatment (Appendix G) form shall be completed in accordance with Mental Health Policies and Procedures.
- H. Consent for Psychological Evaluation (Appendix H) shall be completed in accordance with Mental Health Policies and Procedures.

III. Reference:

- A. HG 20-102 © and 20-104 (a)
- B. MCCS- Maryland Commission on Correctional Standards. 02.L
- C. Maryland Hospital Association, Inc., Guidelines for Implementation of SB584, Confidentiality of Medical Records
- D. National Commission on Correctional Health Care Standards for Health Services in Prison, Section P-64 and P-65 Medical-Legal Issues
- E. MD Health—General Code Ann. Section 20-102

IV. Rescissions: DPSCS 130-600-601

V. Date Issued: October 15, 2007

Date Reviewed: October 1, 2009
December 2010
March 30, 2011
October 12, 2011
October 12, 2012
May 23, 2013

October 17, 2014
December 2015

APPENDIX A

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES CONSENT/REFUSAL OF MEDICAL TREATMENT

Patient's Name (printed) _____ DOC# _____

Date of Birth: _____

I, _____, hereby authorize the Department of Public Safety and Corrections to provide me appropriate medical care. This care may include, but is not limited to physical and mental health assessments, obtaining vital signs, weight, and specimens such as urine, blood and sputum, and age-appropriate preventive health testing. Specimens may be tested for pregnancy, STD's, medical conditions and communicable diseases including HIV. I consent to be tested for HIV unless specifically stated below:

I sign this form willingly and voluntarily with full understanding of the above and with the knowledge that it can be retracted at any time. This form does not replace any future consent forms for specific treatment and/ or interventions.

Signature of Patient Witness

Date and Time Facility

Signature of parent or person authorized to consent for patient, if patient is a minor, incompetent or unable to sign consent form. This shall be witnessed by two adults.

Signature of Parent or Guardian Witness One

Witness Two Date and Time

****NOTE: Tests for Syphilis, Tuberculosis, and Gonorrhea may NOT be refused.
Pregnancy Screening for Females may NOT be refused!**

REFUSAL OF SERVICES:

I, _____, have been informed by medical personnel of the necessary medical procedures. Against medical advice at this time, I refuse to have the following done:

☐ Physical examination

☐ Urine

☐ Test for
HIV

☐ Other

Signature of Patient Witness One

Date and Time Facility

Appendix B

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

CONSENT TO SPECIFIC TREATMENT

PATIENT'S NAME: _____ DOC# _____, _____,

I hereby authorize _____ (Name of Health Care Provider) or
designee and assistants to perform the following operation, procedure or treatment:

(Name and Description of Procedure)

1. The nature and extent of the intended procedure or treatment has been explained to me in detail.
2. I have been advised by _____ of the following alternatives,
(Name of Health Care Provider)
probable consequences, risks and possible complications as indicated:
_____.
3. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.
4. I have been advised during the course of this operative procedure or treatment that conditions unknown prior to the operation, procedure or treatment may be revealed which necessitate or make advisable an extension of the original procedure or a different procedure than referred to in Paragraph #1.
5. I freely consent to the administration of such anesthetics, intravenous therapy, medication, or other therapeutic technique as may, in the exercise of sound professional judgment, be deemed advisable.
6. Any tissue or other item surgically removed may be disposed of in accordance with the usual custom or practice.

I sign this willingly and voluntarily full with understanding of the above, and in so doing I release _____ its directors and officers, staff employees, agents and
(Name of Health Care Provider)
physicians from any and all liability which may arise from this action, whether or not
foreseen at present.

SIGNATURE OF PATIENT

DATE AND TIME

WITNESS: _____

DATE/TIME:

Signature of parent or person authorized to consent for patient, if patient is a minor, incompetent or unable to sign consent form. This shall be witnessed by two adults.

SIGNATURE

WITNESS

WITNESS

DATE AND TIME

Appendix C

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

ORAL HEALTH CARE PROGRAM

PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

PATIENT'S NAME: _____ DOC # _____

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.
2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.
3. I consent to the use of local anesthetics or other medications and their side effects, including allergic reactions, have been explained to me.
4. I have had the opportunity to ask questions which have been answered to my satisfaction.
5. I understand there is no guarantee or success or permanence of the treatment.

PATIENT'S SIGNATURE

DATE

DENTIST'S SIGNATURE

DATE

Appendix D

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

PATIENT CONSENT AND AUTHORIZATION FOR ORAL SURGERY

PATIENT'S NAME: _____ DOC # _____

1. I have had explained to me the risks and complications of oral surgery including swelling, bleeding, pain, loss of tooth parts or fillings, bone fragments, sinus involvement, infection, jaw fractures, temporary or permanent numbness or tingling of the lip, tongue, skin, gums, cheek or teeth. Some complications may require further treatment and/or surgery.
2. I consent to the use of local anesthetics or other medications and their side effects, including allergic reactions, have been explained to me.
3. I have had the opportunity to ask questions which have been answered to my satisfaction.
4. I understand there is no guarantee or success or permanence of the treatment.
5. I authorize the disposal of any tissues which, in the course of treatment, may be removed.

SPECIFIC TREATMENT

TOOTH #	PROCEDURE	DATE

PATIENT'S SIGNATURE

DATE _____

DENTIST'S SIGNATURE

DATE _____

Appendix E

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

CONSENT FOR CHRONIC HEMODIALYSIS

NAME: _____ DOC# _____ DATE _____ AND TIME: _____

1. I have been made aware that I suffer from kidney failure; a condition in which my kidneys do not function as they should in removing impurities and fluids from my blood.
2. The procedure necessary to treat my condition has been explained to me by Doctor _____, and I understand the nature of the procedure to be as follows:

Hemodialysis (artificial kidney treatment) involves the passage of the patient's blood from his/her circulatory system into the dialysis machine where it is circulated through a device which acts to remove certain impurities and excess fluids from the blood.

3. I have been made aware of certain risks and consequences that may be associated with the hemodialysis procedure. Among others, these are:
 - a. The possibility of contamination of blood with various bacteria or germs, which can result in a blood stream infection. Though usually treatable with antibiotics, it is potentially serious.
 - b. The possibility of excess bleeding occurring within the body as a result of clotting problems of the blood, or externally due to disconnection of the bloodline.
 - c. The possibility of contracting other infectious diseases such as: Viral Hepatitis Type B and infections of the puncture site or fistula/graft which may enter the blood stream.
 - d. The potential hazard of air embolism forming in which air enters the machine and thereby gets into the patient's blood stream, leading to serious complications which may be life threatening or result in paralysis. The machine has protection against air embolism.
 - e. The possibilities of irregular heartbeats, headaches, decrease in blood pressure, and mild confusion resulting from certain chemical shifts and imbalance occurring within the patient's body.

- f. Although infrequent and a remote risk, there is the possibility of a reaction to medications given during the dialysis treatment which may result in adverse effects ranging from mild to potentially life threatening reactions.
4. I am aware that a long-term program of chronic maintenance hemodialysis will not cure my kidney disease. It is, rather, offered a substitute to carry out some of the functions that the kidneys are no longer able to perform.
5. I understand that it is necessary for the chronic hemodialysis patient to follow certain dietary restrictions regarding his/her intake of various substances. It is my responsibility to follow the restrictions given by the dietary personnel in order to avoid the various complications resulting from dietary indiscretion. I also understand the importance of adhering to the regimen of medication as prescribed by my physician and I will follow it exactly.
6. I am aware that laboratory work will be done periodically to assess my progress and will include hepatitis and HIV testing.
7. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees, expressed or implied, of a successful outcome have been given to me by anyone with regard to these treatments, and that certain discomforts and persisting symptoms may be expected.
7. I will immediately notify my tier officer/health care professionals of any adverse reactions or problems I may have with regard to these treatments.
8. **I HEREBY ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ TO AND UNDERSTAND THE FOREGOING, THAT I HAVE ASKED WHATEVER QUESTIONS I HAVE REGARDING THE PROPOSED TREATMENTS AND THAT IF I HAVE ANY FURTHER QUESTIONS DURING THE COURSE OF TREATMENT, WILL ASK THEM. I HEREBY CONSENT TO DOCTOR _____ AND/OR SUCH ASSISTANTS AS MAY BE SELECTED BY HIM TO ANY CARE OR TREATMENT CONSIDERED NECESSARY DUE TO COMPLICATIONS WHICH MAY DEVELOP.**

PATIENT'S SIGNATURE

WITNESS

DATE

Appendix F

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

CONSENT TO TRANSFUSION OF BLOOD/BLOOD PRODUCTS

NAME: _____ DOC# _____ INST. _____

Dr. _____ has explained to me that I need/may need a transfusion of blood/blood products for the following reason:

The Doctor has explained to me in general what a transfusion is and the procedures that will be used. The doctor has also explained to me that there are possible risks involved with the blood transfusion including, but not limited to, infectious hepatitis, unexpected transfusion reactions, and Acquired Immune Deficiency Syndrome (AIDS). I understand these risks exist even though the blood has been carefully tested. The doctor has also explained alternatives to random donor blood, to include Autologous Donation, Directed Donation, Hemodilution, and Intra-operative/Post-operative Blood Salvage.

The doctor explained to me that I may refuse to have the blood transfusion. I permit the doctor, or such other doctors or persons as may be needed to assist him, to give me the transfusion and such additional transfusions that may be deemed advisable. No guarantees have been made to me about the outcome of the transfusions or the fitness or quality of the blood to be used.

PATIENT'S SIGNATURE

DATE AND TIME (a.m. /p.m.)

WITNESS

DATE AND TIME (a.m. /p.m.)

The patient is unable to consent (and therefore requires the consent of another) because:

I therefore consent for the patient.

SIGNATURE

(Relationship to Patient)

WITNESS
/p.m.)

DATE AND TIME (a.m.

I declare that I have personally explained the above information to the patient or the patient's representative.

Physician's Signature

WITNESS

DATE AND TIME

(a.m. / p.m.)

Appendix G

MENTAL HEALTH INFORMED CONSENT

Institution _____

Program _____

Inmate Name _____ ID # _____

Type of Service _____ DATE _____

I acknowledge that I have had the nature of the offered mental health services explained to me and that I understand the benefits and side effects (if any) of the prescribed treatment. I understand that I have the right to refuse this service. I fully understand that the results of these services shall be shared with employees of DPSCS who have a need to know for decision-making purposes. I also understand that the confidentiality of this service is governed by the provisions of Maryland Annotated Code, Courts and Judicial Proceedings Article, § 9-109. Under these provisions, disclosure of mental health information without written authorization is permitted under certain circumstances including the following:

1. Confidentiality does not apply if the service provider becomes aware of a threat to institutional security.
2. Confidentiality may not be honored if the service provider becomes aware of the inmate's intent to harm him or herself or another person.
3. Confidentiality will not be honored if the service provider has reason to believe that there has been suspected or actual child abuse, which is not presently managed by the Department of Social Services or other appropriate agency.
4. Confidentiality may not be honored if the inmate or his/her representative raises the inmate's mental status as a question or issue in legal proceedings.
1. Confidentiality shall not be honored in court ordered evaluations.
2. Confidentiality shall not be honored for the purpose of clinical supervision or quality assurance.

I have been informed and understand the limitations of confidentiality.

Inmate Signature _____ Date: _____

I agree to participate in this service despite the limits of confidentiality set out above.

Inmate Signature _____ Date _____

Practitioner _____ Date _____ Supervisor initials: _____ Date: _____

Appendix H
INFORMED CONSENT
Psychological Evaluation

Institution _____

Program _____

Inmate Name _____ ID # _____

Type of Service _____ DATE _____

I acknowledge that the purpose of this current evaluation is to assist with an administrative decision by employees of the Department of Public Safety and Correctional Services (DPSCS). I fully understand that results of this evaluation shall be shared with employees of DPSCS who have a need to know for decision-making purposes.

I acknowledge that I have had the nature of the offered mental health services explained to me. I understand that I have the right to refuse this service. I also understand that the confidentiality of this service is governed by the provisions of Maryland Annotated Code, Courts and Judicial Proceedings Article, § 9-109. Under these provisions, disclosure of mental health information without written authorization is permitted under certain circumstances including the following:

1. Confidentiality does not apply if the service provider becomes aware of a threat to institutional security.
2. Confidentiality may not be honored if the service provider becomes aware of the inmate's intent to harm him or herself or another person.
3. Confidentiality will not be honored if the service provider has reason to believe that there has been suspected or actual child abuse, which is not presently managed by the Department of Social Services or other appropriate agency.
4. Confidentiality may not be honored if the inmate or his/her representative raises the inmate's mental status as a question or issue in legal proceedings.
5. Confidentiality shall not be honored in court ordered evaluations.
6. Confidentiality shall not be honored for the purpose of clinical supervision or quality assurance.

I have been informed and understand the limitations of confidentiality.

Inmate Signature _____ Date: _____

I agree to participate in this service despite the limits of confidentiality set out above.

Inmate Signature _____ Date _____

Practitioner _____ Date _____ Supervisor initials: ____ Date _____

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
OFFICE OF CLINICAL SERVICES/INMATE HEALTH

MEDICAL RECORDS MANUAL

Chapter 2

MEDICAL RECORDS FORMAT

- I. Policy: The State of Maryland DPSCS will maintain certain paper records as an integral part of the full medical record. The paper aspects of an inmate's file will contain specific documents.
- II. Procedure:
 - A. All medical record information will be maintained in the electronic medical record whenever possible. Medical, mental health, social work, and addictions will use the electronic record format exclusively. Dental, pharmacy, ophthalmology, dialysis, case management, and any other visiting vendors will use the electronic medical record format as appropriate.
 - B. The following documents shall be maintained in paper format in the sections of the record as follows:
 1. Section 1
 - a. Patient Overview (Whenever update, a new one will replace the one currently in the record)
 - b. Original Controlled Substance orders
 - c. Consents to treatment
 - d. Informed consents
 - e. Refusals for care
 - f. Advanced Directives
 - g. DNR (Do Not Resuscitate) forms
 - h. Release for responsibility forms
 - i. Release of information forms
 2. Section 2

- a. The inmate's initial assessment history and physical including receiving and intake forms
 - b. The initial mental health assessment form
 - c. The initial substance abuse screening and assessment forms. (including confirmation of community treatment)
 - d. Immunization Records
 - e. Any receipts signed by the inmate for items such as eyeglasses or other medical equipment
 - f. Any ACA documentation of face-to-face meetings upon transfer into an ACA facility
- 3. Section 3
 - a. Sick Call Slips
- 4. Section 4
 - a. Incoming (non-laboratory and other than psychology or psychiatry, dental or ophthalmology) information from off site visits
 - b. Incoming off-site consults (other than psychology or psychiatry, dental or ophthalmology)
 - c. Incoming (non-laboratory) emergency room information
 - d. Surgical reports (except dental or ophthalmology)
 - e. All radiology reports except dental or ophthalmology
 - f. Pathology reports
 - g. Pap smear/other GYN screening reports
 - h. Transfusion reports
 - i. Other laboratory as appropriate
 - j. Any medical record (except substance abuse) received from the community
- 5. Section 5
 - a. Dental visit reports
 - b. Oral surgery reports
 - c. Dental record summaries
 - d. Dental x-rays/Panorex records

6. Section 6

- a. Ophthalmology reports
- b. Optometry reports including consults, visits made outside of the facilities
- c. Any medical information regarding dialysis procedures not included in the EMR

7. Section 7

- a. Psychology/psychiatry reports made prior to use of electronic record
- b. Psychology/psychiatry reports (other including consults, visits made outside the facilities)

8. Section 8

- a. Medication Administration Records

III. References: None

IV. Rescissions: DCD 130-600 issued 6/1/2007

V. Date Issued: February 26, 2008

Date Reviewed: October 1, 2009
December 7, 2010
October 12, 2011
October 31, 2012
October 2013
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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
OFFICE OF CLINICAL SERVICES/INMATE HEALTH
MEDICAL RECORDS MANUAL

Chapter 3

TRANSFER OF INMATE HEALTH RECORDS

- I. Policy: The transfer of inmates' health records within the Department of Public Safety and Correctional Services (DPSCS) shall be accomplished in accordance with established procedures. Electronic health Records (EHR) should be available to health care staff regardless of the location (within DPSCS) of the inmate to ensure continuity of care.
- II. Procedure:
 - A. The health records of inmates transferred to a DPSCS facility shall be reviewed by licensed nursing personnel. When indicated, consultation with a physician will take place.
 1. Health Records will be reviewed within four (4) hours of receipt by medical personnel for routine transfers, and
 2. Within one (1) hour of receipt for those inmates' records with an M-2 coding on the transfer list. (See Section (D)(4)(a);page 3 of this policy)
 - B. Medical staff shall review the inmate's health record(s) for the following:
 1. The availability of a current DPSCS Health Care Services Transfer Screening Form.
 2. The medical intake forms to ensure that a complete medical intake evaluation has been conducted.
 3. Physician's orders to ensure that they have been processed for:
 - a. Placement in the proper chronic care clinic if indicated;
 - b. Initiation of follow-up referrals;
 - c. Continuity of medication orders; and
 - d. Completion of consultations.

4. Determination regarding a need for a medical diet, and that it has been ordered as well as still being indicated.
 5. Identification of any communicable diseases needing isolation, prophylaxis, and/or treatment interventions.
 6. A suicide review, alcohol and chemical drug abuse history review, and the initiation of mental health referrals when indicated.
- C. If an inmate does not have a health record accompanying him/her or if an intake medical evaluation has not been conducted, a medical intake evaluation shall be initiated and completed in accordance with established procedures.
- D. For persons transferring within DPSCS but to a different facility, the following shall take place:
1. Inmates identified by the institutional operational department as being on the transfer list on any given day shall have their health record(s) evaluated by the medical staff.
 2. All incomplete filing shall be collected, including the latest MAR sheet and filed in the health record prior to transfer.
 3. The current health record and any other volumes of the health record, as indicated on a red alert sticker on the front of the medical record, shall be obtained.
 4. A Transfer Screening Form shall be completed in EHR. If an inmate has several volumes of a health record, the number of volumes shall be indicated on the appropriate line.
 - a. The following Medical Codes will be used in describing the inmate's condition on transfer:
 - i. O- Healthy
 - ii. M-1-Stable Chronic Medical/Mental Illness
 - iii. M-2- Unstable Chronic Medical/Mental Illness—refer to regional infirmary for further evaluation
 - b. If the inmate being transferred is going to need immediate medical attention upon arriving at the transfer institution, medical staff will

highlight M-2 under the Risk Stratification section of the Transfer Screening Form in the EHR.

- c. The Court/Transfer Record shall be completed, signed and dated by the medical records clerk.
 - d. The health records of all inmates being transferred to the same institution shall be placed in a large Uniflex security tape plastic envelope.
 - i. After ensuring that all health records of the transferred inmates have been placed in the security tape plastic envelope, the medical records clerk shall secure the security tape.
 - e. Completed transfer envelopes with health files shall be taken to the designated units of the institution for transfer.
 - i. The transporting officer shall sign and date the court transfer record and he/she shall send one copy back to the Medical Records Department of the sending institution.
 - f. Health records of the transferred inmates shall be delivered to the Medical Department by the transporting officer.
 - i. The medical staff shall sign and date the court transfer record and document the transfer in the electronic health record.
 - ii. One copy shall be given to the transporting officer and the original copy is maintained at the receiving Medical Department to be forwarded to the Medical Records Department.
 - g. After the record review has been completed, the most current volume of the inmate's health record shall be placed in the active file, and all other volumes placed in the inactive file. All volumes shall contain the red alert sticker noting the number of volumes.
- E. For persons transferring within DPSCS but to a different jurisdiction, the following shall take place:
- 1. Nursing staff will review all health records of inmates scheduled for transfer to a jurisdiction not under the authority of DPSCS for a period of time exceeding one day.

2. The medical provider will provide the DPSCS facility with a written assessment of the inmate's active medical problems within 24 hours of notification that an inmate transfer to another jurisdiction is anticipated.

III. References:

- A. MCCS Standards .08E
- B. Baltimore Lorman Business Center, Inc. Confidentiality of Medical Records
- C. Health General Article, 4-302, ACM
- D. Standards for Health Services in Prisons—2008 National Commission on Correctional Health Care

IV. Rescissions: DCD 130-100, Sect. 122-Transfer Screening dated
September 11, 1992

DPSCSD 130-600, Sect. 620-Transfer of Inmate Medical Records
Dated September 15, 1998

V. Date Issued: October 15, 2007

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October 12, 2011

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December 2014

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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
OFFICE OF CLINICAL SERVICES/INMATE HEALTH

MEDICAL RECORDS MANUAL

Chapter 4

ACCESS TO INMATE MEDICAL RECORDS AND CONSENT FOR
RELEASE OF INFORMATION

- I. Policy: Access to inmate medical records shall be in compliance with applicable state laws, national health care standards and Department of Public Safety and Correctional Services policy and procedures directives. The methods used to gain access shall be strictly controlled.
- II. Procedure:
 - A. Medical staff shall ensure that institutional medical records are kept in a secure area accessible to authorized personnel requiring the records in the regular performance of their duties. The medical file which includes the electronic medical record (EMR) shall include all medical records.
 1. Access to medical records shall be unrestricted for the following persons or groups:
 - a. On-site physicians and specialists
 - b. Dentist
 - c. Psychiatrists
 - d. Psychologist
 - e. Physician assistants
 - f. Nursing Staff
 - g. Medical records personnel
 - h. Office of Clinical Services/Inmate Health Staff
 - i. Social Workers
 - j. Substance abuse counseling staff
 2. The persons listed below shall have access to medical records on a need to know by request, and shall be required to sign out the records and ensure

their prompt return, or view the records using EMR with the assistance of staff from the medical records department/or medical personnel:

- a. Warden of the institution
 - b. Investigative unit staff; and
 - c. Interagency staff (i.e. Department of Health and Mental Hygiene and Maryland Commission on Correctional Standards).
3. It is expected that the medical information obtained will be limited to the area of investigation and not otherwise shared or transferred.
 4. Requests to review and/or provide copies of part or all of a medical record shall be submitted to the medical records department supervisor in writing.
 5. Copies of medical records received shall not be placed in the inmate's base file, except in the case of dietary physical summary reports, which shall be limited to a statement regarding clearance/non-clearance for kitchen duties.
- B. Supervised and/or limited access shall also be provided to the following groups as named below after a request to review, or to be briefed on specific areas of a medical record where they shall demonstrate a need to know. These persons will be provided those portions of the records needed upon written request to the supervisor for medical records in the facility where the request is being made.
1. Case Management department
 2. Staff designated by the warden (i.e. investigate officers);
 3. Staff of the Maryland Parole Commission
- C. An inmate or his/her designee may review his/her medical record or obtain a photocopy by sending a request in writing to the medical records department supervisor under the following conditions:
1. Request for psychology files shall be made to the psychology department supervisor.
 - a. Allotted time for review of a medical review shall be thirty to forty-five minutes per session.
 - b. A psychologist will be available on site to respond to any questions presented by the inmate reviewing his/her file.

- c. Reviews and copies requested can occur no more frequently than every six months and any subsequent reviews and copies made shall include only that information that was added since the previous review.
 - d. In those cases where access is denied, a written explanation shall be provided by the psychologist for the inmate.
 - 2. An inmate, or a person designated by the inmate, may see or receive a copy of his/her medical record except when the DPSCS Executive Director for Clinical Services believes that the disclosure of the record is medically contraindicated.
 - a. An inmate's designee may receive a copy of the medical record when accompanied by the Authorization to Release Medical Information (see Appendix A) signed by the inmate, or by subpoena.
 - b. An appropriately filed subpoena requires production of documents requested within the time allocated in the subpoena.
 - c. The review shall occur only under the following conditions:
 - i. Allotted time for review of medical review shall be thirty to forty-five minutes per session.
 - ii. A physician, psychiatrist, or mid-level clinician as appropriate will be available on site to respond to any questions presented by the inmate reviewing this file.
 - iii. Reviews and copies can occur no more frequently than every six months and any subsequent reviews and copies made shall include only that information that was added since the previous review.
 - 3. In those cases where access is denied, a written explanation shall be provided.
- D. Disclosure to an inmate shall occur within fifteen (15) working days of receipt of the request.
- 1. If disclosure is expected to extend beyond fifteen (15 working days), the inmate shall be notified of the delay and an estimated new date established.
 - 2. All requests processed shall be documented on the Access to Record Log maintained by the supervisor of the medical records department.

3. The following exceptions shall apply:
 - a. An institutional infirmary patient may not receive a copy of his/her medical record until ten (10) days after discharge from the infirmary.
 - b. The regional medical director may determine that patient access to certain information contained within the file is contraindicated given the patient's current condition.
 - c. The same fees as described below apply to these requests.
- E. An appeal of the denial may be made to the Office of Clinical Services/Inmate Health at the Regional Plaza Office Center where the final authority on the disclosure shall be made.
 1. In cases where release of information to an inmate or designee has been denied, the inmate may appeal such a decision in writing to the DPSCS Executive Director for Clinical Services.
 2. Such an appeal shall be filed by the inmate within ten (10) working days of the denial.
 3. The Office of Clinical Services/Inmate Health shall have ten (10) working days to review and render a decision on the request for the release of information, and that decision shall be binding.
- F. Photocopy fees are waived for any agents of the State, Federal, or Local Law Enforcement agencies with ongoing cooperation relationships with DPSCS (i.e. Department of Education). The following fee schedule shall apply:
 1. Inmate Fee: Photocopy fees are waived for indigent inmates for copies of documents required for court-related activities. Photocopying fees for all other inmates and for documents not related to court activities are established at twenty cents (\$0.20) per page.
 - a. Medical records personnel shall assess the appropriate fee and send it to the Custody division that oversees the inmates' indigent funds and/or the inmates' own funds, whichever is appropriate.
 - b. Inmates requesting files for their court cases shall present evidence of the pending court case that includes a request for a specific set of documents

(such as a particular date of a medical incident or series of treatments that are needed to support the inmate's case).

- c. Unless the court case is for a medical issue or medical issues are to be presented to support the court case, and the medical records supervisor receives documentation to that effect, records will not be supplied.
 2. Recognizing the role of the Legal Aid Bureau in the provision of inmate legal services, the photocopying fee for this agency is twenty cents (\$0.20) per page.
 3. Other requestors such as attorneys or representatives from advocate groups shall pay the standard photocopying fee for all other requestors and that fee shall include a fifteen (\$15.00) preparation fee; a fee of fifty cents (\$0.50) per page copied; and the actual cost of postage and handling of the medical record.
 4. Regardless of the relationship to the inmate, no documents will be provided until a signed and witnessed Release of Information specifying what is to be released by the Inmate is received by the medical records supervisor.
- G. Copies of death records will be provided and released by medical records staff only after receipt of a written request and upon approval from DPSCS Headquarters Administration to the following persons, and only after the receipt of a written request accompanied by a notarized statement; after certifications of proof of client relationship to the deceased; and receipt of copy fees by the medical records supervisor:
1. Court appointed personal representatives.
 2. Insurance companies and/or law firm.
 3. Medical Reports for Court
- H. Inmate medical records shall not be transferred with inmates to court.
1. Inmates transferred to an institution not part of the Division of Correction to await court obligations shall have copies of vital medical information accompany them into the holding institutions
 2. Inmates transferred to other Division of Corrections institutions shall have copies of vital medical information accompany them. If an inmate will be out

of the home institution for longer than twenty-four (24) hours, the original medical record will accompany him/her.

3. The original record or vital medical information shall be transferred with the inmate directly to the medical department in a sealed envelope.

III. References:

- A. Maryland Hospital Association, Inc., Guidelines for Implementation of SV584, Confidentiality of Medical Records 1991
- B. Maryland Commission on Correctional Standards E-8, H-1, H-5
- C. DCD 130-600 Series; DCD 130-4; DCD 75-3;
- D. National Commission on Correctional Health Care Standards for Health Services in Prison, Sections H and I, Health Records
- E. Article Health General, Sections 4-301 through 4-303, ACM
- F. Board of Physician Quality Assurance news—Board Advocates Charges for Medical Records, 10/1/94.

- IV. Rescissions: DCD 130-600, Medical Records-Access to Medical Records, July 1, 1995. Medical Records manual, Chapter 4.

- V. Date Issued: October 15, 2007
Date Revised: June 20 2008
April 17, 2009
December 7, 2010
Date Reviewed: September 2011
Date Reviewed: July 2013
Date Reviewed: December 2014
Date Reviewed: December 2015

Appendix A

**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
REQUEST AND AUTHORIZATION TO RELEASE INFORMATION**

Provider Request for Records Classification: ☐ Routine ☐ Urgent

PURPOSE: To Authorize the Department of Public Safety and Correctional Services to Request and Receive, and/or Disclose the individual's Health Information.

I, _____
(Last Name, First Name, Middle - AKA)

Social Security # Date of Birth (SID/DOC/Federal #)

(Street Address) (City) (State/Zip)

Hereby consent to disclose my specified Health information:

FROM (Sending Facility) **TO (Receiving Facility/Person)**

Treatment Dates: _____

☐ History and Physical ☐ Laboratory Reports ☐ Consultation
☐ Mental Health ☐ Imaging reports ☐ Other: _____

Purpose of the Disclosure: _____

This authorization is valid for one year and will expire one (1) year from the date signed below unless otherwise indicated on: _____ / _____ / **20**_____.

I understand:

- **This authorization is voluntary.**
- **I may revoke this authorization at any time by giving written notice of revocation.**
- **There may be a charge for copying and handling my request and that all fees will be in compliance with the applicable State guidelines.**
- **That once information covered by this authorization has been disclosed, re-disclosure of the information by that recipient is possible and the information may no longer be protected by the Federal regulations.**
- **Have read and understand the contents of this authorization, and I give my permission to request and receive, use, and disclose my health information.**

Patient or Personal Representative Signature

Date

Witness

Date

DPSCS Form OTS 130-500-1

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
OFFICE OF CLINICAL SERVICES/INMATE HEALTH

MEDICAL RECORDS MANUAL

Chapter 5

STORAGE AND RETRIEVAL OF MEDICAL RECORD AFTER RELEASE
FROM DPSCS

- I. Policy: The Department of Public Safety and Corrections Services (DPSCS) will provide storage and retrieval of inmates' medical records before and after release as well as the maintenance, confidentiality and organization of those records during their incarceration and after the inmate is released.
- II. Procedure:
 - A. When an inmate is released from mandatory supervision, paroled, or court released, his or her medical record shall be removed from the green folder in the following order:
 - 1. The sixth section shall be last, the fifth section on top of the sixth section, fourth section shall be placed on top.
 - 2. The identification sheet shall be placed on the top followed by the Medical Record Summary (Appendix A) using the form titled Medical Records Summary.
 - 3. The record shall then be secured with a metal fastener and placed in a sealed manila envelope. The inmate's name, DOC number, and release date shall be noted on the outside of the manila envelope.
 - 4. The manila envelope shall be forwarded to the Case Management Department of the institution from which the inmate was released within two weeks following the actual release.
 - 5. The manila envelope shall be placed with the inmate's base file for storage purposes.

6. The Medical Records Department shall maintain a dated log of all released inmate medical records as they are sent to the Case Management Department.
- B. The electronic medical record (EMR) has a field in the patient demographic section that indicates whether or not the record is active or inactive. That field is updated through an electronic feed from the Offender Case Management System (OCMS) system of inmate records. No further action is necessary on the part of the Medical Records Department regarding EMR.
 - C. To retrieve a record that has been stored, proper requests for copies of the inmates' medical record shall be received in the Medical Records Department.
 1. The medical records clerk shall notify the Case Management Department and request that the records be sent to the Medical Records Department.
 2. The medical records clerk shall include, in writing, the following information in making the request:
 - a. The released inmate's full name;
 - b. The released inmate's DPSCS identification number;
 - c. The date and nature of the release, i.e., mandatory, parole, court ordered, etc.
 3. Documentation of the Medical Records Department request (receiving dates and returning dates) of the medical record shall be noted and logged , and in the Medical Records Department.
 4. Requested medical records shall be forwarded to the Medical Records Department by the Case Management Department within three (3) working days provided that the inmates release date is within the previous two years.
 - a. If the inmates release date is longer than the previous two years prior to the request for retrieval, the record has been stored at the State Hall of Records, and will not be available for eight to fourteen working days.
 - b. When records are received from the Hall of Records, the case management staff will forward them to the Medical Records Department and the return process described in E. below be observed.

- D. The requestor should be notified that the EMR is always available, and advised to use this as a means to the record if the requestor is and EMR registered user.
- E. Upon completion of the copy process by the Medical Records Department, the medical record shall be re-sealed in the manila envelope in the order enumerated above and returned to the Case Management Department for re-storage in the inmate's base file.
- F. Retrieved medical records shall become a part of the inmate's current medical record and will be marked with a red alert sticker according to the number of volumes. The current (active) medical record shall also be marked with the red alert sticker noting the volumes in the new (current) medical record.

III. References: None

IV. Rescissions: DPSCS 130-600-640 Storage and Retrieval of Medical Records after Release from DPSCS (September 15, 1998)

V. Date Issued: October 15, 2007

Date Reviewed: October 1, 2009
October 29, 2010
October 12, 2011
October 16, 2012
October 2013
November 7, 2014
December 2015

Maryland Division of Correction
Continuity of Care - Medical Record Summary

I. Patient Identification:

NAME: _____ AKA: _____

Birth date: _____ SSN: _____

Last Known Address: _____
_____II. Major Health Problems (Include medical and psychiatric diagnoses, allergies, and other pertinent areas noted on the problem list): _____

_____II. Treatment Plan (Include, at a minimum, medications, treatments, and follow up needs):

III. The following laboratory tests and/or radiological studies were done while you were in the Maryland Division of Correction and are abnormal. Since this could mean a significant health problem, we advise you to take this form to your family doctor or nearby health center for follow-up:

Lab or Radiological Test	Date Performed	Results

Signature: _____ Date: _____

Printed Name: _____

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
OFFICE OF CLINICAL SERVICES/INMATE HEALTH

MEDICAL RECORDS MANUAL

Chapter 6

MISPLACED MEDICAL RECORD

- I. Policy: Each inmate in the Department of Public Safety and Correctional Services (DPSCS) has a medical record that shall be maintained by medical records staff in the facility where the inmate is housed, following him or her to any other DPSCS facility to which he or she might be transferred. If for any reason, that record cannot be located for a period of seven days (one week), a temporary medical record will be created and used until the original can be found, at which time the temporary record will be incorporated into the permanent record.
- II. Procedure:
 - A. When it has been determined that an inmate's original medical record cannot be located, the EMR system will serve as the medical record and shall be queried to determine any information that might lead to the inmate's movements that may have impacted his or her medical record location.
 - B. Each and every file cabinet or shelf in the Medical Records Department shall be searched in the event that the record has been misfiled. This will take place on the day the record has been found to be missing.
 - C. All surrounding areas near the Medical Records Department and/or any place that records might be stored shall be searched as well.
 - D. Institutions in the service delivery area shall be contacted and asked to search their files for the missing record.
 - E. OBSCIS will be searched to determine if the inmate was transferred to court or to another facility without notification to the Medical Records Department.
 - F. If the above steps have not uncovered the missing record within seven days, the following steps shall be taken:

1. A temporary medical record shall be generated with the inmate's name and DPSCS number on the tab of a green folder. The record shall be labeled clearly: "TEMPORARY".
2. New forms shall be placed in the proper sections of the newly created record. All loose filing shall be placed in the newly created record in the appropriate sections of the file.
3. The inmate shall be called to the medical area to have a new history and physical completed, recorded on a progress note and placed in the appropriate section of the record.
4. The temporary record shall remain in existence until the original record is located, at which time, the temporary file shall be incorporated into the original medical record.

III. References:

- A. MCCS Standards .02F, .02G, .08A, .08E
- B. Baltimore Lorman Business Center, Inc.
Confidentiality of Medical Records

IV. Rescissions: DPSCS 130-600-650 Misplaced Medical Record

V. Date Issued: October 15, 2007

Date Reviewed: October 1, 2009
October 29, 2010
October 12, 2011
October 16, 2012
October 2013
December 2015