

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER H-01	PAGE NUMBER 1 of 11 plus attachments
	RELATED NCCHC/ACA STANDARDS: P-H-01 (Essential); P-H-02 (Essential); P-H-03 (Important); P-H-04 (Important); P-E-09 (Essential) 4-4413; 4-4414; 4-4415; 1-HC-3A-03 (Mandatory); 1-HC-4A-06	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: HEALTH RECORD	
EFFECTIVE DATE: 11/19/07 REVISED: 4/13/09; 8/13/10, 4/6/11, 8/29/16		
APPROVED FOR PUBLIC RELEASE		

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: To standardize the recording of health information of offenders while incarcerated in a Delaware Department of Correction (DDOC) facility; ensure confidentiality of the health record contents and to ensure availability of the record to those with a legitimate need to review the record.
- III. APPLICABILITY: All DDOC employees and Contracted Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. DEFINITIONS: See glossary
- V. SUMMARY OF CHANGES:
- A. This policy contains significant updates and must be reviewed in its entirety. This policy incorporates: 11-A-08, *Communication of Special Needs Patients*, 11-A-11.1, *Inquiries, Complaints and Records Requests from Attorneys, Families or Advocacy Agencies Concerning Medical Care*; 11-H-01.1, *DACS EHR iCHRT Module Business Rules*; 11-H-2, *Confidentiality of Health Records and Information*; 11 H-3, *Access to Custody Information*; 11-H-4, *Availability and Use of Health Records*; 11-H-5, *Offender/Patient Access to Health Records*. These incorporated policies are rescinded.
 - B. Any requests for copies of medical records will be responded to with electronic versions only.
 - C. Add clarification for Telemedicine, e-Consultations and Dental x-ray images.
- VI. POLICY:
- A. It is the policy of the DDOC that as a condition of employment, all medical, behavioral health, and dental personnel must be willing and able to document the

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care provided to offenders in the DDOC Electronic Medical Record (iCHRT) to the maximum extent possible.

1. While the iCHRT is in development through serial segments, the paper health record shall continue to be used to document the care of those modules not yet developed. However, as the segments of the iCHRT are implemented and training provided to the staffs the expanded use of the iCHRT is mandatory.
 2. As the iCHRT is implemented the paper record containing the previous documentation shall be maintained at the site during the offender's incarceration and then archived in accordance with the DDOC Record Retention Schedule.
- B. It is the policy of the DDOC that offender health records are maintained separately from offender institutional records. Paper health records must be clearly identified as CONFIDENTIAL with no health information viewable on the outside.
1. Health information is confidential and protected from disclosure to anyone unless there is a need to know while providing care. Access to health information by authorized healthcare staff is limited to that information contained in the health record that is necessary to provide appropriate healthcare, oversight and/or monitoring.
 2. The custody record is available to the treating physician, behavioral health staff and the site Health Services Administrator (HSA) only on a need-to-know basis when information in the custody record is needed for treatment.
 3. All paper health records must be maintained in a locked area accessible only to authorized personnel. Access to the iCHRT will be controlled through controlled permissions upon request to BCHS for access.
- C. It is the policy of the DDOC that the paper health record shall be on-site and available as much as possible to clinicians during Sick Call encounters, Chronic Care Clinic and Preventive Visit encounters and any evaluations that depend on having access to previous health documentation.
1. As the health records may be contained in many volumes, when an offender is transferred among facilities only the latest volume, their medications and any assistive devices are physically transferred with the offender and the previous health record volumes are to be sent by State Courier to the receiving facility within five (5) business days.

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D. It is the policy of the DDOC that offenders shall have supervised visual access to the health record to review their personal health information. A medical and/or behavioral health provider must be present to answer the offender's questions and/or discuss the contents of the health record.

1. Copies of the health record will not be provided to the offender while housed within a DDOC facility unless ordered by the Court.
2. Copies may be obtained by written request by the offender's representative with a completed Release of Medical Information Form (Attachment B) and will be provided in electronic format only.
3. In accordance with the Privacy Rule § 164.524(a)(2)(ii), offenders can be restricted from accessing medical and behavioral health records if there is a therapeutic reason or a safety/security concern to restrict access.

E. It is the policy of DDOC that medical personnel shall keep security personnel adequately informed of any special needs of offenders so that adequate protection and assistance is available as needed.

F. All inquiries and complaints from the Courts, attorneys, family or an advocacy agency that are not part of the Grievance System will be collected and tracked by the Department of Correction Office of Community Relations.

G. The Contracted Medical Provider shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with BCHS.

VII. PROCEDURES

A. Format

1. The DDOC is transitioning from a paper health record to an Electronic Health Record (iCHRT). iCHRT is a module of the Delaware Automated Correction System (DACS). The iCHRT modules are being implemented over time with additional segments being added as developed. As each segment is implemented iChart must be used to document every encounter between an offender and medical, dental and behavioral health personnel.
2. All paper records prior to iCHRT shall be maintained in accordance with DDOC policies and the State of Delaware, Division of Public Archives

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Retention Schedule. Generally, the previous paper documents prior to iCHRT will not be scanned into iCHRT. The two systems; electronic and paper, will continue to be maintained with the paper record closed but available for future reference as needed until such time it shall be archived in accordance with DDOC policies and the State of Delaware, Division of Public Archives Retention Schedule. However, previous documents relevant to the ongoing care, e.g. behavioral health evaluations, pathology reports and consultations of cancer diagnoses, documentation of the need for chronic controlled substances prescriptions, Discharge Summaries from previous hospital admissions, etc. shall be scanned into the Documents section of iCHRT.

B. Contents

1. A health record shall be initiated for an offender in iCHRT at the time of the Intake Screening in Booking and Receiving.
2. The Intake Screening Module documents any previous medical or behavioral health history with emphasis on current substance abuse status and potential withdrawal symptoms, suicide risk and contagious infectious disease in accordance with BCHS policies 11-E-02, *Receiving Screening Intake*. During the Intake Screening the offender's permission to obtain previous medical information is obtained through Release of Medical Information (Attachment B) forms which will be used to query pharmacies and past medical and behavioral health providers.
3. All offenders shall have an initial medical evaluation and preventive health examination within 7 days of entry documented in iCHRT, with documentation of their current health status and a current Problem List.
 - a. When an offender is transferred between facilities within the DDOC system the Transfer-Out and Transfer-In modules of iCHRT shall be reviewed by the RN assigned to Booking and Receiving at Level 5 facilities or the Charge Nurse at Level 4 facilities within 12 hours of

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arrival to ensure continuity of care and reconcile any medical orders, prescriptions, appointments, etc.

4. Offenders with known chronic diseases shall be enrolled into the Chronic Care Clinics in iCHRT with documentation of their periodic office visits and shall have a yearly Preventive Medicine visit in accordance with BCHS policy 11-E-12, *Continuity of Care*. Offenders without known chronic conditions shall have Preventive Medicine encounters periodically depending upon their age in accordance with BCHS policy 11-E-12, *Continuity of Care*.
5. Sick Call Requests and visits are recorded in the Sick Call Module of iCHRT.
6. Orders for prescription items, health status, and durable equipment shall be entered into iCHRT only by privileged providers.
7. Telemedicine reports and Mobile Dental Images
 - a. Telemedicine, e-Consultation reports and all images associated with telemedicine and e-Consultation visits shall be maintained in iCHRT. The Medical Services Contract Provider may maintain copies for invoicing purposes but the reports and images must be stored in iCHRT.
 - b. Digital Dental x-rays obtained in the fixed facilities and the mobile dental unit shall be maintained in iCHRT.
8. Reports of laboratory, imaging, and diagnostic studies shall be immediately scanned into the iCHRT "Documents" section labeled as "Lab and date", example "Lab 5-28-15" or the name of the image and date, example "Chest x-ray 5-28-15" or "CT Brain 5-28-15".
9. All other items such as Release of Medical Information forms for families, attorneys, etc.; Consent forms and Refusal of Medication/Treatment forms; Medical Administration Reports; Hospital Summaries and Specialty Consultation Reports; Special Needs Treatment plans; Immunization records and communicable disease history and testing; and Infirmiry care records or

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summary of care shall be scanned into the iChart as pdf files labeled as what the document is and the date example “Neuro Cons 5-28-15” or “Ortho Cons 5-28-15”.

10. Problem-oriented Subjective-Objective-Assessment-Plan (SOAP) notes shall be used to the greatest extent possible. Every medical order shall be accompanied by an encounter note documenting the reason for the medical order.

11. Nurse Administered Medicine (Med-Pass)

- a. The nurse distributing medicines shall annotate the Medication Administration screen after each offender has been administered their medication.

C. Transfers Between Facilities

1. As the health records may be contained in many volumes, when an offender is transferred among facilities only the latest volume shall be physically transferred with the offender and their medicines on the day of transfer.
2. The HSA shall send the remainder of the paper health record previous volumes by State Courier within five (5) business days after the transfer and log the transfer into the DACS (not iCHRT) Medical File Tracking Module.

D. Confidentiality of Medical Information

1. Active health records (iCHRT) are maintained separately from institutional offender records which are maintained in DACS.
2. Health information is confidential and protected from disclosure to anyone without a need to know basis. Access to health information by authorized healthcare staff is limited to that information contained in the health record that is necessary to provide appropriate healthcare, oversight and/or monitoring.
3. Offender’s Health conditions and treatment progress and/or behavior shall not be disclosed to Correctional Staff unless it is necessary and permitted by law

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and only to the extent required for:

- a. Health and safety of the offender or other individuals,
 - b. Administration and maintenance of the facility,
 - c. Quality improvement relating to health care, or
 - d. Law enforcement purposes.
3. Paper records moving among DDOC facilities shall be in a sealed transportation container marked CONFIDENTIAL HEALTH INFORMATION. Within the sealed container the paper record shall be transported in a plastic bag with the offenders name only with no health information visible.
4. While reasonable efforts shall be made to avoid situations in which health information may be overheard, on occasion for security purposes, correctional officers may observe or overhear health information in the performance of security duties and shall receive training on the preservation of confidentiality of personal health information.
5. Offenders may view their health records under the supervision of the HSA or their designee by submitting a Sick Call Request for the purpose of requesting review their health record. The offender may take notes but will not be given copies of the record. If the offender wishes a copy they must have a representative request the copies as outlined under paragraph VII.F.2.
- a. In accordance with the Privacy Rule § 164.524(a)(2)(ii), offenders may be restricted from accessing medical and behavioral health records if there is a therapeutic reason to restrict access or a safety or security concern.
 - b. The supervising HSA medical or behavioral health provider will control the keyboard and mouse when an offender is viewing the electronic health record (iCHRT).
 - c. Copies of the offender's medical records will not be provided to the

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offender while housed within a DOC facility unless ordered by the Court.

D. Access to Institutional Record Information

1. The custody record is available to the treating physician and the behavioral health staff only when information contained in the custody record may influence treatment, only on a need to know basis and shall be afforded the same principles of confidentiality as personal health information..

E. Communication of High Risk/High Needs Offenders (NCCHC Special Needs Offenders)

1. High Risk/High Needs Offenders are those with conditions such as those registered in any of the Chronic Care Clinics or are elderly, those on dialysis, those physically disabled, those on palliative or hospice care, those on the Mental Health roster, at high risk of suicide or are developmentally disabled.
2. Medical and Behavioral Health staff will attend the Special Needs and Operations and Multi-disciplinary meetings to discuss and to provide information that may impact classification or security decisions concerning the High Risk/High Needs Offender. The information provided will offer security added awareness of the offender's needs without disclosing unnecessary private or medical information.

F. Inquiries

1. The Office of Community Relations is designated as the office that records HIPAA requests for medical information and to whom medical information is sent.
2. All inquiries and complaints from attorneys, family or an advocacy agency that are not part of the Grievance System will be received by, tracked and answered by the Office of Community Relations based upon information provided by the Medical Services or Behavioral Health Services Contract Providers to the Office of Community Relations.

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3. Anyone in BCHS who receives an inquiry from an attorney, family or an advocacy agency may initiate the response process by forwarding the inquiry to the Contract Provider with the offender's name in the subject line with a copy to the Office of Community Relations at DOC_ASKDOC_Mail@state.de.us . The Contract Provider will ensure that a current and properly annotated HIPAA form is on file, and will respond to the inquiry within seven (7) working days to the Office of Community Relations and BCHS. If there is no HIPAA form signed allowing the inquiring party to receive the information the Contract Provider will ask the offender if they wish to sign a HIPPA form releasing the information to the inquiring person.
4. When a request for offender medical records is received, the request is logged in a database maintained by BCHS support staff and forwarded to the proper facility with a copy to the Medical Services Contract Provider Supervisor of Records. The request will include the offender's name, SBI number and nature of chart copy requested. If part of the record has been archived, the BCHS Senior Fiscal Administrator will request the chart from Central Archives. Once the completed chart has been obtained, it is forwarded to the requesting party by either State Courier, OMB Messenger Services for USPS mail, fax, or they may be picked up from BCHS directly.
 - a. Record requests will be responded to with electronic copies only. Medical Records shall be copied onto electronic media by volume number and by tabs within each volume thereby maintaining the chronological order of the record.
5. Charges for records copies
 - a. Record requests made by former offenders, Powers of Attorney, private attorneys or medical facilities other than the Primary Care Physician are chargeable at \$.35 per page for a complete set of records. Once records are received from site, BCHS will calculate the charges and draft an

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invoice to the requestor. The records are released once payment has been received. A copy of the invoice is kept on file.

- b. If only specific portions of the medical record are requested, an alternative to the \$.35 per page is the BCHS staff will provide a good faith estimate of how long it will take to find the requested documentation based upon an administrative fee per quarter-hour and \$.10 per page.
- c. Record requests from the Primary Care Physician, Courts, Public Defender Office, Department of Justice, Veteran Affairs, Social Security Administration or any other State or Federal Agencies do not carry a charge.
- d. As noted in paragraph VII.C. 5. an offender may have visual access to review personal health information under the supervision of the site HSA medical or behavioral health provider and may take notes of the information in the record.

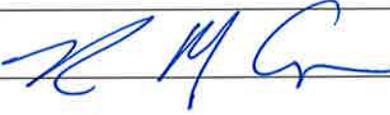
G. ADMINISTRATIVE PROFILES FOR iCHRT ACCESS

1. Administrative profiles will be developed by BCHS in coordination with the DDOC Information Technology (IT) and the Bureau of Management policy 4.7 *Access to Delaware Automated Correction System (DACs)*.
 - a. Permissions will include; View Only, Add Documentation with Signature.
 - b. Only IT personnel will have ability to delete or change documentation in accordance with BMS policy, e.g. a pdf file of a paper document may have been stored under an incorrect SBI number requiring moving the document to under the correct SBI number, or a progress note annotated under an incorrect SBI number may be moved by IT personnel to under the correct SBI number. No DDOC personnel other than IT will have permissions to change or delete documentation.

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2. Change requests for Administrative Profiles for new employees, employees changing positions, or for those leaving employment will be made by the site Health Services Administrator (HSA) to BCHS who will notify IT.

Approval:

Marc D. Richman, Ph.D. BCHS Bureau Chief	Date	Robert Coupe Commissioner	Date
	8/11/16		8/29/2016

Attachment A

Current contact points for initiating an inquiry from attorneys, family or an advocacy agency;

For all inquiries the Office of Community Relations must be included;

DOC_ASKDOC_Mail@state.de.us

Connections:

Jami Jones jjones@connectionscsp.org

Misty May mmay@connectionscsp.org

CorrectRx:

Martin Yankellow myankellow@correctrxpharmacy.com

Updated 8/3/2016



**DELAWARE DEPARTMENT OF CORRECTION
RELEASE OF INFORMATION AUTHORIZATION**

Name: _____ SBI: _____ Date of Birth: _____

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

I am either the patient named above or the patient's legally authorized representative. If signing in a representative capacity, I have attached hereto legal proof of my representative status (e.g., power or attorney, letters testamentary, letters of administration, etc.). By signing this form, I authorize and release the Contract Provider – Connections CSP, the Delaware Department of Correction and their respective employees, officers and agents from liability relating to the release of the following information, including protected health information included in my medical records.

Records released from:	Records released to:
Name/Agency: _____	Name/Agency: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

Information to be released from the Dates: _____ To: _____

Records or Information to be released:

- I authorize the release of all records identified below
 I authorize the release of only those records specifically checked below

<input type="checkbox"/> Admission Records	<input type="checkbox"/> Medical History/Records	<input type="checkbox"/> Mental Health Evaluations
<input type="checkbox"/> Diagnostic Reports	<input type="checkbox"/> Medical Screenings & Assessments	<input type="checkbox"/> Psychiatric Evaluations
<input type="checkbox"/> Discharge Reports	<input type="checkbox"/> Medications (please attach list)	<input type="checkbox"/> Substance Use History & Evaluations
<input type="checkbox"/> HIV Status and Treatment	<input type="checkbox"/> STD Status and Treatment	<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Immunization History	<input type="checkbox"/> Behavioral Health Screenings & Assessments	<input type="checkbox"/> Other (specify): _____

Disclosure is being made for the purpose(s) listed below:

<input type="checkbox"/> Legal	<input type="checkbox"/> Judicial/Courts	<input type="checkbox"/> Medical
<input type="checkbox"/> Insurance	<input type="checkbox"/> Other (Specify): _____	

I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, and/or drug and/or alcohol use. If I have authorized the release of records by checking one or more of the boxes above, you are hereby specifically authorized to release all healthcare information relating to such testing, diagnosis, and/or treatment of the after mentioned conditions. I understand that my records are protected under Federal privacy regulations with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and Federal Regulation governing Confidentiality of Alcohol and Drug Abuse patient Records 42 CFR, Part 2, if applicable. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may disclose it to others, and that any information disclosed by the BCHS Healthcare Provider may no longer be protected by HIPAA. However, federal confidentiality regulations, 42 CFR, Part 2, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or the substance abuse treatment program. I understand medical records cannot be disclosed without the written consent, except as provided for under federal or state law.

This authorization expires and becomes invalid on the following date: _____, or one year from the date of execution if no date is specified, and is subject to revocation by me at any time if provided in writing to the Department of Correction, Bureau of Healthcare Services, except to the extent that disclosure has been made in reliance on this authorization prior to receipt of such revocation. To be valid, notice of revocation must be signed by me and delivered to _____. I understand I am not required to sign this authorization to receive healthcare treatment. I understand that, once information is disclosed pursuant to this Authorization, it is possible that it will no longer be protected by applicable privacy laws and could be re-disclosed by the person or agency that receives it. I do not authorize such secondary disclosure with respect to any records protected by 42 CFR, Part 2. State law provides that a healthcare provider may charge a reasonable fee for these records. Upon the request of the Department of Correction, any personal representative must show documentation of the legal basis for the relationship to the patient prior to any record production.

Signature of patient or authorized representative: _____ Date: _____

AUTHORIZED REPRESENTATIVE'S NAME AND RELATIONSHIP TO PATIENT WHO HAS THE AUTHORITY TO ACT FOR PATIENT:

Printed Name: _____ Relationship: _____

My Signature verifies my refusal in the release of any and all information to the above named individual:

Signature of patient or authorized representative: _____ Date: _____