

CHAPTER: 1100

Inmate Health Services

DEPARTMENT ORDER:

1104 – Inmate Medical Records

OFFICE OF PRIMARY  
RESPONSIBILITY:

MS

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ACCESS

**Contains Restricted Section(s)**

# Arizona Department of Corrections Rehabilitation and Reentry



## Department Order Manual

A handwritten signature in black ink, appearing to read "David Shinn", is written over a horizontal line.

David Shinn, Director

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## **EXPECTED PRACTICES** *[Revision – October 27, 2021]*

American Correctional Association (ACA) Expected Practices: 5-ACI-6A-04, 5-ACI-6C-03 (M), 5-ACI-6D-05, 5-ACI-6D-06, and 5-ACI-6D-07

## **PURPOSE**

This Department Order establishes guidelines for Medical Record services. Inmates have access to records of their own medical care and treatment, and to continuity of medical services when transferred from one place to another.

The Director and other authorized recipients have access to inmate medical history information that has an impact on the administration of the prison system or on the welfare of the inmate population. Although the law requires that authorized recipients of the information keep this information confidential, they may use it to establish precautionary procedures and guidelines for the care, transportation and housing of inmates whose medical histories indicate a need for special management.

References to healthcare professionals (i.e., Medical Services and Mental Health Services) are referring to the Contract Healthcare Provider (CHP) or their subcontractors unless otherwise stated.

## **RESPONSIBILITY**

The Assistant Director for Medical Services shall ensure qualified healthcare professionals (QHCPs) and healthcare staff, as applicable:

- Prepare appropriate documentation regarding inmate health status and deliver it to appropriate transporting staff prior to the transfer of an inmate. Refer to Department Order #705, Inmate Transportation for additional information.
- Review all documentation regarding health status of a received inmate and, when appropriate, evaluate the inmate in a timely manner following arrival.
- Make appropriate documentation entries in the Department Medical Record regarding the transfer of medical information.
- Maintain, retain, transfer and dispose of inmate Medical Records in accordance with this Department Order.
- Release medical information and maintain its confidentiality in accordance with this Department Order.

The Assistant Director for Prison Operations shall ensure appropriate staff:

- Notify healthcare staff, in a timely manner, of the pending arrival/transfer of an inmate within the Department's system or outside of the Department's system.
- Deliver medical documentation from the transporting institution/facility to the unit healthcare staff, and in certain specified cases, ensure the inmate is delivered to the Health Unit for evaluation by the healthcare staff.

## **PROCEDURES**

### **1.0 RELEASE OF MEDICAL INFORMATION TO SPECIFIED DEPARTMENT STAFF**

- 1.1 The principle of confidentiality applies to inmate Medical Records and information about inmate medical status. {5-ACI-6C-03} *[Revision – October 27, 2021: Sections 1.1 thru 1.1.6]*

- 1.1.1 The active Medical Record is maintained separately from the confinement case record.
  - 1.1.2 Access to the Medical Record is in accordance with state and federal law.
  - 1.1.3 To protect and preserve the integrity of the facility, the health authority shares with the Warden, information regarding an inmate's medical management.
  - 1.1.4 The circumstances are specified when correctional staff shall be advised of an inmate's health status. Only that information necessary to preserve the health and safety of an inmate, other inmates, volunteers/visitors, or the correctional staff is provided.
  - 1.1.5 Policy determines how information is provided to correctional/classification staff/volunteers/visitors to address the health needs of the inmate as it relates to housing, program placement, security and transport.
  - 1.1.6 The release of the health information complies with the Health Insurance Portability and Accountability Act (HIPAA), where applicable, in a correctional setting.
- 1.2 Providing Inmate Medical History Information
- 1.2.1 The Contract Healthcare Provider (CHP) shall provide appropriate inmate medical history information to an authorized recipient upon the authorized recipient's request in accordance with this Department Order.
  - 1.2.2 Authorized recipients of the medical information shall request appropriate inmate medical history information from the CHP
- 1.3 Utilization of Inmate Medical History Information – Authorized recipients (Director, Deputy Directors, Assistant Directors, Regional Operations Directors, Wardens and Deputy Wardens) pursuant to Arizona Revised Statute (A.R.S.) §41-1606, to receive inmate medical history information shall utilize the information only for correctional-related purposes, and shall only be disseminated pursuant to A.R.S. §36-666 and §36-667.

## **2.0 INMATE REQUESTS TO REVIEW THEIR MEDICAL RECORD**

- 2.1 Inmates who wish to review their Medical Records shall:
  - 2.1.1 Submit an Inmate Letter, Form 916-1, to Medical Records staff (or to other Medical Services staff designated to perform the Medical Records functions) to request access.
  - 2.1.2 Specify in the Inmate Letter what portions of the Medical Record are included in the request.
- 2.2 The Medical Records staff (or other Medical Services staff designated to perform the medical records functions) shall:
  - 2.2.1 Schedule an appointment for the inmate to review the Medical Record in the presence of healthcare staff.

- 2.2.2 Issue the inmate a pass to allow the inmate to come to the Health Unit for the scheduled appointment.
- 2.2.3 If an inmate's classification and/or housing assignment preclude allowing the inmate to come to the Health Unit (escorted or unescorted) for the appointment, notify the security staff of the appointment.
  - 2.2.3.1 After being advised of the appointment, security staff shall make necessary security arrangements for healthcare staff to safely meet with the inmate at the appropriate location and supervise the inmate's review of the Medical Record.
- 2.2.4 If the review request includes the Mental Health Section of the Medical Record, forward the Mental Health Section to a Qualified Mental Health Professional (QMHP), who shall:
  - 2.2.4.1 Determine whether the inmate's review of the Mental Health Section would be detrimental to his/her condition or treatment.
  - 2.2.4.2 Document the determination in the Progress Notes of the Mental Health Section.
- 2.2.5 If there is no contraindication to the inmate reviewing the Mental Health Section of his/her Medical Record, schedule the inmate to review the Section in the presence of the psychiatrist or licensed psychologist.
- 2.2.6 If review of the Mental Health Section of the Medical Record is contraindicated for the inmate, verbally advise him/her that access to the Mental Health Section has been denied.
- 2.3 Review of Medical Records – Medical Records staff or designee, or in the case of the review of the Mental Health Section of the Medical Record the QMHP, shall ensure:
  - 2.3.1 The inmate complies with the rules governing the medical records review, as contained in the Guidelines for Inmate Medical Records Review, Form 1104-11, and then signs the form where indicated.
  - 2.3.2 The Medical Records provided for the inmate's review remain in plain view on the table, desk or other work surface throughout the review.
  - 2.3.3 The inmate is prohibited from making notations on or alterations to the Medical Record.
    - 2.3.3.1 The inmate shall be allowed to make handwritten notes during the review.
  - 2.3.4 The inmate is afforded a maximum of 45 minutes is to review his/her Medical Record.
- 2.4 Upon the completion of the review, it shall be documented on the Guidelines for Inmate Medical Records Reviews form. The inmate shall be asked to sign the acknowledgment of the review at the bottom of the form.

- 2.4.1 The Section IV of Guidelines for Inmate Medical Records Reviews form shall be completed. This is filed in under the Legal/Administrative tab.
- 2.4.2 If the inmate requires additional time for the review, he/she may:
  - 2.4.2.1 Request an additional review.
  - 2.4.2.2 Review the Medical Record at a date and time that is convenient and does not conflict with staff workload priorities.
  - 2.4.2.3 Reviews are permitted once per quarter. If the inmate needs an additional review due to a litigation issue, the inmate shall submit an Inmate Letter to the Contract Facility Health Administrator explaining the need for additional record reviews.

### 3.0 REQUESTS FOR INMATES TO OBTAIN MEDICAL RECORDS FOR LITIGATION ISSUES

- 3.1 Access to Obtain Copies of the Medical Record – Upon receipt of a subpoena or an Inmate Letter that identifies the specific portions of the Medical Record to be copied, the Medical Record Monitor shall:
  - 3.1.1 Forward the request to the Office of the Attorney General, via Legal Services, for advice as to whether the following requirements have been met in relation to the case:
    - 3.1.1.1 The court has stipulated the inmate may act as his/her own attorney.
    - 3.1.1.2 The request is related to a bona fide lawsuit that has been validly served on the Department or other defendant.
    - 3.1.1.3 The request for discovery has been filed.
    - 3.1.1.4 The Office of the Attorney General has not filed an objection to the production of the records in court.
  - 3.1.2 Upon notification from the Office of the Attorney General that all requirements have been met, ensure the copies of the appropriate portions of the Medical Record are prepared by healthcare staff, who shall give the copies directly to the inmate after the following have been completed:
    - 3.1.2.1 The inmate has signed the Inmate Medical Record Waiver of Liability, Form 1104-8.
    - 3.1.2.2 Healthcare staff members who provided the copies to the inmate sign the Inmate Medical Record Waiver of Liability form, as witnesses to the inmate's signature and file the form in the inmate's Medical Record.
- 3.2 Charges for Copies – The Medical Records Office shall charge the appropriate fee for the information copied from a Medical Record, as follows:
  - 3.2.1 An inmate who is not indigent shall be charged .50 cents for each page.

3.2.1.1 The inmate shall complete the Inmate Request for Withdrawal-External, Form 905-15.

3.2.2 Upon approval, Health and Welfare indigent inmates shall not be charged for copies.

#### 4.0 UNIFORM MEDICAL RECORD SYSTEM

4.1 The Medical Record file (paper and/or electronic) is complete and contain the following items filed in a uniform manner: {5-ACI-6D-05} ***[Revision – October 27, 2021: Sections 4.1 thru 4.3]***

4.1.1 Inmate identification on each sheet

4.1.2 A completed receiving screening form

4.1.3 Medical appraisal data forms

4.1.4 A problem summary list

4.1.5 A record of immunizations

4.1.6 All findings, diagnoses, treatments and dispositions

4.1.7 A record of prescribed medications and their administration records, if applicable

4.1.8 Laboratory, x-ray, and diagnostic studies

4.1.9 The place, date, and time of medical encounters

4.1.10 Medical service reports (for example, emergency department, dental, mental health, telemedicine, or other consultations)

4.1.11 An individualized treatment plan, when applicable

4.1.12 Progress reports

4.1.13 A discharge summary of hospitalization and other termination summaries

4.1.14 A legible signature (include electronic) and the title of the CHP (may use ink, type, or stamp under the signature)

4.1.15 Consent and refusal forms, as applicable

4.1.16 Release of information forms (e.g., Authorization for Release of Protected Health Information, Form 1104-2)

4.2 The methods of recording entries in the records, the forms and format of the records and the procedures for their maintenance and safekeeping are approved by the health authority. The Medical Record is made available to, and is used for documentation by, all practitioners. {5-ACI-6D-05}

4.3 The CHP shall ensure:

4.3.1 Medical Records contain information that is sufficiently detailed to:

- 4.3.1.1 Enable treatment staff to give effective continuing care;
- 4.3.1.2 Determine the course of treatment at any specific time;
- 4.3.1.3 Provide a consultant with adequate information to give an opinion after examination of the inmate/patient and review of the Medical Records;
- 4.3.1.4 Allow another staff member, not familiar with the case, to determine what has transpired in the management of the patient; and
- 4.3.1.5 Enable collection and analysis of statistical data pertaining to delivery of health care.
- 4.3.2 Healthcare staff members do not file material/documents other than those approved in accordance with the Medical Services Technical Manual.
- 4.3.3 All Medical Records of inmates and offenders are maintained in accordance with the Department's Records Retention Schedule.
- 4.4 Medical Records - Check-Out Procedure – Only healthcare staff members shall be authorized to check out records.
  - 4.4.1 An out-guide shall be inserted in place of the record.
  - 4.4.2 A check-out slip shall be attached to the out-guide, containing the following information:
    - 4.4.2.1 Inmate's name and ADCRR number
    - 4.4.2.2 Date the chart is removed
    - 4.4.2.3 Date the chart is to be returned, which shall not be longer than three days following removal
    - 4.4.2.4 Reason for removal
    - 4.4.2.5 Signature of individual removing the record
  - 4.4.3 The individual removing the record shall be responsible for its return within the required time.
  - 4.4.4 Upon replacement of the file, the out-guide and check-out slip shall be removed.
  - 4.4.5 The Medical Records Clerk or designee shall make regular checks, at least weekly, of any overdue records.
- 4.5 Inactive Medical Record files are retained as permanent records in compliance with the legal requirements of the jurisdiction. Medical Record information is transmitted to specific and designated physicians or medical facilities in the community upon the written request or authorization of the inmate. {5-ACI-6D-07} *[Revision - October 27, 2021]*

## 5.0 INITIAL HEALTH ASSESSMENT AND MEDICAL HISTORY

- 5.1 Initial Health Assessment - Healthcare staff shall:



- 5.1.1 Complete an Initial/Inter-Facility Assessment, Form 1101-67, for all inmates upon arrival at a Reception Center or intake facility for violators. The receiving screening form shall become a part of the record at the time of the first medical encounter. {5-ACI-6D-05} ***[Revision - October 27, 2021]***
- 5.1.2 Notify mental health staff of any observation of symptoms of mental illness or of any inmates reporting such symptoms or history.
- 5.2 **Medical History** - A QHCP shall complete a Medical History, Form 1101-29 within 24-hours or arrival of an inmate at a Reception Center or intake facility. In no circumstances shall completion be later than 72-hours after arrival.
  - 5.2.1 Healthcare staff shall notify mental health staff of any observation of symptoms of mental illness or of an inmate reporting such symptoms or history.
- 5.3 **Mental Health Screening** – A QHCP completing an Intake/Inter-Facility Assessment or Medical History who determines from available information or inmate self-report that an inmate has a history of serious mental disorder or mental health treatment shall refer the inmate to mental health staff.
- 5.4 **Transfer**
  - 5.4.1 Upon arrival at an institution from a Reception Center or intake facility, receiving institution healthcare staff shall review the Initial/Inter-Facility Assessment and Medical History forms.
  - 5.4.2 Within 24 hours of arriving from a Reception Center or intake facility, healthcare/mental health staff shall review the inmates' Medical Records to identify any mental health issues.
- 5.5 **Continuous Progress Record, Form 1101-62**
  - 5.5.1 Documentation of all health encounters shall be made using the Subjective Objective Assessment Plan Education (SOAPE) format. (See Glossary of Terms.)
  - 5.5.2 QHCPs shall immediately document when a health encounter is made. Should two QHCPs make encounters with the same inmate about the same condition (e.g., when a nurse refers an inmate from Sick Call to the Doctor's Line), both providers shall complete separate SOAPE documentation.
  - 5.5.3 All SOAPE forms shall be placed in the inmate's Medical Record.
  - 5.5.4 Inmates requiring special consideration shall have their abilities and limitations documented on the Duty/Special Needs Order, Form 1101-60.
  - 5.5.5 A copy of the Duty/Special Needs Order form shall be distributed to Medical Records, the inmate, Institutional File, and the unit Chief of Security.
    - 5.5.5.1 Medical information relating to the diagnosis of the inmate shall not be noted on the Duty/Special Needs Order form.
    - 5.5.5.2 Use of the Duty/Special Needs Order form does not negate the need for proper documentation on the Continued Progress Record, Form 1101-62.

## 5.6 Laboratory, X-Ray, E.K.G. and Other Ancillary Investigation Reports

- 5.6.1 Upon receipt of all laboratory, x-ray, EKG, EEG, or other ancillary investigation reports, the report shall be forwarded to the QHCP who ordered the test.
- 5.6.2 Following review, the QHCP shall sign the report and as indicated by its results, take such other action as is necessary.
- 5.6.3 If the report results show no action is necessary, the report shall be filed in the appropriate section of the inmate's Medical Record.

## 6.0 RECEIPT/TRANSFER OF AN INMATE FROM AND TO A COUNTY JAIL

- 6.1 Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. Inmate medical care records shall be reviewed by the facility's QHCP upon arrival from outside healthcare entities including those from inside the correctional system. {5-ACI-6A-04} **[Revision - October 27, 2021: Sections 6.1 thru 6.4]**
- 6.2 Non-emergency inmate transfers require the following: {5-ACI-6D-06}
  - 6.2.1 Medical Record confidentiality to be maintained
  - 6.2.2 Summaries, originals, or copies of the Medical Record accompany the inmate to the receiving facility. Medical conditions, treatments, and allergies shall be included in the record.
  - 6.2.3 Determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance
  - 6.2.4 Written instructions regarding medication or medical interventions required en route shall be provided to transporting officers separate from the Medical Record
  - 6.2.5 Specific precautions (including standards) to be taken by transportation officers (for example, masks and gloves)
- 6.3 A medical summary sheet is required for all inter- and intra-system transfers to maintain the provisions of continuity of care. Information included does not require a release-of-information form.
- 6.4 Inmates confined within a correctional complex with consolidated medical services do not require medical screening for intra-system transfers. {5-ACI-6D-06}
- 6.5 Upon transfer of an inmate to Department institution, healthcare staff shall:
  - 6.5.1 Verify receipt of the inmate and the inmate's medical information from the sending institution/facility.
  - 6.5.2 If no medical information is received at the time of transfer, contact the jail or sending institution/facility, request transmittal through Health Insurance Portability and Accountability Act (HIPAA) compliant means of the documents, and record in the SOAPE note who was contacted and the date information was requested. **[Revision - October 27, 2021]**

- 6.5.3 Review the medical documentation received and schedule the inmate for an Intake Health Assessment/Physical Examination and, if indicated, obtain written medical order(s) to provide necessary treatment.
- 6.6 Receipt of an Inmate Returning from a County Jail or Sending Facility
  - 6.6.1 Institutional staff shall:
    - 6.6.1.1 Escort the inmate, with all medical documentation from the jail or sending facility to the Health Unit for review and evaluation.
    - 6.6.1.2 Transport the Medical Record information in a sealed envelope marked "Confidential" to the receiving institution's healthcare staff.
  - 6.6.2 Healthcare staff shall:
    - 6.6.2.1 Verify receipt of the inmate and the inmate's medical information from the jail or sending facility.
    - 6.6.2.2 If no medical information is received at the time of transfer, contact the jail or sending facility, request fax transmittal of the documents, and record in the SOAPE note who was contacted and the date information was requested.
- 6.7 Transfer of An Inmate to A County Jail or a Correctional Facility in Another State – Institutional staff shall notify healthcare staff of the pending transfer of an inmate.
  - 6.7.1 QHCPs and healthcare staff shall:
    - 6.7.1.1 Review the Medical Record of each transferring inmate and prepare a Continuity of Care/Transfer Summary, Form 1101-8.
    - 6.7.1.2 Place the completed Continuity of Care/Transfer Summary form in an envelope, which is sealed and marked "CONFIDENTIAL" and addressed to the receiving facility healthcare staff.
    - 6.7.1.3 Deliver the envelope to the designated institutional staff for transport to the receiving facility or transporting staff, if other than Departmental transportation staff.
    - 6.7.1.4 In the event the transfer takes place on an "emergency basis" so that there is insufficient time for the above to take place, call the receiving facility as soon as they are notified of the inmate's transfer and convey the appropriate information and telefax a completed Continuity of Care/Transfer Summary form.
- 6.8 Once the inmate is in an institution/facility capable of managing the inmate's health needs, the classification process shall occur in accordance with Department Order #801, Inmate Classification.

## **IMPLEMENTATION**

The Assistant Director for Medical Services shall update and maintain Technical Manual(s) to implement this Department Order that address, at a minimum, Medical Records and Release of Medical Information.

## **DEFINITIONS/GLOSSARY**

Refer to the Glossary of Terms for the following:

- Contract Facility Health Administrator
- Correctional – Related Purpose
- Healthcare Staff
- Medical History Information
- Mental Health Staff
- Qualified Healthcare Professional (QHCP)
- Qualified Mental Health Professional (QMHP)
- Reasonable Costs
- Subjective Objective Assessment, Plan and Education Format (SOAPE)

## **FORMS LIST** *[Revision - October 27, 2021]*

1104-2, Authorization for Release of Protected Health Information

1104-8, Inmate Medical Record Waiver of Liability

1104-11, Guidelines for Inmate Medical Records Review

## **AUTHORITY**

A.R.S. §12-351, Costs of Compliance with Subpoena for Production of Documentary Evidence; Payment by Requesting Party; Definitions

A.R.S. §31-132, Duty to Deliver Medical Records

A.R.S. §31-224, Duty to Deliver Medical Records

A.R.S. §36-661 et seq, Communicable Disease Information

A.R.S. §41-1606, Access to Prisoner Medical History Information