RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE

	POLICY NUMBER: 18.59-3 DOC	EFFECTIVE DATE: 10/23/06	PAGE 1 OF 7
	SUPERCEDES: 18.59-2 DOC	DIRECTOR Ashbel T. Wall II	
SECTION: HEALTH CARE SERVICES		SUBJECT: CONFIDENTIALITY OF MEDICAL INFORMATION	
AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10(22), Powers of the director			
REFERENCES: Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information, Final Rule 4/13/01; NCCHC Standard #J-59 (Confidentiality of Health Records); ACA Standard 3-4377, Confidentiality of Health Records Files; RIDOC Policies 5.01-3 DOC, Management of Semi-Active and Archival Records; 18.05A DOC, Physician Peer Review; 18.07 DOC, Communication on Special Needs Patients; 18.60 DOC, Sharing Health Care Information Among Staff; 18.69 DOC, Medical Research; RIGL § 5-37.3-1 et. seq., Confidentiality of Health Care Communications and Information Act; 42 CFR Part 2 Drug and Alcohol Abuse Information; Rhode Island Department of Health Rules and Regulations for the Licensure and Discipline of Physicians as amended 01/2000 (Medical Records, 11-2); RIGL § 23-6-17 Confidentiality – Disclosure of (HIV) Test Results			
INMATE ACCESS THROUGH LAW LIBRARY?		X YES	
AVAILABLE IN SPANISH?		X YES	

I. PURPOSE:

To comply with federal and state requirements to reasonably protect confidential inmate health information during and after incarceration.

II. POLICY:

A. Confidential inmate health information contained in the medical record and other individually identifiable health information, whether communicated electronically,

on paper or orally, is considered protected from unauthorized disclosure except as outlined below.

NOTE: Unauthorized disclosure may result in employee discipline (up to and including termination, civil penalties, and/or criminal penalties).

B. During an inmate's incarceration, protected health information about inmates may be disclosed without authorization for the following reasons:

1. Provision of health care;

2. Health and safety of inmate or others;

3. Health and safety of transporting teams;

4. Law enforcement on the premises at the Rhode Island Department of Corrections;

5. The administration and maintenance of safety, security, and good order of the Rhode Island Department of Corrections on a case-specific basis;

6. Peer Review and Continuous Quality Improvement activities.

C. A signed authorization form must be completed by the inmate prior to release of confidential health information for all inmates on pre-trial release, probation, parole, or any such person no longer in lawful custody of the RIDOC.

D. The medical record is the property of the Rhode Island Department of Corrections and is maintained by the Department in accordance with all Federal and State laws.

1. The medical record identifies the patient name, RIDOC identification number, and date of birth.

2. Active records are kept in the dispensary of the facility in which the inmate receives his/her care.

3. Inactive records are maintained in the Medical Records Unit's central office.

E. Photocopies of original medical records are processed after receipt of a complete and signed authorization. A copy of the authorization is provided to the inmate/patient at the time of completion.

F. Upon request, the inmate/patient is provided with one copy of his/her medical record.

1. The inmate is responsible for fees associated with the photocopies (see item III.C.).

2. It is the inmate's responsibility to secure this copy and provide copies to others, as s/he deems appropriate.

G. Medical information stored on the RIDOC computer network or standalone personal computers shall be secured at all times.

RIDOC's Management Information Systems (MIS) Unit performs a systematic back-up of all computerized medical information-related files at least weekly.

III. PROCEDURES:

A. General Guidelines

1. Access to medical records is limited to those individuals specified on a Medical Records access list, developed and maintained by the Chief, Program Development (Medical Records Unit).

2. Individuals not listed on the Medical Records access list may submit written requests for disclosures to the Director or designee. Said requests will be considered after consultation with the Associate Director of Health Care Services (Corrections) or designee.

3. Medical records may be faxed for medical emergencies only.

4. Alcohol and drug abuse information may not be released unless specific consent is obtained from the inmate per Federal Regulations 42 CFR Part 2.

5. Rhode Island General Laws (RIGL) § 23-6-17, Prevention and Suppression of Contagious Diseases, precludes disclosure of HIV status without the specific consent from the inmate.

6. Inmate/patient requests for photocopies of mental health notes shall be denied (45 CFR Parts 160 and 164).

7. At all times, confidentiality of the medical record and its contents will be maintained. If records are transported by non-medical staff, they will be sealed in envelopes.

B. Release of Information (Inmate/Patient and/or Authorized Representative)

1. The Rhode Island Department of Corrections' (RIDOC's) Medical Records Unit (or other authorized agent) may release the contents of an inmate's medical record to a designated individual or agency upon written request/authorization by the inmate.

2. An authorization form is used for purposes of obtaining the necessary consent. The form must be properly dated and signed by the inmate. The inmate retains a copy of the authorization for his/her personal use. The original is filed in the inmate's medical record.

3. Inmate handbooks will contain the following instructions for inmates/ patients wishing to obtain copies of their RIDOC medical records:

   a. A signed authorization is required prior to release of any photocopies of medical records.

   b. The inmate/patient is responsible for costs associated with retrieving, copying, and mailing a copy of his/her medical record.

   c. The inmate/patient may request copies of his/her medical record in writing [Chief, Program Development (Medical Records Unit), Intake Service Center, P.O. Box 8249, Cranston, RI 02920)] or via telephone (401-462-3880).

C. Photocopying Charges:

1. Copies of medical records provided for continuity of patient care (e.g., to physicians, hospitals, health/mental health centers, and other health service providers) shall be provided free of cost.

2. Consistent with the Rhode Island Department of Health's guidelines (current as of this policy's effective date), inmates and authorized representatives will be charged for copies of inmate/patient medical records (in whole, or in part) as follows:

a. Reimbursement shall be twenty-five cents ($0.25) per page for the first one hundred (100) pages.

b. After one hundred (100) pages, the fee shall be ten cents ($0.10) per page.

c. Retrieval Fee - A fee of fifteen dollars ($15.00) will be charged to attorneys and insurance agents for retrieval, regardless of the amount of time necessary to retrieve the record.

d. Special Handling Fee - A special handling fee of an additional ten dollars ($10.00) may be charged if the records must be delivered to the inmate or authorized representative within forty-eight (48) hours of the request.

e. Social Security Administration - Requests for copies will be reimbursed to the RIDOC or its authorized agent for up to fifteen dollars ($15.00) per request.

f. Subpoena Fee - The attorney requesting records through a subpoena shall reimburse the RIDOC or its authorized agent a fee of twenty-five dollars ($25.00).

g. United States postage fees will be incurred by requestor on all requests.

h. Requests made by Rhode Island state agencies will be processed without incurring fees by the requestor.

i. Indigent Inmates - If an inmate has an insufficient balance, a charge will be placed against his/her account. Such a charge will result in a negative balance in the inmate's account.

When an inmate's account has a negative balance because of such photocopying charges, one-half of all future deposits will be used as an offset to the charges until such time as the charges have been paid in full. There are no restrictions on the other half of deposits beyond normal restrictions.

NOTE: Unreasonable (i.e., voluminous and/or repeat) requests for photocopies from indigent inmates may be denied at the discretion of

the Associate Director of Health Care Services (Corrections) and/or the Chief, Program Development (Medical Records Unit)

D. Access to Medical Records for Research Purposes

A copy of the Institutional Review Board (IRB) approval shall be maintained by the Chief, Program Development (Medical Records Unit) for all research projects involving health care. This list of approved projects includes the names of research assistants associated with each project and is updated as appropriate (i.e., whenever a new research project is approved, or a project is completed). The research assistant provides the appropriate certification from the institution where the IRB approval or waiver has been issued. The research assistants gather data during normal RIDOC business hours.

E. Original Documents

The original medical record and/or individual health care documents remain on RIDOC premises at all times. Upon receipt of a court order, the original and a certified copy will be hand carried to the Court for review. The copy of the record is given to the Court in lieu of the original. No other exceptions will be granted.

F. Confidentiality Training

1. On a yearly basis, the Chief, Program Development (Medical Records Unit) ensures RIDOC provides mandatory in-service training to all Health Care Services employees [including physicians, physician extenders, nurses, dietitian(s), therapists, x-ray technologists, and medical records staff) and all other staff] with access to confidential health information as part of his/her job description.

2. At the conclusion of the training, the Chief, Program Development (Medical Records Unit) ensures all staff with access to inmates' personal health information read and sign a Confidentiality Agreement as required by RIGL § 5-37.3-4(c)(3). The original shall be filed with the Associate Director Health Care Services (Corrections), and a copy will be provided to the employee upon request.

3. The Chief, Program Development (Medical Records Unit) forwards the names of and applicable documentation for staff who have been trained as specified above to Training Academy staff for appropriate action.

G. Privacy Notice (Post Release)

Following an inmate's discharge from the ACI, s/he may request a copy of RIDOC's Privacy Notice governing release of personally identifiable health information from the Chief, Program Development (Medical Records Unit) [Intake Service Center, P.O. Box 8249, Cranston, RI 02920; telephone (401) 462-3880]. The Chief, Program Development (Medical Records Unit) will respond in writing to the address provided by the inmate/patient within thirty (30) days.

H. Right to Disclosure (Post Release)

1. The inmate, **after discharge from the ACI,** may request a list of disclosures made from his/her medical record.

   Only disclosures made following the inmate's discharge from the ACI will be reported (HIPAA Rules 4-13-01) - i.e., this rule does not apply to disclosures made while the inmate was incarcerated.

2. RIDOC responds in writing within sixty (60) days of receipt of the request (HIPAA Rules 4/13/01).

EXCERPT
Fee Schedule

Photocopying Charges

Consistent with the Rhode Island Department of Health (DOH) guidelines, inmates and authorized representatives will be charged for copies of inmate/patient medical records (in whole, or in part) as follows:

1. Reimbursement shall be twenty-five cents ($0.25) per page for the first one hundred (100) pages.

2. After one hundred (100) pages, the fee shall be ten cents ($0.10) per page.

3. Retrieval Fee – A fee of fifteen dollars ($15.00) will be charged to attorneys and insurance agents for retrieval, regardless of the amount of time necessary to retrieve the record.

4. Special Handling Fee – A special handling fee of an additional ten dollars ($10.00) may be charged if the records must be delivered to the inmate or authorized representative within forty-eight (48) hours of the request.

5. Social Security Administration – Requests for copies will be reimbursed to the RIDOC or its authorized agent for up to fifteen dollars ($15.00) per request.

6. Subpoena Fee – The attorney requesting records through a subpoena shall reimburse the RIDOC or its authorized agent a fee of twenty-five dollars ($25.00).

7. United States Postage fees will be incurred by requestor on all requests.

8. Requests made by Rhode Island state agencies will be processed without incurring fees by the requestor.

9. Indigent Inmates – If an inmate has an insufficient balance, a charge will be placed against his/her account. Such a charge will result in a negative balance in the inmate's account.

   When an inmate's account has a negative balance because of such photocopying charges, one-half of all future deposits will be used as an offset to the charges until such time as the charges have been paid in full. There are no restrictions on the other half of deposits beyond normal restrictions.

   NOTE: Unreasonable (i.e., voluminous and/or repeat) requests for photocopies from indigent inmates may be denied at the discretion of the Associate Director of Health Care Services (Corrections) and/or the Chief, Program Development (Medical Records Unit).

Public Notice: 07/02/2006 Public Hearing: 07/26/2006

RECEIVED
SEP 28 2006
RI SECRETARY OF STATE
ADMINISTRATIVE RECORDS

RHODE ISLAND DEPARTMENT OF CORRECTIONS
Medical Records Unit
PO Box 8249
Cranston, Rhode Island 02920

Telephone: 401-462-3880
Fax: 401-462-2683

Authorization to Request/Release Health Care Information

Patient: _____ DOB: _____ Inmate ID# _____
Print Name

I hereby authorize: _____

To disclose to: _____ Attention: _____

The following information (be specific):

[ ] History and Physical [ ] Lab Results [ ] X-ray Reports/EKGs
[ ] Contact Notes/Physician Orders [ ] Consults [ ] Medication Records
[ ] HIV Test/AIDS related information (RIGL 23-6-17) [ ] Other _____
[ ] Drug/Alcohol abuse information (42 CFR Part 2)

Covering the period from: _____ to: _____

Purpose of Disclosure: _____

I have read carefully and understand the above statements and voluntarily consent to disclosure of the above information (including alcohol and drug abuse records and/or HIV test, if relevant), to those persons/agencies named above. Information released with this authorization shall not be sold, transferred, or in any way given to any other person without first obtaining my additional written authorization. The Department of Corrections is not responsible for unauthorized re-disclosure by the designated recipient.

This authorization will have a duration of no longer than 90 days after the date on this form. I understand that I may revoke my permission at any time EXCEPT to the extent that action has been taken in reliance on it. If I wish to revoke this authorization, I will forward a request IN WRITING to the Chief, Program Development (Medical Records Unit) at the above address.

Signature_____ Date: _____

****

If you are currently an inmate and want a copy of your RIDOC medical record – you must sign this voucher as an Authorization for payment from your inmate account

(Note: Unsigned vouchers will not processed – you will not receive your copies)

Fee Schedule: $0.25 per page for the first one hundred (100) pages
$0.10 per page for every page over one hundred (100)

Signature_____ Date: _____

****

Please note: As a health care provider, there are no funds available for photocopies received from community providers. Please call the number above prior to forwarding copies if there is a cost associated with this service. Thank you.

Original – Medical Record Yellow – Copy Service
Pink – Inmate Accounts Green – Patient (retain this copy for your personal use)
Revised form: # 027 – 09/01; revised 12/04

STATE OF RHODE ISLAND DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES

HEALTH INFORMATION ACCESS LIST

Consistent with policy # 18.59-3 DOC (see item II.B.), RIGL § 5-37.3-1 et. seq., Confidentiality of Health Care Communications and Information Act, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information, Final Rule 4/13/01:

1. The following RIDOC staff and consultants are granted access to inmate medical records without signed releases from inmates: (RIGL § 5-37.3-1)

- Director, Rhode Island Department of Corrections
- Assistant Director, Rehabilitative Services
- Assistant Director, Institutions and Operations
- Medical Program Director
- Secretary to Medical Program Director
- Associate Director of Health Care Services (Corrections)
- Secretary to Associate Director of Health Care Services (Corrections)
- Clinical Director, Psychologist
- Executive Counsel
- Medical Records Unit – Chief, Program Development; staff; and authorized agent(s)
- Health Care Services to include:
    - Medical Staff
    - Nursing staff
    - Dental Staff
    - Consultants
- Mental Health Staff
- Substance Abuse Coordinator

Health Information Access List – cont'd.

- Public Health Education Specialists
- Administrator responsible for interstate transfers

2. All other RIDOC employee requests for disclosures must be submitted in writing to the Director or designee and are considered after consultation with the Associate Director of Health Care Services (Corrections) or designee.

3. Non-RIDOC employees granted access to inmate medical records without signed releases from inmates include, but are not necessarily limited to:

- Rhode Island Department of Health Disease Control Representatives
- Rhode Island Department of Health Board of Medical Licensure and Discipline
- Rhode Island Medical Examiner

Updated 08/07/06

HEALTH CARE\18.59-2 DOC\AT B

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Corrections
Medical Records Unit
PO Box 8249
Cranston, Rhode Island 02920

CONFIDENTIALITY STATEMENT

Pursuant to § 5-37.3-4(c)(3)

The security and confidentiality of health care information is important so as to generate open communication between the patient and health care provider. Health care issues would not be manageable if patients withheld pertinent medical data due to the lack of confidentiality.

Confidential health care information shall not be released or transferred, in accordance with RIDOC Policy # 18.59-3 DOC "Confidentiality of Medical Information" without the written consent of the patient or except as authorized by RIGL § 5-37.3-4(b)(1) – (22) of the chapter "Confidentiality of Health Care Communications and Information Act" or the Code of Federal Regulations entitled 42 CFR 2, Part 2.

I agree only to disclose information requested from confidential records to an authorized person or persons.

I understand that an unauthorized disclosure of information from confidential records may, under certain circumstances, be punishable, upon conviction, by criminal penalties or fine, or imprisonment, or both; and may, in addition, be the subject of civil penalties. I understand that if I violate this Agreement, such a violation may be considered grounds for dismissal.

If I have any questions about releasing confidential health care information, I will contact my supervisor or the Medical Program Director or designee.

Signature below acknowledges receipt of the above information. I may retain a copy of this signed agreement.

_____ _____

Signature Date

_____

Printed Name

Original – Employer
Copy – Employee

Revised 08/2005

RHODE ISLAND DEPARTMENT OF CORRECTIONS

Health Care Services

PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice *applies to you only while you are not incarcerated*—i.e., if you are recommitted to the Adult Correctional Institutions (ACI), the rights described below no longer apply to you.

Uses and Disclosures

- Upon your release from the ACI, a copy of your medical record may be provided to any outside physician(s), with your written authorization for release of information.
- Your record may also be selected for review for continued improvement of services.
- Your personal health information may be released without your consent for public health reasons, as required by state law.
- Any other uses and disclosures will be made only with your written authorization.
- You may revoke your consent at any time, after you have signed an authorization.
    - However, if the information was already released as initially requested by you, your request to revoke your consent cannot be honored.

Individual Rights

- You may request, in writing, that your personal health information be restricted from release to specific identified individuals or agencies.
    - Every effort will be made to honor such requests;
- You have the right to a copy of your medical record, and you will be billed accordingly.

Privacy Notice – cont'd.

- Following your release, you may request a listing of disclosures made by the RIDOC to individuals and/or agencies that received your personal health information following your discharge from the ACI.

The Rhode Island Department of Corrections is required by law to maintain the privacy of your personal health information upon your RELEASE from the ACI. (This does NOT apply to personal health information while you were in the custody of the Department.)

The Department reserves the right to revise this Privacy Notice at any time.

Complaints

You have the right to file a complaint relative to the contents and/or release of your medical record/health information with:

Associate Director of Health Care Services (Corrections)
Rhode Island Department of Corrections
P.O. Box 8247
Cranston, RI 02920; and/or

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC

You will not be denied health care services if recommitted to the ACI for filing such a complaint.

Obtaining Your Personal Information

To obtain your personal health information, please contact the Chief, Program Development (Medical Records Unit) Intake Service Center, P.O. Box 8249, Cranston, RI 02920, telephone: (401) 462-3880.