POLICY DIRECTIVE

Policy:	**DOC 4.5.37 OFFENDER HEALTH RECORD FORMAT AND CONTENT**
Effective Date:	04/01/1998 Page 1 of 2
Revision Date(s):	04/19/2021; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

The Department facility health care units will establish and maintain a complete and comprehensive offender health care record.

II. APPLICABILITY

All secure facilities Department-owned and contracted, as specified in contract.

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

A. Initial Health Record

1. Upon admission, health care staff will compile an offender health care record to include all medical, dental, and mental health information.
2. The Department health policy team will establish guidelines for the organization of the health care record.

B. Health Care Record Content

1. The health care record will contain all offender health-related information to include:
   a. identifying information (for example, name, DOC ID number, date of birth, gender);
   b. a problem list containing medical and mental health diagnoses, treatments, and known allergies;
   c. admission screening and health assessment forms;
   d. progress notes of all significant findings, diagnoses, treatments, and dispositions;
   e. provider orders for prescribed medications and medication administration records;
   f. laboratory and x-ray reports and diagnostic studies;
   g. flow sheets;
   h. consent and refusal forms;
   i. release of information forms;
   j. reports of specialty consultations and off-site referrals;
   k. hospital and inpatient treatment discharge summaries;
   l. special needs treatment plans, if applicable;
   m. immunization records, if applicable;
   n. patient's condition (for example, poor, fair, good);

o. patient status (for example, stable improving, deteriorating);
p. patient education provided;
q. type and frequency of diagnostic testing and therapeutic regimens;
r. clinical justification for any deviation from established protocol; and
s. criminal justice information that is pertinent to clinical decisions is available to Qualified Health Care Professionals.

2. Where mental health and dental records are separate from medical records, a process ensures that pertinent information is shared. At minimum, a listing of current problems and medications is common to all medical, dental, and mental health records of an offender.

C. Documentation

1. Health care providers will document in the health care record:
   a. all offender health encounters in accordance with guidelines established by the Department health policy team and facility health care unit procedures;
   b. all off-site specialty care requests approved by the Department Medical Director; and
   c. all consultants' reports, including diagnostic findings and recommendations; and
   d. date, signature, and title for each health record entry.

D. Health Record Confidentiality

1. Health care staff will ensure that:
   a. offender health care records are maintained separately from other offender records;
   b. health care record information is only released in accordance with *DOC 1.5.6 Offender Records Access and Release,* and *DOC 4.5.38 Offender Health Record Access, Release, and Retention*; and
   c. documentation that health staff, non-health staff, and custody staff have received training in maintaining patient confidentiality.

E. Record Reactivation

1. Upon admission of re-incarcerated offenders, health care staff will reactivate the previous health care record, if available.

F. Electronic Health Record (EHR) downtime

1. In the event of a network or system outage, health staff will ensure a process to maintain health care and subsequent documentation by:
   a. providing access to health care services through paper HCRs;
   b. maintaining essential paper versions of health care forms and templates (including receiving screening, provider notes, etc.);
   c. maintaining copies of Medication Administration Records or requesting current MARs directly from the contracted pharmacy provider; and
   d. ensuring all paper documents are entered into EHR when the system regains functionality.

V. CLOSING

Questions about this policy should be directed to the Health Services Bureau Chief.

VI. REFERENCES

A. *DOC 1.5.6 Offender Records Access and Release; DOC 4.5.38 Offender Health Record Access, Release, and Retention*
B. *P-A-08, P-D-08, P-F-01, P-F-02; National Commission on Correctional Health Care Standards, 2018*
C. *ACA Standards for Juvenile Correctional Facilities, 2003*
D. *MH-H-01, MH-H-02, MH-H-03; National Commission on Correctional Mental Health Services in Correctional Facilities, 2015*
E. *Y-H-01, Y-H-02, Y-H-03; National Commission on Correctional Health Services in Juveniles Detention and Confinement Facilities, 2015*