



Virginia Department of Corrections

Health Services

Operating Procedure 701.3

Health Records

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Content Owner:	Meagan Sok Chief of Health Services Operations	<i>Signature Copy on File</i>	3/11/2022
		Signature	Date
Reviewer:	Steve Herrick Health Services Director	<i>Signature Copy on File</i>	3/14/2022
		Signature	Date
Signatory:	Joseph W. Walters Deputy Director for Administration	<i>Signature Copy on File</i>	3/17/2022
		Signature	Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

The content owner reviewed this operating procedure in May 2023 and determined that no changes are needed.

The content owner reviewed this operating procedure in April 2024 and necessary changes are being drafted.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

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DEFINITIONS

Community Corrections Alternative Program (CCAP) - A system of residential facilities operated by the Department of Corrections to provide evidence-based programming as a diversionary alternative to incarceration in accordance with COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion.*

Complaint - The health problem as presented by the inmate or CCAP probationer/parolee.

Complaint, Observation, Intervention (COI) - The format to be used for documentation in the progress notes section of inmate/CCAP probationer/parolee health records.

Facility - Any institution or Community Corrections Alternative Program.

Facility Folder - A two-part folder established at reception for each new inmate received into the DOC on or after August 1, 2015, for the storage of the Property Envelope and facility specific information not uploaded to VACORIS.

Health Care Practitioner - A Clinician trained to diagnose and treat patients, such as Physician, Psychiatrist, Dentist, Optometrist, Nurse Practitioner, Physician Assistant, and Psychologist.

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience.

Health Record - A file that contains information relative to the inmate's or CCAP probationer's/parolee's medical, dental, and mental health condition, and treatment. The health record is maintained at the inmate's or CCAP probationer's/parolee's facility of assignment and follows the inmate or CCAP probationer/parolee throughout the term of incarceration or period of supervision.

Historical Hardcopy Record - The original criminal record, established at reception for each inmate in an institution prior to August 1, 2015, containing all original incarceration documents.

Institution - A prison facility operated by the Department of Corrections; includes major institutions, field units, and work centers.

Intervention - The treatment or referral decision of the Health Care Provider.

Medical Practitioner - A Physician, Nurse Practitioner, or Physician's Assistant.

Mental Health Information - Any information relative to the inmate's or CCAP probationer's/parolee's mental health status or treatment, including that part of the inmate's or CCAP probationer's/parolee's health record that deals primarily with mental health issues.

Observation - The findings of the Health Care Provider during an examination or interview.

PURPOSE

This operating procedure provides for the management of health records for inmates and Community Corrections Alternative Program (CCAP) probationers/parolees in Department of Corrections (DOC) facilities. This procedure governs the establishment, utilization, content, privacy, and security of inmate and CCAP probationer/parolee health records and governs the dissemination of information from these records.

PROCEDURE

- I. Health Records (2-CO-4E-01)
 - A. There will be a health record established for each inmate or CCAP probationer/parolee on reception into the DOC. The health record must be securely stored in an area separate from other types of inmate and CCAP probationer/parolee records.
 - B. The health record will be available so that all health care staff maintain complete records of the health care given to inmates and CCAP probationers/parolees as required. (5-ACI-6D-05; 4-ACRS-4C-22)
 1. The health record will contain documentation of all contacts between inmates and CCAP probationers/parolees and health care staff to include, but not limited to visits, consults, diagnoses, and treatments; see the *Documentation* section of this operating procedure.
 2. Each health care encounter with an inmate or CCAP probationer/parolee must be documented in the health record by the end of the shift.
 3. If an inmate's or CCAP probationer's/parolee's health record is incomplete due to the death, resignation, termination, or incapacitation of an employee, the health record will be given to the employee's supervisor or designee to complete.
 4. If the supervisor of the employee is no longer available, the next level of supervision will determine if another facility health care staff member can accurately and appropriately complete the health record.
 5. When it is determined that the health record cannot be completed, facility staff will notate on the *Health Services Complaint and Treatment Form 720_F17* that the health record was "filed incomplete"; the original *Complaint and Treatment Form* must be filed in the inmate's or CCAP probationer's/parolee's health record.
 - C. The method of recording entries in the health records and their maintenance and safekeeping are in accordance with this operating procedure and approved by the Health Authority. (5-ACI-6D-05; 4-ACRS-4C-23)
 - D. Missing health records are to be reported to the Health Services Unit (HSU) within 24 hours.
 - E. Information from the health record may only be released in accordance with the *Dissemination* section of this operating procedure.
 - F. The health record must be transferred with the inmate or CCAP probationer/parolee on movement from one DOC facility to another; see the *Transfer* section of this operating procedure.
 - G. A "dummy" health record will be created to go with the inmate when released to most DOC supported programs; see the "*Dummy*" *Health Record* Section of this operating procedure.
 - H. Inactive health records will be maintained in accordance with Operating Procedure 025.3, *Public Records Retention and Disposition*; see the *Discharge* Section of this operating procedure. (5-ACI-6D-07)
- II. Confidentiality
 - A. The principle of confidentiality applies to an inmate's or CCAP probationer's/parolee's health records and information about an inmate's or CCAP probationer's/parolee's health status. The health record must be handled and stored to ensure that confidentiality of the information is maintained, except as provided by law and this operating procedure. (5-ACI-6C-03; 4-ACRS-4C-22)

- B. The health record will be maintained separately from other types of inmate or CCAP probationer/parolee records and be sealed prior to any transport. (5-ACI-6C-03; 4-ACRS-4C-22)
- C. Access to the health record will be controlled by the Health Authority and will be granted only to those who require it under DOC procedures and applicable state and federal law.
- D. Inmates and CCAP probationers/parolees must have no access to health records of other inmates or CCAP probationers/parolees.

III. Format and Content

A. Cover

- 1. For Institutions, the health record is kept in a gray-colored eight-part folder.
 - a. Six-part folders were used prior to April 30, 2002.
 - b. Only eight-part folders will be used for new health records.
- 2. For CCAPs, the health record is kept in a blue-colored two-part folder.
- 3. Labels on the cover of the health record folder will:
 - a. Identify the inmate or CCAP probationer/parolee by name and DOC number. On the right edge of the folder, starting at the bottom and going up, the first five digits of the DOC number will be written in black ink and the last two digits denoted using color-coded numerical stickers.
 - b. Indicate allergies
 - c. Identify interstate compact offenders when relevant
 - d. Indicate when there is more than one folder to the record
 - e. Due to confidentiality requirements, the cover may not have a label indicating any diagnosis or any need for special precautions
 - f. Identify Medicaid approved inmates and CCAP probationers/parolees with blue identifier Department of Medical Assistance Services "DMAS"

B. The contents of the health record must be organized by the HSU standardized format (5-ACI-6D-05; 4-ACRS-4C-23)

- 1. The health record is complete and contains the following items filed in a uniform manner:
 - a. Patient identification on each sheet
 - b. A completed receiving screening form
 - c. Health appraisal data forms
 - d. A problem summary list
 - e. A record of immunizations
 - f. All findings, diagnoses, treatments, and dispositions
 - g. A record of prescribed medications and their administration records, if applicable
 - h. Laboratory, X-ray, and diagnostic studies
 - i. The place, date, and time of health encounters
 - j. Health service reports (for example, emergency department, dental, mental health, telemedicine, or other consultations)
 - k. An individualized treatment plan, when applicable
 - l. Progress reports
 - m. A discharge summary of hospitalization and other termination summaries
 - n. A legible signature and the title of the Health Care Provider
 - o. Consent and refusal forms
 - p. Release of information forms

2. Institutions - See Attachment 1, *Organizing Eight Part Health Records*, for eight-part folders and Attachment 1a, *Organizing Six Part Health Records*, for six-part folders.
3. CCAPs
 - a. Left side - Reports and records such as the Medication Administration Record, Immunization Record, Lab Reports, and Consultation Forms
 - b. Right side - Clinical material such as the Complaint and Treatment Form with Nurse's progress notes and Doctor's notes

C. Forms

1. Use only HSU approved forms - do not reformat forms.
2. Forms may be found on the Virtual Library and the DOC Intranet HSU section.

D. Thinning the health record

1. A new volume may be added to the health record when it becomes too thick to be manageable. The cover of each volume will be clearly marked, i.e., Volume I of II, Volume II of II, etc., with the highest number representing the current volume.
2. Miscellaneous documents, pertinent to the inmate's or CCAP probationer's/parolee's current medical status and treatment, will be moved into the new volume from each of the sections of the health record. Always transfer the *Medical Classification, C&R 7 720_F15, Health Services Complaint and Treatment Form 720_F17* documenting last medical classification or location code change, any Medicaid documentation, and the latest relevant documents and reports such as X-ray, lab results, consults, and at least 30 days of medical progress notes, at least 90 days of psychiatry progress notes, immunization record, and the initial and current dental treatment note; see Attachment 1b, *Mental Health Documents to Remain when Thinning Health Records*.

IV. Documentation

A. Progress Notes (*Health Services Complaint and Treatment Form 720_F17* or HSU Nursing Evaluation Tools)

1. Page headings are required including facility name and inmate or CCAP probationer/parolee name and DOC number.
2. Each entry and signature must be legible, in black or blue ink
3. Each entry must include date and time
4. Each signature must be accompanied by professional designation
5. All screenings and assessments will be documented in Complaint, Observation, Intervention (COI) format by nursing staff.
6. All staff members are required to complete their documentation during their shift.
7. Narrative entries are allowed in infirmary records.
8. Only approved nursing abbreviations and symbols such as listed in Attachment 2, *Common Nursing Abbreviations*, will be used.

B. Lab, X-ray, and consult reports must be dated and initialed by the facility Health Care Provider prior to placement in the health record.

C. Health Care Practitioner orders must all be noted in red ink, with first initial, last name, title, and date.

D. Outside appointment statements must note that the inmate or CCAP probationer/parolee went to and returned from the visit.

E. Close out statements

1. Transfer and arrival statements are usually brief since transfer and arrival forms are used.

2. Discharge notes must indicate whether medications or prescriptions were provided and for what length of time. Any other special arrangements will be noted.
3. Depending on the circumstances and the place of death, death notes will be as brief or lengthy as needed.

V. Health Care Off-Site (5-ACI-6A-06)

- A. The health record will accompany the inmate or CCAP probationer/parolee to all DOC facilities for consultation and health care.
- B. The health record never goes to a non-DOC facility (i.e., hospital or physician's office). All information required by the off-site Health Care Provider is to be copied and sent with the inmate or CCAP probationer/parolee. The health record stays at the assigned facility.

VI. Reporting Health Record Information to Facility Staff (5-ACI-6C-03)

- A. The Health Authority will share information regarding an inmate's or CCAP probationer's/parolee's medical management with the Facility Unit Head as necessary to protect and preserve the integrity of the facility.
- B. Information from the health record that clearly affects the safety and security of the facility or inmate or CCAP probationer/parolee or is required for clearance for facility housing, security, transport, transfers or program assignments will be communicated to appropriate staff.
- C. For all inmate or CCAP probationer/parolee transports and transfers at facilities, health care staff will medically evaluate the inmate or CCAP probationer/parolee to determine suitability for travel with particular attention given to communicable disease clearance. (5-ACI-6D-06)
 1. Health care clinical staff must provide critical medical information to transporting Officers on the *Offender Gate Pass*; see Operating Procedure 050.3, *Facility Release of Offenders*. Information provided on the *Offender Gate Pass* must include:
 - a. Instructions regarding medication or health interventions required for the inmate or CCAP probationer/parolee en route.
 - b. Special precautions (mask, special handling/disinfection procedures) to take if staff will be exposed to infectious or communicable diseases during the transportation assignment.
 - c. Any additional critical medical information as deemed necessary by Health Care Staff.
 2. Use of the *Offender Gate Pass* is optional at CCAPs, but transporting Officers will be provided any relevant medical information that may be needed.
- D. The Facility Unit Head or designee may view the health record of an inmate or CCAP probationer/parolee if it is necessary to resolve grievances, to evaluate performance of health services staff, or respond to complaints or litigations.

VII. Dissemination of Medical, Dental, or Mental Health and Wellness Record Information

- A. After receipt of a properly completed and signed *Consent to Release Confidential Health and/or Mental Health Information 701_F8*, health care record information may be released to the inmate or CCAP probationer/parolee, an Attorney, a Physician, or any other person, agency, or organization specified. (5-ACI-6D-07) *Federal Confidentiality Rules* (42 CFR part 2) may apply. (5-ACI-6C-03)
 1. The consent form must be witnessed by a DOC employee or an employee of a Medical Provider contracted to DOC.
 2. In accordance with COV §8.01-413(B), *Certain copies of health care provider's records or papers of patient admissible; right of patient, his attorney and authorized insurer to copies of such records or papers; subpoena; damages, costs and attorney fees* and §32.1-127.1:03, *Health records privacy*, within 30 days of offender request, copies of offender medical, dental, and mental health records will be provided or the offender will be notified that the information does not exist or is not available to

the offender.

3. COV §8.01-413(B), *Certain copies of health care provider's records or papers of patient admissible; right of patient, his attorney and authorized insurer to copies of such records or papers; subpoena; damages, costs and attorney fees* and §32.1-127.1:03, *Health records privacy*, provide that any copies of an inmate's or CCAP probationer's/parolee's health records will not be furnished to the inmate or CCAP probationer/parolee or anyone authorized to act on the inmate's or CCAP probationer's/parolee's behalf when the treating Physician or Clinical Psychologist has made a part of the record a written statement that, in the exercise of their professional judgment, the furnishing to or review by the inmate or CCAP probationer/parolee of such health records would be reasonably likely to endanger the life or physical safety of the inmate or CCAP probationer/parolee or another person, or that such health record makes reference to a person other than a Health Care Provider and the access requested would be reasonably likely to cause substantial harm to the referenced person. The inmate or CCAP probationer/parolee has the right to designate, in writing, at the inmate's or CCAP probationer's/parolee's own expense, another reviewing Physician or Clinical Psychologist to determine whether to make the health record available to the inmate or CCAP probationer/parolee.
 4. Inmates or CCAP probationers/parolees will be charged at the current copying rates.
 5. Any inmate or CCAP probationer/parolee may obtain a copy of the last three years of their medical record at no cost to the inmate or CCAP probationer/parolee within 30 days of release so long as the inmate or CCAP probationer/parolee requests a copy of the records at least 60 days prior to the release date. Any specific part of the medical record more than three years old, can be made in the initial request and will be provided.
 6. Medical and mental health practitioners must obtain informed consent from inmates and CCAP probationers/parolees before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate or CCAP probationer/parolee is under the age of 18. (§115.81 [e])
- B. The health record can be provided to the inactive inmate or inactive CCAP probationer/parolee, an Attorney, a Physician, or any other person, agency, or organization specified if an individual is no longer incarcerated or on community supervision in a CCAP; see *Consent to Release Confidential Health and/or Mental Health Information (Inactive Inmate Only)* 701_F11.
- C. COV §53.1-40.10, *Exchange of medical and mental health information and records*, provides for inmate or CCAP probationer/parolee medical and mental health information to be released to the following entities without inmate or CCAP probationer/parolee approval: (5-ACI-6C-03)
1. Facility administration when the information is necessary to maintain security and safety of the facility, employees, and other inmates and CCAP probationers/parolees. Disclosure will be limited to that necessary to ensure the safety and security of the facility.
 2. Virginia Parole Board as needed to conduct release investigations.
 3. P&P Officers as needed for release planning and supervision.
 4. DOC officials as needed for programs, treatment, classification, security and work assignments; and determining the necessity for medical, dental, mental health and wellness care, treatment, and programs.
 5. Public and private medical and mental health hospitals, facilities, and other entities as needed for care and treatment including community service boards, for use in planning for and supervision of post-incarceration medical, mental health and wellness care, treatment, and programs. (5-ACI-6A-06)
 6. The Department for Aging and Rehabilitative Services, the Department of Social Services, and any local department of social services in the Commonwealth for the purposes of re-entry planning and post-incarceration placement and services.
 7. For public health or safety reasons, including contagious diseases and reports of child or domestic abuse.

8. Release of human immunodeficiency virus testing results is restricted by COV §32.1-36.1, *Confidentiality of test for human immunodeficiency virus; civil penalty; individual action for damages or penalty*.
- D. The release of inmate or CCAP probationer/parolee health information will comply with the *Health Insurance Portability and Accountability Act* (HIPAA), where applicable. (5-ACI-6C-03)
- E. Upon receipt of a court order, medical, dental, and mental health and wellness information may be released to any criminal justice agency without inmate or CCAP probationer/parolee consent.
- F. Current copying charges will apply to all requests by inmates, CCAP probationers/parolees, and the public for inmate or CCAP probationer/parolee record information except as noted in section VII.A.5.
 1. Copying charges will be collected or charged to the inmate's or CCAP probationer's/parolee's trust account before providing the requested information. Charges may be billed with the delivery of records at the discretion of the Facility Unit Head.
 2. The charges will be the sum of:
 - a. A charge for each page or copy
 - b. The cost of postage plus a handling charge, when the copies are sent through the U.S. Postal Service or private mail carrier.
 - c. Reasonable costs, not to exceed the actual cost of labor for additional research required to locate and copy records that are not readily available for copying, such as records that are archived or are maintained on microfilm or computer databases. All health care records for currently inmates or CCAP probationers/parolees are considered readily available.
 - d. Copying charges and handling charges for health record information will be in accordance with current DOC rates.
 3. The requester must be advised of the fees in writing using the *Sample Copying Charge Letter* as a guide; see Operating Procedure 050.1, *Offender Records Management*.
 - a. Upon receipt of the check or money order, made payable to the "Department of Corrections," the copies will be provided and the check or money order deposited in accordance with financial systems procedures.
 - b. Records of all monies received for copying and handling charges will be maintained for auditing purposes.
 4. Copies of inmate or CCAP probationer/parolee health records requested in preparation for re-entry in accordance with Operating Procedure 820.2, *Inmate Re-entry Planning*, are not subject to copying and handling charges.
- G. Copying charges will not apply to information provided to DOC units, other Virginia state agencies, other law enforcement agencies, or to entities where the inmate or CCAP probationer/parolee is being referred by DOC for services or treatment.
- H. Any release of inmate or CCAP probationer/parolee health care information must be documented in the inmate's or CCAP probationer's/parolee's health record.

VIII. Transfer (Institutions)

- A. Transfer of inmates from one DOC institution to another will be managed and documented in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
- B. The health record will accompany any inmate transferred to another DOC institution. The health record will be sealed separate from the Historical Hardcopy Record or Facility Folder and transported to the new institution with the seal unbroken. (5-ACI-6D-06; 4-ACRS-4C-24)
- C. Release from Institutions to a CCAP - Within one working day after being notified that an inmate is being released from a DOC institution to a CCAP, the facility should FAX or email a completed *Medical Transfer*

Comments 720_F24 to the CCAP for final screening of eligibility for the CCAP.

IX. “Dummy” Health Record

- A. When an inmate is released to a CCAP, Virginia Serious and Violent Offender Reentry Program, jail work release, or Transition Therapeutic Community (TTC) program, the health records staff must prepare a “Dummy” health record to accompany the inmate or probationer/parolee when transferred to the program.
- B. The “Dummy” health record, created by the sending facility should contain a copy of the most recent issuance of the following documents:
1. *Medical Classification, C&R 7 720_F15*
 2. Tuberculin Skin Test (TST) results
 3. Immunization Record
 4. Hepatitis C virus antibodies test results
 5. *Medical Transfer Comments 720_F24*; include any medical and/or dental appointments
 6. Any special diet documentation
 7. *Any Keep on Person Contract 720_F6*
 8. Any prosthesis documentation
 9. Any other documents that would be beneficial to program staff in determining appropriate classification and employment

X. Discharge (Inactive Health Records)

- A. Institutions - When an inmate is released from DOC institutions, the health record will remain at the last facility of assignment for three months. Release includes parole, discharge, good time release, and transfer to a CCAP, Jail Re-entry Program, Work Release, or TTC Program.
1. Holding the file will ensure that all file material is complete and up to date before the file is released.
 2. Any requests for release of file material during this three-month period will be forwarded to the respective facility health care staff for processing.
 3. The health record for inmates released on pre-release assignment, or work release will be forwarded to Central Criminal Records for storage. Pre-release and work release records must be forwarded within 30 days of transfer.
 4. The health record for inmates released to P&P supervision, discharged, or out from DOC will be sent by runner or shipping to VCE: Document Conversion where the record will be scanned to electronic storage at:
Fluvanna Correctional Center for Women, Warehouse
Attention: VCE Document Conversion
144 Prison Lane
Troy, Virginia 22974
 5. Each month, facility health care staff will generate a *Facility Custody Release Report* that lists all inmates released from the institution for the previous month. The *Report* must be marked with the planned disposition and date of each health record and forwarded to Central Criminal Records.
 6. Since the records contain sensitive information, care must be taken to ensure that privacy is maintained and that each record is sent to the location designated for the inmate’s release type.
- B. CCAP - When a CCAP probationer/parolee is released from a CCAP, the health record is handled as follows:
1. By February 28 of each calendar year, the Facility Unit Head will ensure the transport of health records on each participant who left the facility program in the previous calendar year to:

Manager, Central Criminal Records
 Virginia Department of Corrections
 5511-B Biggs Rd.
 Richmond, Virginia 23224

2. Health records must be stored and shipped in Fellows file storage boxes (Letter size heavy duty 12" x 10" x 15").
3. Make a list of CCAP probationers/parolees (name and DOC number), and the facility sending files, ensuring that the list matches the files in the boxes
4. Put a list on the inside and outside of each box
5. Mark the boxes in chronological order (ex. box 1, box 2, etc.,) when you send in the next batch continue on with numbering sequence. Do not start numbers over.
6. Write on the outside of the boxes.
 - a. The Facility Name
 - b. The current month/year
 - c. The destruction date (which is ten years from current month/year)
 - d. The words "Health Records"

C. Deaths

1. Pertinent medical facts relating to health status prior to death must be copied from the health record and sent to the Medical Examiner with the body.
2. The original health record must be sent to the Chief Medical Officer at the Health Services Unit within 48 hours.

D. If an escapee remains at large for more than five days, the health record will be forwarded with the other inmate records to the Detainer Unit Supervisor.

E. Closed health records are to be maintained in accordance with the *Library of Virginia's Record Retention and Disposition Schedules*; see Operating Procedure 025.3, *Public Records Retention and Disposition*. (5-ACI-6D-07)

REFERENCES

COV §8.01-413, *Certain copies of health care provider's records or papers of patient admissible; right of patient, his attorney and authorized insurer to copies of such records or papers; subpoena; damages, costs and attorney fees.*

COV §32.1-36.1, *Confidentiality of test for human immunodeficiency virus; civil penalty; individual action for damages or penalty.*

COV §32.1-127.1:03, *Health records privacy.*

COV §53.1-40.10, *Exchange of medical and mental health information and records.*

Federal Confidentiality Rules (42 CFR part 2)

Health Insurance Portability and Accountability Act (HIPAA) 45 CFR 160 et seq.

Operating Procedure 025.3, *Public Records Retention and Disposition*

Operating Procedure 050.1, *Offender Records Management*

Operating Procedure 050.3, *Facility Release of Offenders*

Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*

Operating Procedure 820.2, *Inmate Re-entry Planning*

ATTACHMENTS

Attachment 1, *Organizing Eight Part Health Records*



Attachment 1a, *Organizing Six Part Health Records*

Attachment 1b, *Mental Health Documents to Remain When Thinning Health Records*

Attachment 2, *Common Nursing Abbreviations*

FORM CITATIONS

Consent to Release Confidential Health and/or Mental Health Information 701_F8

Consent to Release Confidential Health and/or Mental Health Information (Inactive Inmate Only) 701_F11

Keep on Person Contract 720_F6

Medical Classification, C&R 7 720_F15

Health Services Complaint and Treatment Form 720_F17

Medical Transfer Comments 720_F24