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**Su Responsabilidad al Usar la información Proporcionada Abajo:**

*Cuando juntamos esto, hicimos lo mejor para darle una información útil y precisa porque sabemos que los presos frecuentemente tienen problemas en conseguir información legal, y no podemos darles asesoría específica a todos los presos. Las leyes y políticas cambian frecuentemente y pueden ser interpretadas de diferentes formas. No siempre tenemos los recursos para hacer cambios a éste material, tan pronto cambian las leyes y las políticas. Si usted usa este folleto, es su responsabilidad asegurarse que la ley o la política no cambiado. La mayoría de los materiales que usted necesita deben estar disponibles en la biblioteca legal de su institución.*

### **SOLICITUD DE REGISTROS MÉDICOS Actualizado en Mayo 2019**

Estimado Señor o Señora:

Muchas gracias por contactar a nuestra oficina con sus preocupaciones. Desafortunadamente, a nuestra oficina no le es posible proporcionarle copias de sus registros médicos. Nuestra oficina no cuenta con los recursos para proporcionarles los registros médicos o información a miembros de una demanda colectiva y miembros de familia que lo soliciten. Cuando nosotros somos alertados de una condición médica potencialmente urgente y / o que amenace la vida, podemos revisar los registros médicos y compartir información con los miembros de la demanda colectiva y si somos autorizados, con los miembros de su familia.

Anexo a esta carta se encuentra información de cómo solicitar sus registros médicos del Departamento Correccional de Arizona (ADC). La Orden de Departamento 1104 anexa, contiene instrucciones de cómo ver sus registros médicos y cómo solicitar copias de sus registros médicos.

Por favor note que las revisiones de registros médicos son hechas en la presencia de miembros del personal de Servicios de Salud. Revisiones de registros de Salud Mental requieren de aprobación previa del Psiquiatra o del Psicólogo Licenciado. Las revisiones de Registros médicos están limitados a una ventana de 45 minutos. Si usted está solicitando copias de sus registros médicos, usted puede ser cargado con \$0.50 por página a menos que usted sea un indigente.

Gracias por escribirnos. Esperamos que esta información le sea útil.

Sinceramente,  
Prison Law Office

Encl. DO 1104

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**CHAPTER: 1100**

**Inmate Health Services**

**DEPARTMENT ORDER:**

**1104 – Inmate Medical Records**

**OFFICE OF PRIMARY  
RESPONSIBILITY:**

**HS**

**Effective Date:**

**December 19, 2012**

**Amendment:**

**October 21, 2015**

**Supersedes:**

**DO 1104 (9/1/96)**

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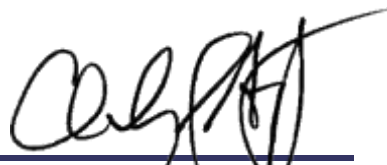
**TBD**

**ACCESS**

☐ **Contains Restricted Section(s)**

# **Arizona Department of Corrections**

## **Department Order Manual**

  
Charles L. Ryan, Director

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## **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 health 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 health care professionals (i.e., Health Services, Mental Health Services, and Dental Services) are referring to the Health Services Contractor or their sub-contractors unless otherwise stated.

## **RESPONSIBILITY**

The Assistant Director for Health Services Contract Monitoring Bureau is responsible for ensuring Contract Health Services staff:

- Prepare appropriate documentation regarding inmate health status and deliver it to appropriate transporting staff prior to the transfer of an inmate.
- 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 in accordance with this Department Order to the Director, Deputy Director, Division Directors, Wardens and Deputy Wardens of correctional facilities.
- Release medical information and maintain its confidentiality in accordance with this Department Order.

The Division Director for Prison Operations is responsible for ensuring appropriate staff:

- Notify Health Services 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 facility to the receiving facility Health Services staff, and in certain specified cases, ensure the inmate is delivered to the Health Unit for evaluation by the Health Services staff.

Authorized recipients of inmate medical history information are responsible for ensuring the information is used only in accordance with this Department Order and not disseminated to others.

## **PROCEDURES**

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

#### **1.1 Providing Inmate Medical History Information**

1.1.1 The Contract Facility Health Administrator shall provide appropriate inmate medical history information to an authorized recipient upon the authorized recipient's request.

1.1.2 Authorized recipients of the medical information shall request appropriate inmate medical history information from the Contract Facility Health Administrator when there is a correctional-related reason to do so.

1.2 Using Inmate Medical History Information – Authorized recipients (Director, the Deputy Director, Division Directors, Assistant Director, Regional Operations Directors, Wardens and Deputy Wardens, who are authorized by A.R.S. §41-1606 to receive inmate medical history information and to use the information for correctional-related purposes) shall ensure inmate medical history information is used only for correctional-related purposes and that it is not secondarily 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 Health 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 Health 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 a Health Services staff member.

2.2.2 Complete and distribute the appropriate pass allowing 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, advise security staff of the appointment.

2.2.3.1 After being advised of the appointment, security staff shall make necessary security arrangements for Health Services 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 psychiatrist or licensed psychologist, who shall:

- 2.2.4.1 Determine whether the inmate's review of the Mental Health Section would be detrimental to the inmate's 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 the Medical Record, schedule the inmate to review the Mental Health 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 the inmate 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 psychiatrist or licensed psychologist, shall ensure:
  - 2.3.1 The inmate reads 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 reviewing inmate makes no notations on or alterations of the Medical Record.
  - 2.3.4 The inmate is permitted to make handwritten notes during the review.
  - 2.3.5 A maximum of 45 minutes is allowed for the inmate's review of the Medical Record.
- 2.4 At the conclusion of the review and after date and time information is documented on the Guidelines for Inmate Medical Records Reviews form, the inmate is asked to sign the acknowledgment of the review at the bottom of the form.
  - 2.4.1 The Guidelines for Inmate Medical Records Reviews form is filed in Section IV of the Medical Record, under the Legal/Administrative tab. ***[Revision – October 21, 2015]***
  - 2.4.2 If the inmate feels that additional time is needed for the review, the inmate is permitted to:
    - 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.
  - 2.4.3 Reviews are permitted once per quarter.
    - 2.4.3.1 If the inmate needs an additional review because of 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 FROM INMATES TO OBTAIN COPIES OF THEIR MEDICAL RECORDS FOR USE IN LITIGATION OF MEDICAL 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 Records/Regional Office 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 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, in court, an objection to the production of the records.

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 Health Services 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 Health Services staff 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/Regional 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, Form 905-1.

3.2.2 An indigent inmate who submits a copy of the approved Application for Indigent Status - Health and Welfare, Form 905-2, shall not be charged for copies.

### **4.0 UNIFORM MEDICAL RECORD SYSTEM**

4.1 The Regional Office Medical Records Clerk and Contract Facility Health Administrator shall:

4.1.1 Ensure Medical Records contain information that is sufficiently detailed to:

4.1.1.1 Enable treatment staff to give effective continuing care;

4.1.1.2 Determine the course of treatment at any specific time;

- 4.1.1.3 Provide a consultant with adequate information to give an opinion after examination of the inmate/patient and review of the Medical Records;
    - 4.1.1.4 Allow another staff member, not familiar with the case, to determine what has transpired in the management of the patient; and
    - 4.1.1.5 Enable collection and analysis of statistical data pertaining to delivery of health care.
  - 4.1.2 Ensure that staff does not file material/documents other than those approved in accordance with the Health Services Technical Manual.
  - 4.1.3 Establish appropriate retention schedules for all Medical Records of inmates and former inmates in accordance with Department Order #103, Correspondence/Records Control.
- 4.2 Medical Records - Check-Out Procedure – Only members of the Health Services staff shall be authorized to check out records.
  - 4.2.1 An out-guide shall be inserted in place of the record.
  - 4.2.2 A check-out slip shall be attached to the out-guide, containing the following information:
    - 4.2.2.1 Inmate's name and number
    - 4.2.2.2 Date the chart is removed
    - 4.2.2.3 Date the chart is to be returned, which shall not be longer than three days following removal
    - 4.2.2.4 Reason for removal
    - 4.2.2.5 Signature of individual removing the record
  - 4.2.3 The individual removing the record shall be responsible for its return within the required time.
  - 4.2.4 Upon replacement of the file, the out-guide and check-out slip shall be removed.
  - 4.2.5 The Medical Records Clerk or designee shall make regular checks, at least weekly, of any records that are overdue.

## **5.0 INITIAL HEALTH ASSESSMENT AND MEDICAL HISTORY**

### **5.1 Initial Health Assessment**

- 5.1.1 An Initial/Inter-Facility Assessment, Form 1101-67, shall be completed for all inmates upon arrival at a Reception Center or intake facility for violators. The Initial/Inter-Facility Assessment form shall be completed by a member of the Health Services staff.

- 5.1.2 All staff completing an Initial/Inter-Facility Assessment form shall notify mental health staff of any observation of symptoms of mental illness or of an inmate reporting such symptoms or history.

## 5.2 Medical History

- 5.2.1 A Medical History, Form 1101-29 shall be completed within 24-hours or arrival of an inmate at a Reception Center. In no circumstances shall completion be later than 72-hours after arrival.
- 5.2.2 The Medical History form shall be completed by a member of the health staff.
- 5.2.3 Staff completing the Medical History 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 – Staff 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 a member of the health staff of the receiving institution shall review the Initial/Inter-Facility Assessment and Medical History forms.
- 5.4.2 Within 24 hours of arrival health care/mental health staff shall review Medical Records of inmates arriving from a Reception Center to ensure inmates with mental health issues are identified.

## 5.5 Continuous Progress Record, Form 1101-62

- 5.5.1 Documentation of all health encounters shall be made using the SOAPE format:
  - 5.5.1.1 Subjective: This refers to the inmate's complaint - what the inmate says is wrong with him/her.
  - 5.5.1.2 Objective: Refers to all pertinent, positive or negative findings determined by the health care provider after history or examination.
  - 5.5.1.3 Assessment: Refers to the provider's assessment of the inmate and shall include inter alia, provisional, definite or differential diagnosis based on the information available at the time of the encounter.
  - 5.5.1.4 Plan or Rx: Refers to a diagnostic work-up including X-rays and laboratory tests. Rx-treatment including any prescription ordered for the inmate, together with the dosage, total amount prescribed, and specific directions for administration.

- 5.5.2 Documentation shall be immediately made, as required, herein, by every health care provider when a health encounter is made. Should two providers 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), then both providers shall complete separate SOAPE documentation.
- 5.5.3 All SOAPE forms shall be placed in the inmate's 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 Physician, Dentist or Physicians' Assistant who ordered the test.
- 5.6.2 Following review, the Physician, Dentist, or Physicians' Assistant will sign the report and as indicated by its results, take such other action as is necessary.
- 5.6.3 If the report results show that no action is necessary, the report shall be filed in the appropriate section of the inmate's Medical Record.
- 5.6.4 No more than three reports shall be affixed to any one page.

**6.0 RECEIPT/TRANSFER OF AN INMATE FROM/TO COUNTY JAIL AFTER INITIAL SENTENCING AND RETURNING FROM A COUNTY JAIL WHEN AN INMATE GOES OUT TO COURT**

- 6.1 Upon transfer of an inmate to an Arizona Department of Corrections facility, Health Services staff shall:
  - 6.1.1 Verify receipt of the inmate and the inmate's medical information from the sending facility.
  - 6.1.2 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.
  - 6.1.3 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.

## 6.2 Receipt of an Inmate Returning from a County Jail

### 6.2.1 Institutional staff shall:

6.2.1.1 Escort the inmate, with all medical documentation from the jail, to the Department's facility Health Unit for review and evaluation.

6.2.1.2 Transport the medical record information in a sealed envelope marked "Confidential" to the receiving institution's Health Services staff.

### 6.2.2 Health Services staff shall:

6.2.2.1 Verify receipt of the inmate and the inmate's medical information from the sending facility.

6.2.2.2 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.

## 6.3 Transfer of An Inmate to A County Jail or a Correctional Facility in Another State – Institutional staff shall notify Health Services staff of the pending transfer of an inmate.

### 6.3.1 Health Services staff shall:

6.3.1.1 Review the Medical Record of each transferring inmate and prepare a Continuity of Care/Transfer Summary, Form 1108-8.

6.3.1.2 Place the completed Continuity of Care/Transfer Summary form in an envelope, which is sealed and marked "CONFIDENTIAL" and addressed to the receiving facility Health Services staff.

6.3.1.3 Deliver the envelope to the designated institutional staff for transport to the receiving facility or transporting staff, if other than Departmental transportation staff.

6.3.1.4 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.

## 6.4 Once the inmate is in a 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 Health Services Contract Monitoring Bureau 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

## **FORMS LIST**

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

A.R.S. §31-224, Duty of ADC Director to Deliver Medical Records/Information to Receiving Institutions

A.R.S. §31-132, Duty of County Sheriff's Office to Deliver Medical Records/Information to Receiving Institutions

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

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