	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: 10/03/2014	POLICY NO.: COR.10.1H.06
		SUPERSEDES (Policy No. & Date): COR.10.1H.06 (09/19/2009)	
SUBJECT: PATIENT ACCESS TO PROTECTED HEALTH INFORMATION		Page 1 of 9	

1.0 PURPOSE

To establish procedures for patient access to their medical record information.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Chapter 26-14.6, Department of Public Safety; Chapter 353C-2, Director of Public Safety, Powers and Duties; Chapters 92F, Uniform Information Practice Act; and Chapter 622-56 & 57.
- b. Health Information Portability and Accountability Act (HIPAA), 45 C.F.R. Subtitle A, Subchapter C, Section 164.508.
- c. Hawaii Revised Statutes, Chapter 92F, Freedom of Information Act, 2004 Cumulative Supplement.

.2 Definitions

- a. Medical Record: An indexed data set containing a patient's medical and psychiatric history, diagnoses and treatments generated by all levels of health professionals from the moment of incarceration until the patient is released from custody.
- b. Electronic Medical Record: A digital version of the paper medical record containing the same data elements recorded in an electronic form.
- c. Protected Health Information: Any health information that can be identified as belonging to a particular individual.
- d. Custodian of Medical Records (CMR): The facility Health Record Librarian where available, or the facility Clinical Section Administrator.
- e. Medical Record Data Set: Is a grouping of health record documents defined by the Health Care Division Administrator or designee, as the component parts of the medical record.

NOT-CONFIDENTIAL

COR P & PM	SUBJECT: PATIENT ACCESS TO PROTECTED HEALTH INFORMATION	POLICY NO.: COR.10.1H.06
		EFFECTIVE DATE: 10/03/2014
		Page 2 of 9

- f. Verifiable legal action: A legal action in which a case number has been assigned by the court.

3.0 POLICY

- .1 Medical records are the property of the State of Hawaii, Department of Public Safety, Health Care Division.
- .2 Patients shall have access to his or her health information. The patient may inspect or obtain copies of their health information unless, in the opinion of the facility's medical authority or a psychiatrist, disclosure of the information would be detrimental to the health of the patient. The patient shall be asked specifically what part of the medical record they wish to review.
- .3 The cost to copy a medical record is fifty (50) cents per single sided page (one dollar for a two-sided page.) The patient must have sufficient funds available in his or her spendable account to cover the entire copying cost before the information is duplicated and released. Records requiring mailing shall have the cost of postage calculated and included the record cost.
- .4 Indigent patients shall be required to sign a Purchase Agreement form, DOC 0477 authorizing the copying cost to be withheld from the patient's account prior to record duplication.
- .5 Patients are restricted to one full medical record data set per year.
- .6 A patient review of the paper medical record or a paper copy of the electronic medical record shall be granted when sufficient facility staff is available to oversee the review at no cost to the patient. The patient shall not alter the record and shall leave the record in the clinic upon completion of the review.
- .7 The CMR shall create a patient file for the paper copies of the electronic medical record adding any additional review data to the file as the patient requests future medical record reviews.
- .8 A record review shall be limited to no more than thirty (30) minutes per session and is restricted to one review per every six (6) months.
- .9 Except as provided for by proper authorization, a patient shall not have access to any medical information relating to another individual.

NOT- CONFIDENTIAL

COR P & PM	SUBJECT: PATIENT ACCESS TO PROTECTED HEALTH INFORMATION	POLICY NO.: COR.10.1H.06
		EFFECTIVE DATE: 10/03/2014
		Page 3 of 9

- .10 Facility health care personnel shall not interpret any medical information released to the patient.
- .11 A facility physician may choose to complete a summary of the patient's medical history in lieu of copies of the medical record data set. The copy cost of the summary is fifty (50) cents per page.
- .12 The Paper Medical Record Data Set consists of the following:
 - a. Medical History and Physical Examination
 - b. Post Mental Health Evaluation
 - c. Multidisciplinary Progress Notes
 - d. Medication Administration Record
 - e. Emergency Room, Hospital and Consultation Reports
 - f. Diagnostic and Laboratory Reports
 - g. Dietary Documents
 - h. Injury Reports
- .13 The Electronic Medical Record Data Set consists of the following:
 - a. Encounters
 - b. Labs
 - c. Diagnostic Imaging
 - d. EMAR (electronic medication administration record)
 - e. Patient Housing
 AND The following scanned document directories:
 - a. Advanced Directives
 - b. Consent Forms
 - c. Consults/Referrals
 - d. Court Documents
 - e. Diet memos
 - f. Drawings
 - g. EKG/Cardiac Testing
 - h. Emergency Logs/ER/Acater Admissions Records
 - i. Health Status Classification
 - j. Intake Screening
 - k. Lab Documents
 - l. Logs
 - m. Mainland Records
 - n. Medical Infirmary Forms
 - o. Medical Request Forms
 - p. Mental Health Assessment/Treatment/Diagnostic Forms
 - q. Mental Health Other
 - r. Photos
 - s. Rehab Treatment Records

NOT- CONFIDENTIAL

COR P & PM	SUBJECT: PATIENT ACCESS TO PROTECTED HEALTH INFORMATION	POLICY NO.: COR.10.1H.06
		EFFECTIVE DATE: 10/03/2014
		Page 4 of 9

- t. SRE/Restraint/Logs/Orders
- u. X-rays/Diagnostic Imaging

.14 Upon release of medical record information requested to the patient, it shall be the patient's responsibility to protect the confidentiality of the information. The State of Hawaii, the Department of Public Safety, the facility, the Health Care Section and all correctional employees, contractors, business partners or associates shall not be held responsible for the further dissemination of the information once it is released to the patient.

4.0 PROCEDURE

- .1 All requests for record inspection or copying shall be subject to the following:
 - a. Upon receipt of a valid written request from a patient to copy or inspect the patient's medical information, the CMR shall review the medical record for information that is not part of the paper medical record data set or may be protected from disclosure to the patient under Hawaii Revised Statutes or this policy. Such information shall be removed from the original paper medical record prior to duplication or review or shall not be included in the paper copy of the electronic medical record for the patient's review.
 - b. Medical information that is commingled with non-medical information that is exempt from disclosure, or information that may reasonably be expected to cause danger to the life or safety of an individual or the safety of the institution, the non-medical information shall be redacted or segregated prior to duplication or review. Working tools, informative or tracking tools, screenings and Quality Improvement instruments that are temporarily maintained in the paper medical record for auditors prior to an audit, shall be removed from the record prior to duplication or review.
 - b. The treating provider shall determine if the requested medical information poses a potential detrimental effect on the patient's health. Should that determination be made the patient shall be notified of this decision using form DOC 0487, In Receipt of Request For Information. The CMR shall advise the patient that he or she has the right to appeal this decision through the facility grievance process.
 - c. The patient shall not be required to disclose the purpose of the medical record request however sufficient information must be provided to properly identify the record or the information requested.

NOT- CONFIDENTIAL

COR P & PM	SUBJECT: PATIENT ACCESS TO PROTECTED HEALTH INFORMATION	POLICY NO.: COR.10.1H.06
		EFFECTIVE DATE: 10/03/2014
		Page 5 of 9

Record Review

- .1 Patients shall submit a medical request to the Health Information Section or CMR requesting to be scheduled for an appointment to review their health record information.
- .2 Medical record reviews shall be conducted when staff resources are available, with the frequency limited to every six (6) months. Each review session is limited to thirty (30) minutes.
- .3 Patient reviews of the electronic medical record shall be conducted by printing the electronic record data set at **no cost** to the patient. The patient shall follow the same guidelines as required for reviewing an original paper record. The copy of the electronic record shall remain in the clinic in a patient specific file for reference should future requests for a medical record review occur.
- .3 An appropriate location shall be designated for the review of the medical record. The location of the review shall be such that a Correctional Officer is in sufficient proximity to the patient to observe that nothing is removed or damaged from the paper original record but not so close as to be able to read the record content.
- .4 Correctional employees are not required to transport original medical records to the requester for review, except for locations within a facility.
- .5 All medical record information provided for review shall be recorded on DOC 0490, Information Reviewed or Released From this Medical Record. The form shall be filed in the record under the Miscellaneous Index, Sub-Section: Consent in the original paper record and scanned under Document Management/Misc. section in the electronic record. Once the document is verified as having scanned successfully it shall be shredded.
- .6 The CMR shall seal the medical record prior to the scheduled record inspection and deliver the record to the review site and witness the patient breaking the seal. The CMR shall retrieve the record from the patient upon completion of the review session.

NOT- CONFIDENTIAL

COR P & PM	SUBJECT: PATIENT ACCESS TO PROTECTED HEALTH INFORMATION	POLICY NO.: COR.10.1H.06
		EFFECTIVE DATE: 10/03/2014
		Page 6 of 9

Record Copying

- .1 Patients shall submit a medical request to the Health Information Section or CMR to request a copy of their health information.
- .2 The CMR shall release the requested documents to the patient by the tenth (10) working day from the date of receipt of the request for information.
- .3 The cost to copy a medical record information is fifty (50) cents per single sided page (one dollar for a two-sided page.) The patient must have sufficient funds available in his or her spendable account to cover the entire copying cost before the information is duplicated and released.
- .4 The CMR shall inform the patient of any non-processable requests within ten (10) working days of the request submission using the In Receipt of Request of Information form, DOC 0487. The reason the request cannot be processed shall be documented on the form.
- .5 Form DOC 0487, In Receipt of Request For Information, shall also be utilized to notify a patient when unusual circumstances will delay the record release beyond the stipulated ten (10) working days. The deadline for the release of records maybe extended up to an additional ten (10) working days to a total of twenty (20) working days from the date of the request.
- .6 Indigent patients shall be required to sign a Purchase Agreement form, DOC 0477 authorizing the copying cost to be withheld from the patient's account prior to record duplication. Patients refusing to sign the agreement shall not be provided with the requested medical record documentation.
- .7 The number of pages copied and cost per page shall be forwarded to the facility fiscal office, patient accounting, on Form DOC 0485, Cost To Patient For Copies of Medical Records.
- .8 Patients are limited to one complete data set per year unless the patient is involved in a verifiable legal action where additional health information occurring after the release date of the complete data set and before the next annual data release date is required. Under this circumstance patients must:
 - a. submit a medical request for copies of the additional health information,
 - b. have sufficient funds available in his or her account, or if indigent, sign a Purchase Agreement form to cover the entire copying cost prior to the duplication of the requested information.

NOT- CONFIDENTIAL

COR P & PM	SUBJECT: PATIENT ACCESS TO PROTECTED HEALTH INFORMATION	POLICY NO.: COR.10.1H.06
		EFFECTIVE DATE: 10/03/2014
		Page 8 of 9

of disagreement shall be filed with the document in question, if possible, or in the Miscellaneous Index, Subset: Correspondence of the medical record.

- b. Erroneous – The erroneous entry shall be amended, corrected or removed from the data set depending on whether it is in an original paper or electronic medical record and if the error is a misfiling of a document or an entry error. If the entry to be corrected is a self-contained sheet(s) or report(s) such as a laboratory or consultation report that is not commingled with any other information, a misfiled document the determination may be made by the CMR to remove it from the original paper or electronic record.

Erroneous data that is commingled with other necessary and accurate information on an original paper record such as handwritten documentation occurring on the incorrect chart shall have the entry lined or “X” out. The erroneous entry shall be marked “error” and shall be dated and initialed by the person who made the erroneous entry. If available, corrected information shall be added to the data set as an addendum or late entry and shall reference the patient’s request.

Erroneous data discovered in the electronic record shall be corrected by adding an addendum to the document containing the error explaining the error followed by the name and date of the person making the entry. All data entries and modifications made to the electronic medical record shall be tracked by data logs retrievable by Health Care Administrative staff.

The CMR shall inform the patient that the requested changes were made.

COR P & PM	SUBJECT: PATIENT ACCESS TO PROTECTED HEALTH INFORMATION	POLICY NO.: COR.10.1H.06
		EFFECTIVE DATE: 10/03/2014
		Page 7 of 9

- .9 The CMR shall secure the requested information in an envelope marked "Confidential" and shall be given to an assigned nurse to personally deliver the envelope to the patient.
- .10 The patient shall sign for the released documents on the data release record.
- .11 The patient shall be responsible for the further copying, release or distribution of medical information released to him or her.
- .12 The patient shall be responsible for the safe keeping of released health documents. Patients shall be responsible for the replacement copying costs should released records become lost or damaged. Replacement documents shall be copied as time allows, and shall not be subject to a ten (10) working day turn.
- .13 All information released from the medical record shall be recorded on form DOC 0490, Information Reviewed or Released From This Medical Record including the documents or date range of documents released, date of the release, the signature of the releasing person and the patient. The forms shall be filed in the medical record in the Miscellaneous Index, Sub-Section: Consent in the original paper record and scanned under Document Management/Misc. section in the electronic record. Once the document is verified as having scanned successfully it shall be shredded.
- .14 Patients with concerns regarding a possible error in their medical record may submit a written statement to the CMR documenting the concern.
- .15 Upon receipt of a valid request to correct an alleged erroneous entry in the medical record, the CMR shall consult with the Clinical Section Administrator and/or staff member involved to review and assess whether or not the information is:
 - a. Accurate - The CMR shall inform the patient in writing that the request to amend the record is denied and the reason for the denial. In addition, the patient shall be notified of their right to write a concise statement regarding the alleged error setting forth his or her disagreement with the refusal to amend or correct the medical record. Patients do not have the right to request removal of medical record documentation from their record.

Upon receipt of a patient disagreement statement the staff member originating the entry shall initial the disagreement statement from the patient and the CMR shall add the statement to the medical record. The statement



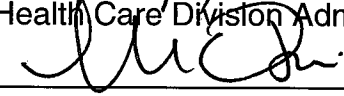
NOT- CONFIDENTIAL

COR P & PM	SUBJECT: PATIENT ACCESS TO PROTECTED HEALTH INFORMATION	POLICY NO.: COR.10.1H.06
		EFFECTIVE DATE: OCT 03 2014
		Page 9 of 9

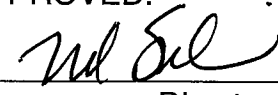
5.0 SCOPE

This policy and procedure applies to all branch facilities and their assigned personnel.

APPROVAL RECOMMENDED:

	7/28/14
Medical Director	Date
	9/26/14
Health Care Division Administrator	Date
	10/1/14
Deputy Director of Corrections	Date

APPROVED:


Director
10/3/14
Date

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

PURCHASE AGREEMENT

(Print Inmate's Name)

(SID)

(DOB)

(List Item(s) to be Purchased)

(Initial)

1. I have been informed that the items I wish to purchase are not covered benefits under my health plan. I understand that by agreeing to purchase the item(s) listed above. I am responsible for the cost of the item(s) and that I am buying the item(s) from a private business and not from the Department of Public Safety.

(Initial)

2. I understand by agreeing to purchase the item(s), and I must have sufficient funds in my account to pay for the full cost of the requested item(s), and the entire amount will be deducted from my account.

(initial)

3. The Health Care Division (HCD) has a reimbursement payment plan available if I do not have sufficient money in my account to pay for the entire cost of the prosthesis. If I agree to the payment plan, the HCD will purchase the items (s) from the private business so I can have it right away. I will then be obligated to the terms of the payment plan until the entire cost of the item has been repaid.

(initial)

4. I understand I have the right to refuse the recommended item(s) listed above and participation in the payment plan.

(Initial)

5. If I agree to the payment plan, I understand that whenever there are funds in my account in excess of ten dollars (\$10.00), the excess amount will be withdrawn until the cost of the requested item(s) is paid in full.

(Initial)

6. I understand that if I agree to the payment plan and I am released from jail or prison before I have finished paying for the items(s), any funds remaining in my inmate account will be applied to my debt. I understand that if I ever return to jail or prison, I will be obligated to pay any outstanding balance owed the Health Care Division for the purchase of the requested item(s) as soon as funds are deposited into my account, for any reason, from any source.

(Initial)

7. I understand that the purchase of the item(s) listed above is non-refundable once the order is placed. An item(s) may be substituted for an item of equal value if the vendor's regulations allow for exchanges.

I refuse the payment plan and I do not wish to purchase the item(s) listed above at this time. _____
(Initial)

I consent to the purchase of the item(s) listed at the top of the page and authorize the amount of \$ _____ to be deducted in full or by the reimbursement payment plan if I have insufficient funds in my account at this time. _____
(Initial)

(Inmate Signature)

(Date)

(Staff Signature/Title)

(Date)

Item(s) ordered on _____ from _____.

Item(s) received on _____ Issued to inmate on _____

(Pt Initial)

Original sent to fiscal on _____

Copy to inmate & medical record

Department of Public Safety
Health Care Division

RESPONSE TO INMATE REQUEST FOR INFORMATION

FACILITY: _____ NAME: _____

DATE: _____ SID: _____

THE CUSTODIAN OF RECORDS IS IN RECEIPT OF YOUR REQUEST FOR INFORMATION FROM YOUR HEALTH RECORD.

- Your request for information is denied. You have the right to appeal this decision through the grievance process.
- You have insufficient funds in your account to pay for copies. Request is denied.
- Your request for information is incomplete. Please submit a written request according to policy and procedure COR.10.1H.07
- Your request for information (circle one):
 - Belongs to another medical facility Does not exist
 - Cannot be found Other _____.
- Your request is being processed. You should receive the requested information within 10 days.
- Due to circumstances beyond my control, there will be a delay in the processing of your request. You will receive the requested copies or review within 21 working days.
- The requested information is attached.

Comments: _____

Cc: Inmate
Chart

Printed Name

Signature & Title

State of Hawaii

**Department of Public Safety
Health Care Division**

COST FOR COPIES OF MEDICAL RECORDS

FACILITY: _____

SECTION: _____

TO: The Fiscal Office, Inmate Accounting

FROM: The Custodian of Medical Records

SUBJECT: COST TO INMATE FOR COPIES OF MEDICAL RECORDS

Call to Fiscal to verify funds: Account Clerk: _____ Date: _____

Funds available

Funds not available

The inmate listed below requested copies of his/her medical record. The signature below automatically authorizes the amount for copies to be deducted in full or by the reimbursement payment plan if inmate has insufficient funds in his account at this time.

_____| I refuse the payment plan and do not wish to purchase copies at this time.
Initial

Please deduct the total cost of \$____.____ (50¢ per page, \$1.00 per doubled sided page) for _____ copies from the inmate's spendable account.

Please make the check out to the Director of Finance and send the check to the Health Care Section. Please indicate on the check that the payment is for copies. Thank You.

(Print Inmate's Name)

(SID)

(DOB)

(Signature of Inmate)

(Date)

(Signature of Custodian of Medical Records)

(Date)

Original: Facility Fiscal Section
Canary: Medical Record
Pink: Inmate

INFORMATION REVIEWED / RELEASED
FROM THIS MEDICAL RECORD

NAME: _____ SID: _____ DOB _____

DATE	INFO. RELEASED to FACILITY/ PROVIDER NAME & ADDRESS	INFO. RELEASED & DATE / DATE RANGE	SIGNATURE/TITLE INMATE SIGNATURE