

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-H-02.1**

SUBJECT: NOTIFICATION IN EMERGENCIES

POLICY: An inmate's family, legal guardian or personal representative will be notified in the event of serious illness, injury or death.

REFERENCE: NCCHC Standard P-H-02  
HIPAA 164.510 (b) (1) (i) (ii)  
Officer of the Day Manual

PROCEDURE:

1. Information regarding inmates' next of kin, legal guardian or personal representative is obtained by the counselor during the intake process. The inmate's counselor is responsible for updating this information with the inmate annually. This information is kept in the inmate's central file and updated on the Corrections Information System.
2. The "Health Services Emergency Notification" form is made available to all inmates through the Admission and Orientation process upon admission to the Oregon Department of Corrections. The purpose of this form is to allow Health Services to speak to designated family, friends, significant others, etc. when they inquire about various health related issues. Examples of these issues may include, but are not limited to, surgeries, hospitalizations, infirmary admissions, on-site emergency care, off-site emergency care and chronic diseases.
3. The institution inmate newsletters will periodically print notices reminding inmates to inform health services staff when information on these forms need updated. In addition, during annual tuberculosis screening, inmates will be offered new forms to fill out as needed.
4. These forms are filed in the "Consents" section of the health care record.
5. In the event of a life threatening illness or injury, it is the responsibility of the health care staff to notify the Officer-in-Charge (OIC). The Officer-in-Charge is then responsible for the notification of the next of kin, legal guardian or personal representative.

Effective Date: \_\_\_\_\_  
Revision date: November 2006  
Supersedes P&P dated: April 2005

Oregon Department of Corrections  
HEALTH SERVICES EMERGENCY NOTIFICATION

I DO NOT WANT INFORMATION PROVIDED TO ANYONE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In the event of an inquiry into my health condition or care during my incarceration; or a medical emergency requiring lifesaving intervention and/or hospitalization, I hereby authorize the Oregon Department of Corrections, Health Services Section to release the following confidential medical information to those listed below:

\_\_\_\_\_ Serious illness, planned hospitalization or surgery

\_\_\_\_\_ Health emergency or death

\_\_\_\_\_ Inquiry regarding my health condition and/or care

\_\_\_\_\_ Mental Health information

Names and addresses of those to receive information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Telephone No.

My consent may be revoked or changed at any time. The only exception is when the action has already occurred as instructed in this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_  
SID #: \_\_\_\_\_  
DOB: \_\_\_\_\_