

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-H-05

SUBJECT: TRANSFER OF HEALTH RECORDS

POLICY: An inmate's health care record maintained by the Department of Corrections will be transferred at the same time the inmate is transferred to any of the state operated correctional facilities to ensure continuity of care and to prevent the duplication of examinations, diagnostic tests, and treatment at the receiving facility. Oregon statutes also allow for the transfer of health care information between county and state correctional institutions and mental health programs for the same purposes as described above for transfers between state correctional facilities.

REFERENCE: OAR 291-124-076(6)
NCCHC Standard P-H-05
HIPAA 164.512 (5) (i) (D)
CD487

PROCEDURE:

A. Intradepartmental Transfers

1. The health care record of an inmate identified for transfer to another state-operated correctional facility is pulled from the transferring institution's health services records storage area prior to the inmate's transfer. Any medication administration records, x-rays and current medications will also be pulled and placed with the health care record. Health care staff are to review the health care record prior to transfer for appropriateness to include documentation of pending follow-up care if needed.
2. The health care record is placed in a transport container, which is then locked to maintain the confidentiality of the health care record.
3. The transport container is delivered to the transporting officer.
4. The transport container is transported to the receiving facility and delivered to health care staff at the receiving facility.
5. Qualified health care staff will review the record for identification of any special or emergent health care needs.
6. If an inmate arrives at the receiving facility without health care records, the transferring facility Health Services Manager, or designees, is contacted and arrangements made to transfer the record as soon as possible.

Transfer of Health Records

7. Until the complete health care record arrives, current medical information, including allergies, is to be noted on a progress note. This information may either be obtained from the transferring facility's health care staff, or through an interview with the inmate if the health care record is in transit. Medication information can be obtained through the pharmacy staff or electronic records. A medication administration record is to be started if the inmate has current orders for medication.

B. Transfers to other facilities not operated by the Oregon Department of Corrections.

1. The Medical Transfer Form (attached) will be completed by the transferring facility when an inmate's custody is to be transferred to a correctional or health facility not operated by the Oregon Department of Corrections.
2. Information to be documented on the medical transfer form or copied and attached to the form to include:
 - A brief description of the inmate's medical history.
 - Date of the last physical examination.
 - Communicable disease screening results and date.
 - The immunization record.
 - Current health status problems.
 - Current level of activity.
 - Current therapy (including medications).
 - Anticipated future health care needs.
 - Name, address, and phone number of the person to contact if additional health records information is requested.
3. The medical transfer form is to accompany the inmate, or to be sent by mail or electronically to the receiving facility at the time of the inmate's transfer or upon notification of the health services staff regarding the inmate's transfer.
4. A copy of the medical transfer form will be retained in the health care record and filed in the miscellaneous section.
5. Transfers to Oregon State Hospital and Oregon Youth Authority will be accompanied by a copy of the full health care record.
6. Transfers to facilities under the Rental Bed Program will be accompanied by a copy of the health care record according to P&P #P-A-08.1, Health Status Clearance for Inmates Assigned to Beds Rented in Non-DOC Facilities.

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

OREGON CORRECTIONS HEALTH
MEDICAL INFORMATION
FOR TRANSFER

TO: _____

FROM: _____

DATE: _____

- URGENT-- TO MEDICAL IMMEDIATELY
- ROUTING-- TO MEDICAL

OREGON CORRECTIONS HEALTH MEDICAL INFORMATION TRANSFER FORM

TO: _____ DATE: _____

FROM: _____

Inmate Name: _____ DOB: _____

DISCHARGE SUMMARY:

Current Health Status/Diagnosis: _____ Allergies: _____

Treatments/Medications: _____

TB/PPD Information: _____ Date Given: _____ Results: _____

CHEST X-Ray Date: _____ Results: _____

Additional Information/Concerns: (Behavior, mental status, work limitations, lab results, etc.)

Documents attached including med records, medications, labs: YES NO

Signature of Medical Person _____ Phone # _____

SENT: Fax Transport Officer Phone Call Mail

Recommendations: Needs immediate attention by Medical
 Schedule next sick call or see a nurse
 Routine Care

Original to Receiving Institution
Copy to Chart