



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

James Greer

Name of Individual Certifying this Document/Proposed Document

Director, Bureau of Health Services

Title

Signature

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.50.12	Page 1 of 5
	Original Effective Date: 03/01/05	New Effective Date: 09/16/13
	Supersedes: BHS500:12	Dated: 01/01/09
	Administrator's Approval: Cathy A. Jess, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Request for Alternative Communication of Protected Health Information		

POLICY

Inmate patients may request that the Division of Adult Institutions communicate with them about their protected health information in an alternative manner from the usual business practices. The Division of Adult Institutions may approve or deny the request, and upon approval must adhere to the approved modification.

REFERENCES

Code of Federal Regulations – Title 45 – Section 164.522(b) – Public Welfare – Security and Privacy

Health Services Policy and Procedure 500:09 – Disclosure of Protected Health Information With Patient Authorization – Appendix A

DEFINITIONS, ACRONYMS AND FORMS

Authorized representative – Individual with legal authority to act upon behalf of an inmate patient, such as a legal guardian of the person, or health care agent under an activated Power of Attorney for Health Care, or a parent of a minor child.

CFR – Code of Federal Regulations

Correctional facility – Institution or correctional center operated by DAI.

DAI – Division of Adult Institutions

Dental Service Request – DOC-3392 used by an inmate patient to request an appointment with a dentist, to ask a dental health-related question, or to request a DOC form needed to exercise a legal right related to the inmate patient's HCR.

Dental Services Unit (DSU) – Work unit at a correctional facility that includes the dentists, dental assistants and dental hygienists who provide dental care to inmate patients.

DOC – Department of Corrections

DOC-3035 – Health Service Request and Copayment Disbursement Authorization

DOC-3035B – Psychological Service Request

DOC-3392 – Dental Service Request and Copayment Disbursement Authorization

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DOC-3488 – Request for Alternative Communication of PHI

Health Care Record (HCR) – Official confidential DOC record created and maintained for each patient consisting of all or some of the following components: gray/green Medical Chart and/or orange Short Term Inmate Admission Medical Chart, Dental Record, Psychological Records-Copies envelope, Medications Record envelope, Patient Request Folder, Psychological-Services Unit Record, and other components as defined by the Bureau of Health Services.

Health Service Request – DOC-3035 used by an inmate patient to request an appointment with health services, to ask a health-related question, or to request a DOC form needed to exercise a legal right related to the inmate patient's HCR.

Health Services Unit (HSU) – Work unit at a correctional facility that includes the physicians, dentists, nurses and support staff who provide health care services to an inmate patient residing in a DAI correctional facility.

Health Insurance Portability and Accountability Act (HIPAA) – Federal law that requires all covered entities to follow national standards that protect the privacy and security of protected health information.

HIPAA Compliance Officer – Employee designated by the Secretary of the DOC to oversee implementation of and compliance with DOC policies and procedures, and Wisconsin and federal laws pertaining to confidentiality of health care information.

HSM – Health Services Manager

Individually identifiable health information – Information that identifies an individual, including demographic information, created or received by a health care provider that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Patient – An individual who receives or has received health services from a qualified health care professional or health care provider. For purposes of this policy, patient includes an authorized representative.

Protected Health Information (PHI) – Individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.

Psychological Service Request – DOC-3035B used by an inmate patient to request an appointment with psychological services, to ask a mental health related question, or to request a DOC form needed to exercise a legal right related to the inmate patient's HCR.

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Psychological Services Unit (PSU) – Work unit at a correctional facility that includes the psychologists and support staff who provide psychological services to an inmate patient residing in a correctional facility.

PROCEDURES

I. Written Request by Inmate Patient

- A. Inmate patients in a correctional facility may request that the HSU, DSU or PSU provide them with their protected health information in an alternative way from the usual business practices.
- B. An inmate patient completes a DOC-3035 – Health Service Request and Copayment Disbursement Authorization, DOC-3392 – Dental Service Request and Copayment Disbursement Authorization or DOC-3035B – Psychological Service Request stating that he/she wishes that the HSU, DSU or PSU communicate with him/her in an alternative manner.
- C. See Health Services Policy and Procedure 500:09 – Appendix A, for a table showing who may act on behalf of a minor or adult inmate patient.

II. Response by HSU, DSU or PSU

- A. Upon receiving a DOC-3035 – Health Service Request and Copayment Disbursement Authorization, DOC-3392 – Dental Service Request and Copayment Disbursement Authorization or DOC-3035B – Psychological Service Request in which a patient asks that PHI be communicated in an alternative manner, HSU, DSU or PSU provides the patient with the DOC-3488 at no charge within 10 calendar days, whenever practicable.
- B. HSU or PSU instructs the patient to complete Section 1 of the DOC-3488 and return it to the HSU or PSU. Note that the patient does not have to provide a reason for the request for alternative communication of PHI.
- C. Upon receipt of the completed DOC-3488 – Request for Alternative Communication of PHI from the inmate patient, the HSM or Psychology Supervisor contacts the HIPAA Compliance Officer within 10 calendar days to discuss the request.

III. Review of Request

- A. HIPAA Compliance Officer and HSM or Psychology Supervisor determine whether a request described in Section 1 of the DOC-3488 – Request for Alternative Communication of PHI is reasonable based upon factors including, but not limited to:
 1. Assessment of the potential impact on the operational and security needs of the correctional facility if the request were granted, not upon whether the reviewer believes the inmate patient has a reasonable basis for the request.
 2. Whether the inmate patient described in sufficient detail the alternative method of communication or alternative location being requested; i.e., in

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what ways does the inmate patient wish the HSU, DSU or PSU to communicate PHI that differ from the usual mode of communication.

3. Whether the inmate patient provided sufficient information explaining how the inmate patient will pay for costs, if any, that would be incurred by DOC if the request is granted.

B. HIPAA Compliance Officer may request additional information if needed to reach a decision.

IV. Decision

A. Upon approval of the request:

1. HSM or Psychology Supervisor completes Section 2 of the DOC-3488 – Request for Alternative Communication of PHI, forwards a copy to the inmate patient, and files the form in the Medical Cart, Correspondence Section, Dental Record, Correspondence Section, or the PSU Record, Inmate Correspondence Section.
2. HSM or Psychology Supervisor ensures that the affected work unit (HSU, DSU, or PSU) implements the steps necessary to communicate PHI in the alternative manner.

B. Upon denial of a request:

HSM or Psychology Supervisor completes Section 2 of the DOC-3488 – Request for Alternative Communication of PHI, forwards a copy to the inmate patient, and files the form in the in the Medical Chart, Correspondence Section, Dental Record, Correspondence Section, or the PSU Record, Inmate Correspondence Section.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
David Burnett, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Cathy A. Jess, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.50.12	Page 5 of 5
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Request for Alternative Communication of Protected Health Information		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other