



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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## 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.

Casey Gerber

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Name of Individual Certifying this Document/Proposed Document

Director, Office of Juvenile Offender Review

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Title

Casey Gerber

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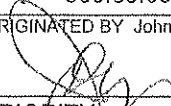
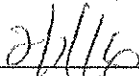
Signature

06/24/2019

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Date Signed

Department of Corrections – Wisconsin  
Office of the Secretary  
Wis. Stat. § 227.112(6)  
DOC-2910 (8/2019)

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|  <p style="text-align: center;"><b>WISCONSIN</b><br/><b>DEPARTMENT OF CORRECTIONS</b><br/><br/>Division of Juvenile Corrections<br/><br/>Policy and Procedure</p>   | EFFECTIVE DATE<br>2/1/2016  | PAGE NUMBER<br>1 of 11  |
|  | MANUAL REFERENCE  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision |
|  | DJC POLICY #<br>500.50.09   | Original Date:  |
|  | ORIGINATED BY John D. Paquin, Administrator   |   |
| DISSEMINATION  | X  Date Signed:  |   |
| <input type="checkbox"/> All Staff<br><input type="checkbox"/> Institution<br><input type="checkbox"/> Field Offices<br><input type="checkbox"/> Supervisory Staff Only<br><input type="checkbox"/> Confidential-Security Related<br><input type="checkbox"/> Community Facilities<br><input checked="" type="checkbox"/> Health Records | X PRIORITY<br><input checked="" type="checkbox"/> Policy/Directive<br>Discuss at Staff Meeting<br><input type="checkbox"/> Information<br>Read/Route/Post                             |   |
| <b>SUBJECT: Disclosure of Protected Health Information with Patient Authorization or Court Order</b>   |   |   |

**Purpose**

This policy is to ensure that the handling of protected health information is done consistently throughout the Department of Corrections.

**Policy**

The Division of Juvenile Corrections shall permit individuals to inspect and/or obtain copies of documents containing Protected Health Information upon the receipt of a legally valid written authorization, or pursuant to a court order, in compliance with applicable Wisconsin and federal laws, and Department of Corrections' policies.

**References**

- Wisconsin Statutes s. 51.30 – Records, State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act
- Wisconsin Statutes ss. 146.81-.84 – Miscellaneous Health Provisions
- Wisconsin Statutes ss. 102.13 and 102.33 – Workers' Compensation
- 42 CFR Part 2 – Confidentiality of Alcohol and Drug Abuse Patient Records
- 45 CFR Parts 160 and 164 – Health Insurance Portability and Accounting Act (HIPAA)
- Executive Directive 30 – Entitlement Programs for Eligible Offenders
- DJC Policy 500.50.08 – Access by Patient to Their Health Care Records
- DJC Policy 500.50.10 – Authorized Disclosure of Protected Health Information Without Patient Authorization
- DJC Policy 500.70.11 – Psychological Services Unit Record
- Attachment 1 – Partially Completed DOC-1160
- Attachment 2 – Review of Authorization Worksheet
- Attachment 3 – Individuals With Right To Access And Authorize Disclosure Of Health Information
- Attachment 4 – Records Sent to DDB
- Attachment 5 – Redacting Instructions

**Definitions, Acronyms and Forms**

AODA – Alcohol and other drug abuse

Authorization – Document that permits a named individual or entity to disclose to named recipient confidential information identified in the document.

Authorized Representative – Individual with legal authority to act upon behalf of a 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/guardian of a minor child.

C.F.R. – Code of Federal Regulations

CMR – Central Medical Records at Dodge Correctional Institution

DDB – Disability Determination Bureau

DJC – Division of Juvenile Corrections

DOC – Department of Corrections

DOC-1160 – Record Request Response

DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI)

DOC-1163R – Revocation of Authorization for Use and Disclosure of Protected Health Information (PHI)

DOC-2309 – Certification of Records

DOC-3011 – Fees for Copies of Health Care Records

DOC-3326 – Signature Verification

DOC-3508 – Notarized Statement for Access to Health Information Regarding a Deceased Person

DOC-3688 – Failed Authorization Letter

DSU – Dental Services Unit

Health Care Record (HCR) – Official confidential DOC record created and maintained for each youth patient consisting of all or some of the following components: 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 information – Any information, including genetic information, whether oral or recorded in any form or medium, that: is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and 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.

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.

HSU – Health Services Unit

HIPAA Compliance Officer – Staff 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 offender health care information.

Individually identifiable health information – Information that is a subset of health information, including demographic information collected from an individual, and: is created or received by a health care provider, health plan, employer, or health care clearinghouse; and 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; and that identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

IWMR – Inactive Women's Medical Records located at Taycheedah Correctional Institution

LAW – Legal Action of Wisconsin

Legal Custodian – Employee who acts under the direction of the Department Legal Custodian and Deputy Department Legal Custodian to process requests from specific record sets.

Patient – Individual who receives health care services from a health care provider.

POC-051 - Notice Regarding AODA Information

POC-052 – Notice of Redaction and Withholding of Documents

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.

PSU – Psychological Services Unit

Requester – Individual who asks to inspect and/or receive copies of documents containing PHI about a patient, generally filed in the DOC Health Care Record.

SSA – Social Security Administration

SSA-827 – Authorization to Disclose Information to the Social Security Administration

### Procedures

#### **I. Responsibilities of Legal Custodians of the Record**

- A. Legal Custodians of the HCR in the HSU, DSU, or PSU for a current patient shall process requests for PHI, in accordance with this policy.
- B. Legal Custodians of the Social Services files shall forward a request for PHI to the location of the HCR (HSU, DSU, PSU, CMR or IWMR), *except for AODA* program information, the originals of which are filed in the Social Services files.
- C. A litigation coordinator receiving a request for PHI shall forward the request to the location of the HCR: HSU, DSU, PSU, CMR or IWMR.
- D. DJC shall forward to CMR or IWMR a request for PHI regarding a former patient.

#### **II. Applicable Confidentiality Laws**

- A. Documents that include PHI, except for AODA information, created by DOC health providers are covered by confidentiality laws Wisconsin Statutes Ch. 51, Ch. 146 and Ch. 252, and HIPAA regulations under 45 C.F.R., Part 164.
- B. Documents in HCRs and Social Services files containing AODA diagnostic and program information are governed by federal regulations under 42 C.F.R. Part 2.

#### **III. General Legal Guidelines**

- A. See DJC Policy 500.50.10 for the following:
  1. A request for PHI from a community (off-site) health care provider for ongoing treatment.
  2. A request for PHI for a Workers' Compensation case directly related to the claim for benefits.
  3. Specified disclosures of PHI under statutory exceptions.
  4. A request for PHI from a DOC employee, other than health staff, to perform a job duty.
- B. A verbal or written request for verbal or written disclosure of PHI that requires a signed authorization by the patient shall be processed in accordance with this policy.
- C. A request for PHI under a court order shall be processed in accordance with this policy.

#### **IV. Telephone Request for PHI**

- A. Phone request
  1. Inform caller (attorney, community agency, spouse, family member, friend, etc.) that a written authorization signed by the patient, or authorized representative, is required. Inform the caller about facility procedures for completing the DOC-1163A.
  2. Direct former patients requesting records for their own use to contact CMR (males) or IWMR (females).
  3. Inform former patients requesting PHI for their community health providers that that the health providers should contact CMR or IWMR.

**V. Written Request for PHI**

- A. A written request for PHI may come from an individual who wants the information, or from a patient who asks the DOC to share PHI with a named recipient.
- B. Immediately forward a copy of a request asking for records other than documents filed in the HCR to the appropriate other records locations. For example, documents relating to AODA programs are filed in the Social Services File and/or AODA Program records.
- C. For a request regarding a patient no longer at the DJC institution, other than from the Disability Determination Bureau (DDB), check Locator/IWCS and immediately forward the request via global scan/email or fax to the current location of the HCR.
- D. For a DDB request regarding a patient no longer at the DJC institution, respond to DDB stating that the HCR is not located at the DJC institution, and state the current location of the HCR, such as a DAI facility, or CMR/IWMR. Do not forward the DDB request to the current location of the HCR because DDB will contact that location.
- E. When the requester does not include a completed authorization form, forward a DOC-1160, and a blank or partially completed DOC-1163A. See Attachment 1.
- F. When the requester includes an authorization form, other than a DOC-1163A, use the Review of Authorization worksheet to determine if the authorization meets all legal requirements. See Attachment 2. Note that an authorization must indicate that records from a stay in a DJC institution are covered. Consult with HIPAA Compliance Officer, as needed.
- G. If an authorization does not meet all requirements, forward the standard DOC-3688 on the correct DOC letterhead, to inform the requester why the authorization is invalid, and attach a blank or partially completed DOC-1163A.
- H. When an authorization is signed by an individual on behalf of a patient, verify the person has the legal authority to sign. See Attachment 3.
- I. Note on the authorization the date of receipt to start the 30 day timeline to respond to the record request.
- J. Consult with a supervisor, CMR/IWMR staff, or the DOC Health Information Supervisor, as needed, if a question arises as to the adequacy of a form.

**VI. Review of HCR**

- A. Read the authorization and the request (cover letter) to determine exactly which documents are being requested, so that pages can be counted for computing copying fees and/or for completing a certification form.
  - 1. When a cover letter requests a narrower range of records than the authorization, process the request according to the cover letter.
  - 2. When a cover letter requests records not included in the authorization, process the request according to the authorization.
  - 3. Note carefully any types of records excluded from disclosure in a DOC-1163A in the section where patient can exclude certain types of records. In case of a conflict within the DOC-1163A, provide the more limited set of records.
- B. Complete a DOC-1160 when none of the requested PHI is contained in the HCR.
  - 1. Check the "no documents" box.
  - 2. Explain briefly in the "Comments" section why the documents are not available: individual was never in a DJC institution, or individual was not in a DJC institution for the time period for which requester asks for documents.

C. Requests for copies from Patient Request Folder

1. A request may specifically ask for contents of the Patient Request Folder, or the request may include those documents because the request is for the entire record.
2. Patient Request Folders contain paper copies of forms (primarily Health Service Requests HSRs), and other documents, used by patients to communicate with an HSU.
3. HSUs remove, at regular intervals, the contents of the Patient Request Folders to send them to an outside scanning contractor that digitizes the documents.
4. When documents for the date range requested are not in the Patient Request Folder, search Electronic Content Management using both a six and eight digit DOC numbers. Training materials, including printing instructions, are available from CMR.
5. Compute the total of the paper forms in the Patient Request Folder and the number of digital forms to determine copying costs.

D. Requests for Entire HCR

1. Entire HCR includes documents filed in all parts of the HCR maintained in the HSU, DSU and PSU, and documents scanned into Electronic Content Management from the Patient Request Folder.
2. Frequently, a requester asks for the entire record which can be extensive, but requester actually wants limited information. Contact requester to discuss narrowing the request as to types of records and/or date range.
3. Documents below shall not be provided. Attach a POC-052 to the copies being provided to inform requester of what is not being provided.
  - a. DOC-3326 – Signature Verification forms in Medical Chart.
  - b. Pre-Sentence Investigation Reports sometimes filed in the PSU Record, and documents that refer to the Presentence Investigation PSI Report (generally Ch. 980 related documents and some psychological reports).
  - c. Victim Statements; most likely in PSU Record.
  - d. Copyrighted documents, primarily psychological test instruments. See DJC Policy 500.70.11 for further guidance.
  - e. Social Security Numbers on any document. HSU,PSU or DSU must redact the Social Security Numbers.

E. Total the number of pages responsive to the request to determine fees, and to complete a DOC-2309 – Certification of Records, when requester asks for certified copies. Counting pages tool is available from CMR.

F. Total the number of pages carefully so that the fees can be computed accurately. When counting pages, be sure to verify that each document pertains to the correct patient by looking at the name and DOC number. It is a HIPAA breach if a document pertaining to another youth is provided to a requester.

VII. Determine Copy Fees and Receive Payment

- A. Do not use the DOC-3011, for requests from the Social Security Administration or Disability Determination Bureau because SSA/DDB pays DOC a flat fee of \$26, based upon the invoice sheet with a bar code received by the DOC.
- B. Complete the DOC-3011 promptly after counting the pages responsive to the request, and send to requester, keeping in mind that DOC must respond to records requests within 30 days of the request. Note the date the DOC-3011 is sent to the requester.

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- C. DOC-3011 fee categories include:
  - 1. Per page copying fees are charged to a former patient and "person authorized by patient", such as parent of a patient under 18 years of age, guardian and health care agent under activated Power of Attorney for Health Care. Processing and certification fees are not charged.
  - 2. Per page copying fees are charged to an attorney, community agency (not a health provider), family member or friend, in addition to processing fee, and certification fee, when applicable.
  - 3. Standard Workers' Compensation fees apply to documents directly related to the claim for benefits, but full fees under the top section of DOC-3011 are charged for documents not directly related to the claim.
- D. Require pre-payment for any request equaling \$5.00 or more, unless pre-payment is waived per the Fee Grid, which can be obtained from CMR.
- E. Do not make copies prior to receiving payment when pre-payment is required.
- F. Compute postage by using postage estimating handout available from CMR.
- G. DOC-3011 should instruct that payments be made to the institution Business Office.
- H. Upon receipt of payments:
  - 1. Follow institution procedures for payments made to Business Offices.
  - 2. Stamp all payments on the reverse side:
 

FOR DEPOSIT ONLY  
DEPARTMENT OF CORRECTIONS TREASURER  
STATE OF WISCONSIN
  - 3. Forward payments made out to BHS to:
 

Fiscal Services, DOC Central Office Madison  
PO Box 7969  
3099 East Washington  
Madison, WI 53707-7969

**VIII. Copying Documents**

- A. Upon receipt of payment, or when pre-payment is not required, copy only the documents authorized for disclosure.
  - 1. Ensure the documents are placed on copy machine so that entire page is copied with no information cut off.
  - 2. Copy both sides of a double-sided document.
  - 3. Make sure that the document pertains to the correct patient by checking name and DOC number. It is a HIPAA breach if someone receives a document pertaining to another patient.
- B. Count pages accurately when requester asks for copies to be certified, and complete the DOC-2309 – Certification of Records carefully. Failure to count accurately may require the entire request be processed again.
- C. Redact from a document any PHI not authorized for disclosure. For example, if an authorization only permits disclosure of PHI about medical conditions, and the document includes information about diabetes and mental health diagnoses, redact references to mental health diagnoses.

1. As an alternative to redaction, contact the requester and ask that he/she obtain a broader authorization from the youth patient to avoid the need to redact. Do not reveal what would be redacted.
  2. See Attachment 5 for redacting instructions.
  3. Attach POC-052 as top page of the set of documents when some words have been redacted, or when an entire document is withheld.
- D. Attach POC-051 whenever documents containing AODA information are copied.
- E. Arrange copies in the order in which they appear in the HCR.
1. Copies may be faxed after verifying that fax is in a secure location, or that recipient of copies will be at fax upon arrival of copies.
  2. Do not scan and attach copies to an email, except to another state agency such as Department of Health Services, Department of Justice, or a regular business partner such as the University of Wisconsin Hospital and Clinics or Waupun Memorial Hospital. Click the "encrypt message" button in Outlook when emailing to a state agency.
  3. Mail copies in a secure well sealed envelope or sturdy box that is not torn or worn, using mail tracking.
- F. File the authorization form.
1. Medical Chart – Consents/Refusals Section, when copies were from the Chart, Medications Record envelope, Psychological Records envelope and/or the PRF.
  2. PSU Record – Legal Documents/Consents/Outside Records Section, or in yellow envelope.

**IX. Request to Inspect Health Care Record**

- A. Infrequently, an attorney, or other individual, will ask to personally review the all or part of the actual HCR.
- B. The patient shall sign DOC-1163A or equivalent form, to permit an individual to inspect all or part of his/her HCR. Note that a patient may not authorize another patient to inspect his/her HCR.
- C. HSU/DSU/PSU shall follow security rules regarding entrance into the institution.
- D. Review the HCR that the individual intends to inspect to be sure that all documents pertain to the correct patient by looking at the name and DOC number on the documents. It is a HIPAA breach if someone views a document pertaining to another patient.
- E. Supervise the inspection of the HCR to protect the integrity of the HCR, and provide the reviewer a way to indicate which pages, if any, he or she wants copied.
- F. If the individual inspecting the HCR wants copies, the health employee shall follow the provisions in this policy regarding charging for and providing copies.
- G. The health employee supervising the record review shall keep track of the parts of the HCR inspected, and document the inspection on the DOC-1163A, including the name of the person inspecting, date and time of the inspection, and documents in the HCR inspected.

**X. HIPAA Regulations Requirement**

- A. Make all reasonable attempts to provide the copies within a maximum of 30 days of receipt of the request and valid authorization.



- B. Contact the DOC Health Information Supervisor/HIPAA Compliance Officer to request an extension when deadline has not, or will not, be met, and provide the date of the request, and reason that the deadline will not, or has not, been met.
- C. Implement a system to track requests received in the HSU/DSU/PSU to ensure compliance with HIPAA deadlines, including the name of the requesters, date request received, and date response to request completed.
- D. Complete required Excel spreadsheets regarding external records requests and enter data into SharePoint monthly.

**XI. Request from Wisconsin DOJ**

- A. DOJ attorneys represent the DOC in lawsuits filed against the DOC.
- B. DOJ paralegals/attorneys generally make records requests by email with the standard approved DOJ authorization attached.
- C. Unless altered by the patient, or authorized representative, the standard DOJ authorization permits disclosure of all documents in the Health Care Record, including records from a stay in a DAI and DJC facility.
- D. DOJ generally wants all Health Services Requests both paper copies in the Patient Request Folder, and stored digitally in Content Management.
- E. Contact the paralegal/attorney by phone or email with questions about the exact records being requested, if needed. Requests will have to be redone if DOJ does not receive the copies requested.
- F. Do not file the emails between DOC and DOJ in the HCR, and do not copy them for the records request. Do not count emails on the certification form.
- G. Copy the documents carefully making sure that the entire page is copied, and is not crooked or partially cut off, and make all copies one-sided.
- H. Complete an accurate DOC-2309 – Certification of Records, at no charge, and send copies directly to the requesting paralegal/attorney. Ensure the pages are counted exactly or the request may have to be re-processed.
- I. DOJ may receive copies of the DOC-3326 – Signature Verification but do not include them in the certified record set. Separate the copies of these forms from the rest of the set of copied documents.
- J. Note that starting in 2015, DOJ is requesting that copies be sent electronically, via an attachment to an email sent "encrypt message". Multiple emails may have to be sent as each email attachment should not exceed about 250 pages; e.g., label emails as "1 of 2" and "2 of 2", with a certification page for each set of records.
- K. Do not send copies to the facility litigation coordinator unless the DOJ paralegal/attorney makes that request, but inform litigation coordinator that the copies have been sent to the paralegal, if asked.

**XII. Record Request Agreements Between DOC and Other Agencies**

- A. DOC has established record request agreements with various agencies that define standard record sets and/or special fees, no fees, or other agreements regarding the processing of records requests.
- B. Agreements involve the Office of the State Public Defender, Division of Vocational Rehabilitation, Department of Safety and Professional Services, Offenders Achieving Reentry Success Program, Sand Ridge Treatment Center, and the Disabled Offenders Economic

Security Project with Legal Action of Wisconsin. Other agreements may be added in the future.

- C. Contact the Health Information Supervisor/HIPAA Compliance Officer for information about the records request agreements in order to improve the efficiency of processing records requests.

### **XIII. Requests For Application for Disability Benefits**

- A. The Disability Determination Bureau (DDB) of the Wisconsin Department of Health Services makes disability eligibility determinations for the SSA when an individual applies for SSA disability benefits.
- B. DJC employees interested in learning how to process and submit DDB requests via the website should contact CMR for training.
- C. Upon receipt of a request directly from the Wisconsin DDB or SSA, and a signed SSA-827, the HSU/PSU or CMR/IWMR shall process the request within 14 days of receipt, whenever practicable.
  - 1. Prompt response to the request is important because it governs the timeline under which SSA handles the application for disability benefits.
  - 2. A HSU receiving a request that includes information filed in the PSU Record shall forward a copy of the request to the PSU, and vice versa. Each work unit may charge the standard fee described below.
  - 3. A recipient of a DDB/SSA request for a patient whose HCR is no longer at the DCJ institution shall check Locator/WICS, and inform DDB/SSA of the current location of the HCR; i.e., either at a DOC facility or CMR/IWMR. The receiving facility may charge the standard fee described below, for reporting to DDB/SSA the current location of the HCR.
  - 4. Consult an experienced Health Information Technician at CMR or IWMR, as needed, with any questions. Note that the DOC and DDB have agreed upon a standard set of documents that DOC forwards to DDB, as described in Attachment 4.
- D. Wisconsin DDB copying fees
  - 1. DOC requests payment for copies from DDB at the set rate agreed upon between the DOC and DDB using the invoice provided by the DDB. Do not complete a DOC-3011.
  - 2. DDB pays BHS on a monthly basis for all records requests throughout the state. Facilities do not receive payment for requests processed at that location.
- E. Executive Directive 30 directs DOC Social Workers to assist certain patient with applications for Social Security disability benefits prior to their release from a DOC facility.
  - 1. DOC Social Workers may request HSU//DSU/PSU to provide copies of documents contained in any component of the HCR to the social worker without a written authorization from the youth patient.
    - a. HSUs/DSUs/PSUs shall process requests promptly to enable the social worker to submit the documents with the application for benefits.
    - b. Generally, the requests for the prior 12 months of documents will be made three to four months prior to the anticipated release of the patient.
  - 2. HSUs/PSUs shall not charge fees to patients for the copies provided to a DOC social worker, and social workers shall not charge youth patients for the copies provided to the SSA as part of the DOC pre-release application process.

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3. Social Workers shall obtain the proper SSA release form from the youth patient prior to forwarding the documents to SSA, so a DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI) naming the SSA/DDB is not needed.

**XIV. Disclosure of PHI Upon Death of a Patient**

- A. Guardianships of the Person and Powers of Attorney for Health Care terminate upon the death of the individual, thereby ending the authority of the former guardian or health care agent to access the deceased patient's PHI, or to authorize disclosure of the PHI.
- B. Upon the death of a patient under 18 years of age, a parent of the deceased, court-appointed personal representative, or current spouse may have equal authority to access PHI. Consult with Office of Legal Counsel, or the HIPAA Compliance Officer.
- C. If an adult deceased patient did not have a surviving spouse, the adult patient's parents, grandparents, siblings, and their spouses, have equal authority to access PHI. A court-appointed personal representative also retains authority.
- D. DOC requires an authorized requester to do the following:
  1. Complete and submit a notarized DOC-3508 – Notarized Statement for Access to Health Information Regarding a Deceased Person.
  2. Complete and submit a DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI) indicating the type(s) and date range(s) of PHI are being requested.
- E. Upon receipt of the required forms under "D." the custodian of the PHI, generally BHS Central Office, CMR or IWMR, shall process records request in accordance with this policy.

**XV. Disclosure of PHI to the Media**

- A. Upon receipt of a request from any type of media (print, radio, television, etc.), contact the Health Information Supervisor/HIPAA Compliance Officer for guidance.
- B. Do not disclose any PHI to the media unless directed to do so by Public Information Officer or Office of Legal Counsel.

**XVI. Disclosure of PHI for Judicial and Administrative Proceedings**

- A. DOC shall disclose PHI for a judicial or administrative proceeding only with a court order signed by a judge, or written authorization of the patient or authorized representative, unless the disclosure is otherwise permitted by law.
- B. Under Wisconsin law, a subpoena, discovery request or administrative order generally do not provide DOC with the legal authority to disclose PHI. Consult with DOC HIPAA Compliance Officer, or Office of Legal Counsel, as needed.
- C. Disclose only PHI specifically identified in a court order. Consult with DOC HIPAA Compliance Officer, or Office of Legal Counsel, as needed.
- D. When an HSU/PSU/CMR/IWMR receives an "Order for Competency Examination" which refers to Wisconsin Statutes s. 51.30 records, DOC shall request that the District Attorney obtain an amended Order because records created by DOC health care providers are Wisconsin Statutes Ch. 146 records, by sending the standard Memorandum to the District Attorney named on the Order. Contact CMR for assistance.

**XVII. Revocation of an Authorization**

- A. A current or former patient, or authorized representative, may request a DOC-1163R to revoke a DOC-1163A at any time.

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1. A current patient shall submit a HSR, DSR or PSR to request a free copy of a DOC-1163R in order to revoke/withdraw a prior authorization.
  2. A former patient may call or write CMR or IWMR to request a free copy of a DOC-1163R.
  3. An authorized representative may request a DOC-1163R from the institution, CMR or IWMR.
- B. Upon receipt of a completed DOC-1163R, staff shall file the form in the Medical Chart, Consents/Refusals Section, and/or the PSU Record, Legal Documents section on top of the authorization being revoked.
- C. DOC shall cease making any disclosures of PHI based upon the revoked authorization.

**XVIII. Court Orders**

- A. To qualify as a Court Order, a legal document must be signed by a judge, not by a clerk of court or attorney.
- B. Read the Order carefully to determine which records are being ordered to be disclosed and the named recipient of the records.
- C. Patient authorization is not required for disclosure of documents identified in the Order.
- D. Contact the Health Information Supervisor/HIPAA Compliance Officer or Office of
- E. Legal Counsel if Order appears unclear.

Bureau of Health Services: James Greer RN Date Signed: 2-5-16  
 James Greer, Director

[Signature] Date Signed: 2/5/16  
 Ryan Holzmacher, MD, Medical Director

Mary Muse MS, RN Date Signed: 2/8/16  
 Mary Muse, Nursing Director

cc: Office of the Secretary  
 DJC Leadership Team

| Division of Juvenile Corrections Facility/Region Implementation Procedure  |                           |
|--|---------------------------|
| Facility/Region:   |                           |
| DJC Policy Number: 500.50.09   | Supersedes Policy Number: |
| Subject: Disclosure of Protected Health Information with Patient Authorization or Court Order                                      |                           |
| New Effective Date: 2/1/2016   | Original Effective Date:  |
| Will Implement: <input type="checkbox"/> As Written <input type="checkbox"/> With following procedures for facility implementation |                           |
| Superintendent's/Regional Chief's Approval:  |                           |