



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.

Casey Gerber

Name of Individual Certifying this Document/Proposed Document

Director, Office of Juvenile Offender Review

Title

Casey Gerber

Signature

06/24/2019

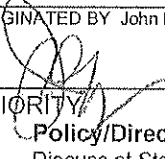
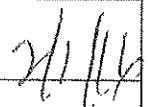
Date Signed

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



WISCONSIN
DEPARTMENT OF CORRECTIONS
 Division of Juvenile Corrections

Policy and Procedure

EFFECTIVE DATE 2/1/2016	PAGE NUMBER 1 of 4
MANUAL REFERENCE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
DJC POLICY # 500.50.13	Original Date:
ORIGINATED BY John D. Paquin, Administrator	
X 	Date Signed: 
PRIORITY <input checked="" type="checkbox"/> Policy/Directive Discuss at Staff Meeting	<input type="checkbox"/> Information Read/Route/Post

DISSEMINATION

<input type="checkbox"/> All Staff	<input type="checkbox"/> Supervisory Staff Only
<input type="checkbox"/> Institution	<input type="checkbox"/> Confidential-Security Related
<input type="checkbox"/> Field Offices	<input type="checkbox"/> Community Facilities
	<input checked="" type="checkbox"/> Health Records

SUBJECT: Restrict Use or Disclosure of Protected Health Information

Purpose

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

Policy

A current patient or former patient, or authorized representative may request that the Division of Juvenile Corrections, in whole or part, restrict an otherwise permissible use or disclosure of protected health information that could be made without written authorization. The DJC may approve or deny a request, and when approved shall follow the approved restriction, except in a medical emergency.

References

Code of Federal Regulations – Title 45 – Section 164.522(a) – Public Welfare – Security and Privacy
 Wisconsin Statutes s. 146.81 – Health Care Records; Definitions.
 DJC 500.50.09 – Disclosure of Protected Health Information with Patient Authorization and Court Orders; Attachment 3, Individuals with Right to Access and Authorize Disclosure of PHI

Definitions, Acronyms and Forms

Adult Patient – Individual currently or formerly committed to a DJC institution who is 18 years or older at the time of the request for restriction on the use/disclosure of PHI.

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 of a minor child.

Central Medical Records – Unit at Dodge Correctional Institution that stores inactive Health Care Records for males, reactivates Health Care Records upon readmission, responds to records requests, and retains Health Care Records pursuant to Records Retention Disposition Authorizations.

CFR – Code of Federal Regulations

CMR – Central Medical Records

Dental Services Request – DOC-3392 used by a patient to request an appointment with a dentist, to ask a dental-related question, or to request a DOC form needed to exercise a legal right related to PHI.

Disclosure – Release, transfer, provision of access to, or divulging in any other manner of PHI outside of DOC.

DOC – Department of Corrections

DOC-3035A – Youth Request for Health Services

DOC-3035D – Youth Request for Psychological Services

DOC-3392 – Dental Services Request and Copayment Disbursement Authorization

DOC-3487 – Request by Current Patient for Restriction on Use/Disclosure of PHI

DOC-3487A – Request by Former Patient for Restriction on Use/Disclosure of PHI

DSU – Dental Services Unit

HCR – Health Care Record

Health Care Providers – For purposes of this policy, includes the professionals described in Wisconsin Statutes s. 146.81.

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.

Health Services Unit (HSU) – Includes the physicians, dentists, nurses and support staff who provide health care services to a patient residing in a DJC institution.

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

Inactive Women's Medical Records (IWMR) – Unit at Taycheedah Correctional Institution that, stores inactive Health Care Records for females, reactivates Health Care Records upon readmission, responds to records requests, and retains Health Care Records pursuant to Records Retention Disposition Authorizations.

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.

Institution – Juvenile Correctional Institution operated by DJC.

Patient – An individual who receives or has received health services from a qualified health care professional or health care provider.

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 Services Unit (PSU) – Includes the psychologists and support staff who provide psychological services to a youth patient residing in a correctional facility.

Requester - Individual requesting that PHI be amended/corrected, including an adult patient, former patient who is currently an adult, or an authorized representative.

Use – Sharing, employment, application, utilization, examination, or analysis of PHI within DOC.

Youth Patient – individual currently or formerly committed to a DJC institution that is under the age of 18 years at the time of the request for of the request for restriction on the use/disclosure of PHI.

Youth Request for Health Services – DOC-3035A used by a patient to request an appointment with Health Services, to ask a medical question, or to request a DOC form needed to exercise a legal right related to the PHI.

Youth Request for Psychological Services – DOC-3035D used by a 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 PHI.

Procedure

I. Authority To Request Restriction on Use/Disclosure of PHI

- A. Generally, a youth patient lacks legal authority to submit a request. However, DJC should consult with the HIPAA Compliance Officer if the request relates to AODA information or HIV test results.
- B. A current patient may complete a DOC-3035A, DOC-3392 or DOC-3035D to initiate a request for a restriction on the use/disclosure of PHI.

Restrict Use or Disclosure of Protected Health Information	EFFECTIVE DATE 2/1/2016	PAGE NUMBER 3 of 4
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- C. An authorized representative of a patient may contact DJC by phone or in writing to initiate a request. See DJC Policy 500.50.09, Attachment 3, for a list of authorized representatives for youth and adult patients.

II. Response to Request

- A. DJC refers a former patient, or authorized representative of a former patient to the HIPAA Compliance Officer who forwards a DOC-3487A to the requester within 10 calendar days.
- B. Upon receiving a DOC-3035A, DOC-3392 or DOC-3035D from a current patient, HSU, DSU or PSU provides the DOC-3487at no charge within 10 calendar days.
- C. Upon a request from an authorized representative of a current patent, DJC provides a DOC-3487 within 10 days at no charge.
- D. HSU, DSU or PSU instructs the current patient or authorized representative of a current patient to complete Section 2 of the DOC-3487 and return it to the HSU, DSU or PSU

III. Review and Decision

- A. Current patient: Health Services Manager, Dentist or Psychologist Supervisor reviews the DOC-3487, completes Section 3, and returns the form to the requester within 14 calendar days.
- B. Former patient: HIPAA Compliance Officer/designee reviews the DOC-3487A, reviews the inactive Health Care Record at Central Medical Records, (males) or Inactive Women's Medical Records (females), completes Section 3, and returns the form to the requester within 14 calendar days.
- C. The reviewer may approve or deny the restriction for any reason.

IV. Upon Approval of the Request

- A. Filing the DOC-3487
 - 1. Health Services Manager or Psychologist Supervisor files the original DOC-3487 in the appropriate part of the HCR: Medical Chart - Miscellaneous Section, Dental Record, or in PSU Record, Inmate Correspondence Section, depending on the type of PHI involved in the restriction request.
 - 2. HIPAA Compliance Officer forwards the DOC-3487A to CMR/IWMR for filing in the proper location in the HCR.
- B. Health Services Manager or Psychologist Supervisor ensures the HSU, DSU, PSU, CMR or IWMR is directed to comply with the approved restriction from the date of the approval until the restriction is terminated.

V. Upon Denial of the Request

- A. Health Services Manager or Psychologist Supervisor files the original DOC-3487 in the appropriate part of the HCR: Medical Chart – Miscellaneous Section, Dental Record, or in PSU Record, Inmate Correspondence Section, depending on the type of PHI involved in the restriction request.
- B. HIPAA Compliance Officer forwards the DOC-3487A to CMR/IWMR for filing in the proper location in the HCR.

VI. Termination of a Restriction

- A. Written request by adult patient or authorized representative to terminate the restriction:
 - 1. A current adult patient submits a DOC-3035B, DOC-3392 or DOC-3035D to request the termination of a restriction. An authorized representative submits a request via letter.

2. HSU, DSU, or PSU retrieves the previously completed DOC-3487 from the HCR and asks the requester to sign the form in Section 4.
 3. DJC institution refers a requester for a former patient to the HIPAA Compliance Officer, who obtains from CMR or IWMR the previously completed DOC-3487/DOC-3487A, and sends the form to the former requester for completion of Section 4.
- B. Adult patient or authorized representative agrees in writing or verbally to the termination of a restriction. The HSU, DSU, PSU, or HIPAA Compliance Officer retrieves the DOC-3487 or DOC-3487A from the HCR, and meets with the requester or sends the form to the requester to inform him/her that DOC wishes to end the restriction. The requester either:
1. Signs in Section 4 to indicate written agreement, or
 2. DOC records a verbal agreement by checking the appropriate box in Section 4.
- C. DOC notifies adult patient or authorized representative that it is terminating the agreement to the restriction as of a stated effective date.
1. DOC notes termination of the restriction in the appropriate part of the HCR, depending on the type of PHI involved in the restriction.
 2. Termination of the restriction applies to PHI created or received starting with the date of the notice to the current adult patient/former patient, or authorized representative.
- D. Medical Emergency
1. HSU, DSU, PSU, CMR or IWMR may use or disclose PHI in violation of the agreed upon restriction in an emergency medical treatment situation.
 2. DOC documents the medical emergency use or disclosure in the Medical Chart as a Progress Note, in the Dental Record, or in the PSU Record, depending on the type of PHI involved in the restriction.
 3. DOC notifies the recipient of the PHI that further disclosure of the PHI is prohibited.

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: 500.50.13	Supersedes Policy Number:
Subject: Restrict Use or Disclosure of Protected Health Information	
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:	