

SUBJECT: Inmate and Family Correspondence and Calls

EFFECTIVE DATE: January 2010

SUPERCEDES DATE: None

### **REFERENCES**

Health Services Policy & Procedure # AD IV-3 Confidentiality  
Health Services Policy & Procedure # AD VI-3 Release of Confidential Information  
Dept of Correction/ Division of Prisons Policy & Procedure Chapter G Section. .0300 Administrative Remedy

### **PURPOSE**

To provide guidelines to medical staff regarding responding to correspondence, and phone calls related to inmate medical care/treatment. Most concerns/complaints can be resolved quickly through informal communication with responsible authorities at the facility in which the problem arose. Every effort should be made by staff to promote resolution of issues at this level.

### **POLICY**

Written Correspondence and phone calls regarding medical concerns will be handled **timely** and in accordance to DOP policies and procedures.

### **PROCEDURE**

Any inmate in the custody of the Department of Correction may submit a written grievance on Form DC-410.

Emergency grievances shall be defined as matters which present a substantial risk of physical injury or other serious and irreparable harm if the regular time limits for normal grievance process are followed. Emergency concerns shall be handled in accordance to emergency health care procedures. Matters relating to inmate shoes, bed assignments, transfers, co-pay etc. are not to be treated as emergencies, and will be handled in accordance to the Dept of Correction/ Division of Prisons Administrative Remedy Procedure.

Correspondence that is confidential in nature that is delivered or mailed directly to the Health Services Medical Staff must be reviewed by the medical staff personnel to determine that it is of a confidential nature and relates to a medical issue.

Correspondence reviewed by nurse manager or designee and determined to require further review will be handled appropriately in accordance to the guidelines in this policy.

The facility and. Health Services Central Office shall maintain a data base/ log of all inmate correspondence. The data base/ log will contain the inmate name and OPUS number, facility number, type of correspondence (i.e. letter, email, phone call), person calling and phone number of caller if applicable, medical staff referred to for disposition, date sent, person who received complaint, date response received and comments. This log will be maintained as well as reviewed and analyzed monthly by the nurse manager for trends.

Medical Staff must review all emergency and confidential correspondence which relates to medical issues.

#### **I. Handling Written Correspondence**

1. Written Correspondence as noted above regarding medical concern(s) may be received by NCDoc/DOP Health Services medical staff via mail or email. In many instances inmates, family members, friends and other interested parties forward medical concern(s) to the Chief of Health Services or Deputy Medical Director for investigation, action and appropriate resolution.
2. Medical concern(s) received in the by the Health Services Central Office will be forwarded via email to the appropriate Facility Nurse Manager in which the inmate is housed to investigate.
3. The Facility Nurse Manager findings will be emailed to DOC/DOP Health Services Central Office within one (1) week of request, with supporting documentation faxed or mailed.

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4. When necessary, inmates, family members or other interested parties may receive a letter from DOC/DOP Health Services Central Office indicating their concern(s) has been or is being investigated/reviewed.
5. If the family member is requesting information about a specific medical concern(s), the Nursing staff at the facility will obtain a signed DC 436 - Authorization for Release of Confidential Information from the inmate giving permission for DOC/DOP Health Services and/or the Facility Medical or Nursing staff to speak with the family member, friend or interested party. The DC 436 will be specific to the medical concern(s) identified. This release form should be filed in the medical record in Section II.
6. Once the investigation/review is completed and a DC 436 is signed DOC/DOP Health Services Central Office or the Facility Nursing/Medical staff will contact the family, friend or interested party to address specific medical concern(s).
7. DOC/DOP Chief of Health Services/designee may provide a written response to the inmate addressing their medical concern(s).
8. Please note that the Facility Nursing Manager/designee may be asked to follow-up with the inmate to ensure the medical concern (s) has been addressed and resolved.
9. The Facility Nursing Manager/designee will document in the inmate's medical record their conversation/interaction with the inmate regarding his/her medical concern(s) and the outcome. This documentation will be noted on the Chronological Record of Healthcare Form (DC-387) in the inmate medical record.
10. Medical concerns that are received from the Office of The Governor/Office of the Secretary for NCDOC/Office of Division of Prisons Director may require a copy of Health Services' and/or the facility's action/response.
11. Each facility is to have a written policy explaining how correspondence from inmates, family members, friends and other interested parties will be handled.

## **II. Handling Telephone Calls**

### **A. Health Services Central Office Calls**

1. DOC/ DOP Health Services staff receives telephone calls from family members, friends and interested parties regarding medical concern(s) of our inmates.
2. Health Services staff receiving the call will complete a DC 987 Individual/Inmate Complaints /Follow-Up form for all calls received.
3. Telephone calls received must be recorded in data base/ log sheet and concern(s) addressed professionally and courteously by healthcare staff.
4. Prior to providing specific medical information in response to a call, a DC 436 -Authorization for Release of Confidential Information must be signed by the inmate. Callers will be instructed that an Authorization for Release of Confidential Information must be signed by the inmate giving DOC/DOP Health Services staff permission to discuss their medical concern(s).
5. The Facility Nurse Manager/designee may need to contact the inmate in order to get this authorization completed or the inmate may present to medical requesting to sign a DC-436 in order for staff to discuss medical concerns. The authorization must be specific for the medical concern(s) addressed in the call.

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6. Family members, friends and interested parties will be instructed that their concern(s) will be investigated/reviewed and appropriate action will be taken.
7. DOC/DOP Health Services Central Office staff will email the appropriate Facility Nurse Manager/designee at the inmate's assigned facility to get assistance so concern(s) received may be addressed appropriately.
8. The Facility Nurse Manager/designee's findings will be emailed to Health Services Central Office staff within one (1) week of request, with supporting documentation faxed or mailed.
9. Once the signed authorization is obtained and the investigation is complete the family member or friend will be contacted by Chief of Health Services/ designee or the Facility Nurse Manager/designee to address the specific medical concern(s).
10. Facility Nursing Supervisor/designee will document in inmate's medical record conversation with inmate regarding medical concern(s) and outcome on the Chronological Record of Healthcare Form (DC-387).

**B. Facility Calls:**

1. There may be occasions when family members, friends and/or interested parties contact the facility in which the inmate is housed regarding medical care/treatment.
2. Facility Medical/Nursing staff will complete a DC 987 Individual/Inmate Complaints Follow-Up form for all calls received.
3. Staff will instruct caller that a DC 436 - Authorization for Release of Confidential Information must be signed by the inmate giving DOC/DOP Health Services staff permission to discuss their medical concern(s).
4. Family members, friends and interested parties will be instructed that their medical concern(s) will be investigated.
5. Based on the information documented on the DC 987 Individual/Inmate Complaints Follow-Up form, the Facility Nurse Manager/designee will determine who best at the facility will investigate/review concerns.
6. Assigned facility nursing staff will obtain a signed DC 436 - Authorization for Release of Confidential Information from the inmate giving permission for Facility Medical/Nursing staff to speak with their family member, friend or other party. The inmate may also present to medical requesting to sign a DC-436 in order for staff to discuss medical concerns. The authorization must be specific for the medical concern(s) identified.
7. Once the investigation is complete and a signed DC 436 is obtained, the family member, friend or interested party will be called by the facility medical staff to address specific medical concern(s).
8. The Facility Nurse Manager/designee will document in inmate's medical record conversation with inmate regarding medical concern(s) and outcome. This will be documented in the Chronological Record of Healthcare Form (DC-387).
9. The DC 987 Individual/Inmate Complaints Follow-Up form will be retained by the facility nurse manager.



1/13/2010

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Paula Y. Smith, MD, Director of Health Services

Date