	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.E.04
		SUPERSEDES (Policy No. & Date): COR.10.1E.04 (04/07/20)	
	SUBJECT: INITIAL HEALTH ASSESSMENT		Page 1 of 10

1.0 PURPOSE

The purpose of this policy is to ensure that incarcerated individuals receive an initial health assessment in an effort to address any chronic, urgent, or emergent health care needs in a timely and efficient fashion.

2.0 SCOPE

This policy and procedure shall apply to all correctional facilities, their assigned personnel, and contract staff.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. 29 U.S.C. §701 et seq., Rehabilitation Act of 1973, Section 504.
- b. Title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §12131-12134.
- c. 28 CFR Part 35, Americans with Disabilities Act of 1990, Title II Regulations, Part 35, Nondiscrimination on the Basis of Disability in State and Local Government Services.
- d. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1B.07, Communication of Patients' Health Needs.
- e. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1E.02, Receiving Screening.
- f. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1E.03, Transfer Screening.
- g. Department of Corrections and Rehabilitation, Policy and Procedures, COR.14.27, Inmates with Disabilities.
- h. DOH TB Clearance Manual. Department of Health, Communicable Disease and Public Health Nursing Division, Tuberculosis Control Branch (July 18, 2017).

NOT CONFIDENTIAL

COR P & P M	SUBJECT: INITIAL HEALTH ASSESSMENT	POLICY NO.: COR.10.E.04
		EFFECTIVE DATE: January 01, 2024
		Page 2 of 10

- i. Hawaii Administrative Rules, Title 11, Chapter 164.2, Tuberculosis.
- j. Hawaii Revised Statutes (HRS) §353-10, Intake service centers.
- k. Hawaii Revised Statutes (HRS) §489, Discrimination in Public Accommodations.
- l. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- m. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- n. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

.2 Definitions

- a. Clinically Significant Findings: Any deviation from the normal that significantly impacts the health and safety of the patient.
- b. Health Assessment: The process whereby an individual's health status is evaluated, including questioning the patient about symptoms.
- c. Physical Examination: An objective, hands-on evaluation of an individual, by a qualified health care professional (physician, physician assistant, nurse practitioner, or nurse), which involves the inspection, palpation, auscultation, and/or percussion of a patient's body to determine the presence or absence of physical signs of illness.
- d. Qualified Health Care Professionals: Physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.
- e. Receiving Screening: A process of structured inquiry and observation intended to identify potential emergent or urgent health care issues among newly incarcerated individuals and to ensure that incarcerated individuals with known illnesses and those on medications are identified for further assessment and continued treatment.

NOT CONFIDENTIAL

COR P & P M	SUBJECT: INITIAL HEALTH ASSESSMENT	POLICY NO.: COR.10.E.04
		EFFECTIVE DATE: January 01, 2024
		Page 3 of 10

.3 Forms

- a. DCR 0497, Health Status Classification Report.
- b. DCR 0498, Medical/Mental/Dental Health Intake Screening.
- c. DCR 0574, Authorization to Release Medical Information.
- d. DCR 8772, Notice of Rights for Inmates with Disabilities.

4.0 POLICY

- .1 The Responsible Health Authority shall implement a process to ensure that qualified health care professionals identify the health needs of incarcerated individuals and establish a plan for meeting those needs.
- .2 The Medical Director, Chief Nursing Officer, and Responsible Physician shall determine the components of the initial health assessment.

5.0 PROCEDURES

In the jail setting, the Responsible Health Authority shall implement one of two options: a) Full Population Assessment, which involves administering the initial health assessment to all incarcerated individuals; or b) Individual Assessment When Clinically Indicated, which involves administering the initial health assessment to only the incarcerated individuals determined to be at high risk for significant health problems.

In the prison setting, the Responsible Health Authority shall implement a process to ensure that the initial health assessment has been or will be administered to all incarcerated individuals, as soon as possible but no later than seven (7) calendar days upon admission to the facility.

.1 Jail: Full Population Assessment

- a. A qualified health care professional shall review the results of the receiving screening [DCR 0498] within fourteen (14) calendar days of admission to the facility.
- b. A qualified health care professional shall administer the initial health assessment to all incarcerated individuals, who have not received an initial

NOT CONFIDENTIAL

COR P & P M	SUBJECT: INITIAL HEALTH ASSESSMENT	POLICY NO.: COR.10.E.04
		EFFECTIVE DATE: January 01, 2024
		Page 4 of 10

health assessment within the last twelve (12) months, as soon as possible, but no later than fourteen (14) calendar days, after admission to the facility.

1. When an initial health assessment has been administered within the last twelve (12) months, and the results of the new receiving screening [DCR 0498] show no change in health status, the administration of the initial health assessment may be deferred. The qualified health care professional conducting the review shall note the completion of the review in the health record.
 2. When an initial health assessment has been administered within the last twelve (12) months, and the results of the new receiving screening [DCR 0498] show a change in health status, the initial health assessment shall be administered by a qualified health care professional as soon as possible, but no later than fourteen (14) calendar days after admission to the facility.
- c. The initial health assessment shall include, at a minimum:
1. A qualified health care professional collecting additional information to complete the medical, dental, and mental health histories, including any follow-up from abnormal findings obtained during the receiving screening and subsequent encounters.
 2. A qualified health care professional recording of vital signs, including height and weight.
 3. A physical examination (as indicated by the incarcerated individual's gender, age, and risk factors), performed by a physician, physician assistant, nurse practitioner, or appropriately trained registered nurse (the training shall be approved, and provided by the responsible physician).
 4. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test), unless completed prior to the initial health assessment).
 5. A screening test for Hepatitis C, unless completed prior to the initial health assessment.

NOT CONFIDENTIAL

COR P & P M	SUBJECT: INITIAL HEALTH ASSESSMENT	POLICY NO.: COR.10.E.04
		EFFECTIVE DATE: January 01, 2024
		Page 5 of 10

- 6. Screening tests determined by the Medical Director based on U.S. Preventative Services Task Force and other professional organization's recommendations.
- 7. A vision screening or eye test.
- 8. Administration of immunizations, when appropriate.
- d. A qualified health care professional shall provide incarcerated individuals with the Notice of Rights for Inmates with Disabilities form [DCR 8772]. If an incarcerated individual has difficulty understanding DCR 8772, a qualified health care professional shall assist the incarcerated individual with understanding the information included in DCR 8772.
- e. A qualified health care professional shall complete the Authorization to Release Medical Information form (DCR 0574) with the incarcerated individual to obtain past and pertinent health records, including health records from community medical, mental health, and substance abuse treatment providers.
- f. If a provider is not conducting the initial health assessment, the qualified health care professional conducting the initial health assessment shall refer all abnormal findings (i.e., history and physical, screening, and laboratory), to a provider for review.
- g. A qualified health care professional shall refer newly identified mental health and dental problems to qualified mental health professionals and dental staff, respectively.
- h. A qualified health care professional shall integrate specific problems identified from the initial health assessment into the problem list.
- i. A qualified health care professional shall develop diagnostic and therapeutic plans for each problem as clinically indicated.
- j. A qualified health care professional shall complete the Health Status Classification Report [DCR 0497] in accordance with COR.10.1B.07 (Communication on Patients' Health Needs).
- .2 Jail: Individual Assessment When Clinically Indicated
 - a. The facility must meet the following conditions.

NOT CONFIDENTIAL

COR P & P M	SUBJECT: INITIAL HEALTH ASSESSMENT	POLICY NO.: COR.10.E.04
		EFFECTIVE DATE: January 01, 2024
		Page 6 of 10

1. The facility has twenty-four (24) hours, seven (7) days a week, on-site health staff coverage.
2. Only licensed health care personnel can administer a comprehensive receiving screening to incarcerated individuals.
3. The comprehensive receiving screening includes all elements of the receiving screening and the following:
 - a) Further inquiry into past medical history and symptoms of chronic diseases.
 - b) Finger stick on individuals with diabetes.
 - c) Vital signs, including pulse, respiration, blood pressure, and temperature.
 - d) Further inquiry into medication and dosages where possible.
 - e) A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test).
- b. When incarcerated individuals have been identified with clinically significant findings as the result of a comprehensive receiving screening, qualified health care professionals shall administer the initial health assessment to incarcerated individuals, who have not received an initial health assessment within the last twelve (12) months, as soon as possible, but no later than two (2) working days after admission to the facility.
 1. When an initial health assessment has been administered within the last twelve (12) months and the results of the new comprehensive receiving screening show no change in health status, the administration of the initial health assessment may be deferred. The qualified health care professional conducting the review shall note the completion of the review in the health record.
 2. When an initial health assessment has been administered within the last twelve (12) months and the results of the new comprehensive receiving screening show a change in health status, the initial health assessment shall be administered by a qualified health care

NOT CONFIDENTIAL

COR P & P M	SUBJECT: INITIAL HEALTH ASSESSMENT	POLICY NO.: COR.10.E.04
		EFFECTIVE DATE: January 01, 2024
		Page 7 of 10

professional as soon as possible, but no later than two (2) working days after admission to the facility.

- c. The initial health assessment shall include, at a minimum:
 - 1. A review of comprehensive receiving screening results.
 - 2. A qualified health care professional collecting additional information to complete the medical, dental, and mental health histories, including any follow-up from abnormal findings obtained during the comprehensive receiving screening and subsequent encounters.
 - 3. A qualified health care professional recording of vital signs, including height and weight.
 - 4. A physical examination (as indicated by the incarcerated individual's gender, age, and risk factors), performed by a provider.
 - 5. Laboratory and/or diagnostic tests for disease, such as a peak flow for patients with asthma/COPD, and blood work including a Comprehensive Metabolic Profile and an A1C for diabetes patients.
 - 6. A screening test for Hepatitis C, unless completed prior to the initial health assessment.
 - 7. Screening tests determined by the Medical Director based on U.S. Preventative Services Task Force and other professional organization's recommendations.
 - 8. A vision screening or eye test.
 - 9. Administration of immunizations, when appropriate.
- d. A qualified health care professional shall provide incarcerated individuals with the Notice of Rights for Inmates with Disabilities form [DCR 8772]. If an incarcerated individual has difficulty understanding DCR 8772, a qualified health care professional shall assist the incarcerated individual with understanding the information included in DCR 8772.
- e. A qualified health care professional shall complete the Authorization to Release Medical Information form (DCR 0574) with the incarcerated individual to obtain past and pertinent health records, including health

NOT CONFIDENTIAL

COR P & P M	SUBJECT: INITIAL HEALTH ASSESSMENT	POLICY NO.: COR.10.E.04
		EFFECTIVE DATE: January 01, 2024
		Page 8 of 10

records from community medical, mental health, and substance abuse treatment providers.

- f. A qualified health care professional shall refer newly identified mental health and dental problems to qualified mental health professionals and dental staff, respectively.
 - g. A qualified health care professional shall integrate specific problems identified from the initial health assessment into the problem list.
 - h. A qualified health care professional shall develop diagnostic and therapeutic plans for each problem as clinically indicated.
 - i. A qualified health care professional shall complete the Health Status Classification Report [DCR 0497] in accordance with COR.10.1B.07 (Communication on Patients' Health Needs).
- .3 Prison: Initial Health Assessment Completed at Sending Facility
- a. A qualified health care professional shall review the results of the receiving screening [DCR 0498] and the initial health assessment conducted at the sending facility within seven (7) calendar days of admission to the facility.
 - b. A qualified health care professional shall adhere to the receiving facility procedures for In-State Intra-System Transfers, in accordance with COR.10.1E.03 to ensure continuity of care.
- .4 Prison: Initial Health Assessment NOT Completed at Sending Facility.
- a. A qualified health care professional shall review the results of the receiving screening [DCR 0498] within seven (7) calendar days of admission to the facility.
 - b. A qualified health care professional shall administer the initial health assessment to all incarcerated individuals, who have not received an initial health assessment at the sending facility, as soon as possible, but no later than seven (7) calendar days after admission to the facility.
 - c. The initial health assessment shall include, at a minimum:
 - 1. A qualified health care professional collecting additional information to complete the medical, dental, and mental health histories, including

NOT CONFIDENTIAL

COR P & P M	SUBJECT: INITIAL HEALTH ASSESSMENT	POLICY NO.: COR.10.E.04
		EFFECTIVE DATE: January 01, 2024
		Page 9 of 10

any follow-up from abnormal findings obtained during the receiving screening and subsequent encounters.


2. A qualified health care professional recording of vital signs, including height and weight.
 3. A physical examination (as indicated by the incarcerated individual's gender, age, and risk factors), performed by a physician, physician assistant, nurse practitioner, or appropriately trained registered nurse (the training shall be approved and provided by the responsible physician).
 4. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test), unless completed prior to the initial health assessment).
 5. A screening test for Hepatitis C, unless completed prior to the initial health assessment.
 6. Screening tests determined by the Medical Director based on U.S. Preventative Services Task Force and other professional organization's recommendations.
 7. Vision screening or eye test.
 8. Administration of immunizations, when appropriate.
 9. A pelvic examination, or referral for a pelvic examination, with or without Pap smear, as clinically indicated.
- d. A qualified health care professional shall provide incarcerated individuals with the Notice of Rights for Inmates with Disabilities form [DCR 8772]. If an incarcerated individual has difficulty understanding DCR 8772, A qualified health care professional shall assist the incarcerated individual with understanding the information included in DCR 8772.
 - e. A qualified health care professional shall complete the Authorization to Release Medical Information form (DCR 0574) with the incarcerated individual to obtain past and pertinent health records, including health records from community medical, mental health, and substance abuse treatment providers.

NOT CONFIDENTIAL

COR P & P M	SUBJECT: INITIAL HEALTH ASSESSMENT	POLICY NO.: COR.10.E.04
		EFFECTIVE DATE: January 01, 2024
		Page 10 of 10

- f. If a provider is not conducting the initial health assessment, the qualified health care professional conducting the initial health assessment shall refer all abnormal findings (i.e., history and physical, screening, and laboratory), to a provider for review.
- g. A qualified health care professional shall refer newly identified mental health and dental problems to qualified mental health professionals and dental staff, respectively.
- h. A qualified health care professional shall integrate specific problems identified from the initial health assessment into the problem list.
- i. A qualified health care professional shall develop diagnostic and therapeutic plans for each problem as clinically indicated.
- j. A qualified health care professional shall complete the Health Status Classification Report [DCR 0497] in accordance with COR.10.1B.07 (Communication on Patients' Health Needs).

APPROVAL RECOMMENDED:




Deputy Director for Corrections

JAN 0 1 2024

Date

APPROVED:



DIRECTOR

JAN 0 1 2024

Date

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HEALTH STATUS CLASSIFICATION REPORT

NAME: _____ SID: _____ DOB: _____ FACILITY: _____

PURPOSE: [] Initial Health Assessment [] Change in Health Status
[] Initial Mental Health Screen [] Scheduled Follow-Up

Check all that apply

[] No Special Health Care Needs identified at this time.

[] Special Health Care Needs:

A. Housing

- [] Single Cell
[] Bottom Bunk
[] Bottom Tier
[] ADA Accessible Housing
[] Wheelchair Room
[] Other _____

B. Limitations/Restrictions in Activity Level:

- [] No Prolonged Sun Exposure greater than _____ minutes/hours
[] Indoor Work/Recreation Only

- [] Lifting (max weight) _____ lbs [] Sitting _____ hours per day
[] Carrying (max weight) _____ lbs [] Standing _____ hours per day
[] No Pushing/Pulling [] Walking _____ hours per day
[] No Reaching Over Head [] Running _____ hours per day
[] No Reaching Away From Body [] Climbing _____ hours per day
[] No Operating Heavy Equipment [] Jumping _____ hours per day

Repetitive Motion Restrictions:

- [] No Push Ups/Dips/Planks
[] No Squats/Burpees/Lunges/Bending
[] Other _____

C. Special Needs

- [] Blind/Low Vision [] Chronic Health Condition
[] Deaf/Hard of Hearing [] Oxygen
[] Mobility [] Medical Aid
[] Crutches [] Cognitive and/or Mental Health Condition
[] Cane [] Mental Health Aid
[] Walker [] Other _____
[] Wheelchair [] Other _____
[] Shower Chair
[] Grab Bars
[] Shoes
[] Mobility Medical Aid

HEALTH STATUS CLASSIFICATION REPORT

D. Facility

- Elevation less than 4,000 feet above mean sea level
- 24-hour On-Site Nursing
- Ambulance Response within 30 minutes
- Availability of On-Site Infirmary-Level Care
- Availability of On-Site Sheltered Housing
- Availability of On-Site Mental Health Residential Unit
- Availability of Community Specilty Provider (specify type of specialty): _____
- Level or Paved Terrain
- Other _____

E. Program Assignments and Selection

- Assistance with Reading/Writing
- Language Interpreter
- Closed Captioning on Television
- Other _____

F. Disciplinary Measures

- No Waist Restraints
- Other _____

G. Transport to/from Outside Appointments

- Accessible Van
- Other _____

H. Clothing or Appearance

- Long Sleeve
- Prescription Sunglasses
- Other _____

Comments: _____

Signature Health Care Staff /Title

Date

Original: Medical Record Copy: Inmate Classification Office Copy: Facility Classification Officer Copy: Facility ADA Coordinator

MEDICAL/DENTAL/MENTAL HEALTH INTAKE SCREENING

ADMISSION DATE: _____ FACILITY: _____ PRIOR ADM TO THIS FACILITY Y N

NAME: _____

SID: _____ DOB: _____ SEX: _____

YES NO

Does the arresting or transporting officer or other custodial agency report indications that the inmate is a medical or mental health or suicide risk?

MEDICAL OBSERVATIONS:

- Are there observable signs of physical injuries? (Cuts, bruises, swollen or deformed areas)
- The inmate does not know what day it is and/or where he is. (If yes, ask about recent head injury.)
- Is there any sign of altered consciousness? (Not alert, non responsive to verbal commands, slow, slurred or incoherent speech, excessive sleepiness.)
- Are there any signs of limitations in movement? (Limping can't move a limb or joint, obvious physical deformities or complaints of pain on movement.)
- Are there any signs of body parasites? (Lice, crabs, scabies, etc.)
- Are there observable signs of illness? (Blue lips, shortness of breath, hyperventilation, hacking cough, flushed skin, rashes, orange/yellow skin or eyes, excessive sweating)
- Are there observable signs of intoxication or does the inmate appear to be under the influence of drugs? (Smells like alcohol, staggers, shaky, anxious, slurred speech.)
- Are needle marks, "needle tracks", or a fresh tattoo visible?

QUESTIONS: (Ask inmate the Questions. Inmate may not self administer. No need to expand on yes answers health care staff will obtain history based on a yes check mark)

- Do you have any allergies?
- Have you suffered a head injury within the last 48 hours?
- Have you ever had an infectious or communicable disease (e.g. Hepatitis C, TB)
- Do you currently have any symptoms of illness? (e.g., chronic cough, coughing up blood, tiredness, weight loss or gain of two or more pounds per week, loss of appetite, fever, night sweats, shortness of breath or fast breathing or any pain.) (Note all that apply)
- Are you under a doctor's care?
- Are you currently taking any medications?
- Do you have any medical conditions that limit your movement?
- Do you have any diet restrictions?
- Have you had an organ removed or an organ transplant?
- Do you use any prosthetic device(s) to aid any physical limitations? (Including eyeglasses, dentures, contact lens, hearing aid artificial eye(s), artificial limb(s).)
- Do you have any dental problems? (Toothaches, mouth sores or infections.)
- Have you ever been the victim of physical, psychological or sexual violence?
- Have you ever been enrolled in special education classes while in school?
- Have you recently been discharged from the Hawaii State Hospital?
- Have you ever suffered alcohol or drug withdrawal symptoms?
- Do you currently use any drugs or alcohol? (If so, what and when did you last use?)

FEMALES:

- Are you pregnant?
- Do you have any current gynecological problems?

PPD DATE: _____ DATE READ: _____ RESULTS: _____ X-ray Results: _____

Nsg. Disposition: Same Day Sched. Appt. with Whom/Date: _____ MH Refer.
 MH Emer. Contacted: _____ Date/Time: _____ Gen. Pop Other: _____
(Name)

REVIEWED BY RN STAFF: _____ Date/Time _____

VERBALIZED, OBSERVABLE OR OTHER DOCUMENTED SIGNS OF MH/SUICIDE RISK?:

YES **NO**

Any 3 positives to questions/observations #1 - #7 requires an SRE.

- 1. Strong feelings of remorse or shame?
- 2. Passive/withdrawn?
- 3. Is the nature of the crime high profile (media or celebrity status in community, etc.)?
- 4. Have you recently experienced a significant loss? (Relationship, death in family, job, etc.)?
- 5. Do you currently feel like you have to talk or move more slowly than you usually do?
- 6. Have there currently been a few weeks when you felt like you were useless or sinful?
- 7. Has a family member or close friend ever attempted or committed suicide?

Any one positive to questions/observations #8 - #13 (gray shade) requires an SRE.

- 8. Verbalizing hopelessness or extreme fear
- 9. Evidence of self-mutilation
- 10. If in jail or prison before was inmate ever placed on suicide or safety watch? (from OT alert)
- 11. In the past have you ever tried to hurt or kill yourself?

When _____	Why _____	How _____	?
When _____	Why _____	How _____	?
When _____	Why _____	How _____	?
- 12. Are you thinking about hurting or killing yourself now?
- 13. Question 1 page 1 (Arresting or Transporting Officer indicated Suicide Risk)

A positive response on any items #17 - #28 requires referral to the Mental Health Section.

- 14. Loud/obnoxious behavior?
- 15. Uncooperative behavior?
- 16. Aggressive behavior/ Restless/over reacting?
- 17. Bizarre behavior, confused or incoherent?
- 18. Have you ever received mental health treatment in a correctional facility?
- 19. Are you receiving counseling from a mental health professional or treatment center?
- 20. Have you ever been hospitalized for an emotional or mental health condition?
- 21. Are you currently taking any medication for an emotional or mental health disorder?
- 22. Have you or your friends noticed that you are currently much more active than usual?
- 23. Do you hear things or see things others cannot see or hear?
- 24. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? or other people know your thoughts and can read your mind?
- 25. Have you ever or are you currently thinking about harming another person?

The following questions are to be completed following a database search by the Intake Service Center.

- 26. Is the inmate a client of the Adult Mental Health Division? **(ISC to check Data Base)**
- 27. Has the inmate ever been on Conditional Release? **(ISC to check CJIS or OT)**
- 28. Has the inmate ever presented for a 704-404 Fitness Examination? **(ISC to check CJIS or OT)**

COMMENTS: _____

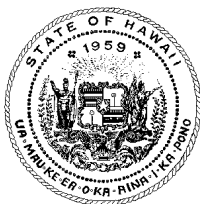
Inmate's Name _____ **Signature** _____ **Date** _____

ISC Disposition: Nurse Called: _____ Date/Time: _____ Med. Refer. MH Refer
(Name)
 MH Emer. Called: _____ Date/Time: _____ Gen. Pop Other _____
(Name)

INTERVIEWER/TITLE _____ **Date/Time** _____

MH Disposition: Same Day Appt. Sched with Whom/Date: _____
 MH Module Gen Pop Other _____

REVIEWED BY MH STAFF _____ **Date/Time** _____



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

To: _____
(DR./Facility in Possession of Record)

(Address)

(City) (State) (Zip Code)

FROM: _____
(MD/Person/Facility Making the Request)

(Address)

(City) (State) (Zip Code)

I authorize the release of the following protected health information _____

_____ for the purpose of my (select one):

continued health care

other: _____

I understand I have the right to revoke this authorization by writing a letter to the requestor anytime prior to the actual release of information. I understand that this authorization is valid for one year from the "Date of Signature." I will not hold the person/agency in possession of my protected health information liable for the further dissemination of the information once it is released to the requestor. Treatment, payment, continued enrollment in a health plan, eligibility benefits, coercion, or remuneration are not conditions of this authorization.

(Print Name of Patient/Representative)

(Signature of Patient/Representative)

(Date of Birth)

(Date of Signature)

My signature below indicates that I also authorize the release of the following protected health information:
(Initial all that apply):

_____ Mental health/behavioral health/psychiatric care/ psychiatric treatment records

_____ Alcohol/substance abuse treatment records

_____ HIV screening and diagnostic results/treatment records

I understand the sensitive nature of the information and that if the protected health information is entered as evidence in a court case they become public record.

(Signature of Patient/Agent)

(Signature of Witness)

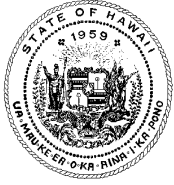
(Date of Signature)

(Date of Signature)

Original: Person or Facility in Possession of the PHI

Yellow: Medical Record

Pink: Inmate



DEPARTMENT OF PUBLIC SAFETY
NOTICE OF RIGHTS
FOR INMATES WITH DISABILITIES



The Right to a Reasonable Modification or Accommodation

The Hawaii Department of Public Safety (HDPS) is committed to providing individuals with disabilities equal opportunity to access its services, programs, and activities, in accordance with its obligations under the Americans with Disabilities Act (ADA). If you have a qualified disability, you have the right to request a reasonable modification or accommodation in order to have equal access to HDPS programs, services, and activities. To comply with the ADA, HDPS will, among other things:

1. Make reasonable modifications in policies, practices, and/or procedures,
2. Remove barriers to access HDPS programs, services, and activities, and/or
3. Provide auxiliary aids and services.

HDPS does not need to provide reasonable modifications or accommodations that HDPS can demonstrate would fundamentally alter the nature of its services, programs or activities.

How to Request a Modification or Accommodation

If you want or need a reasonable modification or accommodation, ask your case manager, the Facility ADA Coordinator, or any staff member for a request form to fill out (*Form PSD 8773, Request for Accommodation/Modification*). If you need help filling out the form, you may ask a staff member to assist you.

How to File a Grievance

You have the right to file a grievance related to disability discrimination, including if you are denied a request for reasonable modification or accommodation, in accordance with HDPS ADA Grievance Procedure. The Statewide ADA Corrections Coordinator Leanne Gillespie and your ADA Facility Coordinator [Insert Name] will review your grievance and respond accordingly.

FACILITY ADA COORDINATOR:

[Insert Name]