

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: DEC 29 2014	POLICY NO.: COR.10.1G.11
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10.1G11 (02/06/2014)	
	SUBJECT: MEDICAL RELEASES	Page 1 of 3	

1.0 PURPOSE

To establish guidelines for the requesting of a medical release recommendation for inmates experiencing terminal or severely disabling conditions.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety (PSD); and Section 353C-2, Director of Public Safety, Powers and Duties; Section 353-13.5, Election of private medical or psychological care by prisoners.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2014)
- c. Williams, BA, Sudore RL, Greifinger R, Morrison, RS. "Balancing Punishment and Compassion for Seriously Ill Prisoners." *Ann Intern Med.* 2011. July 19: 155(2): 122-126: doi: 10.1059/0003-4819-155-2-201107190-00348.

.2 Definitions

- a. Terminal Illness: A progressive and incurable medical condition that is expected to result in death.
- b. Debilitating disease or illness: A persistent and/or progressive illness that impedes a patient's mental and/or physical capacities, and compromises that patient's quality of life.
- c. Medical Release: A release of an inmate before the expiration of his or her expected sentence completion date based on the inmate's deteriorating condition.
- d. Prognosis: A prediction of the probable course and outcome of the disease

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- e. Functional description: An assessment of a patient's ability to eat, perform personal care, ambulate, comprehend and recall information, and communicate this understanding.

3.0 POLICY

A medical release shall only be recommended by a physician employed by the Department. A request for a medical release initiated by an inmate shall be reviewed in accordance with the procedures delineated in this policy.

Inmates will be considered for medical release if they meet one or more of the following criteria:

- The inmate has a terminal illness with a predictably poor prognosis
- The inmate has a seriously debilitating and irreversible mental or physical condition that impairs the inmate's functional ability to the extent that they would be more appropriately managed in a community setting
- The inmate is too ill or cognitively impaired to participate in rehabilitation and/or to be aware of punishment
- The inmate has a disease or condition that requires a complexity of treatment or a level of care that PSD is unable to provide on a long-term basis.

4.0 PROCEDURES

- .1 The patient or his or her legal guardian shall be required to sign a Release of Medical Information form, DOC 404A.
- .2 An inmate may submit a recommendation from a private licensed medical doctor, if the recommendation is obtained pursuant to Section 353.13.5 of the Hawaii Revised Statutes.
- .3 Physicians employed by PSD shall evaluate all requests for medical release recommendations.
- .4 The patient's primary care physician shall draft a memorandum to the Health Care Division Medical Director requesting a medical release recommendation for a patient. At a minimum, the information supplied to the Medical Director include the patient's name, SID number, date of birth, diagnoses with a description of the condition(s), a functional description of the patient, and designate the criteria for medical release that are met.

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- .5 For patients subject to parole, the Clinical Section Administrator (CSA) shall request an abbreviated prescriptive plan (PPU) from the facility where the inmate is housed. At a minimum, the PPU shall include the inmate's risk assessment, prison behavior, participation in required programs, detention charges, sentences, and inmate custody status and conviction history. The PPU shall be attached to the request and forwarded to the Medical Director of the Healthcare Division, PSD.
- .6 If the patient is not subject to parole because he/she is serving a determinate sentence of less than one year, the CSA shall request a report from the facility summarizing the information described in 4.5 above.
- .7 The Medical Director shall approve or disapprove the physician's recommendation request. All recommendation requests shall be forwarded to the Corrections Health Care Administrator (CHCA).
- .8 The CHCA shall then submit the packet with a cover memorandum recommending a medical release to the Director through the Deputy Director for Corrections (DEP-C). The cover memorandum shall have a signature line for the Director and the DEP-C to acknowledge the Health Care Division's (HCD) recommendation.
- .9 The Director shall then forward the recommendation to the Hawaii Paroling Authority (HPA) with comments. All recommendations shall be forwarded to HPA for a decision.
- .10 The HCD may resubmit an updated medical release recommendation should a previously denied inmate's condition changes.

5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

<i>Ami D. Karan MD</i>	12/29/14
Medical Director	Date
<i>[Signature]</i>	12/29/14
Corrections Health Care Administrator	Date
Deputy Director for Corrections	Date

APPROVED: *[Signature]* DEC 29 2014
 Director Date

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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