

**SUBJECT: Inmate and Family Correspondence
and Calls**

**EFFECTIVE DATE: March 2014
SUPERCEDES DATE: March 2013**

REFERENCES

Health Services Policy & Procedure # AD IV-3 Confidentiality
Health Services Policy & Procedure # AD VI-3 Release of Confidential Information
NC Department of Public Safety Prisons Policy & Procedure Chapter G Section. .0300 Administrative Remedy

PURPOSE

To provide guidelines for medical staff regarding responding to correspondence, and phone calls related to concerns about 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 with DPS policies and procedures.

PROCEDURE

Any inmate in the custody of the Department of Correction may submit a written grievance on a DC-410 Administrative Remedy Procedure form.

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 addressing grievances 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 with the DPS Administrative Remedy Procedure policy.

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

When correspondence is reviewed by the nurse manager/designee and determined to require further review, it will be handled in accordance to guidelines within this policy.

The facility and the Health Services Central Office shall maintain an electronic 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. In addition, a licensed nurse from the Central Office will log, routinely review, and maintain inmate correspondence in the inmate Correspondence Tracking System (CTS).

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 DPS / 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 to the Deputy Medical Director for investigation, action and appropriate resolution.
2. Medical concern(s) received in Health Services Central Office will be forwarded via email to the appropriate Facility Nurse Manager which houses the inmate. The Facility Nurse Manager will ensure an investigation is conducted to review the stated medical concerns.

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3. The Facility Nurse Manager findings will be emailed or electronically submitted to DPS Health Services Central Office within one (1) week of request, with supporting documentation included.
4. When necessary, inmates, family members or other interested parties may receive a letter from DPS 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 DPS 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 will be filed in or scanned into the electronic healthcare record.
6. When the investigation/review ~~is~~ has been completed, and a DC 436 has been signed, DPS Health Services Central Office staff or the Facility Nursing/Medical staff will contact the family, friend or interested party to address specific medical concern(s).
7. The DPS 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 or electronically the conversation/interaction with the inmate regarding his/her medical concern(s) and the outcome. This documentation will be noted on the (DC-387) Chronological Record of Healthcare Form in the inmate medical record if electronic healthcare record documentation is not available.
10. Medical concerns that are received from the Office of The Governor/Office of the Secretary for DPS or the Chief of Health Services may require a copy of Health Services' and/or the facility's action/response.
11. Each facility is to have a written policy (internal Standard Operating Procedure) explaining how correspondence from inmates, family members; friends and/or other interested parties will be addressed electronically.

II. Handling Telephone Calls

A. Health Services Central Office Calls

1. DPS Health Services staff may receive telephone calls from family members, friends and interested parties regarding medical concern(s) of inmates.
2. Health Services staff who receive such calls will complete a DC 984 Concern/Grievance/Problem and Follow-up form for all calls received.
3. Healthcare staff who receives telephone calls must address them professionally and courteously and record them in a data base/log sheet/CTS.
4. Callers will be informed that an Authorization for Release of Confidential Information must be signed by the inmate prior to discussing any medical concern or providing any specific medical information to them in response to a call.
5. The Facility Nurse Manager/designee shall contact the inmate to obtain written authorization to discuss medical concerns. The authorization must be specific for the medical concern(s) addressed in the call. The form is scanned into the electronic record or filed in the medical record if the electronic healthcare record is not available.
6. Family members, friends and interested parties will be informed that their concern(s) will be investigated/ reviewed and appropriate action will be taken.

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7. DPS Health Services Central Office staff will email the appropriate Facility Nurse Manager/designee at the inmate's assigned facility so that concern(s) reported 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 receipt of complaint, with supporting documentation electronically attached.
9. Once the signed authorization is obtained and the investigation ~~is~~ has been completed, the Chief of Health Services/designee or the Facility Nurse Manager/designee will contact the family member or friend to discuss the specific medical concern(s).
10. The Facility Nursing Supervisor/designee will document in the inmate's medical record all conversation with the inmate regarding his/her medical concern(s) with the outcome documented on the Chronological Record of Healthcare Form (DC-387). This information shall be entered into HERO.

B. Facility Calls:

1. Family members, friends and/or interested parties may contact the facility where the inmate is housed regarding medical care/treatment.
2. Facility Medical/Nursing staff will complete a DC 984 Concern/Grievance/Problem and Follow-up form for all calls received.
3. Staff will instruct the caller that a DC 436 - Authorization for Release of Confidential Information must be signed by the inmate prior to DPS Health Services staff being able to discuss any specific medical concern(s).
4. Family members, friends and interested parties will be informed that their medical concern(s) will be investigated.
5. The Facility Nurse Manager/designee will determine who will investigate/review the concerns based on the information documented on the DC 984 Concern/Grievance/Problem and Follow-up form.
6. Facility nursing staff will obtain a signed DC 436 - Authorization for Release of Confidential Information from the inmate, which gives permission for Facility Medical/Nursing staff to speak with their family member, friend or other party. The inmate may also initiate contact with medical staff to sign a DC-436 in order for staff to discuss his/her medical concerns with specific parties. The authorization must be specific for the medical concern(s) identified. This document shall be scanned into the electronic healthcare record.
7. Once the investigation is complete and a signed DC 436 is obtained, facility medical staff may contact the family member, friend or interested party to address specific medical concern(s).
8. The Facility Nurse Manager/designee will document all subjective information in the Chronological Record of Healthcare Form in inmate's medical record conversation with inmate regarding medical concern(s) and outcomes. This will be documented in the (DC-387) Chronological Record of Healthcare Form, which should be scanned electronically if possible.
9. The DC 984 Concern/Grievance/Problem and Follow-up form will be retained by the facility nurse manager.

**North Carolina Department Of Public Safety
Prison**

SECTION: Continuity of Patient Care

POLICY # CC-13

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Paula Y. Smith, M.D.

6/10/2014

Paula Y. Smith, MD, Chief of Health Services Date

SOR: Chief of Health Services

Addendum:

Form DC-410 Administrative Remedy Procedure

[Form DC 436 Authorization for Release of Confidential Information](#)

[Form DC 387 Chronological Record of Healthcare](#)

[Form DC 984 Concern/Grievance/Problem and Follow-up](#)