



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 511.01.1

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Effective Date: June 15, 2014

Distribution: B

Supersedes: 511.01.1 (5/15/13)

Approved by: Derrick D. Schofield

Subject: MEDICAL FURLOUGHS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-35-501, and TCA 41-21-227.
- II. PURPOSE: To provide guidelines for the initiation, processing, and granting or denial of medical furloughs.
- III. APPLICATION: To Deputy Commissioner of Operations, Assistant Commissioner of Community Supervision, all Tennessee Department of Correction (TDOC) employees, inmates, medical contractors, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Medical Furlough: The release of an inmate from TDOC institutional custody (for medical reasons) to the supervision of the TDOC Division of Community Supervision.
  - B. Medical Furlough Coordinator: Clinical Services staff member who, under the direction of the TDOC Medical Director, is responsible for the coordination of the medical furlough process from initial request to final decision of the TDOC Commissioner.
- V. POLICY: The Commissioner is empowered to grant a medical furlough and such furlough may be revoked at his/her discretion at any time. Medical furloughs are a privilege and are to be considered as such.
- VI. PROCEDURES:
  - A. Requests for medical furloughs may be submitted for inmates meeting the following medical criteria in accordance with TCA 41-21-227.
    1. Inmates who, due to their medical condition, are in imminent peril of death.
    2. Inmates who have a severe physical/or psychological deterioration who are no longer able to take care of themselves in the prison environment. The level of deterioration must render the inmate incapable of performing basic activities of daily living or unable to think cognitively to the point where the inmate does not pose a threat to the public. Such furloughs are generally considered for inmates requiring skilled nursing care, hospitalization, or acute psychiatric care for an extended period of time without expectation of improvement in their medical condition.
    3. Inmates who are under sentence of death shall not be considered for medical furlough.
  - B. Authorization of Medical Furlough: In accordance with the Process for Medical Furlough Request, CR-2285, medical furloughs may be granted by the Commissioner, upon receipt of recommendations from the institutional Warden, the TDOC Medical Director, and the Assistant Commissioner of Community Supervision.

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C. Medical Furlough Request and/ Routing Process:

1. Inmates meeting the criteria for medical furlough, their legal guardian/conservator, TDOC staff, or family acting on their behalf, may request consideration by the institutional physician
2. Initiation of Medical Furlough Request
  - a. The institutional physician shall initiate Process for Medical Furlough Request, CR-2285, by completing sections I and II.
    - (1) If the institutional physician determines that the inmate does not meet the medical criteria for a medical furlough, he/she shall so indicate in section II of Process for Medical Furlough Request, CR-2285, and forward CR-2285 to the TDOC Medical Director/designee with copies to the Institutional and Statewide Clinical Case Managers to close the request. No further action is required.
    - (2) If the institutional physician determines that an inmate meets the medical criteria for a medical furlough, he/she shall advise the institutional health administrator and institutional clinical case manager.
  - b. The institutional clinical case manager shall complete Section III of Process for Medical Furlough Request, CR-2285, and shall:
    - (1) Identify community resources that are available to the inmate, to facilitate continuum of health care.
    - (2) Identify available housing resources (i.e. family, skilled nursing care, nursing home, hospice, etc.).
    - (3) Identify support systems and initiate the application process for Social Security Insurance, Medicaid/Medicare, and Veterans benefits, etc.
  - c. The Health Administrator or staff designee shall notify the inmate and assist in completing a Process for Medical Furlough Request, CR-2285. The health administrator is responsible for completing and submitting the following documents to the Warden:
    - (1) Authorization for Release of Health Services information, CR-1885.
    - (2) Process for Medical Furlough Request, CR-2285
    - (3) Supporting statement from person or organization accepting responsibility for the inmate upon release (e.g., Hospice, nursing home, family members, etc.).
    - (4) Notarized report from facility physician including:

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- (a) Inmate's name and TDOC number
  - (b) History of illness or condition (list diagnosis)
  - (c) Description of illness or condition at the time of application for medical furlough
  - (d) How continued incarceration will affect the inmate's condition
  - (e) Prognosis and life expectancy
  - (f) Release plans (include name and address of the physician who will be providing care during furlough)
  - (g) Recommendation for medical furlough
  - (h) e-TOMIS Screens:
    - (1) Inmate's Face Sheet
    - (2) LSTQ- Tennessee sentences
3. The Warden shall review the inmates' institutional record, Process for Medical Furlough Request, CR-2285, and accompanying documents. The Warden shall attach a separate sheet adding any pertinent remarks to the request and recommend approval or denial in Section VI of the CR-2285, Actions/Recommendations. All documents shall be forwarded to the TDOC Medical Director within two business days for evaluation.
4. The TDOC Statewide Clinical Case Program Manager shall verify completion of Process for Medical Furlough Request (Section III), CR-2285, and shall:
- a. Ensure community resources are available to the inmate, to facilitate continuum of health care.
  - b. Ensure availability of housing resources (i.e. family, skilled nursing care, nursing home, hospice, etc.)
  - c. Ensure support systems have been identified and status of the application process for Social Security Insurance, Medicaid/Medicare, and Veterans benefits, etc.
  - d. Document progress of the furlough re-entry plan in Section VI of CR-2285, Actions/Recommendations.
5. The TDOC Medical Director or designee shall:
- a. Conduct a physical assessment of the inmate and complete Section IV of Process for Request for Medical Furlough, CR-2285, Consideration-Physical.
  - b. Review the Medical Furlough Request and documentation for appropriateness and recommend approval or denial in Section VI, Actions/Recommendations of the CR-2285.
  - c. Forward all documents to the Director of Victim Services.

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6. The Director of Victim Services shall determine if there is opposition by the victim(s). The Director of Victim Services shall notify the victim(s) of an inmate's request for medical furlough with return response request required within three days of receipt via telecommunication to the Director of Victim Services who shall document findings in Section VI, Actions/Recommendations, of Process for Medical Furlough Request, CR-2285. The CR-2285 shall be forwarded within four business days of the initial notification to Victim Services, to the TDOC Medical Director from time of receipt.
7. The TDOC Medical Director shall confirm all documents are in order and forward the CR-2285, and supporting documents to the Assistant Commissioner of Community Supervision.
8. Assistant Commissioner of Community Supervision Duties and Responsibilities for Verification of Furlough Request:
  - a. Specific emphasis on:
    - (1) Proposed residence arrangements
    - (2) Family support
    - (3) Medical and financial arrangements
    - (4) Social services resources
    - (5) Determine if there is community opposition by the district attorney, chief law enforcement officer (both in county of proposed residence and in the county in which the offense was committed), or the sentencing judge. The probation/parole staff will be authorized to provide information to the district attorney or chief law enforcement officer that fully explains the applicant's condition and prognosis.
    - (6) Document any community opposition to the furlough and the reason for the opposition.
  - b. Review of Medical Furlough Request and documentation for appropriateness and recommend approval or denial in Section VI, of Actions/Recommendations of Process for Medical Furlough Request, CR-2285.
9. During the recommendation/routing process any special considerations or conditions of furlough, shall be introduced by attaching a separate sheet.
10. Return the Process for Medical Furlough Request, CR-2285 and accompanying documents to the TDOC Medical Director or designee indicating that the furlough information has been verified or is unverified along with a written summary of the field investigation. The substance of any opposition to the furlough should be clearly explained.
11. The TDOC Medical Director shall forward all documents for approval/denial and signature to the Commissioner or designee for final review.

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D. Approval/Denial of Medical Furlough Request by the Commissioner:

1. The Commissioner shall have the final decision on the Process for Medical Furlough Request, CR-2285.
2. Should the Commissioner deny the request, a medical furlough shall not be resubmitted unless there is a significant change of circumstances not included in the original request.
3. A written notification of the final decision shall be prepared by the TDOC Medical Director/ designee and distributed as follows:
  - a. Original: Warden
  - b. Copies:
    - (1) Assistant Commissioner of Community Supervision
    - (2) Deputy Commissioner of Operations
    - (3) Institutional Health/Mental Health Administrator
    - (4) Inmate
    - (5) Operational Support Services File
    - (6) TDOC Medical Furlough Coordinator
    - (7) Director of Victim Services
    - (8) Institutional Records Office if applicable
    - (9) Tennessee Bureau of Investigation, if the inmate is a sex offender. (See Policy #511.03)
    - (10) Commissioner's Designee at privately managed facilities
4. Upon the Commissioner's approval of the Medical Furlough Request, the Warden shall:
  - a. Instruct the Institutional Counselor to verbally advise the inmate or conservator (if the inmate is unable to sign for himself/herself) of the conditions of the furlough.
  - b. Complete the Medical Furlough Conditions of Release, Section V. of the CR-2285, with the furloughed inmate. The Warden and inmate or inmate's guardian/conservator shall sign the form affirming that the conditions of the Medical Furlough request have been reviewed and signatures shall be witnessed by the Associate Warden/designee. TDOC Medical Furlough Coordinator will coordinate with the Warden the effective furlough date.
  - c. Ensure that the completed Medical Furlough Conditions of Release, Section V of Process for Medical Furlough Request, CR-2285, is forwarded to the Institutional records office, who shall verify that TOMIS conversation LPDD (Interested Party/Comments) has been completed and notify all appropriate including the Assistant Commissioner of Community Supervision, of the effective furlough date. The institutional records office shall send written notice to the sheriff in whose jurisdiction the furloughed inmate was convicted and the sheriff in whose jurisdiction the inmate intends to reside. Copies shall also be sent to the chief of police (where applicable) and district attorneys general at each location. In addition, the victim coordinator in the jurisdiction where the crime(s) occurred shall be notified. Copies of all such notifications shall be placed in the inmate's institutional file.

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- d. Ensure that copies of the completed CR-2285 are distributed as follows:
  - (1) Inmate/conservator
  - (2) Assistant Commissioner of Community Supervision
  - (3) Operational Support Services File
6. The Warden or designee shall forward copies of the Medical Furlough Conditions of Release, CR-2285, Section V, to the following:
  - a. Assistant Commissioner of Community Supervision
  - b. Deputy Commissioner of Operations
  - c. Institutional Health Administrator
  - d. Inmate
  - e. Operational Support Services File
  - f. TDOC Medical Furlough Coordinator
- E. Medical Furlough Financial Responsibility: The Department shall not be responsible for any expenses, medical or otherwise, incurred by the inmate while on medical furlough. All such expenses shall be the responsibility of the inmate. The inmate's signature, or the signature of the inmate's guardian/conservator, releasing the department from financial or other liability during the furlough, must be included on the conditions of furlough statement.
- F. Furlough Supervision
  1. Community Supervision: The Assistant Commissioner of Community Supervision/designee will be requested to assign staff to:
    - a. Supervise the inmate while he/she is on medical furlough.
    - b. Ensure that the Process for Medical Furlough Request, CR-2285, is placed in the client's file and the case is added to the statistical report. Staff shall make initial and continuing appropriate entries into TOMIS conversations about the offender's status and location.
    - c. Establish a supervision level and explain the written monthly reporting procedures.
    - d. Establish a reporting schedule including time and place of future reporting.
    - e. Furnish the inmate/conservator with the names, location, and phone numbers of supervisors within the region giving instructions (including 24 hour access information) stating that the probation/parole officer's supervisor may be contacted if the probation/parole officer is unable to be reached.
    - f. Explain to the inmate/conservator that the probation/parole officer will visit the inmate on a monthly basis and submit a written report of his/her present medical status to the Director and immediate supervisor.

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- g. Explain to the inmate/conservator that the probation/parole officer will periodically contact the inmate's physician to monitor the medical condition on which the furlough is granted. The officer shall obtain the inmate's signature on an Authorization of Release for Health Services Information, CR-1885.
  - h. Explain to the inmate/conservator that the inmate is required to pay supervision fees in accordance with TCA 40-28-201.
  - i. Discuss thoroughly with the inmate/conservator the conditions of the furlough. It is imperative that the inmate/conservator have a clear understanding of his/her responsibilities during the medical furlough period.
  - j. Each month, the Assistant Commissioner of Community Supervision/designee shall prepare a Medical Furlough Status Report that contains information regarding inmates currently on medical furloughs. This report shall be distributed to the Commissioner, Deputy Commissioner of Operations, TDOC Medical Director/designee, Community Corrections Administrators, and District Directors.
2. Parole Eligibility:
- a. If the inmate becomes eligible for parole during furlough, the releasing institution shall notify the BOP, through the institutional parole officer, of the inmate's medical furlough and determine from the Board where the hearing is to be scheduled. The institution shall notify the inmate and his/her probation officer of the relevant details. If parole is granted, the parole certificate will be issued through the institution and the inmate will transfer from furlough status to parole supervision.
  - b. A monthly written progress report shall be made by the probation/parole officer and sent to the Assistant Commissioner of Community Supervision/designee, and the TDOC Medical Director/designee who shall forward the report to the Commissioner.
3. Permanent address: Under the conditions of medical furlough, the inmate is not allowed to move permanently from the legal address to which he/she was released without the prior written approval from the Commissioner/designee. This will not preclude an offender being moved to a hospital or nursing home. This would be considered a temporary emergency move, which would then be investigated and approved if it were later to become permanent. Also, this information is to be sent to the Assistant Commissioner of Community Supervision/ designee and documented in TOMIS.
4. Medical care outside of county/state: If the inmate requests medical care at a location outside of the county or the state, detailed information regarding the facility location, name of physician, length of stay and other pertinent information must be confirmed and recorded by the probation/parole officer. Prior approval and a travel permit issued by probation/parole officer are required.

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5. Death of an Inmate on Medical Furlough:
  - a. In the event of death of an inmate on medical furlough, the probation/parole officer shall:
    - (1) Confirm the death and comply with any applicable mandates of Policies #103.02, #103.05, and #511.01.1.
    - (2) Notify the Assistant Commissioner of Community Supervision/designee.
    - (3) Complete CR-3877, detailing the death, the place and time of death, along with any known circumstances.
    - (4) Notify the Warden of the appropriate institution promptly via Outlook/e-mail and with documentation in TOMIS giving details of death, i.e. date and time, funeral notification; and forwarding a copy of the incident report.
    - (5) Close the case in compliance with any applicable mandates of Policy #708.06.
  - b. Upon notification of the event of death of an inmate on medical furlough, the Assistant Commissioner of Community Supervision/designee shall notify the Deputy Commissioner of Operations/designee and TDOC Medical Director/designee and provide a copy of CR-3877.
  - c. The TDOC Medical Director/designee shall secure a copy of the death certificate to be placed in the inmate's health file.
6. Violation of Conditions or Change of Medical Status: If, at any time, the probation/parole officer has reason to believe that the inmate has been arrested or violated the conditions of his/her furlough, that the furlough is not being used for the purpose granted, that the inmate no longer qualifies for the furlough granted, or that the inmate's continued presence in the community poses a threat to the inmate, to a member of the community, to the community as a whole, or to the Department's furlough program, the probation/parole officer shall prepare a written report and submit this report to his/her supervisor for approval. The supervisor shall review the report for approval and immediately notify the Assistant Commissioner of Community Supervision/designee via telephone. The Assistant Commissioner of Community Supervision will immediately notify the Commissioner, and the TDOC Medical Director/ designee, giving full details of the violation or change of status/condition under which the medical furlough was granted. If the Commissioner is of the opinion that immediate action is required, then the following steps are to be taken.
  - a. The Deputy Commissioner of Operations shall notify the Warden of the TDOC institution closest to the inmate's location of the situation.

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- b. The Deputy Commissioner of Operations shall complete an Order of Revocation of Medical Furlough and Return to Prison, CR-3565, and fill out all necessary information. The Deputy Commissioner will then have the Commissioner sign the CR-3565 and shall fax it to the Warden of the institution that will be responsible for taking the inmate into custody. A copy of the CR-3565 shall also be forwarded to the Commissioner's Designee at privately managed facilities.
- c. The Warden shall contact local law enforcement authorities and request their assistance in taking the inmate into custody. A copy of the CR-3565 will be provided to the agency or agencies that assist institutional personnel.
- d. Designated institutional personnel will accompany local law enforcement to pick up the inmate and return him/her to the TDOC institution.
- e. The inmate will be housed in the nearest TDOC institution until he/she is returned to the releasing institution or to other appropriate housing.
- f. Reporting: The Assistant Commissioner of Community Supervision shall provide a monthly violation report to the Deputy Commissioner of Operations and the TDOC Medical Director/designee.

G. Furlough Revocation/Modification/Extension:

- 1. When an inmate has been returned to an institution pursuant to the Commissioner's order, the Commissioner shall designate a person or persons to conduct a due process hearing.
  - a. Such designee(s) shall ensure that the inmate receives a copy of the order at least 24 hours before the hearing. A copy of the order signed by the inmate shall be maintained as evidence of the notification. If the inmate has an appointed guardian or a conservator, the legal guardian or conservator shall also be notified 24 hours before the hearing.
  - b. The hearing shall be conducted by the designee(s) within seven days of the inmate's return to the institution.
  - c. The inmate shall be entitled to assistance from an inmate advisor.
  - d. The inmate shall be permitted to appear and testify before the designee(s), unless the inmate is disorderly (i.e., preventing orderly conduct of the hearing). The inmate shall be permitted to present at least one witness in his/her behalf and additional witnesses may be presented at the discretion of the designee(s). The personal appearance of any witness may be prohibited for security reasons, but a written statement shall be accepted instead.
  - e. If an inmate has an appointed legal guardian or a conservator, that individual may represent the inmate at the due process hearing.

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- f. The Commissioner, at his/her discretion, may personally appear before the designee(s) or provide a written summary of the information upon which he/she relied if the order does not provide complete information. The testimony of the Commissioner, or any other witness, may be taken in a closed session, in whole or part, where the testimony could reasonably reveal the source of confidential information. Likewise, written statements containing confidential information may be considered without making the statement available to the inmate or inmate advisor.
  - g. After conducting the hearing, the designee(s) shall submit a report and recommendation to the Commissioner within three working days. Such report shall include a summary of relevant testimony and evidence received a recommendation as to whether the furlough should be revoked or modified, and the reasons therefore.
  - h. Within three working days of receipt of the report and recommendation, the Commissioner shall decide whether there is substantial (even if subjective) reason(s) to believe that the furlough should be revoked or modified for the reasons stated in his order. His/her decision shall be reduced to writing and a copy transmitted to the inmate in a timely manner. This decision shall be final.
2. Medical Furlough Review: Current furloughed inmates will be semi-annually reviewed for the consideration of a Medical Furlough Continuation by the TDOC Medical Director/designee and their assigned Probation/Parole Officer.
- a. The TDOC Medical Director/designee shall request medical records from the furloughed inmate's community physician semi-annually, to review and determine if an inmate continues to meet the medical criteria for a medical furlough continuation, CR-3877.
    - (1) If the inmate continues to meet the criteria for the medical furlough established herein, CR-3877 shall be noted and no further action is required.
    - (2) If the review of the inmate's community physician's medical record indicates he/she may no longer meet the criteria for the medical furlough established herein, CR-3877 shall be noted and the medical furlough may be revoked.
  - b. The assigned Probation/Parole Officer shall preform a comprehensive review semi-annually of the inmate's case to ensure that the inmate is in compliance with the Conditions of Medical Furlough, noting recommendation on the CR-3877, Medical Furlough Review.
  - c. If the assigned Probation/Parole Officer identifies a Violation(s) of Conditions of Medical Furlough, the procedure outlined in Section VI.(F)(7) shall be followed. The inmate shall receive a medical screening in accordance with Policies #113.20, #113.23, and #113.44.

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H. Failure to Return: The Commissioner may order that an inmate be taken immediately into custody at any time. All furloughs may include the condition that the inmate shall ~~to~~ return to an institution at a designated time. Should the inmate fail to return as directed, escape procedures will be implemented in accordance with Policy #506.12.

VII. ACA STANDARDS: 4-4347.

VIII. EXPIRATION DATE:



TENNESSEE DEPARTMENT OF CORRECTION  
**PROCESS FOR MEDICAL FURLOUGH REQUEST**

The Medical Furlough process is outlined in Policy # 511.01.1 and allows consideration for release by the Tennessee Department of Correction for inmates with terminal illness and/or seriously ill as outlined in Policy #511.01.1 Medical Furlough and who are no longer a threat to public safety. The objective is to identify inmates, meeting these criteria, and refer them for medical furlough. For the purpose of the Medical Furlough Request, Terminally Ill and Seriously Ill are defined as:

- Terminally Ill: guesstimate life expectancy < 12 months due to illness
- Seriously Ill: condition requires frequent, extensive, specialized care, not reversible with current medical therapy.

Everyone involved in clinical care is responsible for identifying appropriate inmates.

Once identified, the Warden, Health Service Administrator (HSA), Institutional Physician and Clinical Case Manager (CCM) at the assigned facility must work as a team.

The Physician will initiate the Medical Furlough Request. Each section of the request form must be fully completed, by appropriate personnel, in order to provide compelling documentation to the Tennessee Department of Correction, to hopefully grant the request. This 'snapshot' of the inmate should describe the medical condition, and include information to support no threat to public safety (i.e. assistance with ADL's, mobility: wheelchair /bed bound, dementia, restrictions due to respiratory compromise, etc.) Please include a plan for continuity of care upon release (accommodations, financial and medial support systems, etc.).

**The Health Service Administrator and Clinical Case Manager should be diligent in identifying social/ community resources (and initiating applications, if needed-SSI, Medicaid/Medicare, VA, etc.) and conducting initial review of the "residence plan":**

- **Verification of the proposed address**
- **Willingness and capability of the proposed care giver**
- **Restrictions, especially for sex offenders**

The completed Medical Furlough Request will be processed by the institution's Clinical Services and forwarded to the Office of Clinical Services, Tennessee Department of Correction. The decision will be communicated to the Warden and Physician of the assigned facility.

Thank you in advance for your cooperation. Any questions or concerns should be directed to the TDOC Medical Director.

**Section I**

DATE: \_\_\_\_\_ SECURITY: \_\_\_\_\_  
NAME: \_\_\_\_\_ RED: \_\_\_\_\_  
INSTITUTION: \_\_\_\_\_ EXP: \_\_\_\_\_  
TDOC Number: \_\_\_\_\_ DETAINER: Y or N where? \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ MH Level: \_\_\_\_\_ (**Level of Care**)  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ OFFENSE: \_\_\_\_\_

NAME: \_\_\_\_\_

**Section II**

**INSTITUTIONAL MEDICAL AUTHORITY**

A. What is the diagnosis (es)? \_\_\_\_\_  
\_\_\_\_\_

B. Prognosis: \_\_\_ less than 6 months \_\_\_ less than 12 months \_\_\_ other (specify) \_\_\_\_\_

C. Diagnosis (es) was established by:

\_\_\_\_\_ Tissue    \_\_\_\_\_ Lab Results    \_\_\_\_\_ Imaging    \_\_\_\_\_ Procedure    \_\_\_\_\_ MH Evaluation

RESULTS: \_\_\_\_\_

Current Treatment: \_\_\_\_\_

D. Is inmate compliant with treatment plan? \_\_\_\_\_ YES    \_\_\_\_\_ NO    \_\_\_\_\_ Partial

E. Level of Inmate functioning limitations:

\_\_\_\_\_ Feeding    \_\_\_\_\_ Ostomy    \_\_\_\_\_ Respiratory Assistance    \_\_\_\_\_ Wheelchair/Walker

\_\_\_\_\_ Dressing    \_\_\_\_\_ Oxygen    \_\_\_\_\_ Toilet    \_\_\_\_\_ Positioning

\_\_\_\_\_ Hygiene    \_\_\_\_\_ Ventilator    \_\_\_\_\_ Dialysis    \_\_\_\_\_ Limb Prosthesis

\_\_\_\_\_ Other (explain) \_\_\_\_\_

Mental Impairment: \_\_\_\_\_ Cognitive    \_\_\_\_\_ Memory    \_\_\_\_\_ Dementia

F. Medication Category:

\_\_\_\_\_ Mental Health    \_\_\_\_\_ Chemotherapy    \_\_\_\_\_ Respiratory Assistance    \_\_\_\_\_ Antibiotics

\_\_\_\_\_ Steroids    \_\_\_\_\_ Cardiovascular    \_\_\_\_\_ Pain Management    \_\_\_\_\_ HIV    \_\_\_\_\_ Hepatitis C

G. Placement Level Required:

\_\_\_\_\_ Residence    \_\_\_\_\_ Long Term Acute Care    \_\_\_\_\_ Nursing Home

\_\_\_\_\_ Skilled Nursing Facility    \_\_\_\_\_ Hospice

H. \_\_\_ Inmate does not meet Medical Furlough criteria. No Further action needed.

\_\_\_\_\_  
Institution Physician / Designee

\_\_\_\_\_  
Date

NAME: \_\_\_\_\_

**Section III**

**CLINICAL CASE MANAGER**

A. Name/Relationship to inmate of where the inmate would live? \_\_\_\_\_

B. Location and Contact Number: \_\_\_\_\_

Type of Accommodation:   \_\_\_ Residence   \_\_\_ Room   \_\_\_ Apartment   \_\_\_ Facility

C. Is family or other physical/ financial support available? \_\_\_\_\_

D. Is there a written statement for such support? \_\_\_\_\_

E. Name and Address of Available:

Primary Medical Care: \_\_\_\_\_

Physician(s): \_\_\_\_\_

Hospital: \_\_\_\_\_

Facility: \_\_\_\_\_

F. Available Resources: \_\_\_\_\_ Insurance   \_\_\_\_\_ Government Agency

G. What other support (emotional/ financial) is available? \_\_\_\_\_

H. Discharge Plan has been started:   \_\_\_ SSI   \_\_\_ Medicaid   \_\_\_ Veteran

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section IV**

**TDOC MEDICAL DIRECTOR (For Central Office Use Only)**

A. Is the diagnosis (es) valid? \_\_\_\_\_ YES   \_\_\_\_\_ NO

B. Is the prognosis consistent with the clinical information? \_\_\_\_\_ YES   \_\_\_\_\_ NO

C. Estimated costs for future medical care while in TDOC custody \_\_\_\_\_

D. How will the inmate function, if released?

\_\_\_\_\_ Independent   \_\_\_\_\_ Ventilator Dependent   \_\_\_\_\_ Assisted Living   \_\_\_\_\_ Bedridden

E. Recommendation: \_\_\_\_\_

\_\_\_\_\_  
Institution Physician / Designee

\_\_\_\_\_  
Date

**Section V**

TENNESSEE DEPARTMENT OF CORRECTION  
**MEDICAL FURLOUGH CONDITIONS OF RELEASE**

\_\_\_\_\_

Inmate Name

\_\_\_\_\_

TDOC Number

This Furlough Certificate will not become operative until the following conditions are agreed to by the inmate. Violation of any of these conditions or providing false information on this order may result in immediate arrest followed by furlough revocation.

I, \_\_\_\_\_, \_\_\_\_\_ will proceed directly to my destination upon release and I will  
*Inmate Name* *TDOC Number*

report to the Probation/Parole Officer assigned to supervise my case within 24 hours of my release.

Probation/Parole Officer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

1. I will not change my residence or leave the county of my residence or the state without the prior written approval of my Probation/Parole Officer.
2. I will not use intoxicants nor use narcotic drugs unlawfully, nor visit places where intoxicants or drugs are unlawfully sold or dispensed.
3. I agree to authorize the release of medical information by my physician or other health care providers to the Probation/Parole Officer and/or department employees for purposes of monitoring the medical condition on which this furlough is granted.
4. I will obey the laws of the United States, State and Municipal Ordinances. I will not violate the law of any law of any governmental unit. I will immediately notify my Parole Officer if I am arrested for any offense, including a traffic offense. My parole officer or any other parole officer may, at any time, conduct a warrantless search of my person, papers, and place of residence, automobile, or any other property under my control.
5. I will not receive, possess, transport, have under my control, or attempt to purchase or obtain transfer of any type of deadly weapon (guns, rifles, ammunition, knives, explosives, illegal weapons or any other deadly weapon).
6. I will avoid injurious habits and will not associate with persons of bad reputations or harmful character.
7. I will at all times conduct myself honorably to the best of my ability.
8. I will not leave my state of residence, even briefly or change my residence without first getting permission from my Parole Officer. I will not abscond from Furlough supervision.
9. I hereby waive all extradition rights and process and agree to return to Tennessee if at any time during my furlough I leave the State of Tennessee.
10. I will promptly and truthfully answer all inquiries directed to me by local enforcement agencies and departmental employees including Probation/Parole Officers and will carry out all written and verbal instructions from them.
11. I will allow my Probation/Parole Officer to visit my home or elsewhere, and will carry out all instructions he/she gives.
12. I will not marry during my furlough unless given special permission by the Commissioner of Correction.
13. I will not operate a motor vehicle unless I have a valid Tennessee Driver's license.
14. I agree to assume responsibility for all medical and health care expenses incurred by me while on furlough.
15. I understand and agree that the Commissioner may, at any time, order my return to a D.O.C. institution.
16. I understand and agree that the Commissioner may, at any time revoke or modify the condition of my medical furlough.
17. I have completed of CR-1885 Authorization for release of Health Services Information.
18. Special Conditions:

Furlough beginning: \_\_\_\_\_ to \_\_\_\_\_  
*Month, Day, Year* *Date or any time as directed by my Probation/Parole Officer*

By signing this form, I affirm that the conditions of this Medical Furlough Request have been explained to me by the Warden.

Signature of Inmate/Conservator: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I affirm that I have explained the conditions of this Medical Furlough Request.

Warden's Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

CR-2285 (Rev. 05-14)  
NAME: \_\_\_\_\_

**Section VI**

**MEDICAL FURLOUGH REQUEST**

Institution: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ TDOC Number: \_\_\_\_\_

Application Date \_\_\_\_\_

Date of Requested Furlough: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_

**REASON FOR APPLICATION**

Attach a notarized statement from the attending department physician which describes and documents the medical conditions for which the application is based (as outlined in Policy #511.01.1, Medical Furloughs. An authorization to Release Medical Information (CR-1885) shall be attached.

**RELEASE PLANS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Where inmate will reside) Street, City, County

Attending Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County

Other Arrangements: \_\_\_\_\_

**ACTIONS/RECOMMENDATIONS**

**Warden**

Recommend:  Approval  Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Statewide Clinical Case Program Manager**

Furlough re-entry plan in place:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Medical Director**

Recommend:  Approval  Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Director of Victim Services Notification to Victim(s):**

No Response  No Opposition  Opposition (see attached)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Assistant Commissioner of Community Supervision**

Recommend:  Approval  Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Based on my review of this Request for Medical Furlough, I  Grant  Deny such within the provisions of TCA 41-21-227 and policy #511.01.1.

**Commissioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





TENNESSEE DEPARTMENT OF CORRECTION
AUTHORIZATION FOR RELEASE OF HEALTH SERVICES INFORMATION

INSTITUTION

INMATE NAME (PRINTED) TDOC NUMBER

SOCIAL SECURITY NUMBER DATE OF BIRTH GENDER

I hereby authorize (NAME OF PROVIDER/FACILITY) to release the information indicated below to the Tennessee Department of Correction (TDOC) regarding my medical treatment.

TDOC Facility Name/Community Supervision Office:

Facility Address:

Phone Number: Fax Number:

I hereby authorize the Tennessee Department of Correction to release the information indicated below to the following:

Name: Relationship to Inmate:

Address:

Address 2:

Phone Number: Fax Number:

Please release the following information (Check "✓" all that apply):

? Health Record ? Infectious Disease Record ? Dental Record ? Mental Health Record ? Psychotherapy Notes
? Substance Use Diagnosis/Treatment ? Other dates through

Note: An authorization for the release of psychotherapy notes cannot be made in conjunction with an authorization for the release of any other confidential health information.

- This authorization expires six (6) months from the date of the signature below and covers only information created prior to that date.
I understand that I may retract this authorization at any time, in writing, to the attention of: TDOC Division of Operational Support Services.
Rachel Jackson Building, 320 Sixth Avenue North, Nashville, TN 37243-0465.
I understand that any release, which was made prior to a retraction hereof, and based on this signed authorization, will not constitute a breach of my privacy rights.
I understand that this authorization is necessary to release information that is deemed private and confidential by law (health records, TCA 10-7-504, mental health records, TCA 33-3-103).
I understand that a provider may not condition treatment on whether or not I sign this authorization.
Although the recipient should obtain my authorization before releasing my private information, I understand that if the recipient chooses to re-disclose this information, TDOC cannot ensure its protection by privacy laws.

The subject of the information must sign this authorization. If the subject is under 18 years of age, it must be signed by a parent or legally appointed guardian. If the subject is not legally competent to sign, or is unable to sign, Authorized Representative (a legally appointed conservator, guardian, or attorney-in-fact appointed pursuant to a durable power of attorney for healthcare) must sign this authorization.

Inmate Signature

Date

Signature of Parent (if minor) or Authorized Representative

Date

Witness Signature

Date

(To be printed exclusively from the office of the Commissioner of Correction on Commissioner Letterhead)

**DATE**

**OFFENDER ADDRESS**

SUBJECT: ORDER OF REVOCATION OF MEDICAL FURLOUGH AND RETURN TO PRISON

Dear Mr. (Ms.) **INMATE NAME**:

On **(DATE OF FURLOUGH APPROVAL)**, this office, pursuant to Department of Correction Policy #511.01.1 and Tennessee Code Annotated § 41-21-227, approved your release on medical furlough from **(NAME OF INSTITUTION)**.

Your medical furlough release was granted based on the guidelines outlined in T.C.A. § 41-21-227 and secured with your agreement to comply with conditions under which the medical furlough was granted, confirmed by your signature.

Information has been provided to this office and confirmed that:

\_\_\_\_\_ *You have failed to comply with the following condition(s) of the medical furlough:*  
*Condition # \_\_\_\_\_, (CONDITION VIOLATED).*

**AND/OR**

\_\_\_\_\_ *Subsequent to your release, your condition has improved so that you are no longer in imminent peril of death and/or you can adequately care for your own health in the prison environment.*

Therefore, by the authority granted to this office by T.C.A. § 41-21-227 (i) (3), it is hereby **ORDERED** that the medical furlough which was granted to you on **(DATE OF FURLOUGH)** is hereby **REVOKED**. You are **ORDERED to IMMEDIATELY RETURN** to **(NAME OF INSTITUTION)** to commence service of your sentence. Your Probation/Parole Officer will be in contact with you to coordinate your return to prison. If you fail to or refuse to return to prison as ordered within 24 hours of receipt of this notice, the Department of Correction will institute escape procedures concerning furloughs as provided for in accordance with the Department of Correction Policy #506.12.

Sincerely,

Derrick D. Schofield  
Commissioner