



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.52

Page 1 of 7

Effective Date: February 2, 2024

Distribution: A

Supersedes: 113.52 (3/1/20)

Approved by: Frank Strada

Subject: RELEASE OF PROTECTED HEALTH INFORMATION

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 10-7-504, TCA 63-11-213, TCA 68-11-304, TCA 68-10-113, 42 USC 290dd-3, 42 USC CFR Chapter 2, TCA 33-3-103, TCA 39-13-521, and TCA 41-24-117.
- II. PURPOSE: To ensure the confidentiality of inmates' protected health information created or received by the Tennessee Department of Correction (TDOC).
- III. APPLICATION: TDOC institutions, Central Office staff, contracted staff, vendors, volunteers, inmates, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Health: "Health" encompasses physical and mental health for this policy.
  - B. Minimum Necessary: Limiting the provided information to the least amount required to accomplish the intended purpose of the use or disclosure.
  - C. Need to Know: A condition or situation in which the sharing of an inmate's protected health information is necessary or desirable for a specified workforce member to render services to that inmate. Such services may include but are not limited to providing health care, transportation, continuity of care, program assignment, etc.
  - D. Protected Health Information: Any oral or recorded clinical data relating to the past, present, or future health or provision of health care to inmates.
  - E. Unauthorized Third Party: Any individual other than the inmate or their health care provider with neither a legitimate "need to know" nor the inmate's written authorization to receive protected health information.
  - F. Workforce Member: Any person, whether paid or unpaid, authorized to work for or on behalf of the TDOC, including TDOC employees, contracted employees, temporary and part-time employees, vendors, and volunteers.
- V. POLICY: The protected health information of an inmate is confidential and must only be used, shared, or disclosed by this policy.
- VI. PROCEDURES:
  - A. General:
    1. The inmate's active health record must be maintained separately from other Inmate

Effective Date: February 2, 2024	Index # 113.52	Page 2 of 7
Subject: RELEASE OF PROTECTED HEALTH INFORMATION		

Institutional Record (IIR) volumes. The health record is Volume 3 of the IIR.

2. No workforce member may discuss protected health information heard, viewed, or otherwise obtained during their duties with other staff, inmates, or other individuals who do not need to know. Employees who misuse or make unauthorized disclosures of protected health information are subject to disciplinary action in accordance with Policy #305.01, *Employee Disciplinary Action(s)*.
3. No information derived solely from the health record, offender management system (OMS) health services conversations, or the provision of care may be used to initiate or support disciplinary action against an inmate.

B. Access to Protected Health Information:

1. The health administrator or designee is the custodian of the health record (including substance use treatment and mental health records) and must control access to protect the confidentiality of the information contained therein. The health administrator or designee must also respond to inquiries regarding the disclosure or protection of inmate-protected health information within ten business days.
2. Access to an inmate's health records must be limited to qualified health personnel involved in the delivery or continuity of health services to or for the inmate. Each facility's Health Services Unit Manual must include a list of position titles authorized to access the health record.

3. Inmate Access to Health Records:

- a. Inmates have a limited right of access to their health records. Inmates desiring to review their health records must make a written request to the health administrator, including the purpose of the review and the specific information requested. Arrangements must be made by the health administrator for the specific information to be reviewed in the presence of a physician, mid-level provider, licensed nurse, or medical records clerk. Reviews are allowed no more frequently than once every 12 months per Policy #512.01, *Maintenance, Safeguarding, and Archiving of TDOC Records*. A copy of the written request must be placed in the health record.
- b. If an inmate desires to have another individual present (including another inmate) during their health record review, a completed Authorization for Release of Health Services Information, CR-1885, must be obtained before the review.
- c. Before reviewing the health record with the inmate, the record must be purged of all psychiatric/psychological materials, any materials received from outside sources, and any information that may jeopardize the inmate's or the institution's safety.
- d. Psychiatric/psychological records may not be reviewed with an inmate without consultation with the treating (or a knowledgeable) psychiatric/psychological professional. Suppose the psychiatric/psychological professional believes that the content of the psychological records should not be released to the inmate (or that they should be released only in part or

Effective Date: February 2, 2024	Index # 113.52	Page 3 of 7
Subject: RELEASE OF PROTECTED HEALTH INFORMATION		

under particular conditions due to the anticipated impact upon the inmate). In that case, the records (or any part thereof) may be withheld pending a court order to release them.

- e. Paper copies of the health record will not be released directly to the inmate except by court order. An exception to this release may be made only when an inmate is personally involved in a lawsuit involving medical issues requiring the use of their medical records, as verified by the TDOC General Counsel or Office of the Attorney General.
  - f. Upon submission of a completed and signed authorization form (CR-1885 or similar document) addressed to the TDOC, former inmates may receive or designate the release of their health information to specific physicians, attorneys, or organizations or departments providing health services to the inmate.
4. Securing Protected Health Information: Employees who possess confidential information in their office must lock doors and filing cabinets containing protected health information. Knowledge of this nature must be kept from general view in any location within the facility. Employees must report any suspected tampering of files to their immediate supervisor.

C. Release of Protected Health Information:

- 1. Any protected health information used or disclosed must be the minimum necessary to accomplish the intended purpose of the disclosure.
- 2. Disclosure of protected health information (including a face-to-face meeting, letter, telephone, or facsimile transmission (fax) under written authorization) is accomplished only after reasonable care has been exercised to ensure the recipient's identity.
- 3. Protected health information must not be disclosed, verbally or in writing, to an unauthorized third party. This includes disclosure to non-medical staff; an inmate's family, friends, relatives, and associates; members of the media; elected officials; and private citizens.
  - a. No protected health information is allowed to be publicly released other than as stated in Policies #103.04, *Provision of Information and Access to the Media and Public*, and #512.01, *Maintenance, Safeguarding, and Archiving of TDOC Records*.
  - b. Emergency notification, as authorized by Policy #103.05 *Inmate Emergency Notification*, must be made when an inmate has designated such individual(s) and provided current contact information to the TDOC.
- 4. Inmates may disclose protected health information about themselves as they choose. When an unauthorized third party requests an inmate's protected health information, workforce members advise the third party to contact the inmate directly. Even with written authorization, the inmate's disclosure does not require the Department to release protected health information to an unauthorized third party.

Effective Date: February 2, 2024	Index # 113.52	Page 4 of 7
Subject: RELEASE OF PROTECTED HEALTH INFORMATION		

5. Reasonable safeguards must be in place to protect against the unintentional use and disclosure of protected health information. Safeguards may include the following: speaking quietly when discussing an inmate's condition when other inmates and non-medical personnel are nearby and avoiding the use of inmates' names in hallways, elevators, break rooms, etc.
6. Release of Protected Health Information with Written Authorization:
  - a. Inmate Request:
    - (1) If an inmate requests to release their protected health information, the inmate completes Authorization to Release Health Information, CR-1885, and a copy is placed in the health record.
    - (2) Upon receipt of the inmate's written authorization, the information in their current or former TDOC health record may be released to an individual or agency indicating a reasonable business need for the requested information. Such individuals or agencies may include but are not limited to attorneys, qualified health professionals, and organizations or departments providing health services to inmates (e.g., health departments, veteran affairs, human services, community programs, etc.).
    - (3) If the inmate is a minor, written authorization must be obtained from the next of kin or legal guardian. If the inmate has a conservator, written permission must be obtained from the conservator. Approval for deceased inmates is obtained from the deceased's legal representative.
  - b. Release of HIV/AIDS Information: Information regarding the inmate's HIV/AIDS status must not be released unless requested explicitly on CR-1885 and signed by the inmate.
  - c. Psychiatric/Psychological Information:
    - (1) An authorization to release psychotherapy notes must be specific and executed separately from any other authorization for disclosure. Authorization for releasing psychotherapy notes cannot be made with authorization for releasing any other protected health information.
    - (2) Psychiatric/psychological information may be released only to a physician, other mental health professionals, another health care or state/federal agency (including vocational rehabilitation and social security), or an inmate attorney by completing the Authorization for the Release of Psychotherapy Notes, CR-4218.
  - d. Substance Use: Confidentiality and release of substance use programming records are handled in accordance with Policy #513.07.1, *Substance Use High Intensity Residential Services*.

Effective Date: February 2, 2024	Index # 113.52	Page 5 of 7
Subject: RELEASE OF PROTECTED HEALTH INFORMATION		

- e. Research: The use of inmate health records for research purposes may be granted only under the provisions of Policy #114.02, *Research Projects*. Privately managed facilities submit research proposals to the Decision Support: Director of Research and Planning in the Central Office. Precautions must be taken to disguise the subjects' identities. The researcher must agree not to disclose the identity of inmate subjects and not to release any material that would have an intentional, direct, adverse effect on any inmate involved in the research project.
  - f. When forwarding any protected health information (including psychiatric/psychological information), a cover letter is attached indicating that the information being provided should not be directly delivered to any other individual, including the inmate.
7. Release of Protected Health Information without Written Authorization: Protected health information may be released without written authorization in the following circumstances:
- a. Executive Staff: Information must be released to the Commissioner, Deputy/Assistant Commissioners, Wardens/Superintendents, Chief Medical Officer, Behavioral Health Services, Substance Use Programs, or their designees for monitoring and evaluating the delivery of health services.
  - b. Investigations Unit: Information must be released to the Investigations unit of the Office of Investigations and Conduct/investigators conducting an authorized investigation.
  - c. Health or Security Risk: Confidential information may be disclosed to the Warden/Superintendent/designee if the clinician determines that such disclosure is necessary to protect against a substantial risk of death, disease, or injury to self or others; or the inmate is a threat to the security of the institution and the community.
  - d. Workforce members and law enforcement: Correctional personnel who require access to protected health information for transportation or transfer, discharge planning, probation and parole, classification, housing, job/class assignment, security of the institution, or to facilitate continuity of treatment, may be provided a copy of the inmate's Transfer/Discharge Health Summary, CR-1895.
  - e. Tennessee Board of Parole: Protected health information may be made available upon request of the Board of Parole as follows:
    - (1) The institutional probation and parole specialist contacts the institutional health administrator for necessary health care summary information for a parole hearing. The health services staff provide the Transfer/Discharge Health Summary, CR-1895, including any physical or mental health issues relevant to the inmate's supervision while on parole (e.g., medication regimens, behavioral problems, physical impairments, and infirmities). Emphasis should be placed on a "need-to-know" basis.

Effective Date: February 2, 2024	Index # 113.52	Page 6 of 7
Subject: RELEASE OF PROTECTED HEALTH INFORMATION		

- (2) Release of protected health information requires the inmate's written consent.
- f. Peer Review/Quality Assurance/Accreditation: Information may be released to accrediting agencies such as American Correctional Association (ACA) auditors, TDOC inspectors, and contract monitors as required by law. If there is uncertainty as to whether an individual or entity is authorized to review confidential information, the TDOC Legal Division may be contacted.
- g. Outside Medical Providers/Hospitals/Ambulatory Providers:
  - (1) Protected health information may be released to an outside medical provider or facility requiring an exchange of information for treatment purposes. Such individuals may include doctors, nurses, hospitals, laboratory technicians, etc.
  - (2) Protected health information may be released to treating physicians via telephone or e-mail during an emergency, but only after reasonable care has been exercised to ensure the identity of the recipient and the legitimacy of the request has been verified. Any release of health information must be noted in the health record.
  - (3) When requesting medical information from outside medical providers/hospitals/ambulatory providers or other correctional agencies, the CR-1885 must be completed and sent to the agency/provider from which the protected health information is requested.
- h. Public Health Entities and Community Service Organizations:
  - (1) The minimum necessary protected health information may be released to public health entities (i.e., Tennessee Department of Health, Centers for Disease Control, etc.) that are legally authorized to receive such information to prevent or control disease, injury, or disability, or for the purpose public health surveillance.
  - (2) Information may be released to a community hospital or treatment facility when the inmate is transferred to that facility for care. (See Policy #113.04, *Medical Requirements for the Release/Transfer of Inmates*.)
- i. Coroners/Medical Examiners/Funeral Directors: Protected health information may be disclosed to coroners, medical examiners, and funeral directors to identify a deceased person, determine the cause of death, or other duties as required by law.
- j. Legal Requests: Protected health information may be disclosed upon receipt of a court order, subpoena, or litigation discovery request; or upon request of an Attorney ad Litem appointed to represent an inmate in a judicial commitment proceeding. Advisory: Any doubts about the validity or scope

Effective Date: February 2, 2024	Index # 113.52	Page 7 of 7
Subject: RELEASE OF PROTECTED HEALTH INFORMATION		

of a court order or the role of the Attorney ad Litem for the inmate should be addressed by contacting the TDOC Legal Division.

- k. Office of the Attorney General: Information may be released to the Office of the Attorney General or to attorneys (through the Defense Counsel Commission) representing TDOC employees being sued by an inmate.
- l. Conservator or Legal Guardian: Information may be released to an inmate's conservator or a minor inmate's legal guardian upon written request by the conservator or guardian, court-appointed guardian ad litem, or attorney.

D. Facsimile Transmission of Health Records.

- 1. Institutions may transmit health record information via fax. All the preceding items in this policy apply regarding confidentiality, release, and access to health record information.
- 2. A fax transmission cover letter must be used when transmitting health record information. It must include a confidentiality statement: "This facsimile contains protected health information and is intended only for the recipient(s) to whom it is addressed. This information is disclosed from confidential records protected by state and federal law. The recipient(s) is prohibited from further disclosing this information without the specific written consent of the subject individual."
- 3. Institutional health care staff ensure that the confidentiality of faxed material is protected so that only intended recipients have access to such protected health information.
- 4. Authorization for Release of Health Services Information, CR-1885, may be transmitted by fax so long as they are completed, signed, and witnessed.
- 5. Fax transmissions should only be used when the need for information is so immediate that the mail cannot be used.

E. Reproduction of Documents: When information from the health record is reproduced for release, the receiving party must be charged as described in Policy #216.01, *Tennessee Public Records Act and Reproduction of Public Records*. Privately managed facilities charge for reproducing health records according to TDOC approved corporate policies.

VII. APPLICABLE FORMS: CR-1885, CR-1895, and CR-4318.

VIII. ACA STANDARDS: 5-ACI-1E-04, 5-ACI-1E-05, 5-ACI-6C-03, 5-ACI-6D-05, 5-ACI-6D-06, and 5-ACI-6D-07.

IX. DIVISION OF PRIMARY RESPONSIBILITY: Office of Clinical Services.



TENNESSEE DEPARTMENT OF CORRECTION
AUTHORIZATION FOR RELEASE OF HEALTH SERVICES INFORMATION

INSTITUTION

INMATE NAME (PRINTED): TDOC ID:

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 clinical treatment.

TDOC Facility Name/Community Supervision Office:

Facility Address:

Phone Number: Fax Number:

I hereby authorize the Tennessee Department of Correction to release clinical information to the persons/entities indicated below for:

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
Other: Dates: / / thru / /

Note: For the release of Substance Use Diagnosis/Treatment please complete the authorization on form CR-1974. For the release of Psychotherapy notes please complete the authorization on form CR-4318.

Purpose of the disclosure:

- 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 Records Management, 2nd Floor, 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, an 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

Duplicate as Needed





TENNESSEE DEPARTMENT OF CORRECTION  
**TRANSFER/DISCHARGE HEALTH SUMMARY**

Name of Inmate: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

Inmate DOB: \_\_\_\_\_ Gender:  Male  Female Allergies: \_\_\_\_\_

Current Institution/County/Facility: \_\_\_\_\_ Receiving Institution/County/Facility: \_\_\_\_\_

Reason for Transfer/Discharge: \_\_\_\_\_

Requires Chronic Illness Monitoring:  Yes  No Requires Mental Health/Psychiatric Monitoring?  Yes  No

**HEALTH HISTORY** Check (√) all conditions present

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Anemia                         | <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Hernia           | <input type="checkbox"/> Medication Assisted Treatment (MAT)  |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> GERD                   | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Migraines                            |
| <input type="checkbox"/> Cancer (specify) _____         | <input type="checkbox"/> Gout                   | <input type="checkbox"/> Hyperlipidemia   | <input type="checkbox"/> Prosthesis (specify) _____           |
| <input type="checkbox"/> Congestive Heart Failure (CHF) | <input type="checkbox"/> HIV/AIDS               | <input type="checkbox"/> Hypertension     | <input type="checkbox"/> Suicide Attempt/Gesture/Ideation     |
| <input type="checkbox"/> COPD                           | <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Kidney Disease   | <input type="checkbox"/> Tuberculosis                         |
| <input type="checkbox"/> Chronic Pain                   | <input type="checkbox"/> Hepatitis C            | <input type="checkbox"/> Liver Disease    | <input type="checkbox"/> Sexually Transmitted Infection (STI) |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Other (specify): _____ |   |   |

MH LOC & Dx: \_\_\_\_\_

**MEDICATION ORDERS**

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT (Circle Y/N)		AMOUNTS SENT	KOP (Circle Y/N)	
				Yes	No		Yes	No

**\*TO LIST ADDITIONAL MEDICATIONS/INSTRUCTIONS: ADD PAGE 2\***

Special Instructions (e.g., Diet, \_\_\_\_\_)

Impairments, Medical Appointments, etc.): \_\_\_\_\_

Referred to Community Resources:  Yes  No Specify: \_\_\_\_\_

**TB INFO:** BCG  Y  N Screening/IGRA date: \_\_\_\_\_ Results: \_\_\_\_\_ CXR date: \_\_\_\_\_ Results: \_\_\_\_\_

Treatment \_\_\_\_\_ Date of Treatment \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPECIAL INSTRUCTIONS/PRECAUTIONS**

Inmate is on Suicide Monitoring or Special Mental Health Observation:  Yes  No **Dates:** \_\_\_\_\_

Is Inmate medically able to travel by BUS, CAR, or VAN?  Yes  No

Does the inmate require medication during transport?  Yes  No

Does the inmate require medical equipment during transport?  Yes  No

Does the inmate have communicable disease clearance to travel?  Yes  No

Is the Transport Officer required to use universal precautions and the use of masks or gloves?  Yes  No

**Conservator:**  Yes (list information below)  No ( If no, list Emergency Contact)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Report prepared by:** \_\_\_\_\_  
 Health Signature/Professional Title \_\_\_\_\_ Date \_\_\_\_\_

**Receiving Institution:** \_\_\_\_\_  
 Signature/Professional Title \_\_\_\_\_ Date \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
TRANSFER/DISCHARGE HEALTH SUMMARY

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

TDOC ID: \_\_\_\_\_

**MEDICATION ORDERS CONT.**

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT (Circle Y/N)		AMOUNTS SENT	KOP (Circle Y/N)	
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No
				Yes	No		Yes	No

**Special Instructions Cont.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report prepared by: \_\_\_\_\_  
Health Signature/Professional Title Date

Receiving Institution: \_\_\_\_\_  
Signature/Professional Title Date



TENNESSEE DEPARTMENT OF CORRECTION  
 AUTHORIZATION FOR THE RELEASE OF  
 PSYCHOTHERAPY NOTES



\_\_\_\_\_  
 INSTITUTION / DRC

Name \_\_\_\_\_ TDOC ID \_\_\_\_\_ Gender \_\_\_\_\_  
*Please Print*

Social Security Number \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_ to  
 (Inmate Name) (Name of a specific program)

disclose psychotherapy notes dated from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

to \_\_\_\_\_  
 (Name of specific person, program, or organization)

for the following purpose(s): \_\_\_\_\_  
 (Specify, e.g., parole referral and supervision, treatment, etc.)

- 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 Records Management, 2nd Floor, 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, an 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

\_\_\_\_\_  
 Signature of Parent (if minor) or  
 Authorized Representative & Relationship

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Date