

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 15-14</p>	<p align="center">Policy # 5.5</p>
<p>Applicability: {x} All DJJ Staff {x} Administration {x} Community Services {x} Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards & References: Health Insurance Portability and Accountability Act of 1996 NCCHC Juvenile Health Care Standards, 2011: Y-H-01, Y-H-02, Y-H-03, Y-H-04 ACA Standards: 4-JCF-6F-01 through 02, 4-JCF-4C-09, 4-JCF-4C-30 through 33; 4-JCF-4C-42 3-JDF-4C-36, 3-JDF-4C-46 thru 48; DJJ 1.9, 5.1, 8.10, 11.26, 11.30</p>	
<p>Chapter 5: RECORDS MANAGEMENT</p>	<p>Effective Date: 12/1/15 Scheduled Review Date: 12/1/16</p>	
<p>Subject: HEALTH RECORDS</p>	<p>Replaces: 4/15/12 APPROVED:</p>	
<p>Attachments: A – DJJ Secure Facility Health Record Format B – DJJ Community Health Record Format C – Request to Amend Health Record D – Privacy Practices Denial Form E – Privacy Practice Complaint Form F – Authorized Psychological Testing Materials G – Medical Permission Form H – Notice of Privacy Practices I – Health Records Fax Cover Sheet J – Guidelines for the Release of Health Information K – Authorization for Release of Health Information</p>	<p align="center">  <hr/> Avery D. Niles, Commissioner </p>	

I. POLICY:

Department of Juvenile Justice facilities/programs shall establish and maintain an individual health record for each youth where all health care, behavioral health, and dental services are documented in a timely, accurate, and consistent manner. The Department of Juvenile Justice and its business associates shall safeguard the privacy of protected health information in accordance with applicable state and federal laws. Protected health information may be used within the Department of Juvenile Justice for treatment, payment, or health care operations without obtaining the youth’s authorization or consent.

II. DEFINITIONS:

Business Associate: A person or third party/Business Entity who, on behalf of the Department, performs or assists in the performance of a function or activity involving the use or disclosure of individually identifiable health information.

Designated Mental Health Authority (DMHA): The individual responsible for the facility’s behavioral health services, including ensuring the quality and accessibility of all behavioral health services provided to juveniles. The designated mental health authority must be a mental health professional with at least a master’s degree in a mental health related field.

Designated Health Authority (DHA): The individual responsible for the facility's health care services, including arrangements for all levels of health care and the ensuring of quality and

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accessibility of all health services provided to juveniles. The Designated Health Authority will be a Registered Nurse. Final medical judgments will rest with a single designated licensed responsible physician.

Disclosure: Sharing of health information outside of the Department of Juvenile Justice.

Health Care Operations: Quality assessment and improvement activities, case management and care coordination, reviewing the competence and qualifications of health care professionals, arranging for legal services, business planning, customer services, resolution of internal grievances, and creating de-identified information.

Health Information: Any recorded information, including that documented in the Juvenile Tracking System, related to the past, present or future physical or mental health of a youth; the provision of health care to the youth; or, for the payment for health care.

Health Record: An organized compilation of paper or electronic (i.e., Juvenile Tracking System, emails, etc.) documents, reports, evaluations, notes, contacts, summaries, treatments, treatment plans, and other information pertaining to the health of a youth which accurately and cumulatively reflects the health, illnesses, diseases, and conditions of that person along with treatment measures.

Payment: Efforts to obtain reimbursement, determine eligibility, billing, review of health care for determining whether it is medically necessary, and utilization review.

Psychotherapy Notes: Notes that are recorded by a qualified mental health professional documenting or analyzing the contents of conversation during individual, group, family, or crisis treatment sessions.

SOAP Format: The complete and organized format used to document in progress notes an encounter with a youth. The subjective (**S**) portion of the note includes any verbal complaints and/or statements. The objective (**O**) portion of the note includes any observations and results of an examination that follow or respond to the subjective complaint/statement. The assessment (**A**) portion of the note includes any diagnoses/conclusions and the professional's opinion whether the objective findings support the subjective complaint/statement. The plan (**P**) portion of the note indicates the treatment and education provided, if any, and the logical conclusion to the encounter with the youth.

Treatment: The provision, coordination, or management of health care, including consultations and referrals between health care providers.

Use: Sharing of health information within the Department of Juvenile Justice.

III. GENERAL PROCEDURES:

A. Each office/program Director/Manager will designate a Health Records Manager to coordinate all activities surrounding health records including, but not limited to: storage,

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safekeeping, access, use, and disclosure. In secure facilities, the Designated Health Authority will function as the Health Records Manager.

- B. Each youth will have an individualized health record that contains medical, dental and behavioral health information. Staff will not have duplicate records (i.e., “dummy files”). Staff will maintain health information separately from case records.
- C. The Health Records Manager will label each health record on the outside of the record with the youth’s last name, first name, and DJJ identification number. The Health Records Manager will stamp “CONFIDENTIAL” on the record. In secure facilities, an allergy alert label will be placed on the front cover. Any corrections to an allergy alert label will require a new label.
- D. The Offices of Health Services and Behavioral Health Services will approve all medical, dental, and behavioral health forms and determine the health record format. All health records will be organized in accordance with the DJJ Health Records Format (see Attachments A and B). All secure facilities, whether contracted or owned, must use only the medical, dental, and behavioral health forms authorized by the Offices of Health Services and Behavioral Health Services.
- E. Staff will use only DJJ approved abbreviations when documenting in the health record. Approved abbreviations may be found at: <http://www.medilexicon.com/>
- F. In secure facilities, a youth’s paper health record may be archived, at the discretion of the Designated Health Authority and in accordance with the DJJ Health Records Format, when the amount of documentation in the record becomes prohibitive to locating information in the record. Archived volumes of the record must remain organized according to the DJJ Health Records Format, remain filed together at the same location, and be accessible to all health care and behavioral health staff.
- G. The youth may request to amend or supplement his/her health information, using the Request to Amend Health Record Form (Attachment C).
 - 1. Staff will immediately forward all requests from youth to amend/supplement health information to the Health Records Manager. Staff will forward requests regarding mental health information to the Designated Mental Health Authority. In community-based programs/offices, staff will forward requests to amend/supplement health information to the originating health care provider.
 - 2. The youth may be denied an opportunity to amend or supplement his/her health information if the information:
 - a) Was not created by the Department or its staff;
 - b) Is not a part of the health record;
 - c) Would not be available for inspection as outlined above; or

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- d) Is accurate and complete.
- 3. The Health Records Manager will inform the youth of the approval or denial of his/her request within 30 days of the request. If the Health Records Manager denies the youth's request, the Health Records Manager must give the youth a Privacy Practices Denial Form (Attachment D).
- 4. All amendments, addendums, supplements, or denials will be documented in a JTS communication progress note (secure facilities) or a JTS case note (community services).
- H. Staff will direct all complaints regarding the Department's privacy practices to the DJJ Medical Director. The youth making the complaint will complete the Privacy Practices Complaint Form (Attachment E). Staff will immediately forward the form to the DJJ Medical Director who will review the complaint and take any necessary steps to resolve the complaint.
- I. Business associates that breach contractual agreements regarding the use or disclosure of health information may be subject to contractual penalties.
- J. Department employees who inappropriately use or disclose health information will be subject to adverse employment action.

IV. ADMISSIONS, TRANSFERS, AND RELEASES:

- A. Each youth admitted to a secure facility will have an individual health record. Each youth served in the community will have an individual health record.
- B. Health records of youth previously admitted to a secure facility will be re-activated. When a youth has been previously admitted to another facility/program, health care staff will call the previous facility/program to obtain the health record. (Health records being sent to another DJJ facility must be sent by overnight delivery.)
- C. When a youth transfers from one DJJ secure facility to another, his/her complete paper health record (including the chart folder) will be transferred at the same time. (Staff will not transfer the original, paper health record with the youth to a non-secure placement or for treatment purposes.)
 - 1. The facility Director or designee will inform health care staff of the youth's transfer at least 24 hours in advance of the transfer. When possible, in emergencies, the facility Director or designee will inform health care staff at least 8 hours prior to the transfer occurring. If the sending facility does not transfer the health record with the youth at the time of transfer, it will send the health record to the receiving facility by overnight delivery within 24 hours of the youth's transfer.
 - 2. Medical services staff of at least the level of a Registered Nurse will be required to medically clear all youth for transport. The nurse will document the clearance in a

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JTS communication note. If any youth being transported has an infectious or communicable disease, the medical services staff will notify the transporting officer (including those not employed by the Department) using the Notification of an Infectious Disease Form (See DJJ 11.30, Infection Control, Attachment D). The transporting officer will be responsible for taking the necessary precautions outlined on the form.

3. Health care staff will place the entire health record in a sealed envelope(s) labeled "CONFIDENTIAL." The record will be forwarded intact (i.e., will not be removed from the chart folder or placed in a different folder). Health care staff will note the youth's name and destination on the outside of the sealed envelope(s). The person preparing the record for transfer will note his/her name, title, and phone number on the outside of the sealed envelope(s).
 4. Upon notification of the transfer, the sending facility's health care staff will notify the receiving facility's health care staff via telephone if a youth has any need for health care services that are other than routine. The notification will be documented in a JTS communications progress note.
 5. Only receiving health care staff will promptly open the health records of transferred youth upon arrival at the receiving facility. If no health care staff is on duty, staff will route the sealed health record envelope to health care staff for review at the next available shift.
 6. Medications will be packaged and transferred in accordance with DJJ 11.26, Medication Administration.
- D. Upon a youth's release, the facility/program/office will retain the paper health record as inactive. Inactive health records may be stored with the case record as long as they are in a separate enveloped labeled "Confidential Health Record." (When health records are not in sealed envelopes, only the persons authorized to access records in Section VI.A.1. below may access the records.) The health record will remain intact and organized according to the DJJ Health Records Format.
- E. In the event of a facility evacuation, staff will securely transport the current (working) volume of the youth's health record with the youth, if possible.
- F. When transferred or release, under no circumstances will a youth or parent/guardian be given the youth's original health record.

V. DOCUMENTATION OF SERVICES:

- A. In lieu of visits to a facility, a psychologist, psychiatrist, or physician may evaluate a youth or participate in treatment-related meetings via video conferencing.

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- B. The professional providing the service will document these visits in the Juvenile Tracking System, as indicated by the applicable policy, in lieu of handwritten signatures. Physicians' orders will be faxed.
- C. The service provider will have access to the youth's health record via the paper record or JTS, including Medication Administration Records (MARs) (if applicable or requested for medication compliance review) when he/she sees the youth. If the youth's health record and MAR are not used during the encounter, an explanation will be provided in a JTS progress note.
- D. Services rendered will be entered into the Juvenile Tracking System (JTS) module, as soon as practical, but no later than 24 hours of the service being rendered.
- E. Staff will file all documents within 24 hours, excluding weekends and holidays, after a service is rendered.
- F. Health care, dental and behavioral health staff will use progress notes to document all treatment and case management events.
 - 1. Staff will enter progress notes into JTS as soon as possible, but within 24 hours of the service provision. If a progress note is entered more than 24 hours after the service is delivered, the service provider will begin the note with the phrase "Late Entry" in parentheses. Staff will not print paper copies of the progress notes for the paper health record.
 - 2. Staff will enter progress notes in SOAP format (Subjective, Objective, Assessment, Plan) for clinical encounters that require an evaluation and assessment. Staff may enter other progress notes as a communication note.
 - 3. Each progress note will be assigned an electronic signature, based upon the staff that entered the progress note in JTS. If the progress note is entered by a staff member other than the service provider, the service provider will be required to issue "approval" of the note in JTS. The service provider's title/licensure/certification will also be selected.
- G. Staff will not use correction fluid or erasure in the health record. If it is necessary to correct or delete an entry, staff will cross through the incorrect word(s) with a single line and the deleted section initialed.
- H. Erroneous entries in the Juvenile Tracking System:
 - 1. Staff will not delete progress notes. A "progress note correction" communication progress note will document the error.
 - 2. For erroneous entries other than progress notes, the service provider will notify the Office of Health Services or Behavioral Health Services, as applicable. The Office

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will notify the Office of Technology and Information Services that the entry needs to be deleted.

VI. SECURITY OF HEALTH INFORMATION:

- A. Staff will maintain all health records in a secure manner, in a designated location that is easily accessible to authorized staff.
1. In secure facilities, the Health Records Manager will control access to health records by the use of a highly restricted key that is available to only the medical and behavioral health records clerks, facility Director and the health care and behavioral health staff. (See DJJ 8.10, Key Control) The facility Director may authorize, in writing, an Assistant Director to review the health record with medical or behavioral health staff on a case-by-case basis and with justification of a need to know. This will not be a blanket authorization.
 2. In community offices, the Health Records Manager will control access to health records by the use of a secured key that is available only to the case managers, clerks, and supervisory staff.
 3. Each facility/program/office Director will establish, in coordination with the Health Records Manager, staff authorized to enter the health records storage area without an escort. In secure facilities, only the Director, health care staff, behavioral health staff, and medical/behavioral health records clerk may enter the health records storage area unescorted. The Health Records Manager will post a list of authorized staff by position, at the location of the health records storage area.
 4. Any person wishing to review a health record who is not on the list of authorized staff will be required to request the record from the Health Records Manager, who will determine if the person has a “need to know” in order to perform their job duties. A signed Authorization for Release of Health Information may be required. (See Section VII. of this policy) If the Health Records Manager determines that the person may review the record, the requestor will review it in the presence of the Designated Health Authority (for medical information) or Designated Mental Health Authority (for mental health information).
 5. The Office of Behavioral Health Services will authorize the use of psychological testing materials and determine the level of security for these materials (See Attachment F).
 6. Any time staff, other than health care, behavioral health, or dental staff, handles a health record the record will be transported in a sealed envelope. Health services, behavioral health, and dental staff may transport health records in a facility/program/office without covering or concealing them.

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- B. The Health Records Manager will establish (in the local operating procedure) a sign in/out system for health records that documents the location of the record or the staff member responsible for the record at all times.
- C. When records are received from the health records storage area, the staff member signing out the record will accept full responsibility for the security of the record and any disclosures made while in possession of the record. Every effort will be made to maintain the confidentiality of the contents of the health record while it is in the possession of an individual staff member.
 - 1. Health records and health information will not be stored in an individual desk.
 - 2. All health records will be returned to the health records storage area when the staff member is off-duty.
 - 3. Health records will never be left unsecured or unattended (e.g., on a desktop).
- D. No copies of health records, either paper or electronic, will be removed from a Department facility/program/office except during the transportation of the youth and health record to another Department facility/program/office or as directed by the Office of Legal Services or DJJ Medical Director.
- E. Fax machines and computer printers that are used to receive/print health information will be secured behind a lockable door. In secure facilities, fax machines and computer printers that are used to receive/print health information will be located in the health services unit behind a lockable door. Health information will be removed from the fax machine or printer as soon as possible. If health information is received at an unsecured fax machine, it will be delivered to the intended recipient immediately.
- F. All staff will “lock” computers before leaving them unattended. Information technology resources (e.g., computers, software, e-mail, etc.) will be used in accordance with DJJ Information Technology policies. As e-mail messages may be forwarded without a sender’s knowledge, e-mail messages containing health information about an individual youth will be limited to the minimum necessary to accomplish a job/task.
- G. Staff must save health information in the employee’s home directory (i.e., “U” drive folder). Staff will not maintain health information on state-owned or personal computers or on any external drive (i.e., jump/flash drive, CD, etc).
- H. In the event of an emergency at a facility/program/office, all health records will be secured if at all possible.
- I. Staff will retain and destroy health records in accordance with established retention schedules (DJJ 5.1, Records Management).

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VII. USE AND DISCLOSURE OF HEALTH INFORMATION:

- A. The Director of Legal Services will serve as the Privacy/Security Officer for the Department.
- B. Health information may be disclosed without the youth’s consent during the course of a DJJ-authorized investigation or auditing or evaluating the effectiveness of program services.
- C. At first face-to-face contact with any DJJ staff, parents/legal guardians of youth will be asked to sign a general consent for treatment and use of health information. The Medical Permission Form (Attachment G) will be used as the general consent and will only be required one time. The date the form was signed will be entered into the Juvenile Tracking System (JTS) within 72 hours. Any refusals to sign the permission form will be documented in the JTS case notes. In secure facilities, the Medical Permission Form will be mailed to the parent/guardian for signature if the form was not previously signed. The Medical Permission Form will be maintained in the youth’s health record.
- D. At the first face-to-face contact with any DJJ staff, all youth will be asked to sign a Notice of Privacy Practices (Attachment H). The youth will only be required to sign the Notice of Privacy Practices one time. The date the form was signed will be entered into the Juvenile Tracking System (JTS) within 72 hours. Any refusals to sign the Notice of Privacy Practices will be documented in the JTS case notes. The Notice of Privacy Practices will be maintained in the youth’s health record.
- E. The Notice of Privacy Practices will be posted at each DJJ facility/program/office where youth have ready access.
- F. When health records are faxed, fax cover sheets will be used that have a confidentiality statement (See Attachment I).
- G. Health information will be released *outside* of the Department in accordance with the Guidelines for the Release of Health Information (Attachment J). The Authorization for Release of Health Information (Attachment K) will be required for the release of any health information *outside* of the Department. The authorization form must be fully completed and specify the exact records that are sought.
 - 1. A signed Authorization for Release of Health Information will be generally required to disclose health information. A signed Authorization for Release of Health Information will not be required for:
 - a) Sharing of health records with DJJ staff on a need to know basis;
 - b) Review of health records by auditors or investigators;
 - c) Reporting of communicable diseases to public health authorities;

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- d) Law enforcement purposes;
 - e) Defense of the Department and/or provider in a legal action brought by the youth;
 - f) Oversight of the health care provider who created the record;
 - g) A coroner or medical examiner; or
 - h) Aversion of a serious and imminent threat to health or safety of a person or the public.
2. When health information is disclosed pursuant to an Authorization for Release of Health Information, only the minimum necessary specific health information requested in the authorization will be released.
 3. When an Authorization for Release of Health Information is received by any staff member, the signed Authorization form will be immediately faxed to the Office of Legal Services. (The records requested will not be sent with the Authorization form.) The Office of Legal Services will determine what records, if any, will be disclosed.
 4. The only exception to forwarding Authorization forms to the Office of Legal Services is when records are requested by DJJ staff or when records are requested for treatment and/or placement purposes. (When records are requested from entities outside of DJJ for treatment and/or placement purposes, an Authorization for Release of Health Information is still required.)
- H. Requests to disclose health information to an attorney or pursuant to a subpoena, court order, or other legal document will be immediately forwarded to the Office of Legal Services. No records will be disclosed without the approval of the Office of Legal Services.
 - I. All requests to disclose health information will be documented in a progress note that includes: the name of the person requesting the information and their relationship to the youth, if the youth co-signed the request, the purpose of the request, what records were released, and if a DJJ staff (i.e., clinician, JPPS, etc.) was present when the records were reviewed.
 - J. All Authorization to Release Health Information forms will be maintained in the health record.
 - K. The Designated Health Authority (in secure facilities), Designated Mental Health Authority (in secure facilities), and Health Records Manager (in community offices/programs) will document all requests for health information in a JTS communication note.

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- L. All documentation regarding disclosures of health information will be maintained for of 7 years. Youth may receive an accounting of all disclosures, including to or by business associates, during the six years prior to the date that the youth requests the accounting.
- M. Health care staff may converse, via telephone or in person, with others involved in the care of the youth (i.e., parents, legal guardians, grandparents, etc.) about health information that is directly relevant to that person’s involvement with the youth’s care.
 - 1. Information regarding pregnancy, family planning, sexually transmitted infection and HIV will not be released without the specific written authorization of the youth.
 - 2. Youth may request limitations on the health information that may be released.
 - 3. Each facility/program/office Director will establish procedures for verification of the identity of the caller (e.g., verifying the caller’s name against the youth’s visitation list, password, etc.).
 - 4. All conversations with others involved in the care of the youth will be documented in a progress note in JTS.
- N. Health information may be disclosed to business associates (e.g., other state agencies with which the Department has a Memorandum of Understanding), without authorization or consent, when there is a written confidentiality agreement between the Department and the business associate.
- O. Health Records may be disclosed for research and statistical analysis in accordance DJJ 1.9, Research.

I. LOCAL OPERATING PROCEDURES REQUIRED: YES