

# POSITION STATEMENT

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NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE

## Sharing of Patient Health Records Upon Release From Incarceration

### Introduction

As people return to their communities after incarceration, seamless continuity of health care is essential for better health outcomes. To help ensure this continuity and to prevent duplication of services, correctional facilities should provide outgoing patients with portable health records that patients may share with their selected or designated community health resource.

In the 2 weeks after release, a person's risk of death is 12 times higher than that of a community-matched population (Binswanger, 2007; Trestman, 2014). This risk can potentially be mitigated by facilitating continuity of medical care so that people can continue prescription medications and have access to needed follow-up health care. Without such care continuity, patients may not receive essential medications; one study found that prescriptions for HIV medication were filled for only 5.4% of eligible patients within 10 days of release from prison (Trestman, 2014). Previously incarcerated people with mental health issues are at an elevated risk of adverse mental health outcomes (including suicide) without an appropriate hand-off to a community provider. Such findings underscore the importance of facilitating linkages and seamless transitions to community care. When an individual possesses their health records it can more directly facilitate community providers' abilities to continue care plans, as it can be difficult and prolonged for a community provider to obtain records from a correctional facility.

### Definitions

**Health Record:** A health record is a compilation of confidential and pertinent information of an individual's health history. The NCCHC *Standards for Health Services* specify that health records include patient identifying information; a problem list containing medical, dental, and mental health diagnoses and treatments as well as known allergies; receiving screening and health assessments; progress notes or flow sheets of all significant findings, diagnoses, treatments, and dispositions; prescriber orders for medications, list of current medications, and medication administration records; reports of laboratory and other diagnostic studies; consent and refusal forms, release of information forms, results of specialty consultations and off-site referrals; discharge summaries of hospitalizations and other inpatient stays; special needs treatment plan; immunization records; place, date, and time of each clinical encounter; and name and title of each documenter. Note: Adequate health records exist in a variety of formats, but electronic health records (EHR) with data stored using centralized, secure, off-site methods (i.e., in "the cloud") are the preferred format for supporting seamless continuity of care.

**Health Information Exchange:** Electronic health information exchange (HIE) enables health care professionals and patients to appropriately access and securely share vital medical information electronically, improving the speed, quality, safety, and cost of patient care. Health care organizations and providers share data that is stored on a secured server with access provided upon authorization of the individual.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA) Public Law 104-191:** The Privacy Rule component of HIPAA intends to ensure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being (45 CFR, Parts 160 and 164) .

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Access to the recent health record, whether in paper or electronic form, is important for continuity of care as incarcerated individuals transition back into the community. Therefore, NCCHC recommends the following:

1. Update “Release of Information” policy to include the individual’s right to obtain a copy of their health record upon release, to include, at a minimum, immunizations, current lab results, cancer screenings, medication list, most recent provider visit, allergy list, problem list, and current imaging results. The “Release of Information” form must be HIPAA compliant (45 CFR, Parts 160 and 164).
2. Combine consent for treatment at the time of incarceration with an authorization to share medical/dental/mental health information to a community agency or provider upon release from incarceration.
  - a. If discharge planning is to be provided (see NCCHC essential standard E-10 Discharge Planning), the facility makes arrangements or referrals for follow-up services with community prescribers, including exchange of clinically relevant information.
3. Respond to requests for information from community agencies and/or providers within 5 business days.
4. Waive the costs of sharing health records (as listed in Statement 1) for the patient at time of release upon release from incarceration or within 7 days of release.
5. Use electronic health records, which allows for more legible and comprehensive information.
6. Partner with state, regional, and/or local health information exchanges (HIEs) so electronic data and/or a Continuity of Care Document (CCD) can be shared as the individual transitions to care in the community.
7. Ensure that all sharing of patient health information is in compliance with the Health Insurance Portability and Accountability Act.

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## Resources

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- Burton, B., & Downing, K. (2017, April). Making amendments to health records (2017 update). *Journal of AHIMA*. <https://bok.ahima.org/doc?oid=302080#.X2k8s2hKjMU>
- Butler, B. (2014, Winter). Health information exchange between jails and their communities: A bridge that is needed under healthcare reform. *Perspective in Health Information Management*. <https://perspectives.ahima.org/health-information-exchange-between-jails-and-their-communities-a-bridge-that-is-needed-under-healthcare-reform>
- Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2. (2010). <https://www.govinfo.gov/app/details/CFR-2010-title42-vol1>

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<https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/what-hie>