

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION II:	ORGANIZATIONAL FOCUSED FUNCTIONS
CHAPTER 9	MANAGEMENT OF INFORMATION
Governing Body Approval:	April 27, 2018
REVISED:	

VALUE - Whiting forensic hospital (WFH) uses Management of Information Systems (MIS) to aid in the planning and the monitoring of hospital and patient care functions vital to the mission of the Department of Mental Health and Addiction Services (DMHAS) and WFH. These systems record, measure and monitor the nature, effectiveness and economy of treatment and rehabilitation services provided, the use of least restrictive treatment for the shortest time, the resources used in providing care, and the integration of community agency services to help achieve those goals.

GOAL - WFH uses managed care methodology to provide patients with effective and economical services. Such methods require complete, accurate, timely and accessible data about patient needs and characteristics, treatment outcomes, staffing patterns, and operating expenses. These data are used by clinicians to assist in treatment and by management to monitor the degree to which services meet the stated goals and are cost effective. Specific goals for the WFH Information Management policies are:

1. Completeness – the information system contains data sufficient to answer relevant questions;
2. Accuracy – data is demonstrably accurate;
3. Timeliness – data is entered as close to the point of its collection as possible so that it is available for retrieval;
4. Accessibility – information is easily retrievable by authorized personnel. An

automated representation of manually kept data is considered where aggregate data retrieval is needed, and such retrieval is more widely available than data about individuals;

5. Integration – data from various sources are designed to be combined and compared by adequately trained Management of Information Systems (MIS) staff;
6. Standardization – uniform data definitions, data capture methods, minimum data sets, classifications and terminology are standardized; and
7. Privacy – protection of patients’ rights to privacy regarding use and disclosures of Protected Health Information (PHI).

POLICY -

The WFH Governing Body or its designee(s) conducts needs analyses, monitors implementation, and performs evaluation of the performance of the information systems used to assist clinicians and administrators and to support program evaluation activities.

A. Current systems include:

1. a patient medical records system consisting of:
 - a. a manually kept patient chart which is initiated and maintained for every patient and contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care providers; and
 - b. an automated clinical Behavioral Health Information System (BHIS) which stores selected identifying, demographic, clinical and cost information and is maintained by DMHAS/Information Systems Division (ISD) for all DMHAS facilities.
2. an incident reporting system which records and retrieves reported accidents, assaults, injuries, etc.;
3. a restraint and seclusion reporting system which records and retrieves information related to all reported events;
4. a treatment/activity system which records and retrieves prescribed and prescheduled treatment activities;
5. an automated pharmacy component;
6. an automated infection control component;
7. an automated employee health component;

8. a medical library which affords access to several knowledge databases and external databases which are used for bench marking;
 9. fiscal information;
 10. a human resource information system with both manual and automated components as well as access to external databases;
 11. an automated staffing system for nursing;
 12. an automated dietary system; and
 13. a plant operations system.
- B. Program Managers, Unit Directors, the Medical Staff, and professional discipline leaders are all demonstrably involved in needs assessment, implementation, and performance evaluation of the Hospital's information systems. Hospital leadership ensures confidentiality of patient identifying information, data reliability, relevance, accessibility, integration, and standardization in planning, implementation and performance evaluation.
- C. Each system operates according to written standards and procedures for data collection, entry, integrity, storage, retrieval, and monitoring.
- D. Technical support (hardware and software) for all automated systems is available onsite. Policy for software licensure and its oversight by technical staff is in place.
- E. The following discipline leaders have primary responsibility for the proper functions of each system:
1. The Behavioral Health Services Manager and the Director of Accreditation, Compliance and Performance Improvement are responsible for the Management of the Automated Clinical Information Systems, the Data Processing Technical Support Staff, the Local Area Network (LAN), hardware and infrastructure and all software licensing at WFH. In addition, they act as liaison (MIS Coordinator) for WFH with the DMHAS Department of Information Technology.
 2. The Medical Staff and the Director of Accreditation, Compliance and Performance Improvement are responsible for the Patient Medical Records System. Medical Records standards are described in the Health Information Management Policy and Procedure Manual, which contains operating and monitoring procedures for both the paper medical record and the automated components. Standards include:
 - a. content, completeness, and timeliness requirements (*See HIM P&P Section 2, Policy 2*);
 - b. dated entries, author identified, and when necessary, authentication (*See HIM P&P Section 2, Policy 1*);
 - c. identification of staff authorized to make entries (*See Operational Procedure 9.1*)

Authorization to Document in the Medical Record);

- d. use of Physician Orders (See *HIM P&P, Section 2, Policy 11*);
 - e. accessibility of all components of the medical record (See *HIM P&P, Section 4, Policy 1*);
 - f. record retention guidelines (See *Operational Procedure 9.8 Records Retention Schedules for State Agencies*);
 - g. the requirement of an up-to-date medical record for each individual admitted to the Hospital (See *HIM P&P Section 1, Policy1*);
 - h. medical record audits, including a sampling of records from all programs, conducted on an ongoing basis, reported quarterly, designed to assure adherence to these standards and utilized to formulate actions taken to improve any deficiencies; and
 - i. procedures to guard against loss, destruction, tampering, and unauthorized access or use of medical records or information.
3. The Pharmacy Supervisor is responsible for the pharmacy system.
 4. The Director of General Medical Services is responsible for the infection control and employee health systems.
 5. The Behavioral Health Services Manager is responsible for all fiscal systems.
 6. The WFH Director of Human Resources is responsible for all human resources systems.
 7. The Behavioral Health Services Manager is responsible for the plant operations and dietary systems.
 8. The Director of Accreditation, Compliance and Performance Improvement assumes the responsibility of the WFH Privacy Officer, ensuring that all policies and procedures related to the patient's privacy rights and use and disclosure of PHI are implemented.
10. The MIS Unit has the following responsibilities to:
 - a. coordinate automated systems and minimize duplication by keeping up-to-date descriptions of the purpose and structure of all information systems used to monitor patient care. The MIS coordinator is notified when current systems or their contents are modified or additional systems are planned, and provides consultation on their development;
 - b. encourage completeness, accuracy and timeliness, by working with other members of the MIS department and with DMHAS/ISD to provide

feedback to Hospital leadership about automated data which is missing, late, or in error;

- c. evaluate the degree to which the facility's information needs are met by the current systems and recommend modifications to the Governing Body;
- d. develop procedures for the retrieval and distribution of information from automated systems which require a minimal level of computer literacy, but which insure against unauthorized access. The aim is to make both individual patient information and the aggregate data needed to support patient care and operations readily available while protecting confidentiality. Such information includes standardized periodic reports as well as ad hoc requests;
- e. provide consultation, education, and training on methods of data retrieval, principles of information management, analysis methods, and use of statistics to decision makers as well as clinical staff;
- f. assist Hospital leaders in the definition, collection, and analysis of comparative performance data in a manner consistent with national and state guidelines;
- g. contribute to external reference databases; and
- h. maintain security and confidentiality of data and information when contributing to or using external databases.

F. Committees which have responsibility for the Management of Information:

1. The Medical Records Committee, a standing committee of the Medical Staff, is responsible for the development and revision of medical record components, including Health Information Management Policies and Procedures. The Medical Records Committee makes its recommendations to the Medical Staff. *(Refer to the Medical Staff By-Laws for more information on the function and membership of the Medical Records Committee).*
2. The MIS Committee is responsible for implementing an automation plan for WFH which currently identifies both hardware and software needs associated with the development of efficient and integrated methods of storing, retrieving, and transmitting information throughout the facility. *(Refer to the Governing Body By-Laws for more information on the function and membership of the MIS Committee).*

G. The Health Insurance Portability and Accountability Act (HIPAA): Privacy Rule

1. Background and Purpose:

- a. Patients enter treatment with the expectation that the information they share will be used and disclosed exclusively for their clinical care. To protect their privacy and avoid embarrassment, stigma, and discrimination, some patients withhold information from their health care providers, provide inaccurate information, doctor-shop, pay out-of-pocket for care that is covered by insurance, and in many cases, avoid care altogether. Today, more and more

health care providers, health care plans, and others are utilizing electronic means of storing and transmitting health information. The electronic information revolution is transforming the recording of health information so that the disclosure of information may require only a push of a button. In a matter of seconds, a person's most profoundly private information can be shared with hundreds, thousands, even millions of individuals and organizations at a time. While the majority of medical records still are in paper form, information from those records is often copied and transmitted through electronic means.

b. The provision of high quality health care requires the exchange of personal, often sensitive information between a patient and his/her health care provider. Many patients are concerned that their health information is not protected. Among the factors contributing to this concern are:

1. the growth and number of organizations involved in the provision of care and the processing of claims;
2. the increased use of electronic information technology;
3. increased efforts to market health care and other products to consumers; and,
4. the growing ability to collect highly sensitive information about a person's current and future health status.

c. The HIPAA privacy rule was designed to serve as a minimum level of privacy protection. It is intended to:

1. protect and enhance the rights of patients by providing access to their health information and controlling the inappropriate use of that information;
2. improve the quality of health care in the United States by restoring trust in the health care system among consumers, health care professionals, and the multitude of individuals committed to the delivery of care; and
3. improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy protection that builds on efforts by states, health systems, and individual organizations and individuals.

d. HIPAA Information Privacy Protections are intended to:

1. give patient's appropriate control over and access to their health information;
2. set boundaries on the use and release of health records;
3. safeguard that information;
4. establish accountability for inappropriate use and release; and
5. to balance privacy protections with public safety.

2. Patient Privacy Rights:

- a. It is the policy of WFH that the HIPAA privacy requirements are integrated with those privacy practices which were already in place at WFH prior to HIPAA. WFH maintains and supports that privacy is a fundamental patient right.
- b. WFH shall ensure that the following patients' privacy rights are implemented:
 1. to receive a notice of WFH privacy practices;
 2. to access their medical record in order to inspect and/or copy it;
 3. to request an amendment of their material record;
 4. to receive an accounting of disclosures of protected health information;
and
 5. receive confidential communications.
- c. WFH shall ensure that all PHI is safeguarded. This includes PHI found within the medical record and other records and documents maintained by WFH which contain identifiable patient information. Examples are those found in the Behavior Health Information System (BHIS) and eCura as well as any electronic file such as a Word document, Excel spreadsheet or an Access database.

(See Operational Procedures 9.14 through 9.28 for specific HIPAA Policies and Procedures)

3. Use and Disclosure:

- a. It is the policy of WFH to review how information is used and disclosed and to make an effort to limit all uses and disclosures to the minimum necessary in order to accomplish the intended purpose.
- b. WFH has established procedures for the use and disclosure of Protected Health Information in accordance with the privacy rule including the following mandated requirements:
 - 1. to obtain written authorization from all patients prior to using their PHI except in limited prescribed situations;
 - 2. to provide all patients with an understanding of how their PHI is being used by WFH in the Notice of Privacy Practices in a language they can understand;
 - 3. to default to the more restrictive authorization and/or other written legal permission, when there is a conflict, in order to better protect a patient's PHI;
 - 4. to verify the identity and authorization of all individuals who request a disclosure of PHI;
 - 5. to provide an opportunity for patients to request that restrictions be placed on access to their PHI;
 - 6. to fully comply with all uses and disclosures required by law but do not require patient authorization;
 - 7. to limit the disclosure of all requests for PHI to the minimum amount reasonably necessary to accomplish the purpose for which the request was made;
 - 8. to promote the involvement of patients' personal representatives in their care and notification;
 - 9. to ensure full compliance with laws and regulations when PHI is used or disclosed for research purposes;

10. to de-identify, whenever possible, all PHI prior to its release;
11. to provide limited data sets for research or health care operations when de-identification is not practical; and
12. to obtain satisfactory assurance that all Business Associates will appropriately safeguard the PHI they create or receive from WFH.

(See Operational Procedures 9.19 through 9.28 for specific HIPAA Policies and Procedures)

Portions of this Policy were excerpted from the Electronic Comprehensive Accreditation Manual for Hospitals, 2003 and the Electronic Comprehensive Accreditation Manual for Behavioral Health Care 2002.

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.1:	Authorization to Document in the Medical Record
Governing Body Approval:	April 27, 2018

PURPOSE: Entries in the medical record are made only by individuals given this right as specified in hospital and medical staff policies.

SCOPE: All Clinical Staff and HIM

PROCEDURE:

The Medical Staff reviews requests from individuals/disciplines/clinicians to be granted permission to document in the patients' medical records.

1. Persons Authorized To Document in the Medical Record

The Medical Staff have privileged individuals/disciplines/clinicians to make entries in the patient's medical record as follows:

A. Medical Staff:

All members of the Medical Staff inclusive of:

1. Physicians
2. Psychiatrists
3. Doctors of Osteopathy
4. Advance Practice Registered Nurses (APRNs)
5. Physician Assistants
6. Dentists

B. Clinical/Discipline Specific Staff:

All clinical members of:

1. Nursing inclusive of Registered Nurses, Licensed Practical Nurses, and Mental Health Workers, and Forensic Treatment Specialists;

2. Social Work;
3. Rehabilitation Therapies inclusive of professional and paraprofessionals;
4. Psychology;
5. Dietary;
6. Physical Therapy;
7. Hygienists and Dental Assistants; and
8. Pharmacists

C. Authorized Students in Clinical Disciplines

All progress notes and assessments completed by students must be co-signed by the supervising clinical staff.

D. Health Information Management

Probate Court representative of Health Information Management records the decisions of the court.

E. Case Managers assigned to WFH patients

F. Individuals with Approved Contracts

G. Renal Dialysis Treatment documentation (i.e., flow-sheets) is recorded on forms provided by the dialysis nurse/physician under contract, and filed in the Consult section of the patient's medical record.

2. Not Authorized To Document in the Medical Record

A. Persons not authorized to document in the medical record are as follows.

1. non-clinical employees,
2. Patients Rights Officer,
3. the patient,
4. family/significant other, or
5. volunteers

B. Materials received from any of these sources are filed in the Miscellaneous Section of the medical record.

See also:

Discipline Specific Policy and Procedure Manuals regarding Privileging and Credentialing protocols.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.3:	Faxing Patient Health Information
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE: To ensure confidentiality of Protected Health Information (PHI) while faxing patient information.

SCOPE: All Clinical Staff, HIM and Unit Clerks

POLICY:

It is the policy of the Whiting Forensic Hospital (WFH) that staff shall ensure confidentiality of PHI while faxing patient information and to utilize faxing of PHI when other alternatives such as mail are not feasible. It is the policy of WFH that PHI is faxed by Health Information Management (HIM) staff in most cases. Clinical staff/Unit Clerks may fax PHI to expedite discharge planning.

PROCEDURES:

1. Faxing PHI:
 - A. Obtain the patient's written Authorization for Use and Disclosure of PHI (WFH-184) or Authorization for Release of PHI for Reimbursement prior to faxing PHI for purposes other than treatment, payment or healthcare operations. If the patient is conserved, the conservator's authorization is required.

- B. Staff process the fax in the following manner by including:
 - 1. a fax transmittal cover page (WFH-527), which includes a confidentiality statement, your name, date, time of fax, telephone and fax number(s) and the number of pages being sent;
 - 2. a cover letter (WFH-269) noting the information sent;
 - 3. a copy of the authorization form (either WFH-184 or WFH-514); and
 - 4. the authorized information.
- C. Before transmitting the fax, confirm the following:
 - 1. the intended recipient is available to receive the fax;
 - 2. the fax machine is located in a secure location with controlled access; or
 - 3. the material will be immediately secured upon arrival.
- D. Visually check the number displayed on the screen for accuracy before proceeding with transmission.
- E. Fax the information and wait for the fax transmittal report.
- F. Check the fax transmittal report to ensure correct transmission and to enable rapid action if information was not transmitted as intended.
- G. File the original Facsimile Transmittal Form, cover letter, and the Transmittal Report in the Correspondence section of the patient's medical record,

2. A Misdirected Fax:

- A. **If staff becomes aware that the faxed information was transmitted to an unintended party:**
 - 1. fax a request to the unintended party notifying them that information was sent in error and requesting that they call to discuss disposition of documents;
 - 2. confirm documents received and instruct the unintended party to shred all documents; and
 - 3. complete an Incident Report and forward to the Director of Accreditation, Compliance and Performance Improvement for processing.
- B. Periodically check the accuracy of pre-programmed fax numbers to minimize the possibility of transmission to unintended parties.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.4:	Subpoena of Medical Records
Governing Body Approval:	April 27, 2018
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PURPOSE: To insure the Subpoena of Medical Records are processed according to State and Federal Laws and Regulations.

SCOPE: Clinical, Administrative Staff; and HIM

POLICY:

The Director of Accreditation, Compliance and Performance Improvement/designee, responds to all subpoenas for the production of documents from patient medical records. Any staff served with a subpoena, which includes a directive to produce Whiting Forensic Hospital (WFH) medical records, immediately contacts the Director of Accreditation, Compliance and Performance Improvement.

As instructed by the Director of Accreditation, Compliance and Performance Improvement, or in his/her absence, the Medical Record Supervisor responds to subpoenas. Copies of the Subpoena, Court Order, and Certification are forwarded to the Director of Accreditation, Compliance and Performance Improvement upon receipt of the Subpoena/Court Order.

Definitions:

Connecticut General Statutes Governing Subpoena of Medical Records:

- A. Authenticity of Medical Record by the Director of Accreditation, Compliance and Performance Improvement: *C.G.S. Sec 4-104: Admission of Medical Record as Evidence*

– “Any and all parts of any such record or copy, if not otherwise inadmissible, shall be admitted in evidence without any preliminary testimony, if there is attached thereto the certification in affidavit form of the person in charge of the record room of the hospital or his authorized assistant indicating that such record or copy is the original record or a copy thereof, made in the regular course of the business of the hospital, and that it was the regular course of such business to make such record at the time of the transactions, occurrences or events recorded therein or within a reasonable time thereafter.”

B. As requested by the attorney issuing the subpoena, the Director of Accreditation, Compliance and Performance Improvement may attend court and give testimony regarding the authenticity of the medical record.

2. Time Frame for Serving a Subpoena C.G.S. Sec 4-104:

“A subpoena directing production of such hospital record shall be served not less than twenty-four hours before the time for production, provided such subpoena shall be valid if served less than twenty-four hours before the time of production if written notice of intent to serve such subpoena has been delivered to the person in charge of the record room of such hospital not less than twenty-four hours nor more than two weeks before such time for production.”

PROCEDURE:

1. Acceptance of Subpoena

Any HIM employee may accept a subpoena for the production of medical records. The sheriff, or other process server, records the date and time of service on the subpoena. The subpoena is immediately given to the Director of Accreditation, Compliance and Performance Improvement. WFH complies with the request in accordance with state and federal laws and regulations.

2. Subpoena of Mental Health and Substance Abuse Records

Based on Connecticut General Statutes (C.G.S.) Section 4-104, Inspection and Subpoena of Hospital Records and Federal Regulations 42 CFR2, records are not released. A subpoena must be accompanied by an order from the court signed by the presiding judge or accompanied by a signed authorization from the patient or their personal representative to produce the record.

3. Obtaining Patient Authorization or Court Order to Comply with Subpoena Request

The Director of Accreditation, Compliance and Performance Improvement contacts the Commissioner of the Superior Court (the attorney issuing the subpoena) to determine if:

A. An authorization may be obtained from the patient/personal representative to release the records to the court.

1. In cases where the patient is only available to sign an authorization at court on the day the record is to be presented to court, HIM staff brings a blank authorization for the patient to sign prior to delivery of the record to the clerk of the court.

- B. An order from the court may be obtained from the presiding judge to release the records to court.

4. Court Order for the Production of Medical Records

The Court Order to produce medical records or medical record documentation must be signed by the presiding judge to be valid. When the signed court order is received by HIM, the Director of Accreditation, Compliance and Performance Improvement:

- A. Contacts DMHAS Legal Council to review the court order to insure it is in compliance with State and Federal Laws and Regulations.
- B. If the court order for the production of medical record documents is valid the documentation is prepared as outlined in Section F.
- C. If the court order for the production of medical record documents does not meet State and Federal Laws and Regulations, DMHAS Legal Council advises what additional actions may be required to include:
 - 1. The Director of Accreditation, Compliance and Performance Improvement is instructed to attend the court hearing
 - 2. Request that the presiding judge instruct the patient/legal representative to sign an authorization to release the medical records to the court.
 - 3. Inform the court that WFH is unable to comply with the Subpoena and/or Court Order.

E. Court Proceeding (as directed by DMHAS Legal Counsel)

- 1. The medical record and certification of authenticity is prepared as outlined in Section F.
- 2. The Director of Accreditation, Compliance and Performance Improvement brings the certified sealed record and a blank authorization for the release of the record to court on the day and time specified in the subpoena.
- 3. Upon arrival to court, the Director of Accreditation, Compliance and Performance Improvement notifies the clerk of the court that WFH is unable to comply with the subpoena and/or court order.
- 4. The presiding judge will have the Director of Accreditation, Compliance and Performance Improvement address the court regarding the court's request for the production of a medical record.
- 5. The Director of Accreditation, Compliance and Performance Improvement informs the court when WFH is unable to obtain an authorization from the patient/legal representative and/or requests the court to issue an order to release the records to the court.
 - a. As instructed by DMHAS Legal Counsel testimony to include:
 - 1) I have been directed to inform the court, for the court record, that the Department of Mental Health and Addiction Services can neither confirm nor deny the existence of a medical record without written authorization from the patient or under court order.

- 2) These records are protected under HIPAA regulations as well as C.G.S. 52-146(d), 52-146(e), and 52-146(f).
 - 3) A court order for the release of these records is not one of the articulated exceptions under 52-146(f) and in Connecticut Supreme Court case Joseph Falco vs. Institute of Living – 254 Conn. 321 (2000)
6. Decisions of the presiding judge include:
- a. Orders that WFH not release the medical record as requested in the Subpoena/Court Order.
 - b. Orders the patient/legal representative to sign an authorization to release the medical records to the court.
- a. Orders the medical record to be submitted to the clerk of the court.
5. Preparation of Documents for Admission of Medical Record as Evidence by the Court
- A. HIM copies the medical record or portion(s) of the medical record as specified in the Subpoena/Court Order.
- B. The Director of Accreditation, Compliance and Performance Improvement certifies the copied documents to be a true copy of the original medical record. The certification includes:
1. Name of patient;
 2. Date of birth;
 3. Master Patient Index (MPI) number;
 4. Docket number;
 5. The following statements:

“The enclosed records are hereby certified to be true copies of medical records of the above-mentioned individual.

The records were made in the regular course of business of WFH, and it is the regular course of such business to make a record at the time of the transaction recorded therein or within a reasonable time thereafter.

These are being submitted to your care through action of the subpoena received at WFH and should be handled according to the requirements of State and Federal laws regarding confidentiality of patient records. Confidentiality of psychiatric, drug and/or alcohol abuse and HIV records is required by law and no information from such records may be transmitted to anyone else without written consent or authorization as provided for under Connecticut General Statutes, Chapter 899 and 368x; Sections 19a-126h, 19a-581 through 590, and Federal Regulations 42 CFR 2.

These confidential records and any/all copies should be returned to WFH as soon as they have served the purpose of the subpoena.”
6. The certification document is signed and dated by the Director of Accreditation, Compliance and Performance Improvement; and
7. The certification document is notarized.
- C. HIM staff place the medical record documents (copy) in a sealed envelope with a copy of the

subpoena and/or court order. A notice is taped to the envelope with the following information for the court:

1. **Date:**
2. **To:** The Clerk of the Court
3. **For:** Name and Address of Court
4. This envelope contains medical records of patient number: _____
5. Subpoenaed for the following date and time: _____

6. For use in the case of Docket Number: _____

7. The following statements:

“These are true copies of medical records and may not be opened unless so ordered by the Court. Please return these records to WFH when they have served the purpose of the Court.”

- D. The sealed envelope containing the copy of the medical record, certification documents and a copy of the original subpoena, court order and/or authorization if available, is delivered to the court.
- E. The Clerk of the court signs an acknowledgement of the receipt of the medical record(s) by signing a receipt that states:
 1. **To:** The Clerk of the Court
 2. Received from Whiting Forensic Hospital, an envelope containing Medical Records for use in Docket Number: _____.
 3. Clerk/Assistant Clerk signs, dates and records the time of acceptance of the envelope.
 4. The receipt is filed in the patient’s medical record with the original subpoena and/or court order.

**WHITING FORENSIC HOSPITAL
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SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.5:	Legal Status: Admission and Changes in Legal Status and Probate Court Proceedings
Governing Body Approval:	April 27, 2018
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PURPOSE: All patients hospitalized at Whiting Forensic Hospital (WFH) will be in accordance with Connecticut General Statutes regarding commitment of persons to a psychiatric hospital.

SCOPE: All Clinical and Managerial Staff, WFH Police Department, Health Information Management and Utilization Review

POLICY:

Health Information Management monitors the patient’s legal status according to the Connecticut General Statutes. Changes in legal status, to include the filing of applications with the Probate Court, are performed by Health Information Management (HIM).

PROCEDURE:

Upon admission to WFH the patient’s legal status is verified and entered in the DMHAS Information system by HIM. The patient’s legal status is monitored during the hospitalization according to the Connecticut General Statutes. Changes in legal status, include the filing of applications with the Probate Court, are performed by HIM. Changes in legal status are entered in the DMHAS Information System as they occur.

I. WHITING FORENSIC HOSPITAL – MENTAL HEALTH

A. Voluntary Status:

A person may request to be admitted to a facility for observation, treatment and assistance in recovery from mental illness.

1. The patient signs a Voluntary Status request upon admission.

Whiting Forensic Division: DMHAS form MHCC-2 Application for admission to a psychiatric facility.

- a. The Conservator of Person may not sign an application for Voluntary Commitment for a patient.
- b. A conserved patient may sign an application for Voluntary Commitment as approved by the Probate Court.
 - b1. The Judge of the Probate Court is notified by HIM when a conserved patient is admitted to WFH and signs an application for Voluntary Commitment.
 - b2. The Judge of the Probate Court assigns an independent psychiatrist to examine the patient to determine if the patient understands the Voluntary Commitment statutes. The Judge will either allow the patient to sign the Voluntary Commitment or schedules a Probate Court hearing for further information and/or commits the patient to WFH involuntarily.

B. Revocation of Mental Health Voluntary Status (3-day letter) WFH:

The patient may elect to rescind this Voluntary Status by signing a Revocation of Voluntary Status in accordance with Section 17a506(a) DMHAS form MHCC-10.

1. The facility has 3 working days, including the date the revocation form is signed, in which to:
 - a. file a request for Probate Court Commitment; or,
 - b. elect to discharge the patient, if appropriate.
2. The patient may elect to retract their request for a Revocation of Voluntary Status, in writing, by completing the retraction of request for termination of voluntary commitment form WFH-253 at any time during the 3 working days.
3. Retraction of the 3 day letter in an attempt to forego a commitment hearing is allowed only at the request of counsel, the attorney remains on the court file and thereafter represents the patient should a similar situation develop regarding the 3 day letter.

C. Physician's Emergency Certificate:

If a person, when seen by a qualified physician in an emergency room, mental health clinic, or elsewhere meets the criteria for admission under:

- C.G.S. 17a-502 they are admitted for psychiatric evaluation/treatment for 15 days or

1. The patient can request a hearing for Probable Cause anytime during the 15 days Psychiatric PEC or 5 day substance abuse PEC
2. The patient may at any time during the 15 days elect to sign an application for a Voluntary Status.
3. If, during the 15 days the psychiatrist feels that the patient should remain in the hospital, he/she:
 - a. Asks the patient to sign a request for Voluntary Status; or,
 - b. Requests an Involuntary Commitment by the Probate Court.
 - Probate Court Commitment Mental Health 17a-498c

D. Patient Request for a Probable Cause Hearing:

The patient admitted under a PEC, may request a hearing under C.G.S. 17a-502(d) for the purpose of determining if there is probable cause for the detention. The Court must hear the case within 72 hours from receipt of the request excluding Saturday, Sunday and Holidays.

1. The patient completes a Probable Cause Hearing Request, Probate Court form PC-802. HIM notifies the Probate Court of the request.
2. The Probate Court appoints an attorney to see the patient prior to the court hearing. Once legal counsel has been appointed by the Probate Court a hearing will only be continued or retracted at the request of the attorney, or by the Court on its own motion.
3. The Judge determines if there is sufficient evidence to have the patient remain in the facility or to release the patient.

E. Involuntary Commitment by the Probate Court:

1. Once the formal application for a Probate Commitment has been received, a hearing is scheduled within 10 business days from the date of request.
 - a. If prior to the hearing it is determined that the patient is no longer in need of hospitalization, the patient may be discharged. The Probate Court is notified of the canceled hearing.
 - b. The Probate Court allows the patient to sign an application for Voluntary Status at any time up to the entering of an order for commitment by the Probate Court.
2. Two "independent" Physicians (one medical, one psychiatric) are appointed by the Probate Court to examine the patient and to testify at the hearing.
3. An attorney is appointed by the Probate Court to represent the patient.

4. The Judge determines if there is sufficient evidence to have the patient remain in the facility or releases the patient.

F. Annual Review of Probate Commitment/Right to Request Probate Commitment Hearing:

Every year there must be a review of the Probate Commitment. The patient has the right to request a Probate Court Commitment hearing annually to determine the need for continued commitment. A Probate Commitment hearing must be held at the two year anniversary of the original Probate Commitment.

1. Health Information Management notifies the patient's attending physician/designee one month prior to the anniversary of the patient's commitment that a hearing is being scheduled, and files an application for a probate commitment hearing with the court.
2. The attending physician/designee informs the patient of their right to a Probate Court Commitment hearing and that WFH HIM department will file an application on his/her behalf.
3. The attending physician/designee informs the patient of available advocacy services in order to determine if the patient would like an advocate to represent him/her. This notice and determination shall be documented in the medical record. Notice of Advocacy Services (WFH-606) is attached.
 - a. The advocate may be:
 - the patient's private counsel;
 - a member from the Connecticut Legal Rights Projects (CLRP);
 - a member of the Office of the Public Defender;
 - a member of the Office of Protection and Advocacy; or
 - any person of the patient's choice.
 - b. The attending physician/designee shall notify the advocate, if one has been identified by the patient, and if the patient has authorized the release of information to the advocate in writing, of the application for a Probate Court Commitment hearing request is being filed with the court.
4. The Probate Court will arrange any required pre-hearing evaluations. When the case is heard the court determines if the patient will be:
 - a. Recommitted by the Probate Court
 - b. Discharged by the Probate Court
 - c. Allowed to sign a Voluntary Commitment

G. Revocation Hearings:

Any patient involuntarily committed by the Probate Court may apply for a revocation hearing.

1. The patient applies directly to the Judge of the Probate Court.
2. Once the patient has set in motion the challenge of their commitment the Probate Court assigns an attorney to represent the patient. A hearing is scheduled on the patient's request for revocation. A court hearing will only be continued or retracted at the request of the attorney.

H. Request to sign a Voluntary Commitment for Patients Involuntarily Committed by the Probate Court:

17a-510 of the Connecticut General Statutes was amended in the 1994 legislature to grant a patient's request to change their status to Voluntary without (further) action by the Probate Court.

1. The treating psychiatrist/physician forwards the patient's request (WFH-160a) to become voluntarily committed together with an evaluation of the patient's competency to the Medical Director as appropriate.
2. The Medical Director reviews the evaluation and determines if the request to become voluntarily committed is granted. The request form is then forwarded to HIM for processing.
3. If the Medical Director concludes that the patient is competent, the WFH Court Liaison in HIM notifies the Probate Judge who originally committed the patient of the change in status.

I. PROBATE COURT SCHEDULE

Probate Court is held on Friday mornings at 9:00. Following the hearings, the Judge delivers to HIM a list of hearings scheduled for the next Friday.

1. The Judge of the Probate Court issues the following order to the attorney assigned to provide counsel to the patient and the examining physicians:

Pursuant to Connecticut General Statutes 17-176et.seq., you are hereby appointed Attorney for the within named individuals for the purpose of Commitment.

2. The Examining Physicians are listed:
 - a. The first listed physician is instructed to examine the patient, file a written report and to be present at the hearing.

- b. The second listed physician is instructed to examine the patient and file a written report to the Probate Court by the Thursday prior to court scheduled for the next day.
3. HIM distributes the list of hearings to the units and includes the names of the attorney and physicians that will be meeting with the patient and reviewing medical records prior to Probate Commitment Hearings the following Friday.

For commitment hearings: The attorney and physicians listed below will be meeting with the patient and reviewing the medical record prior to the court.

Court Appointed Attorney: Court Appointed Physicians:

J. Competency Restoration 54-56d(h)

The Superior Court orders persons with criminal charges pending to be admitted to WFH to be restored to competency to stand trial. The defendant returns to Superior Court to determine if he/she understands the proceeding of the court and can participate in his/her defense.

1. Superior Court Rulings are issued to WFH in the form of a mittimus. The legal paper contains the date of the next Superior Court Hearing and the current rulings of the court.
2. Upon return to WFH from Superior Court Hearings, HIM is informed of the decision of the court regarding the patient's legal status. HIM reviews the mittimus and enters into the DMHAS Information System the appropriate legal status.
3. Court Rulings/Orders of the Superior Court are:
 - a. Restoration of competency
 - a1. Continue hospitalization for restoration of competency to stand trial. The mittimus contains the date of the next court hearing. Legal status remains 54-56d(h).
 - b. Competent to stand trial
 - b1. Patient is discharged into the custody of the Department of Corrections to stand trial.
 - c. Criminal Charges are Dropped
 - c1. Patient Discharged
 - c2. Patient may sign a voluntary and return to WFH for further treatment
 - c3. Patient returns to WFH via Physician's Emergency Certificate

- d. Incompetent/Non-Restorable to stand trial 54-56d(m)
 - d1. Superior Court finds that the defendant is incompetent/non-restorable to stand trial and releases the defendant into the custody of the Commissioner of Department of Mental Health and Addiction Services for commitment to WFH by the Probate Court. Legal Status is updated in the DMHAS Information System as recorded on the mittimus, 54-56d(m).
 - d1a. HIM files with the Probate court an Application for Involuntary Commitment.
- e. Superior Court offers patient TRACK II treatment of mental illness. The General Assembly decided that some people with mental illness were being arrested because of behaviors related to their disability, not because they were criminals. In such instances certain individuals are better treated within the mental health system, rather than by criminalizing these behaviors. Track II is a process by which defendants who are deemed not competent to stand trial may be converted to a civil legal status and allowed the opportunity to participate in treatment, with his/her criminal charges dropped if they do well in treatment. Mittimus must state the Superior Court finds the defendant incompetent/non-restorable to stand trial.
 - e1. Patient signs a Voluntary upon return to WFH
 - e2. If patient refuses to sign a Voluntary, WFH submits an application for Involuntary Commitment to WFH by the Probate Court.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.6:	<p>Diagnoses: Admission, Discharge and Changes in Diagnosis</p> <p>Coding of Behavioral Diagnoses using ICD-10-CM and DSM 5 Criteria</p> <p>Coding of Medical Diagnoses Using ICD-10-CM</p>
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE: To provide instruction for accurate, complete, and consistent coding practices for the production of quality healthcare data. Coding adheres to coding conventions and official coding guidelines and rules, to include the selection and sequencing of diagnoses, established by the American Medical Association, and any other official coding rules and guidelines established for use with mandated standard code sets. Adherence to these guidelines when assigning ICD-10-CM diagnosis and procedure codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes have been adopted under HIPAA for all healthcare settings.

SCOPE: Psychiatrists, Physicians, Utilization Management and Health Information Management

POLICY:

All Behavioral Diagnoses are coded according to ICD-10-CM and DSM 5 criteria.

All Medical Diagnoses are coded according to ICD-10-CM.

The admitting/attending/discharging physician/psychiatrist assigns the appropriate ICD-10-CM diagnostic codes according to the Official Coding Guidelines provided by the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS) for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). ICD-10-CM Coding Guidelines are:



10cmguidelines_2016_Final.pdf

Diagnostic Coding Protocols:

1. The establishment of a diagnosis is an essential component of the clinical and financial processes. Clinically, the diagnosis provides a framework for understanding the current presentation of the patient, and leads to the treatment planning in order to meet the patient's needs. The diagnosis is also essential in billing for services. No service can be billed if there is no diagnosis. A diagnosis must be provided for the patient no later than 24 hours after admission.
2. It is acceptable to provide a provisional diagnosis that reasonably describes a patient's current symptoms and functioning, and then to change that diagnosis later when additional evaluations or treatment has taken place. A provisional diagnosis is acceptable as an initial billing diagnosis. A "rule-out" diagnosis is not acceptable for a primary diagnosis.
3. The primary diagnosis is the principle billing diagnosis. When a person receives more than one diagnosis, the principal diagnosis is the condition that was chiefly responsible for occasioning the evaluation or admission to clinical care. In most cases this condition will be the main focus of attention or treatment. Deferred or no diagnosis are not acceptable billable codes for a Behavioral primary diagnosis.
4. Discharge Diagnoses:
Diagnoses may not be listed on the Discharge Summary as:
 - Deferred
 - Rule-Out

PROCEDURE:

1. Admission Diagnosis – Behavioral and Medical

The admitting physician/psychiatrist records the admission diagnoses on the Admission Psychiatric Evaluation and enters the corresponding ICD-10-CM codes in the DMHAS Health Information System (WITS).

2. Updated Diagnoses – Behavioral and/or Medical

Diagnostic updates are entered by the Attending Psychiatrist (behavioral diagnoses) and/or the Attending Physician (medical diagnoses) when diagnoses change.

3. Discharge Diagnoses

Diagnoses are recorded on the Discharge Aftercare WFH-2 form. The diagnoses are coded by the Physician/Psychiatrist and entered in the DMHAS Health Information System (WITS) when the patient is discharged.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.7:	Standards for Medical Record Completion
Governing Body Approval	April 27, 2018
REVISED:	

PURPOSE: To define ownership of the medical record and establish standards for completion of medical records following discharge of the patient.

SCOPE: All Clinical and HIM Staff

POLICY:

Whiting Forensic Hospital (WFH) maintains written clinical (e.g., "medical") records on all patients, in accordance with accepted professional standards and practices. The medical record is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The medical record will not be removed from the hospital except in accordance with a court order, subpoena or statute.

To insure continuity of patient care and assist other physicians who may be treating the patient, all medical records will be completed within 30 days of the patient's discharge from WFH.

PROCEDURE:

A Discharge Summary is dictated/written by the Attending Psychiatrist following discharge of the patient.

The medical record is completed and all required signatures are obtained within 30 days of discharge.

Filing: The medical record will be filed in Health Information Management (completed) within 30 days of discharge.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.8:	Records Retention Schedules for State Agencies
Revised	March 13, 2023, 4/19/24
Governing Body Approval:	April 27, 2018, March 15, 2023, 4/22/24
Effective Date:	March 31, 2023, 4/22/24

PURPOSE: To provide WFH staff with instruction regarding retention/disposition schedules for specific documents/records.

SCOPE: All HIM Staff, Department Heads, Managerial and Administrative Staff.

POLICY:

Whiting Forensic Hospital (WFH) follows the retention schedule for state agencies as directed by the State of Connecticut, Office of the Public Records Administrator and State Archives. <http://ctstatelibrary.org/publicrecords/state>

PROCEDURE:

1. Records Retention Schedules for State Agencies:

The retention schedules for the below types of records are maintained on the Connecticut State Library Web Site at <http://ctstatelibrary.org>

- A. Administrative Records
- B. Personnel Records (Human Resources)
- C. Fiscal Records
- D. Health Information Management Records and Case Files
- E. Information Systems Records
- F. Records Retention Policy for Hospital Closures, Mergers, and Consolidations

The retention periods specified in the above listed record series are the minimum period requirement.

2. Record Disposal Authorization:

All records series that specify a required retention period may be destroyed only after WFH has received approval in the form of a signed "Records Disposal Authorization"

The appropriate Administrator/Manager/Department Head initiates the Records Disposal Authorization by contacting the Medical Records Supervisor and providing the necessary information as outlined below

Required information for completion of the Records Disposal Authorization form for a request to destroy preadmission screening forms:

1. The item number as specified on the corresponding retention schedule.
2. The record series title.
3. Schedule number and effective date.
4. Inclusive dates of the records (from/through).
5. Estimated volume of records being disposed of in cubic or linear feet: A filled letter-size drawer contains 1.54 cubic feet, and a legal-size drawer contains 2.0 cubic feet
<http://ctstatelibrary.org/wp-content/uploads/2015/05/RecordsMeasurementGuide.pdf>
6. Proposed date of records disposal: Allow 30 days for processing of request.

D. The Medical Records Supervisor, who serves as the hospital's Record Management Liaison Officer (RMLO) completes the Records Disposal Authorization form. The CQCO can serve as the RMLO in the absence of the Medical Records Supervisor

1. The RMLO signs and dates the authorization form and sends it to the Public Record Administration, following verification that the request abides by the applicable records retention schedule.
2. By statute, the Public Records Administrator and State Archivist must approve the disposition of all public records.

E. Upon receipt of approval from the Public Records Administration, the records may be destroyed

F. The department requesting the record disposal and the RMLO retains the Records Disposal Authorization form.

3. State Agencies' Retention Schedule S4 Health Records and Case Files:

<http://ctstatelibrary.org/wp-content/uploads/2015/05/S4-Health.pdf>

A. All record series listed in the Retention/Disposition Schedule IV, Health Information Management Records and Case Files, are retained by the appropriate authorities (i.e., Pharmacy, Nursing, HIM) for the specified minimum retention required by the State of Connecticut.

Disposition of these records is coordinated through the WFH Record Management Liaison Officers.

4. Medical Records are retained for 10 years following discharge of the patient to assure future access by patients, new health care providers and other legitimate users.
 1. Discharged patient records are retained for 2 years at WFH, in HIM
 2. Annually HIM boxes, indexes and sends discharged medical records for any and all previous (discharge) years to the Rocky Hill Storage area until they are eligible for destruction.
 3. The destruction of medical records is performed under the direction of the Office of Public Records Administrator and State Archives.

5. Records Management Liaison Officer Designation:

The Chief Executive Officer (CEO) completes the Records Management Liaison Officer Designation form to inform the Office of the Public Records Administrator of an addition, deletion, or change of designation of the WFH RMLO or Assistant RMLO.

6. Electronic Mail (E-mail):

A. Email Records:

<http://ctstatelibrary.org/wp-content/uploads/2015/05/GL2009-2-EmailManagement.pdf>

<http://ctstatelibrary.org/wp-content/uploads/2015/04/Email-Management-State.pdf>

A message sent or received by E-mail in the conduct of public business is a public record. E-mail messages sent and received by public officials fall within three broad categories:

1. Transitory messages, including copies posted to several persons and casual and routine communications similar to telephone conversations.
 - a. No retention requirement.
 - b. Employees receiving such communication delete them immediately. Deletion does not require approval of the Office of the Public Records Administrator and State Archives.
2. Public records with a less than Permanent retention period.
 - a. The record must be in hard copy or electronic format, which can be retrieved and interpreted for the legal retention period. When there is doubt about the retrievability of an electronic record over the life span of that record, the record should be printed out.
 - b. Deletion or Destruction of the records required approval from the Office of the Public Records Administrator.
 - c. Permanent or Permanent/Archival Retention.
 - i. Retention may be in the form of a hard-copy printout or microfilm.

B. WFH Administration/Managers/Department Heads and the WFH State Agency Records Management Liaison Officers are responsible for instructing employees in determining

which E-mail messages fall in each of the three categories, in using retention schedules and in securing approval for destruction.

Voice Mail:

1. Voice mail (including answering machines) can be considered a type of electronic mail communication. In this case, the message is recorded in an audible rather than a visible format. Voice mail is transitory in nature, and may be deleted at will.
2. Some voice mail or answering machine messages may require a longer retention period. For example, a message may be potentially used as evidence in a trial, such as a bomb threat or in some other illegal activity.

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.11:	Service of Process and Procedure for Acceptance of Notice of Legal Action or Proceedings
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE: To define the responsibilities concern the serving and acceptance of official notice of legal action or proceedings-including subpoenas, patient notification of Probate Court hearings or other legal documents.

SCOPE: All Clinical, Managerial and Administrative Staff; HIM; Agency Police; Security Staff

POLICY:

Whiting Forensic Hospital (WFH) assists any court representative, Connecticut State Marshal or law enforcement officials acting in an official capacity, who comes to the WFH to serve any type of legal document. Procedures for accepting service are dependent upon several factors including the legal action being pursued, parties to the action including clinical staff and patients and/or the types of records being requested.

PROCEDURE:

Security personnel or Agency Police reviews the documents presented by the Connecticut State Marshal to determine the authorized person/office to accept the documents as follows:

Subpoenas:

1. A witness subpoena is a court order requiring a person to appear in court on a certain date and testify as a witness.
 - a. Security personnel or the Agency Police page the employee listed on the subpoena to accept service directly from the Marshal.
 - a1. If the respondent is a physician, but is not available, the Chief Executive Officer or designee may accept the subpoena for a physician.

- C.G.S. §52-143 “...(f) Any subpoena summoning a physician as a witness may be served upon the office manager or person in charge at the office or principal place of business of such physician who shall act as the agent of the physician named in the subpoena. Service upon the agent shall be deemed to be service upon the physician...”
 - b. If a clinician (other than the physician), is not available the Marshal is told the employee is not available or is no longer employed at WFH as applicable. The documents are not accepted.
- 2. Subpoena Duces Tecum (Records) is a court order requiring the person subpoenaed to produce books, documents or other records under his/her control at a specific time and place in a court hearing either via courier to the Clerk of the Court or appearance in person.
 - a. Security personnel or the Agency Police call the HIM office in the building that the Marshal is serving the documents, or may direct the Marshal to the Health Information Management (HIM) department. HIM staff shall act as the agent of the Director of Accreditation, Compliance and Performance Improvement or “Keeper of the Record.” Service upon HIM staff shall be deemed to be service upon the Director of Accreditation, Compliance and Performance Improvement or “Keeper of the Record.” HIM staff immediately notifies the Director of Accreditation, Compliance and Performance Improvement or Director of Accreditation and Regulatory Compliance of the subpoena of medical records. (See OP&P 000 for processing of Subpoenas)

Notice of Hearing on Psychiatric Commitment (C.G.S. §17a-75 and §17a-495; Probate Court Rules of Procedure section 44.4, rule 8 – effective July 1, 2013)

1. The court shall give notice of a hearing on the commitment of an individual under C.G.S. §17a-498 to the patient (respondent) by personal service.
2. The court shall give notice of the hearing to WFH (the facility) in which the patient is confined and to other persons as the court directs under section 44.1 by regular mail or other reasonable means.

Petition for Shock Therapy (C.G.S. §17a-540; Probate Court Rules of Procedure section 45.5, rule 8 – effective July 1, 2013)

1. A petition for shock therapy under C.G.S. §17a-543 (c) shall be filed in the court for probate district in which the treating facility is located.
2. The court shall give notice of hearing on the petition to the patient by personal service.
3. The court shall give notice of the hearing to the treating facility and to other persons as the court directs under section 45.1 by regular mail or other reasonable means.

Notice of Hearing Regarding Conservatorship (C.G.S. §45a-645)

1. The notice which is required by statute must say what kind of conservatorship is being sought, the time and place of the hearing and MUST describe the possible consequences of the appointment of a conservator, as well as the right to be present and to have an attorney.
2. The court shall give notice of hearing on the petition to the patient by personal service.
3. The court shall give notice of the hearing to the treating facility and to other persons as the court directs by regular mail or other reasonable means.

Service to Patients by Connecticut State Marshals

1. The service of process in connection with conservatorship, commitment or shock therapy where WFH is the petitioner, the Marshall serves the patient personally at the hospital as there would be no confidentiality (HIPAA) disclosure since, by nature, the petition would disclose that the patient is confined at the facility.
 - a. Security personnel or the Agency Police reviews the notice of hearing. This document indicates the unit the patient is on.
 - b. The unit is contacted to inform staff that there is a State Marshal here to serve the patient notice of a Probate Court hearing that has been scheduled.
 - c. A member of the treatment team determines if the patient can accept the documents in the building's lobby or should be served on the unit. This should be done in a private area outside the immediate lobby/unit.
2. The service of process for any other court documents is as follows:
 - a. Security personnel or the Agency Police asks the Marshal to take a seat. Do not confirm or deny that the individual is or is not a patient at WFH.
 - b. If the patient is no longer an inpatient the Marshal is told there is no patient by that name currently hospitalized. No further information may be given such as if they ever were a patient, discharge date or discharge location.
 - c. If the patient is currently an inpatient the unit is contacted to inform staff that there is a State Marshal here to serve the patient with legal papers from the court. A member of the treatment team notifies the patient that there is a State Marshal here to serve them with legal papers of the court.
 - c1. If the patient agrees to accept the documents a member of the treatment team determines if the patient can accept the documents in the building's lobby or should be served on the unit. This should be done in a private area outside the immediate lobby/unit.

- c2. If the patient refuses acceptance of the documents the Marshal is informed that the hospital can neither confirm nor deny that the individual is/is not a patient and that he/she should serve the papers in accordance with C.G.S. §4a-17.

Service of process on mentally ill or mentally deficient persons C.G.S. §4a-17

Notices and documents required to be served upon patients who refuse to accept service directly from the Marshal are served to the Chief Executive Officer (CEO) of WFH or designee.

1. The CEO reviews the document(s) and notifies the appropriate Program Manager.
2. Legal documents are served to the patients on their unit by the Program Manager/designee (who act under the authority of the CEO) and when clinically indicated in the presence of an Agency Police Officer, in an area that affords privacy for the patient.

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.12:	Internet, Computer, E-Mail and Phone Use
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE: Whiting Forensic Hospital (WFH) abides by the policies of the Department of Mental Health and Addiction Services (DMHAS), as well as the policies set forth by the Department of Information and Technology (DOIT) relating to computers, Internet, e-mail, software and hardware. Users are accountable for their conduct while using the Internet, phones and email.

All information and messages that are created, sent, received, accessed, or stored on the State of Connecticut computers or systems are considered DMHAS records.

No Presumption of Privacy

Internet: The Internet should be used for State business and not for personal use. The Internet is monitored and the user activities are logged. The Internet is a resourceful tool and should be used as such. WFH does not allow personal use of the Internet and World Wide Web under any conditions.

Employees may not use DMHAS or WFH resources to pay subscription fees or access charges or use second party e-mail systems such as Yahoo or HotMail. All correspondence via e-mail must be done using the DMHAS' e-mail system unless the IT Manager or designee authorizes an exception. Some of the sites that are carefully monitored are sites relating to stocks, travel, real estate, banking, auto, chat rooms and other providers, etc.

When accessing the Internet and World Wide Web, employees should remember that all connections and sites visited *might be monitored and recorded*.

DMHAS/WFH systems are provided at the DMHAS' and/or WFH's expense and are to be used solely to conduct State of Connecticut business, not personal business. Employees may not use DMHAS/WFH systems to post information, opinions, or comments to Internet discussion groups and other such forums without authorization from the IT Manager or her designee. This authorization may be a one time "blanket" authorization given for all directly work related activities, or it may be given on a case by case basis at the discretion of the IT

Manager or her designee.

DMHAS/WFH Right to Monitor or Inspect Messages and any computer activity

DMHAS and/or WFH reserve the right to monitor, access, retrieve, read, and disclose any electronic data and voice messages. Particular circumstances for monitoring messages include:

- a. When DMHAS and/or WFH has a legitimate business need to do so;
- b. When DMHAS and/or WFH has a reasonable suspicion that an employee has engaged, or is about to engage, in inappropriate conduct on representing DMHAS and/or WFH;
- c. When DMHAS and/or WFH needs to inspect the contents of messages to obtain substantive information that is not more readily available by some other means;
- d. When required by law, by legal duties to third parties, or in order to protect its own interests when DMHAS and/or WFH has a reasonable suspicion that an employee has committed, or is committing, an activity that could hurt DOIT or DMHAS either directly or indirectly;
- e. When the employee in question is unavailable – ill, on vacation or leave, no longer working for DMHAS and/or WFH – and time is of the essence; and
- f. When DMHAS and/or WFH has a request from a Human Resource Manager or Labor Relations Manager due to an investigation or, by a Department Head Manager to monitor an individual's activities on the internet and or network for inappropriate use of State property or state time.

DMHAS and or WFH Right to Monitor Use of the Internet

DMHAS and/or WFH reserves the right to monitor Internet activity as a whole or on an individual basis when particular circumstances such as:

- a. Unexplained deterioration in speed on the network;
- b. When DMHAS and/or WFH has a legitimate business need to do so;
- c. When DMHAS and/or WFH has a reasonable suspicion that an employee has engaged, or is about to engage, in inappropriate conduct on any of the DMHAS and/or WFH systems;
- d. When DMHAS and/or WFH has a request from a Human Resource Manager or a Labor Relations Manager due to an investigation or by a Department Head Manager or, Division Director to monitor an individual's activities on the internet and or network for inappropriate use of State property or state time; and
- e. When required by law, by legal duties to third parties, or in order to protect its own interests when DMHAS and/or WFH has a reasonable suspicion that an employee has committed, or is committing, an activity that could hurt DMHAS, WFH or DOIT either directly or indirectly.

DMHAS and/or WFH Right to Monitor Use of Phones/Voice Mail

DMHAS and/or WFH reserve the right to monitor phone usage logs as a whole or on an individual basis for particular circumstances such as:

- a. Unexplained increase in monthly phone bill;

- b. Individual extensions that display lengthy or costly calls;
- c. Threatening, harassing or derogatory messages that may affect the well-being of individual or others;
- d. When requested by the Director of Human Resources or Labor Relations Manager as part of an investigation and/or by the Department Head Manager due to reasonable suspicion that an employee is making excessive calls, personal calls and or long distance calls which are causing their duties to become incomplete or unsatisfactory; and
- e. When required by law, by legal duties to third parties, or in order to protect its own interests when DMHAS and/or WFH has a reasonable suspicion that an employee has committed, or is committing, an activity that could hurt the DMHAS and/or WFH either directly or indirectly.

Message Restrictions

Communications created by DMHAS and/or WFH employees on the DMHAS and/or WFH systems (electronic and voice), may not contain content that a reasonable person would consider to be defamatory, offensive, harassing, disruptive, or derogatory, including but not limited to sexual comments or images, racial or ethnic slurs, or other comments or images that would offend someone on the basis of race, gender, national origin, sexual orientation, religion, political beliefs, or disability, or may otherwise bring discredit to the DMHAS and/or WFH.

Prohibited Activities

Employees shall not use DMHAS and/or WFH systems to:

- a. Illegally upload, download, access, create, distribute or otherwise transmit copyrighted, trademarked, or patented material; trade secrets; or other confidential, private, or proprietary information or materials;
- b. Upload, download, access, create, distribute or otherwise transmit any illegal information or materials;
- c. Upload, download, access, create, distribute, or otherwise transmit sexually explicit materials;
- d. Gain unauthorized access to remote computers or other systems or to damage, alter, or disrupt such computers or systems in any way;
- e. Use someone else's code, password, or ID to gain access to the DMHAS and/or WFH systems or disclose anyone else's code, password, or ID to a non- DMHAS and/or WFH employee;
- f. Enable unauthorized third parties to have access to or use the DMHAS and/or WFH systems (including providing access to confidential information) to anyone not authorized by the Information Technology Manager for the WFH Campus or her designee, or otherwise jeopardize the security of the DMHAS and/or WFH electronic communications systems;
- g. Conduct private marketing or business transactions or to foster personal gain;
- h. Open e-mail addressed to another party but routed in error;
- i. Send anonymous e-mail or facsimile messages; and

- j. Engage in illegal activities.

Information Protection

Because messages can easily be intercepted over the Internet, confidential, proprietary, and sensitive information—either belonging to the DMHAS and/or WFH or entrusted to DMHAS and/or WFH—must not be transmitted over the Internet.

Message Creation

Employees must use the utmost care in creating messages on the DMHAS and/or WFH e-mail system. Even when a message has been deleted, it may still exist on a backup-system. It can be printed or forwarded to someone else without its creator's knowledge.

Viruses and Tampering

Any files downloaded from the Internet and any computer disks received from non- DMHAS and/or WFH sources should, in keeping with best practices, be scanned with virus detection software before installation and execution. The introduction of virus's attempts to breach system security, or other malicious tampering with any DMHAS/WFH systems is expressly prohibited. Employees must immediately report any viruses, tampering, or other system breaches to their Division Director.

The following are links to DOIT Policies, which DMHAS/WFH abides by:

- *Internet and Mail Acceptable Use Policy*
<http://www.ct.gov/doc/LIB/doc/PDF/HR/D05UseStateSystems.pdf>
- *Acceptable Use Policy for Telecommunication Network*
<http://www.ct.gov/doit/cwp/view.asp?a=1245&q=294100>
- *OLR Memo 98-15 Electronic Monitoring of Employees*
<http://www.opm.state.ct.us/olr/Notices/98-15.doc>
- *Network Security Policy and Procedures for use by all State Agencies*
<http://www.ct.gov/opm/cwp/view.asp?a=3006&q=561698>
- *Commissioners Policy Statement No. 82*
<http://www.ct.gov/dmhas/lib/dmhas/policies/chapter7.2.pdf>
- *Acceptable Use of State Systems Policy*
<http://www.ct.gov/opm/cwp/view.asp?a=3006&q=561676>

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.13:	Hospital Census – Reporting Patient Movement
Governing Body Approval:	April 27, 2018, October 20, 2020
REVISED:	October 14, 2020

PURPOSE: To instruct staff on the minimum data set required to report each type of patient movement, as designated on the census forms for Admission, Discharge, and Transfer/Leaves (ADT). Forms provided in this procedure are used by the Whiting Forensic Hospital (WFH).

To instruct staff on the procedure for notifying Health Information Management (HIM) of patient movements for Department of Mental Health and Addiction Services (DMHAS) computerized information system data entry purposes. HIM located is responsible for data entry of all patient movement information.

To provide the staff with instruction on reporting changes in patient movement (i.e. admissions, discharges, and transfers/leaves) on the 24 Hour Census Report.

To inform staff on the availability and access of the DMHAS computerized information system on-line Census Reports and the customized Whiting Forensic Hospital (WFH) Census Reports.

SCOPE: Nursing, Unit and Division Directors and Health Information Management Staff

POLICY:

WFH, under the direction of the DMHAS shall produce an accurate, real time census in order to ensure maximum and appropriate bed utilization and to ensure accurate billing for daily room and board charges.

1. Staff assigned on each shift reports census information through the collection of the minimum data set on all patient movements including:
 - a. Admission;
 - b. Discharge;
 - c. Medical Discharge to Acute Care Hospital;
 - d. Admission from Medical Discharge Acute Care Hospital;
 - e. Transfer;
 - f. Absent Without Leave (AWOL);
 - g. Temporary Visit;
 - h. Temporary Leave (PSRB Patients Only);
 - i. Extended Visit Hospital (EVH) - PSRB and 56-56d Patients Only; and
 - j. Leave of Absence (LOA) - With approval of DMHAS, Office of the Commissioner (OOC Only).

2. HIM staff or Nursing enters and ensures the correct data entry for all patient movement into the DMHAS computerized information system.

During non-business hours, (Monday through Friday 4:00 p.m. to 7:00 a.m., weekends, and holidays), should there be an issue with updating WITS to reflect patient movement, nursing staff will email the HIM Supervisor and his/her back-up designee, The HIM Supervisor/designee will respond and/or correct the issue in WITS the next business day.

Definitions:

Patient Movement - Any patient movement event that occurs on a unit involving a change in the census as follows: Admissions, Discharges, Transfers, Visits and Leaves.

Census Report – ADT Information Forms - ADT forms: (1) Admission and Admission from Medical Discharge Acute Care Hospital, (2) Discharge and Medical Discharge to Acute Care Hospital, and (3) Transfer, AWOL, EVH, Temporary Visit or Temporary Leave, are used by the units to report a patient movement to HIM. The forms contain a minimum data set consisting of those fields required by the DMHAS computerized information system to complete a patient movement.

Daily Census Movement Report - A 24-hour report that is completed by each shift, reviewed for accuracy by each shift supervisor with signature, and faxed to Health Information Management (HIM) by the evening supervisor. This report is utilized by HIM each morning to double-check the census data.

PROCEDURE:

A. General Procedures

1. When a patient movement has taken place, unit staff completes the appropriate form which includes the minimum data set required to process the movement change within the DMHAS computerized information system. Unit staff fax all patient movements documented on the appropriate forms to HIM.
3. Data submitted must be neat and legible. The unit staff is responsible for providing HIM with the correct information necessary to process the patient movement change.
4. During business hours, HIM returns (fax) all incomplete or illegible forms to the supervisor of the unit of origin for immediate correction and resubmission. Corrections need to occur no later than within the shift in which the movement occurred.

B. Admission and Admission from Medical Discharge Acute Care Hospital.

1. When processing an admission, unit staff completes the required admission fields on the ADT Admission form. See Census Report: Admission (ADT) Information (WFH-465a). Unit staff submits (faxes) the WFH-465a to HIM upon completion, and attaches the original to the Daily Census Movement Report.
2. During business hours, unit staff follow-up the fax-transmission with a phone call to HIM alerting them of an admission and verifying their receipt of the faxed ADT Admission form.
4. Unit staff documents on the Daily Census Movement Report (WFH-465) the patient admission within the appropriate shift location, in which the movement occurred.

C. Discharge and Medical Discharge Acute Care Hospital

1. When processing a discharge, unit staff completes the required discharge fields on the ADT Discharge form. See Census Report: Discharge (ADT) Information (WFH 465b). Unit staff submits (faxes) the WFH-465b to HIM upon completion, and attaches the original to the Daily Census Movement Report.
2. During business hours, unit staff follows-up the fax-transmission with a phone call to HIM alerting them of a discharge and verifying their receipt of the faxed ADT Discharge form.

4. Unit staff documents on the Daily Census Movement Report (WFH-465) the patient discharge within the appropriate shift location, in which the movement occurred.

D. Transfer Out to a new Unit/Division

Unit staff documents on the Daily Census Movement Report (WFH-465) the patient Transfer Out within the appropriate shift location in which the movement occurred.

E. Transfer In from a different Unit

1. When processing a Transfer In, unit staff completes the required Transfer In fields on the ADT Transfer/Leave form. See Census Report: Transfer and Leave (ADT) Information (WFH-465c). Unit staff submits (faxes) the WFH-465c to HIM upon completion, and attaches the original to the Daily Census Movement Report.
2. During business hours, unit staff follows-up the fax-transmission with a phone call to HIM alerting them of a Transfer In and verifying their receipt of the faxed ADT Transfer/Leave form.
3. Unit staff documents on the Daily Census Movement Report (WFH-465) the patient Transfer In within the appropriate shift location, in which the movement occurred.

F. Leave Out – Includes:

- a. Absent Without Leave (AWOL)
 - b. Temporary Visit
 - c. Temporary Leave (PSRB patients only)
 - d. Extended Visit Hospital (EVH) - PSRB or 56-57d patients only
 - e. Leave of Absence (LOA) - with approval of the Office of the Commissioner (OOC) only
1. When processing a Leave Out, unit staff completes the required Leave Out fields on the ADT Transfer/Leave form. See Census Report: Transfer/Leave (ADT) Information (WFH-465c). Unit staff submits (faxes) the WFH-465c to HIM upon completion, and attaches the original to the Daily Census Movement Report.
 2. During business hours, unit staff follows-up the fax-transmission with a phone call to HIM alerting them of a Leave out and verifying their receipt of the faxed ADT Transfer/Leave form.
 4. Unit staff documents on the Daily Census Movement Report (WFH-465) the patient Leave Out within the appropriate shift location, in which the movement occurred.

G. Leave In - Includes:

- a. AWOL
 - b. Temporary Visit
 - c. Temporary Leave
 - d. EVH
 - e. LOA
1. When processing a Leave In, unit staff completes the required Leave in fields on the ADT Transfer/Leave form. See Census Report: Transfer and Leave (ADT) Information (WFH-465c). Unit staff submits (faxes) the WFH-465c to HIM upon completion, and attach original to the Daily Census Movement Report.
 2. During business hours, unit staff follows-up the fax-transmission with a phone call to HIM alerting them of a Leave in and verifying their receipt of the faxed ADT Transfer/Leave form.
 3. Unit staff documents on the Daily Census Movement Report (WFH-465) the patient Leave In within the appropriate shift location, in which the movement occurred.

H. Daily Census Movement Report (WFH-465)

1. Unit staff records all patient movement on this form for each 24-hour period beginning on the night shift.
2. The form includes the patient name, movement type, census at the end of the previous shift, and the total census at the end of the present shift. The total census is cross referenced with the list of patients checked off at the routine observation of patients conducted at the change of shift.
3. Each shift completes its respective section of this report.
4. Upon completion by each shift, the Charge Nurse reviews for accuracy and prints his/her name verifying completion.
5. At the end of each shift, the Nurse Supervisor reviews and signs the form attesting to its accuracy.
6. Upon completion of the form for the 24-hour period, the night supervisor collects and faxes the forms from each unit to HIM. (Attached individual movement forms are *not* faxed to HIM). The original Daily Census Movement Report *with* attachments are delivered to the Division Director's Office, every night by the night supervisor.

I. HIM Procedures

1. HIM immediately data enters all ADT patient movements received from the units.
2. HIM performs a verification check using the Daily Census Movement Report against the data in the DMHAS Computerized Information System.
3. Omissions or incorrect ADT patient movement information received by HIM are reported to the Program Managers and Unit Directors.

- a. HIM staff performs periodic data integrity checks to insure the DMHAS computerized information system data is accurate and complete.
- b. HIM staff provides the necessary training required by ADT Support to data enter the census movement/changes into the DMHAS computerized information system.
- c. During normal working hours IT and HIM staff provide technical and DMHAS computerized information system application support.

J. Availability of Census Data:

Patient census information can be obtained in the following formats:

1. DMHAS computerized information system online reports: “Daily Census” and “Bed Availability” reports are available to staff with access to the DMHAS computerized information system application. The reports are generated directly off the current real-time data available. Any staff requiring access to the DMHAS computerized information system application or census reports menu needs to contact IT or HIM to obtain the necessary access requisition forms.