

Confidential Health Records (Title 15, Sections 1406; 1407)

704.1 PURPOSE:

To establish guidelines for the format, content, confidentiality, and management of health records, and information of youth in the Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs).

704.2 DEFINITIONS:

Electronic Health Record (EHR): A digital version of a youth's paper chart. EHRs are real-time patient-centered records that make information available instantly and securely to authorized users (TechCare). The EHR is also referred to as the health record.

Health Record Contents: Includes but is not limited to:

- A. Identifying information
- B. Master Problem list
- C. Receiving screening and health assessment forms
- D. Complaints of illness or injury
- E. Laboratory reports
- F. Immunization records
- G. Physician/provider orders
- H. Place, date, and time for each clinical encounter
- I. Health consent, refusal, and release of information forms
- J. Copies of previous health records
- K. Special needs treatment plans, when applicable
- L. Results of specialty consultations and off-site referrals
- M. Clinician orders for prescribed medication and medication administration record
- N. Progress notes and/or flow sheets of all significant findings, diagnoses, treatments, and dispositions

704.3 RESPONSIBILITIES:

- I. Health Service Manager:
 - A. Control access to the EHR and ensure that health staff has access to health records and information.
 - B. Ensure that all confidentiality laws related to the provider-patient privilege apply to the health records.

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- C. Collaborate with the Business Applications Manager to establish a process for "downtime".
 - D. Shall monitor compliance with this procedure by review of logs, incident reports, safety reviews, and other safeguards conducted in the normal course of business on a weekly, monthly, and yearly basis.
- II. Supervising Correctional Nurse/FAST Supervisor:
- A. Ensure health staff have access to information relevant to the course of treatment during the youth's detainment.
 - B. Conduct periodic audits to ensure documentation is complete and accurate.
- III. Medical and FAST Staff:
- A. Document all interaction with or on behalf of the youth as soon as possible and ensure it is complete before the end of the shift.
 - 1. All late entries and addendums must be completed immediately after being identified.
 - B. Ensure all health-related documents accompany the youth upon inter-facility transfer.
 - C. Document only on approved forms.
 - D. Do not alter, change, or add to previous entries.
 - E. Never document care given by someone else as your own.
- IV. Medical and FAST Office Assistant:
- A. Scan and/or file all respective health records promptly to ensure records are current at all times.

704.4 GUIDELINES:

- A. Health records access and storage shall be managed as follows:
 - 1. Keep separate from the facility file.
 - 2. Keep paper records in the medical clinic/medical records area, which shall be locked when not in use.
 - 3. Keep sealed confidentially at all times when transported by non-health staff.
 - 4. Access and reactivation of health records are timely due to the use of electronic health records.
 - 5. Health Records are retained for seven (7) years after the youth reaches eighteen (18) years of age and for pregnant youth until the offspring reaches their 18th birthday.
 - 6. Contents of the health record shall not be shared with any other person or agencies other than those authorized to receive them.

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7. All signatures shall be legible and include a title. A personal pre-approved department stamp is acceptable.
 8. Completion of an entry in the EHR serves as the signature of the completing health staff.
- B. Health staff shall refer to downtime procedures in the event of electronic record system failure.
 - C. Youth shall not be used to translate confidential medical information for other non-English speaking youth barring exigent circumstances.
 - D. If professional staff observes or overhears a clinical encounter, they shall maintain confidentiality at all times.
 - E. Staff should inform youth, at the beginning of rendering care, when exceptions to the obligation of confidentiality apply as required by local, state, or federal laws (e.g., in the event the youth reports or service provider has knowledge of abuse of any kind).
 - F. Records shall be consistent with applicable laws while allowing for the multidisciplinary sharing of health information such as to the courts, custody, mental health, and food service staff.
1. The nature and extent of information sharing shall be appropriate to the level of treatment planning, program needs, protection of the youth and others, management of the facility, maintenance of security, and preservation of safety and order.