

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO. **15.02.01**

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SUBJECT: HEALTH CARE INQUIRIES, COMPLAINTS, AND INFORMAL GRIEVANCES

NOTE: This health services bulletin does not refer to formal grievance processing which shall be carried out in accordance with Department of Corrections Rule Chapter 33-103.

EFFECTIVE DATE: 04/01/2022

I. PURPOSE:

To instruct medical, dental, and mental health care personnel in the proper handling of all health-related inquiries and complaints received by the institutional health unit regarding the care or status of inmates. Responses to grievances shall be handled in accordance with [33-103, F.A.C.](#)

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. DEFINITIONS:

- A. Inquiry or Request—written correspondence from an inmate asking for information about his/her health care status or to access services.
- B. Complaint or Informal Grievance—written correspondence from an inmate who expresses dissatisfaction with staff, services, and/or treatment.
- C. [DC6-236, Inmate Request](#) form used by an inmate to submit a request, inquiry, complaint, or informal grievance. Other sources of inquiries, requests, complaints, or letters or telephone inquiries from:
 - 1. Family or friends of inmates
 - 2. Legal representative
 - 3. Elected officials
 - 4. Other government offices

III. INSTITUTIONAL HEALTH UNIT RESPONSIBILITY:

- A. The Health Services Administrator will designate a staff member to coordinate and maintain the log ([DC4-797C Grievance and Inquiry Log](#)) and files related to health care inquiries, requests, complaints, or informal grievances.
- B. A DC4-797C log will be maintained, in the medical unit, dental unit, and the mental health unit.
- C. A file of all complaints/informal grievances shall be maintained by the Health Services Administrator (HSA) or their designee.

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- D. The Impaired Inmate Nurse and/or ADA Coordinator responds to complaints, inmate requests for reasonable modification or accommodation, and informal grievances related to impairments and/or disabilities.
1. If appropriate, the inmate will be referred to the Chief Health Officer/ Institutional Medical Director for evaluation of impairment and/or disability complaint.
- E. The Chief Health Officer/ Institutional Medical Director will review and initial all logs on a monthly basis and will provide a report to the Regional Manager on a monthly basis. The Psychological Services Director, Psychologist, or, if unavailable, the Mental Health Specialist shall review and initial all required mental health logs. The senior dentist shall review and initial all required dental logs on a monthly basis and provide a report to the Chief Health Officer/ Institutional Medical Director.

IV. PREPARING RESPONSES:

- A. Request/inquiry shall be submitted on [DC6-236](#), *Inmate Request* form:
1. Request/inquiry will be received by the designated staff member and stamped as received.

The request/inquiry will be answered by the staff member designated by the Chief Health Officer/ Institutional Medical Director or, for dental issues, by the Senior Dentist or designee.

2. Medical response will be logged and entered on [DC4-701](#), *Chronological Record of Outpatient Health Care* and indicated as follows:

Incidental Note

Date:

Time:

Inmate Request Received: _____

Answered: _____ (Name Stamp)

3. Mental health responses and an incidental note will be entered on [DC4-642](#), *Chronological Record of Outpatient Mental Health Care* as indicated above.

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4. Dental responses and an incidental note will be entered on DC4-724, *Dental Treatment Record*, as indicated above.
 5. The original and a photocopy of the [DC6-236](#), *Inmate Request* will be returned to the inmate. A second copy will be placed in the inmate health record in the miscellaneous section. (For mental health requests, this copy shall be filed in the Other Mental Health Related Correspondence section. For dental requests, this copy shall be filed in the indicated area on the right-hand side of the dental record DC4-745A, *Dental Record, Health Folder*) A third copy will be maintained in a grievance file in the health unit. For Informal Grievances, a fourth photocopy will be forwarded to the Corrections Sentence Specialist for placement in the inmate's file, per Ch. 33-103.105(4)(c).
 6. Telephone calls referencing a complaint or dissatisfaction with care will be handled as a request/inquiry. Established security and confidentiality measures must be observed in answering telephone calls with requests for information, requests for services, and/or complaints. In accordance with [45 C.F.R. § 164.514\(h\)](#) and Rule [33-401.701\(10\)\(k\), F.A.C.](#), the Department must verify the identity and the authority of a person requesting access to an inmate's protected health information. A valid [DC4-711B](#), *Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information*, must be present before disclosing Protected Health Information (PHI). A record of such calls will be maintained in writing on [DC4-781Q](#), *Telephone Complaint/Request for Protected Health information (PHI) Log*. Staff has the option to answer certain telephone calls promptly in writing or by mail. Staff shall not respond to inquiries or requests made by persons without authorization to receive PHI, or whose identity cannot be confirmed. Copies of all correspondence mailed in response to a request, inquiry, or complaint made by telephone will be filed at the appropriate health care unit.
- B. Complaint or Informal Grievance - Informal grievances or complaints will be resolved at the institutional level. If the complaint or informal grievance is received in the department at a location other than the institution, it will be forwarded to the Office of Health Services for forwarding to the institution.
1. Complaints or informal grievances are submitted on [DC6-236](#), *Inmate Request* indicating Informal Grievance at the top of the form.
 2. Complaints or informal grievances will be received by the Health Services Administrator or designee, dated, and initialed at the time of receipt.
 3. Complaints involving potentially urgent problems, as determined by the Chief Health Officer/Institutional Medical Director, or the Senior Dentist, will be addressed immediately. In any event, the response will be sent to the inmate within fifteen (15) calendar days from the

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date of receipt by the Health Services Administrator. If an adequate response cannot be made within fifteen (15) calendar days, the inmate should be notified that a response will be delayed. The Health Services Administrator or Chief Health Officer/ Institutional Medical Director or Senior Dentist must sign these notifications.

4. The respondent will document the medical or mental health complaints and response on [DC4-701](#),

Chronological Record of Health Care using the following SOAP format:

- S = Subjective: Type and source of correspondence, date received, and synopsis of complaint as stated by the patient/complainant.
- O = Objective: Findings as determined by record review and interviews.
- A = Assessment: Respondent's assessment of situation.
- P = Plan: Respondent's proposed response and action to be initiated or taken, if appropriate.

5. For dental responses, dental personnel will make an entry on DC4-724, *Dental Treatment Record*, documenting the complaint, any pertinent information and the respondent's proposed response and action to be initiated or taken, if appropriate.
6. The staff member designated by the Health Services Administrator will ensure entry into the grievance log. The Chief Health Officer/ Institutional Medical Director or Senior Dentist should review and initial responses prior to returning the response to the inmate.

V. ALTERNATE TREATMENT PLAN

Alternate Treatment Plan refers to when the Health Services Director or designee changes the treatment plan provided by contract staff.

- A. When reviewing a formal grievance appeal, correspondence, and/or phone call; if the Health Services Director or designee deems the treatment plan does not comply with Department's policies, Health Services Bulletins and procedures, an alternate treatment plan will be provided by the Health Services Director or designee to the contracted staff via correspondence and/or phone call.
- B. Alternate treatment plans will adhere to Department of Corrections' policies and procedures. The alternate treatment plan provided in approved formal grievance appeal will be implemented within thirty days from date of approval.

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- C. The alternate treatment plan provided in response for correspondence and/or phone call will be implemented within five business days from the date of approval.
- D. A log of alternate treatment plans for formal grievances, correspondences, and phone calls will be maintained by the Office of Health Services Grievance Staff.

VI. REFERENCES:

- A. [33-103.005, F.A.C. Inmate Grievances](#)
- B. [33-401.701\(10\)\(k\), F.A.C.](#)
- C. [45 C.F.R. § 164.514\(h\)](#)
- D. [DC4-642, Chronological Record of Outpatient Mental Health Care](#)
- E. [DC4-701, Chronological Record of Outpatient Health Care](#)
- F. [DC4-711B, Consent and Authorization for Use and Disclosure, Inspection and Release of Confidential Information](#)
- G. [DC4-724, Dental Treatment Record](#)
- H. [DC4-745A, Dental Record, Health Folder](#)
- I. [DC4-781A, Telephone Complaint/Request for Protected Health Information Log](#)
- J. [DC4-797C, Grievance and Inquiry Log](#)
- K. [DC6-236, Inmate Request](#)

Health Services Director

Date

This Bulletin Supersedes:

HSB 15.02.01 dated 12/05/88, 05/26/89, 04/15/91, 11/17/98, 08/03/10, 03/26/14, 2/01/2018, 6/26/2019, AND 7/31/2019

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- C. 45 C.F.R. § 164.514(h)
- D. DC4-642, Chronological Record of Outpatient Mental Health Care
- E. DC4-701, Chronological Record of Outpatient Health Care
- F. DC4-711B, Consent and Authorization for Use and Disclosure, Inspection and Release of Confidential Information
- G. DC4-724, Dental Treatment Record
- H. DC4-745A, Dental Record, Health Folder
- I. DC4-781A, Telephone Complaint/Request for Protected Health Information Log
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