

SUBJECT: DENTAL CARE REQUESTS, COMPLAINTS, AND INFORMAL  
GRIEVANCES

EFFECTIVE DATE: 09/01/2020

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**I. PURPOSE:**

The purpose of this Health Services Bulletin (HSB) is to instruct dental care personnel in the proper handling of all dental related requests, inquiries and complaints received by the institutional dental clinic regarding the care or status of inmates.

**NOTE:** This bulletin does not change formal grievance processing which shall be carried out in accordance with Department of Corrections Rule Chapter [33-103](#), Florida Administrative Code.

*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 dental care status or to access dental services. Other sources of inquiries and requests may come from:
1. Family or friends of inmates
  2. Legal representatives
  3. Elected officials
  4. Other government offices
- B. **Complaint or Informal Grievance**—written correspondence from an inmate who expresses dissatisfaction with staff, services, and/or treatment. Other sources of complaints may come from:
1. Family or friends of inmates
  2. Legal representatives
  3. Elected officials
  4. Other government offices
- C. **Comprehensive Health Care Contractor (CHCC)** – refers to contracted staff that has been designated by the Department to provide medical, dental, and mental health services at designated institutions within a particular region.
- D. **[DC6-236](#) Inmate Request**—form used by an inmate to submit a request, inquiry, complaint, or informal grievance.

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**III. INSTITUTIONAL DENTAL CLINIC RESPONSIBILITY:**

- A. The Senior Dentist will designate (in writing) a staff member to coordinate and maintain logs and files related to dental care inquiries, requests, complaints and informal grievances.
- B. A request/inquiry log will be maintained in the dental clinic. The request/inquiry log will include the inmate's name, DC number, date the request/inquiry was received (see [DC4-797N](#), *Dental Request/Inquiry Log*) and the date it was answered.
- C. A log of all complaints, outside inquiries, and informal grievances will be maintained in the dental clinic.
- D. Complaints and informal grievances will be routed through and logged by the institutional Health Services Administrator in accordance with [HSB 15.02.01](#), *Medical and Mental Health Care Inquiries, Complaints, and Informal Grievances*.

**IV. PREPARING RESPONSES:**

- A. Requests/inquiries for dental care submitted on [DC6-236](#), *Inmate Request or DC4-698A, Inmate Sick Call Request*:
  - 1. Requests/inquiries will be received by the designated dental clinic staff member and stamped as received.
  - 2. The request/inquiry will be answered by the staff member who is designated by the Senior Dentist or routed to appropriate personnel for response.
  - 3. Responses to complaints, inmate requests, and informal grievances related to impairments and/or disabilities will be coordinated with the Impaired Inmate Nurse and/or ADA Coordinator.
  - 4. The response will be logged and an incidental note will be entered on [DC4-724](#), *Dental Treatment Record*, and indicated as follows:

Incidental Note

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Inmate Request Received: \_\_\_\_\_  
Answered: \_\_\_\_\_ (Name Stamp)

- 5. Requests for dental treatment are to be responded to within ten (10) calendar days from the date of receipt by the dental clinic.

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6. When a dental request/inquiry is received on [DC6-236](#), *Inmate Request*, the original and one copy of the request will be sent to the inmate. The second copy will be placed in the inmate's dental record.
  7. 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, Informal and Formal Grievance — will be resolved at the institutional level. If the complaint or formal 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 will be routed through the institutional Health Services Administrator, dated and initialed at the time of receipt, and forwarded to the Senior Dentist for response. Formal grievances are normally received by the warden or assistant warden and forwarded to the Senior Dentist for response.
  3. Complaints involving potentially urgent problems, as determined by the Senior Dentist, or designee, will be addressed immediately. In any event, the response will be sent to the inmate within fifteen (15) calendar days from the date of receipt by the Senior Dentist, or designee. If an adequate response cannot be made with fifteen (15) calendar days, the inmate should be notified that a response will be delayed. The Senior Dentist must sign these notifications.
  4. An entry will be made 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.

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5. The response will be returned to the institutional Health Services Administrator within fifteen (15) calendar days from the date of receipt by the Health Services Administrator. If an adequate response cannot be made within ten (10) calendar days, the inmate should be notified that a response will be delayed. The institutional Health Services Administrator must sign these notifications.
  6. For complaints, the original (white) and canary copy of [DC6-236](#), *Inmate Request*, will be returned to the institutional Health Services Administrator. The pink copy will be placed in the inmate's dental record.
  7. For formal grievances, all three copies of the DC6-236 must be returned to the warden, assistant warden, or institutional Health Services Administrator. A copy of the Senior Dentist's response shall be placed in the inmate's dental record and in the grievance file in the dental clinic.
- C. Inquiries, requests, complaints, or formal grievances submitted by letter from an inmate or other source will be handled as above.

**V. IMPLEMENTATION DATE:**

Each institution will implement this bulletin no later than 30 days after signature.

**VI. RELEVANT FORMS:**

- A. [DC6-236](#), *Inmate Request*
- B. [DC4-711B](#), *Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information*
- C. [DC4-797N](#), *Dental Request-Inquiry Log*
- D. [DC4-781Q](#), *Request for Protected Health Information Log*
- E. DC4-698A, *Inmate Sick Call Request*

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Health Services Director

Date

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This Health Service Bulletin Supersedes:

HSB 15.04.05 dated 1/26/89, 5/1/90, 11/15/91,  
9/22/93, 7/18/96, 3/7/01, 07/28/11, 5/26/15, AND  
02/02/2018

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