



Juvenile Justice Services (JJS) Policies and Procedures (P&P)

Title JJS Facilities – Client Medical Records

Category Facility Medical and Behavioral Health Records

Procedure # P.04.16 A

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1 Overview Statement

Health records are maintained in a consistent manner between facilities. The confidentiality of a client’s written or electronic health record, as well as verbally conveyed health information, is maintained. Health records are maintained under security and [are] completely separate from clients’ custody records. (NMAC 8.14.4.16)

2 Purpose

- 2.1 This procedure outlines the requirements for creating, managing, protecting, and retaining medical records of JJS clients committed to secure facilities.
- 2.2 Additionally if facility medical employees care for clients housed in a CYFD Juvenile Reintegration Centers (JRCs) the management of those records are also governed by this procedure.

- 2.3 Medical records/vaccine history for JJS facility employees are not covered by this procedure.

3 Creation

- 3.1 Prior to the Field/Facility Admissions Teaming (FFAT), the sending Juvenile Probation Officer (JPO) provides the appropriate facility medical employees with the client's documented medical history (collateral).
- 3.2 After a client's Intake, Disposition and Diagnostic (ID&D) meeting, facility medical employees ensure the electronic medical record is accurate and up to date in the medical records web-based client tracking program (Sapphire).
- 3.3 At intake, the Medical Records and Health Information Technician creates or reactivates the medical paper file.

4 Contents

- 4.1 Initially, the Medical Records and Health Information Technician creates a medical paper file for each client with the following sections/tabs:
- Section 1: General Client Information** including master problem list, immunization records, TB screening, growth chart, initial and annual physical exams, medical clearances, dietary information, and face sheet;
 - Section 2: Prescriptions;**
 - Section 3: Diagnostics** including lab results and COVID-19 testing;
 - Section 4: Providers' Orders;**
 - Section 5: Offsite Care and Appointments;**
 - Section 6: Collateral** including medical records from providers prior to commitment;
 - Section 7: Progress Notes;**
 - Section 8: Treatment Plan(s);**
 - Section 9: Nursing:** including sick calls, special medical needs, medical and mental health screenings (PbS), intake screenings, health history, and vision and hearing information;
 - Section 10: Legal and Administrative Documentation** including Judgement and Disposition (J&D) and Release of Information (ROI) consent(s); and
 - Section 11: Dental.**
- 4.2 A client's electronic medical record, housed in Sapphire, has the following sections/tabs: Summary, Medications, Vitals/TX, DXs/Procedures, Forms (Progress Notes), Documents (COVID-19 testing), Immunizations, Lab/Diagnostics, TB, and Messages.
- 4.3 Depending on the client's individual history, circumstances, and care, not all sections of the paper file or the electronic file are necessarily populated. Additionally, some sections/tabs are in both files and, therefore, duplicative.

5 Management/Controls

- 5.1 Facility medical employees and BH clinicians are the only employees permitted to access client medical paper files.
- 5.2 CYFD employees and medical-contract employees who have been assigned Sapphire access, complete training, are bound by HIPAA, and have a professional responsibility for a particular client's care are permitted to access a client's records in Sapphire.

6 Confidentiality

- 6.1 All client medical records in the possession of CYFD remain confidential and are not to be disclosed directly or indirectly to the public.
- 6.2 The Health Services Administrator (HSA) controls client medical records and monitors storage, access, and confidentiality to comply with federal and state law and the Health Insurance Portability and Accountability Act (HIPAA).
- 6.3 Whenever client medical paper files are transported by non-medical staff, they must be marked confidential and sealed.
- 6.4 If medical records are released to the client or any other individual or entity, all victim or witness identifying information shall be redacted or otherwise deleted.

7 Access/ Release

- 7.1 The HSA, in consultation with the Office of General Counsel (OGC) and CYFD's Chief Records Officer, controls the release of protected client medical information.
- 7.2 When a request for... medical records is received by the CYFD Chief Records Officer, it must be accompanied by a current and valid signed HIPAA release. An access to records request form is also required if the disclosure is to be made to the person who is the subject of the records, signed by the person making the request. These forms are in addition to the request for disclosure of confidential information form required for all records requests. (NMAC 8.14.23.10)
- 7.3 Prior to the release of protected health information, the client must sign a release or consent form that becomes a part of the client's permanent medical and BH health records. Parent/guardian/custodian (p/g/c) signature is required for the release of protected health information in these, specific circumstances:
 - BH records (including mental health services, and alcohol and drug abuse treatment), if the client is under the age of 14;
 - Sexual and reproductive health records (including STDs and HIV status), if the client is under the age of 16; and
 - All other medical records, if the client is under the age of 18.
- 7.4 The following individuals/entities are not required to obtain a release or consent for release of protected information, provided they do not re-release the information without proper consent, or as otherwise permissible by law:
 - Individuals of the client's Indian Tribe specifically authorized to inspect records, including tribal juvenile justice and social service representatives; and
 - Medical and BH professionals involved in the client's evaluation, treatment, or placement.

8 Client Access

- 8.1 Clients have the right to review and request copies of information contained in their medical records.
- 8.2 The HSA may deny a client's request, in full or in part, if access could be detrimental to the client's health and/or safety.

- 8.3 Clients may challenge the decision to deny access to their medical record or the accuracy of any information in their medical record by following the client grievance procedure.

9 Storage/Archiving

- 9.1 Medical paper files for clients currently housed at YDDC are stored in a secure file room in the Medical Area on the Albuquerque (ABQ) campus.
- 9.2 Medical paper files of clients currently housed at JPTC or any CYFD Juvenile Reintegration Center (JRC) are kept at that specific facility, in a locked cabinet in the Medical Area/office. Once a client is released from JPTC or a JRC, their medical paper file is transferred to ABQ.
- 9.3 Whenever possible, client medical paper files should be reviewed in the Medical Area/office of the facility; however, if they are removed for review, they must be signed out.
- 9.4 Once a client turns 21, their medical paper file is archived in the storage trailer in ABQ. From there, it can be re-activated if necessary.

10 Retention

Medical records for JJS clients must be retained for 10 years after discharge from JJ involvement.

11 Destruction/Disposal

- 11.1 On a (past) client's 31st birthday, their medical paper files are scheduled for destruction/disposal. The Medical Records and Health Information Technicians prepare the files, complete the appropriate Commission of Public Records forms, and send them to the State Records destruction site.
- 11.2 The Medical Records and Health Information Technicians retain an archive list of destroyed records that includes the following information: Client name, FACTS #, Date of Birth (DOB), Date of last contact, and date of file destruction.
- 11.3 Sapphire contractors are responsible for archiving client files in the platform.

12 Consequences of Noncompliance

An employee who fails to follow this Procedure may be subject to disciplinary action in accordance with the CYFD Code of Conduct and the Collective Bargaining Agreement (CBA) between AFSCME and the State of New Mexico.

13 Additional Forms and Documents

NA

14 Issue Date

February 1, 2023

15 Effective Date

February 1, 2023

16 Replaced Procedure

P.4.16 Health Records, issued 11/30/2008

17 Rescinded Procedure

P.8.14.5.32 Facility Records Management; Confidentiality, Access, issued 09/01/2009
(It is numbered improperly, and its content are a duplication of current procedure P.17.9 Files and Records Management.)

18 Rescinded Directive

08-004 Transfer of Client Files, issued 07/02/2008

19 Modified Procedure

P.17.9 Files and Records Management, issued 09/01/2009

20 Applicable Policies (Rules)

NMAC 8.14.4 Facility Medical and Behavioral Health Services

NMAC 8.14.23 Confidentiality of Client Records

NMAC 1.21.2 General Government Administration, Functional Records Retention and Disposition Schedules (FRRDS), Retention and Disposal of Public Records – Patient Records

21 Authorizing Signatures



Tamera Marcantel, Juvenile Justice Services Deputy Director for Facilities



Barbara Vigil, Cabinet Secretary of Children, Youth and Families Department