

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-I-03**

SUBJECT: FORENSIC INFORMATION

POLICY: Health care services must be accessible by inmates at all times. To the extent that health care employees are expected to collect or obtain information for the purpose of disciplinary or adversarial purposes, inmate's access to health care during incarceration is compromised. Every effort must be made by the Health Services Section and its employees to preserve the neutrality of health care professionals. Health Services staff do not obtain forensic information. Inmate's rights of informed consent are maintained.

REFERENCE: NCCHC Standard P-I-03  
HSD P&P #P-I-05, Informed Consent  
HSD P&P #P-H-02, Confidentiality of Health Records and Information

PROCEDURE:

- A. Health services staff shall not attempt to question or interrogate an inmate to obtain information that is not directly relevant to the evaluation and treatment of a clinical condition.
- B. If the inmate provides unsolicited information during a private clinical encounter of importance to a criminal or disciplinary proceeding, the health care employee is to inform the inmate verbally that the privacy of the patient provider relationship is terminated and that further information related to the specific incident will be communicated to non-health personnel. If the unsolicited information causes concern regarding confidentiality, contact your supervisor immediately (see P&P P-H-02, Confidentiality of Health Records and Information).
- C. During evaluation and treatment of an inmate involved in a possible assault, a correctional officer may be present and may note the information transmitted on an unusual incident report or other official report.
- D. Inmates who are brought to the health services unit because of suspected contraband may be examined by a properly trained health care professional for clinical reasons, possible treatment or continued evaluation but not for forensic purposes.
- E. If there are clinical reasons to identify or remove suspected contraband, the health care professional may conduct a digital exam. The inmate's written consent for a digital exam must be obtained. (See P&P #P-I-05, Informed Consent).
- F. If the inmate refuses the digital exam or it is clinically unwarranted, other measures for monitoring the inmate are to be instituted.

## Forensic Information

- G. Clinical reasons for examinations may include but are not limited to:
1. Patient displaying abnormal physiologic or mental signs or symptoms compatible with possible injury or toxicity from suspected contraband and knowledge of such material may be useful in diagnosing and treating the patient.
  2. Swallowed or inserted items that might puncture or rupture or obstruct the stomach or intestines, or might themselves rupture, causing injurious or toxic reactions, and knowledge of such materials may indicate measures that can be taken to increase the patient's safety. (Note that inserted sharp items are considered a contraindication to digital exam.)
- H. Court ordered HIV test requests are forwarded to the institution's HIV counselor(s) for appropriate action. All other court ordered medical procedure requests are to be referred to the Health Services Medical Director for further action.
- I. DNA samples: Oregon Department of Corrections inmates who meet the criteria as noted in ORS 137.076 are required to provide a sample for DNA testing. Institution security staff routinely obtain samples for DNA testing via oral buccal swabbing. In the event a blood sample for DNA testing is required, the Health Services Manager, or designee, may offer assistance in coordinating arrangements with an outside laboratory in obtaining the blood sample.

Effective Date: \_\_\_\_\_  
Revision date: November 2006  
Supersedes P&P dated: April 2005

**TO: District Attorney name**  
**FROM: Health Services Manager name, Institution name**  
**SUBJECT: Inmate name, SID#--need healthcare provider information**

In compliance with court order number **XXXX**, we are performing HIV testing on Inmate **NAME, SID#, DOBXX/XX/XX**. We need to release these results to the healthcare provider of this inmate's victim.

Please provide us with the name and phone number of the victim's doctor or nurse practitioner. You may use this letter to provide the information if you wish. We appreciate your assistance.

HEALTHCARE PROVIDER NAME: \_\_\_\_\_

ADDRESS (if known): \_\_\_\_\_

PHONE: \_\_\_\_\_

Sincerely,

**NAME**  
**Health Services Manager**  
**FACILITY**  
**Oregon Department of Corrections**