OFFENDER-PAID HEALTH CARE TRIP PACKAGE INSTRUCTIONS

To be Completed by Offender

A $50 processing fee has been placed in a medical subaccount in your name. It is your responsibility to complete each of the steps below so your request for outside services can be processed. There is no guarantee your request will be approved. The required forms are attached. Please read the entire page, be careful, and complete each form. If the procedures are not followed exactly, your trip may be delayed.

☐ Complete DOC 13-035 Authorization for Disclosure of Health Information
  ● Fill in your name
  ● Fill in your outside practitioner’s name and address
  ● The type and date of information to be used or disclosed is as follows: All records. Chemical dependency records are not required unless your request for outside treatment is related to chemical dependency services.
  ● The purpose for disclosure: Continuity of care
  ● The information should be disclosed to: DOC Health Services at your location
  ● The authorization expiration date should be 6 months or more to ensure that treatment will be completed
  ● Fill in your facility
  ● Sign, date, and provide other information requested
  ● Requesting provider and date mailed/faxed should be left blank
  ● Return the form to the Health Care Manager/Health Authority at your facility

☐ Fill in: “To Be Completed by Offender” on DOC 13-462 Offender-Paid Health Care Practitioner Information
  ● You may ask an appropriate medical, mental health, or dental provider to help you complete the “Service(s) Requested” section so you receive the services you want
  ● Fill in all the blanks
  ● Mail the form to your outside practitioner

☐ If you do not require a hospital stay or use of hospital facilities:
  ● Write: “No Hospital” on DOC 13-463 Offender-Paid Health Care Hospital Information, sign and date it and return it to the Health Care Manager/Health Authority

☐ If your procedure requires a hospital stay or use of hospital facilities, fill in: “To Be Completed by Offender” on DOC 13-463 Offender-Paid Health Care Hospital Information
  ● You may ask an appropriate medical, mental health, or dental provider to help you complete the “Service(s) Requested” section so you receive the services you want
  ● Fill in all the blanks
  ● Mail the form to the hospital