

**TDCJ – HEALTH SERVICES DIVISION (HSA – 34)
GETTING MEDICAL TREATMENT**

If you believe that you need medical treatment or other services from the medical department, usually you should fill out a written Sick Call Request (HSA – 9) and place it in a Sick Call Request box. A facility staff member can tell you where the Sick Request boxes are located. The Sick Call Request slips are collected at a minimum of once a day and taken to the medical department where they are reviewed and appropriate action taken. Dental requests are referred to dental staff; mental health requests are referred to mental health staff.

If your request requires you to be seen for sick call in the medical department, the medical department will schedule you for triage/evaluation. If it is determined that you need to see a doctor or a physician extender, the medical department will arrange an appointment. If you wish to be seen by a physician only, you must make that clear when you submit a Sick Call Request; however, it is left to the physician's clinical judgment to see you or to conduct a chart review. You may not request a provider by name.

If your medical problem is urgent, you should tell an officer or staff member and request assistance from the medical department. This is called the "walk-in" procedure. If one of the professional medical employees at the medical department agrees you need immediate attention, you will receive immediate attention.

If the medical employee determines that your situation is not urgent, he/she will tell you to fill out a written Sick Call Request and put it in the box to receive non-urgent medical attention. You do not need to fill out a written Sick Call Request if you have something minor and need Tylenol. You can get Tylenol at various locations at your facility.

OFFENDER COMPLAINTS AND/OR GRIEVANCE ABOUT MEDICAL CARE

If you believe that you are not receiving or you did not receive appropriate medical care, there are several things that you can do. First, you should always ask the treating professional (i.e., nurse, dentist, provider, psychologist, etc.) all the questions you need answered to understand what he/she is doing about your health problem. Second, you should send an I-60 form (Inmate Request to Official) or any written request even if not on an I-60 to the facility medical Complaints Coordinator in your facility medical department. The Complaints Coordinator has been selected by the Management Team to facilitate informal resolution of all medical concerns. It is the responsibility of the Complaints Coordinator to review your concern and direct it to the appropriate discipline director for evaluation, response and action as deemed appropriate by that service provider. Remember that it is your responsibility to attempt informal resolution of health complaints with medical supervisory staff. If your attempt at informal resolution needs additional review, you have the right to file a grievance in accordance with the appropriate offender grievance procedures (see Offender Handbook).

The TDCJ Health Services Division, Patient Liaison Program has been available to you, the offender and third parties as one mechanism to initiate medical investigations. Effective September 1, 2004, the TDCJ Health Services Division, Patient Liaison Program will no longer accept complaints from you, the offender. You will be **required** to use the Informal Resolution/Complaints Process and the Offender Grievance mechanism (Step 1 and 2) to resolve your health-related issues. Letters received
Archive [HSA – 34 (rev. 06/09)]

TDCJ – HEALTH SERVICES DIVISION (HSA – 34)
GETTING MEDICAL TREATMENT

by the Patient Liaison Program from you on or after September 1, 2004 will be returned with a letter instructing where to direct your concerns.

ANNUAL HEALTH CARE SERVICES FEE

As of September 28, 2011 and in accordance with state law, if you initiate a health services visit you may be charged an annual \$100.00 fee, unless specifically exempt. The fee covers health care visits that **you** request for one year and will be deducted from your Trust Fund. You will not be charged another \$100.00 fee until you request a visit after the one year period has expired. You will not be charged a fee for health care visits deemed an emergency by a health care provider, or services related to the testing, diagnosis or treatment of a communicable disease nor for mental health services. You will be provided access to health care services regardless of your ability to pay this fee.

Any complaint about the annual health care services fee must be made to the Unit Practice Manager, Health Administrator, Director of Nursing, Nurse Manager or Nurse Administrator, as appropriate, immediately upon your receipt of the Trust Fund statement containing the charge. If you are indigent or the balance of your fund is insufficient to cover the fee, fifty percent (50%) of the balance and of each future deposit into your Trust Fund shall be applied toward the amount owed until the entire \$100.00 is paid. Any charge to your Trust Fund account causes a statement to be generated for your immediate review. Charges that you believe are ineligible must be reported within ninety (90) days of the date you were seen in clinic for which the charge occurred. Failure to do so will result in your inability to grieve the issue because you will have exceeded time limits for filing.

The Patient Liaison Program does not review concerns from offenders related to the annual health care services fee. If the Unit Practice Manager, Health Administrator, Director of Nursing, Nurse Manager or Nurse Administrator, as appropriate, is unable to resolve your concern, you must seek resolution through the grievance mechanism. Restoration of the annual health care services fee by the TDCJ Health Services Division can only occur through the venue of a sustained Step 2 grievance.