

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE**

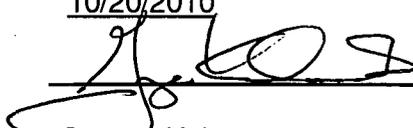
Schedule No. C1147

Page 1 of 5

**Agency**  
Wicomico County

**Division/Unit**  
Department of Corrections, Medical

Item No.	Description	Retention
1.	<p>Health and Mental health Area Inmate Medical and Mental Health Record Series:</p> <p>A. Section I: History</p> <ol style="list-style-type: none"> <li>1. Inmate Signed Consent</li> <li>2. Health records received from outside providers</li> <li>3. Offender medical/mental health screening report</li> <li>4. Mental health intake screening</li> <li>5. Medical intake health screening</li> <li>6. History and physical form</li> <li>7. Provider orders</li> <li>8. Master Problem List</li> </ol> <p>B. Section II:</p> <ol style="list-style-type: none"> <li>1. Flow sheets</li> <li>2. Medical housing admissions/discharges</li> <li>3. Chronic care clinics</li> <li>4. Interdisciplinary progress notes</li> <li>5. Use of force forms</li> </ol>	<p>Retain for three (3) year audit schedule or Six (6) months after 100% standard compliance, whichever occurs later, then send to the State Records Center for thirteen (13) years, then destroy.</p>

Schedule Approved by Department, Agency, or Division Representative.  
 Date 10/20/2010  
 Signature   
 Typed Name George Kaloroumakis  
 Title Director

Schedule Authorized by State Archivist  
 Date 20 May 2011  
 Signature 

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

**Schedule No. C1147**

Page 2 of 5

**Agency  
Wicomico County**

**Division/Unit  
Department of Corrections, Medical**

<b>Item No.</b>	<b>Description</b>	<b>Retention</b>
	<p>C. Section III: Mental Health</p> <ol style="list-style-type: none"> <li>1. Mental Health informed consent for anticonvulsants (C-814-1)</li> <li>2. Mental Health informed consent for antidepressants/Selective Serotonin Reuptake Inhibitors (c-814-3)</li> <li>3. Mental Health informed consent for atypical antipsychotic (c-814-5)</li> <li>4. Mental Health informed consent for Lithium (c-814-4)</li> <li>5. Mental Health informed consent for conventional antipsychotic medication (c-814-4)</li> <li>6. Mental Health abnormal involuntary movement scale (c-813)</li> <li>7. Mental Health informed consent for antidepressant medication Selective Serotonin Norepinephrine Reuptake Inhibitors, Tricyclic Antidepressants and others (c-814-2)</li> <li>8. Mental Health initial evaluation and treatment plan (c-815)</li> <li>9. Mental Health progress note (c-810)</li> <li>10. Mental Health request for mental health services (c-828)</li> <li>11. Mental Health wellness checks for segregated inmates (c-830)</li> <li>12. Mental Health community resource list (c-823)</li> <li>13. Mental Health work release clearance (c-829)</li> <li>14. Mental Health preliminary assessment (c-834)</li> <li>15. Mental Health authorization for release of confidential information (c-777)</li> <li>16. Mental Health multidisciplinary note (c-816)</li> </ol>	<p>Retain for three (3) year audit schedule or six (6) months after 100% standard compliance, whichever occurs later, then send to the State Records Center for thirteen (13) years, then destroy.</p>

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RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

**Schedule No. C1147**

Page 3 of 5

**Agency  
Wicomico County**

**Division/Unit  
Department of Corrections, Medical**

<b>Item No.</b>	<b>Description</b>	<b>Retention</b>
	<p>C. Section III: Mental Health (cont.)</p> <ul style="list-style-type: none"> <li>17. Mental Health consent for group participation (c-808)</li> <li>18. Mental Health group progress note (c-826)</li> <li>19. Mental Health group feedback form (c-804)</li> <li>20. Mental Health program attendance record (c-820)</li> <li>21. Mental Health patient log (c-825)</li> <li>22. State of Maryland community criminal jail treatment program quarterly statistical report.</li> </ul> <p>D. Section IV: Tests and Reports</p> <ul style="list-style-type: none"> <li>1. Diagnostic testing reports</li> <li>2. Lab reports</li> <li>3. X-ray reports</li> </ul> <p>E. Section V: Medication Administration Records</p> <p>F. Section VI:</p> <ul style="list-style-type: none"> <li>1. Self administer medication contract</li> <li>2. Refusal of treatment forms</li> <li>3. No work / No recreation status forms</li> <li>4. Legal correspondence</li> <li>5. Miscellaneous letters</li> <li>6. Receipts for equipment</li> <li>7. Inmate requests</li> <li>8. Off site consult reports</li> </ul>	<p>Retain for three (3) year audit schedule or Six (6) months after 100% standard compliance, whichever occurs later, then send to the State Records Center for thirteen (13) years, then destroy.</p>

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

**Schedule No. C1147**

Page 4 of 5

**Agency  
Wicomico County**

**Division/Unit  
Department of Corrections, Medical**

Item No.	Description	Retention
2.	Maryland Statistical Report Series A. Monthly medical statistics B. Monthly hospitalization/Emergency Room log C. Monthly medical housing log D. Monthly off sit visit and specialist referral log E. Monthly x-ray tracking log	Retain for three (3) year audit schedule or Six (6) months after 100% standard compliance, whichever occurs later, then send to the State Records Center for thirteen (13) years, then destroy.
3.	Infectious Disease Series A. Positive Tuberculin Purified Protein Derivative referral log B. Infection control log	Retain for three (3) year audit schedule or Six (6) months after 100% standard compliance, whichever occurs later, then send to the State Records Center for thirteen (13) years, then destroy.
4.	Maryland Commission on Correctional Standard's Audit Logs A. Intake screening log B. 14 day physical log C. Annual physical log D. First aid kit inventory log E. Emergency bag inventory log F. Automated External Defibrillator daily inspection log G. Sharps inventory log H. Sharps usage log I. Controlled and Dangerous Substances inventory logs J. Controlled and Dangerous Substances usage logs K. Clinic Logs L. Pharmacy 1. Pharmacy requisition forms	Retain for three (3) year audit schedule or Six (6) months after 100% standard compliance, whichever occurs later, then send to the State Records Center for thirteen (13) years, then destroy.

**DEPARTMENT OF GENERAL SERVICES  
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(Continuation Sheet)**

**Schedule No. C1147**

Page 5 of 5

**Agency  
Wicomico County**

**Division/Unit  
Department of Corrections, Medical**

<b>Item No.</b>	<b>Description</b>	<b>Retention</b>
	<p>Maryland Commission on Correctional Standard's Audit Logs (cont.)</p> <p>    L. Pharmacy (cont.)</p> <p>        4. Non-narcotic medication destruction log</p> <p>        5. Controlled and Dangerous Substances medication destruction log</p> <p>        6. Pharmacy delivery reports</p> <p>        7. Pharmacy return reports</p>	<p>Retain for three (3) year audit schedule or Six (6) months after 100% standard compliance, whichever occurs last, then send to the State Records Center for thirteen (13) years, then destroy.</p>

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>4</u>	
1. Department/Agency  Wicomico County		2. Division  Department of Corrections		3. Unit  Medical Department	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title  Inmate Medical and Mental Health Record Series				5. Earliest Year/Latest Year  <u>2007</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  All information pertaining to inmate's healthcare is found in the medial record.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input checked="" type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume  <u>10</u> Number  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
				10. Annual Accumulation  <u>30</u> Number  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After  <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room)  Wicomico County Department of Corrections, Medical Bldg. 1st Floor, Medical Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Per Maryland Comar Statutes			16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  Retain for three (3) year audit schedule and/or Six (6) months after 100% compliance, then send to the State Records Center for thirteen (13) years, then destroy.		
19. Name and Title of Preparer  Michelle Autrey, RN, HSA		20. Telephone Number  410-548-4850		21. Date  10/20/2010	

<p><u>Instructions</u> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>2</u> OF <u>4</u></p>
<p>1. Department/Agency  Wicomico County</p>	<p>2. Division  Department of Corrections</p>	<p>3. Unit  Medical Department</p>
<p><b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title  Medical Statistical Report Series</p>	<p>5. Earliest Year/Latest Year  __2007__ to __2010__</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  All statistical reports pertaining to inmates healthcare is found in binders located in the medical department.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>5</u> Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Binders</u></p> <hr/> <p>10. Annual Accumulation <u>5</u> Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Binders</u></p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>3</u> Number            <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)  Wicomico County Department of Corrections, Medical Bldg. 1st Floor, Medical Office</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No  Per Maryland Comar Statutes</p>	<p>16. Audit Requirements  <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention  Retain for three (3) year audit schedule and/or Six (6) months after 100% compliance, then send to the State Records Center for thirteen (13) years, then destroy.</p>	
<p>19. Name and Title of Preparer  Michelle Autrey, RN, HSA</p>	<p>20. Telephone Number  410-548-4850</p>	<p>21. Date  10/20/2010</p>

<p><u>Instructions</u> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>3</u> OF <u>4</u></p>
<p>1. Department/Agency</p> <p>Wicomico County</p>	<p>2. Division</p> <p>Department of Corrections</p>	<p>3. Unit</p> <p>Medical Department</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title</p> <p>Infectious Disease Series</p>	<p>5. Earliest Year/Latest Year</p> <p><u>2007</u> to <u>2010</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>All Infectious disease logs and communicable diseases pertaining to inmate's healthcare are found in binders located in the medical department.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><u>2</u></p> <p>Number</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Binders</u></p> <hr/> <p>10. Annual Accumulation</p> <p><u>2</u></p> <p>Number</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Binders</u></p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p><u>3</u></p> <p>Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>Wicomico County Department of Corrections, Medical Bldg. 1st Floor, Medical Office</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Per Maryland Comar Statutes</p>	<p>16. Audit Requirements</p> <p><input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention</p> <p>Retain for three (3) year audit schedule and/or Six (6) months after 100% compliance, then send to the State Records Center for thirteen (13) years, then destroy.</p>	
<p>19. Name and Title of Preparer</p> <p>Michelle Autrey, RN, HSA</p>	<p>20. Telephone Number</p> <p>410-548-4850</p>	<p>21. Date</p> <p>10/20/2010</p>

Instructions -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
7275 Waterloo Road, P.O. Box 275  
Jessup, Maryland 20794  
410-799-1930

AGENCY RECORDS INVENTORY

PAGE 4 OF 4

1. Department/Agency

Wicomico County

2. Division

Department of Corrections

3. Unit

Medical Department

DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title

Maryland Commission on Correctional Standard's Audit Logs

5. Earliest Year/Latest Year

2007 to 2010

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

All audit logs pertaining to inmates healthcare and medical standards is found in binders located in the medical department.

7. Record Series Format(s) List all

- Letter Size    Microfilm  
 Legal Size    Computer Tape  
 Audio Tape    Floppy Disk  
 Bound Book    Video Tape  
 Other (specify) \_\_\_\_\_

8. Record Series Sequence

- Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume

20

Number

- File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) Binders

10. Annual Accumulation

20

Number

- File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) Binders

11. File is Used

- Daily    Weekly    Monthly    Annually

12. File Becomes Inactive After

3

Number

- Month(s)    Year(s)

13. Current Location(s) (Bldg., Floor, Room)

Wicomico County Department of Corrections, Medical Bldg.  
1<sup>st</sup> Floor, Medical Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)

- Yes    No

15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))

- Yes    No

Per Maryland Comar Statutes

16. Audit Requirements

- None    State    Federal    Independent

17. Is an Index System used? If yes, explain briefly and describe requirements

- Yes    No

18. Recommended Retention

Retain for three (3) year audit schedule and/or Six (6) months after 100% compliance, then send to the State Records Center for thirteen (13) years, then destroy.

19. Name and Title of Preparer

Michelle Autrey, RN, HSA

20. Telephone Number

410-548-4850

21. Date

10/20/2010