

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 113.12	Page 1 of 1
	Effective Date: April 1, 2020	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: SPECIALTY CONSULTANT SERVICES		

POLICY CHANGE NOTICE 20-15

INSTRUCTIONS:

Please change Section VI.(F) to read as follows:

“F. Post Consultation: Once the specialty consultation has been completed and unless the inmate needs additional care or procedures immediately, the inmate shall be returned to the sending institution. The institutional physician shall review the specialist’s report with emphasis on the findings, treatment, and recommendations and document his/her response to the consultant's recommendations in the inmate's medical record within three days of receipt of consultation results.”

Please change Section VII to read as follows:

“VII. ACA STANDARDS: 5-6A-4-4348 and 5-6A-4-4347.”

Please cross through CR-1884 and CR-1984 on page five of this policy and insert the attached page six. Renumber policy pages accordingly.



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION: _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____ (Inmate's Name), _____ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____
(Inmate) (TDOC ID) (Date)

Witness: _____
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC ID)
the form.

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)

