



State of Alaska Department of Corrections SEEKING OWN MEDICAL CARE

Offenders residing in a Community Residential Center (CRC) may request to seek their own medical care by submitting a Request for Medical Care (RMC) to the CRC nurse. Requests must be approved by Alaska Department of Corrections (DOC) medical staff after considering a variety of factors including, *but not limited to*, length of time remaining in DOC custody, risk and/or potential side effects, the need for rehabilitation following a procedure and the need for medications following a procedure.

Seek Own Medical approvals are issue-specific and a separate RMC must be submitted for each area of care. **This agreement is for the following condition and provider/clinic only:**

Method of Payment for Services:

- | | |
|--|---|
| <input type="checkbox"/> Private Insurance | <input type="checkbox"/> VA |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Self-Pay | <input type="checkbox"/> Other _____ |

The following criteria have been discussed with the offender and he/she acknowledges his/her understanding by initialing after each. If these criteria are not followed, the offender may lose the privilege of seeking outside medical services.

1. To ensure DOC medical remains aware of the offender's health status, offenders must submit an RMC before each appointment and provide a doctor's summary after each encounter. *Initials:* _____
2. Offenders may utilize scheduled appointments or same day walk-in clinics. *Initials:* _____
3. Offenders are not permitted to seek outside psychiatric care; however, they may seek mental health counseling. All Seek Own Medical clearances for mental health counseling must be approved by the facility mental health clinician (or telemedicine provider in facilities without an on-site mental health clinician) and may require the offender meet with the clinician at the nearest correctional facility. *Initials:* _____
4. All surgeries and major diagnostic tests must be pre-approved by DOC medical. *Initials:* _____
5. All prescription medications must be pre-approved by DOC medical. *Initials:* _____
6. Offenders must inform the outside medical or mental health provider that they reside in a CRC. Failure to do so may result in loss of privileges to seek their own medical care. *Initials:* _____
7. All costs associated with seek own medical appointments and related procedures are the personal financial responsibility of the offender. This includes any ER visits or hospitalizations that may come from seeking your own medical care. *Initials:* _____

I have read and agree to be compliant with the above criteria:

Offender printed name: _____ ACOMS # _____

Offender signature: _____ Date _____

Staff Signature: _____ Date _____