

ALAMEDA COUNTY SHERIFF'S OFFICE DETENTION AND CORRECTIONS POLICY AND PROCEDURE	NUMBER: 13.18	PAGES: 1 of 2
	RELATED ORDERS: ACA 4-ALDF-4C-06, 4D-016 P.C. 4023	
	ISSUED DATE: July 1, 1989	
	REVIEW DATE: <i>March 9, 2017</i>	
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CHAPTER: Medical and Health Care Services	SUBJECT: Private Medical Treatment for Inmates	

- I. **PURPOSE:** To establish policy for removing inmates from the Glenn E. Dyer Detention Facility (GEDDF) or the Santa Rita Jail (SRJ) to privately owned and operated medical facilities or hospitals for medical treatment per 4023 PC.

- II. **POLICY:** The Sheriff's Office will require a court order directing the transport of the inmate to a private medical facility within Alameda County. The court order must contain the following: Name of the inmate, PFN, case number, date and time of the appointment, address, city and telephone number of the medical facility, and the attending physician's name.

- III. **PROCEDURE:**
 - A. The inmate or his/her legal counsel will provide a court order from an Alameda County Superior Court judge. The order will state that the inmate is responsible for all expenses associated with the transportation and medical treatment. The order must specify the physician and treatment facility and the facility must be located within Alameda County.

 - B. The Medical Liaison Sergeant will coordinate with the Classification Sergeant to determine the staffing level needed, and hire necessary personnel for the assignment.

 - C. The inmate must be scheduled *for* an external appointment 24-hours in advance of the appointment.

 - D. Payment to the Treasurer of Alameda County must be received 48-hours in advance of the appointment . The cashier's check or money order will be given to CP-11 (Control Point 11). Staff will advise the Medical Liaison Sergeant of receipt of payment who will pick up the cashier's check or money order. The cashier's check or money order will be given to Accounting, who will forward it to the Treasurer's Office with a notation.

E. RATE OF PAYMENT FOR SPECIAL EXTERIOR APPOINTMENTS:

1. Sheriff's Office custodial facilities do not staff for special external appointments. Three (3) hours compensation per Deputy Sheriff assigned at the premium overtime rate plus mileage will be charged. Mileage and labor costs will be based on current rates.
2. Current Rates for special external appointments are as follows:
 - a. Mileage - Round trip = @ \$0.56 per mile
 - b. One Deputy Sheriff for three hours
@ **\$51.92** X 1.5 (Premium O.T) per hour **X3** totals **\$233.64**
(Note: The number of deputies assigned will multiply this number.)
 - c. Total Cost: mileage (a) plus staffing (b)
- F. The Medical Liaison Sergeant will contact the treating physician and facility, to confirm the appointment and their willingness to treat the inmate and then direct payment for services to the inmate.
- G. Payments for medical treatment, examinations, or related procedures are not the responsibility of Alameda County, the Sheriff's Office or the current health care provider. Costs for treatment under these conditions are to be determined by the inmate and his/her physician.
- H. The Sheriff's Office will not transport any inmate medical records from the jail, nor will any medical records from the private health care provider be transported by Sheriff's personnel back to the jail unless they are sealed in a confidential envelope.
- I. The Medical Liaison Sergeant is responsible for completing and distributing the "Notification of Responsibility for Alternative Medical Care Costs Document," which is attached. Additional copies may be obtained by photo-copy.
- J. If the private medical treatment involves additional security risk (i.e. a high security or high profile inmate), the Medical Liaison Sergeant will advise the court and attorney of record that we will reschedule a confidential appointment. The Medical Liaison Sergeant will then contact the attending physician; reschedule the appointment and advise the physician that the information is to be maintained in strict confidence, citing security issues.

Attachment:

[1. Notification of Responsibility for Alternative Medical Care Costs](#)