

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 142.00

DATE: 26 July 2021

**SUBJECT: RELEASE OF INFORMATION
FROM AN INMATE'S/
OFFENDER'S RECORD**

POLICY DIRECTIVE

PURPOSE:

To maintain the confidentiality of inmate/offender records and provide a mechanism for staff to disclose information and respond to requests for information from an inmate's/offender's record.

REFERENCE:

None.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject including DOC Policy Directive 142.00, dated 01 June 2005; DOC Policy Directive 151.04, dated 01 October 2010; and RJA Policy 5001, dated 31 December 1988.

APPLICABILITY:

All facilities and work units within the Division of Corrections and Rehabilitation that house or supervise adult inmates/offenders. This Policy is available for general distribution and is to be made available for inmate/offender review.

DEFINITIONS:

Disclose: To communicate, transmit, or in any way convey information to any individual or entity in writing, verbally, or other form. Sharing records between separate DCR facilities or work units is not considered disclosure when the information is necessary in the legitimate performance of assigned duties.

Healthcare Record: For the purpose of this Policy, includes medical information recorded in any form of medium that is created or received by a health care provider, health care facility, health plan, public health authority that relates to the past, present or future physical or mental health of the person, or the provision of health care to the person. This includes records related to alcohol and drug abuse and substance abuse treatment programs. The release of healthcare records is addressed in DCR Policy Directive 142.01.

Inmate/Offender Record: For the purpose of this Policy, includes written or electronic information in regard to an inmate/offender, with the exception of healthcare records. This includes, but is not limited to, case files, classification files, disciplinary files, legal/booking files, and records retained on the Offender Information System (OIS).

Redact: To obscure or remove text from a document prior to release.

POLICY:

- I. Inmate/offender records generated or held by the Division of Corrections and Rehabilitation are considered confidential in nature and will only be shared as delineated in this Policy.
 - A. Confidentiality of an inmate's/offender's record may be waived in the following circumstances.
 1. A court of competent jurisdiction has ordered the release of information.
 2. A law enforcement agency requests information in order to apprehend a criminal or as part of an on-going investigation unless otherwise prohibited by law.
 3. When required by law to report abuse.
 4. When a crime is being committed or has been committed.
 5. Another agency has statutory authority to obtain the records.
 - B. Information concerning the supervision needs of an inmate/offender may be disclosed to parties who will be providing services to that inmate/offender only after an Authorization for Release of Information (**Attachment #1**) has been completed and signed by the inmate/offender and witnessing employee.
 1. The inmate/offender may withdraw the Authorization for Release of Information in writing at any time.
 2. The Authorization will be effective for the period of time an inmate is assigned to the custody of the Division of Corrections and Rehabilitation, and/or an offender is supervised by Parole Services, unless otherwise indicated.
 3. Completed forms will be scanned into OIS Documents Management.

- II. The following information relating to inmates/offenders is considered public record, but is not intended to represent an exhaustive list: name; age; date of birth; sex; date of commitment and release; date of parole eligibility; date execution of sentence began; date execution of warrant; dated sentenced; FBI number; fine(s) imposed; full term expiration date; projected minimum discharge date; good time allowance and rate; street time; incarceration (jail time) credit time; inoperative time/dead time (no credit); institution of confinement; judicial district of confinement; judicial district of release; mandatory release date (if appropriate); method of commitment or discharge; court docket number/offense; probation action (revocation, actual release, etc.); race; reason for change in sentence; OID number; release destination; sentence procedure; sentence term; sentence type; sentencing judge's name; special parole conditions (if any); time of commitment or release; time served; transfer destination (after the fact); file photograph of the inmate/offender; and summary of rule violations.
- III. Examples of records not to be disclosed include but are not limited to the following.
- A. Records containing official, judicial, or community sentiment.
 - B. Records containing the identity of the victim(s) or victim's addresses.
 - C. Any interdepartmental and intradepartmental correspondence or memoranda.
 - D. Parole documents not disclosed by the Parole Board.
 - E. Any materials or documents prepared pursuant to any court or administrative actions, including petitions, complaints, answers, affidavits, or subpoenas.
 - F. Pre- and Post-Sentence Reports.
- IV. The Superintendent of each facility shall designate a staff member of appropriate classification to receive, coordinate and expedite any requests for inmate records.
- A. All requests for inmate records shall be in writing and state with reasonable specificity the information sought.
 - 1. Upon receipt of a written request, the designated staff member shall review the request to ensure it complies with policy.
 - 2. The staff member shall review the requested records to ascertain which records or parts thereof may be disclosed. If it is feasible to redact the exempt portion of a record, a redacted version should be made available.
 - B. Although requests from inmates/offenders for information need not be submitted on any particular form, the Release of Information Request Form (**Attachment #2**) shall be made available to the inmate/offender population. However, any written request from an inmate/offender will be honored and scanned into OIS Documents Management.

- C. Requests made to Parole Officers for file information shall be referred to his/her Regional Director.
- D. Any request from an attorney must be accompanied by a written Power of Attorney or legally appropriate Release of Information form properly executed by the inmate/offender who is the subject of the records.
- E. It is the discretion of a facility/work unit to refuse any request made by an inmate/offender if a prior request for the same records has been honored by the same facility/work unit within the previous six (6) months.
- F. Requests for documents, as delineated in this Policy shall be subject to the following costs.
1. All costs shall be charged and paid in advance by any person making a request for such records.
 2. Paper documents shall be at a rate of fifteen cents (\$0.15) per page with one side of each document to be duplicated constituting a page, provided that the size of the document does not exceed eight and a half (8 ½) by fourteen (14) inches.
 3. Postage at the rate assessed by the United States Postal Service as estimated by an accurate postal meter shall also be assessed.
 4. When assessing costs, an itemized account of costs need not be provided to the requesting person.
 5. If an inmate does not have sufficient funds in his/her trustee spending account to pay the cost, he/she may have his/her request honored provided that he/she consents in writing to have the cost deducted against all future deposits at a rate in accordance with the Financial Responsibility Program for Inmates Policy Directive.

ATTACHMENT(S):

- #1 Authorization for Release of Information
- #2 Release of Information Request Form

APPROVED SIGNATURE: _____


Betsy C. Jividen, Commissioner7-9-21
Date

West Virginia Division of Corrections and Rehabilitation
Authorization for Release of Information

Name: _____ **OID #:** _____

SSN: _____ **DOB:** _____

I hereby authorize the West Virginia Division of Corrections & Rehabilitation or any authorized representative to provide personal information contained in the following: *(Inmate/offender must initial each relevant area)*

_____ Disciplinary Records _____ Financial Records/Court Ordered Obligations
_____ Parole Supervision Records _____ Educational and/or Work Records
_____ Program Plans and Progress Reports

I understand that these items may include information regarding my work, school, military, reputation, financial, credit, and judicial statuses. Further, I understand that by agreeing to the release of these records, information, reports, and records of a privileged or confidential nature, and photocopies of same, will be released upon request by the below listed individual/organization.

I understand this authorization will be in effect for the period of time I am assigned to the custody of the Division of Corrections and Rehabilitation and/or supervised by Parole Services, unless otherwise indicated; and that I may withdraw this Authorization in writing at any time. However, I understand that any actions already taken in reliance of this authorization cannot be reversed, and my revocation will not affect those actions. I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

Information is authorized to be released to:

Name of Individual or Organization

Address

City State Zip Code

Inmate/Offender Signature

Date

Staff Witness

Date

West Virginia Division of Corrections and Rehabilitation
Release of Information Request Form

Inmate's/Offender's Name: _____ **OID #:** _____

Housing Assignment: _____

I, _____, request that the below listed information from my records be released to me. *(describe specific information being requested on below lines)*

I am requesting these records for the following purposes:

I understand I will be charged for these records at a rate in accordance with Division of Corrections & Rehabilitation Policy Directive and West Virginia State Code.

Inmate's/Offender's Signature

Date