Ancillary Services
Policies and Procedures

June 1, 2012

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SUBJECT: ABBREVIATIONS

POLICY

All abbreviations used in the Medical Record will be referenced from The Davis Book of Medical Abbreviations or the University Health Services (UHS) – Specific Abbreviations List (Exhibit I).

PURPOSE

To ensure that the words used in the abbreviated form are understood by all staff members and comply with the medical standard.
To define abbreviations specific to UHS that may be used in the medical record.

PROCEDURE and/or GUIDELINES

A. When in doubt, consult UHS Specific Abbreviations List first.
B. Consider the context.
C. It is better to write out a word rather than use the wrong abbreviation.
D. Abbreviations not on this list used within a document will be defined in that document.
E. Requests for changes should be submitted to the Assistant Director, Clinical Services.
ABBREVIATIONS

Annual Review

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SUBJECT: CASH BOX PROCEDURE

AUTHORIZATION: Assistant Director Office Operations

DATE: January 2012

PURPOSE:
To ensure timely and accurate cash flow, receipting and deposit accuracy at University Health Services (UHS).

EQUIPMENT/SUPPLIES:
Cash box, Receipt Book

PROCEDURE AND/OR GUIDELINES
The cash boxes are located in the front office in the bottom right hand drawer of the check in counter and in the pharmacy. All staff members who take cash or check payments will issue some type of receipt to the payer. If the payer requests an insurance verification form or a ticket, the clerical staff member will enter the encounter form and print the ticket. The encounter form will be placed into the cash box for balancing purposes. If the payer does not need an insurance ticket, a slip from the receipt book will be used as the receipt. The receipt needs to be filled out completely.

In all other shifts where an insurance ticket cannot be entered, the staff member will need to take the payer’s address, money for service and put it in the cash box. The staff member will also need to write out a receipt and give a copy to the payer. The clerical staff will do the insurance ticket the next business day and mail it to payer.

Appropriate staff members in Pharmacy and Front Office will balance the cash boxes weekly and do deposits as appropriate. Pharmacist is responsible for the pharmacy cash box.

FORMS or REFERENCES:
None
### CASH BOX PROCEDURE

#### ANNUAL REVIEW:

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SUBJECT: CLIA Waived Testing at UHS Performed by Registered Nurse

POLICY

University Health Services (UHS) RN will be competent to perform CLIA waived testing for all eligible patients per Medical Directives.

PURPOSE

To ensure competency of UHS RN in performing CLIA waived tests.

PROCEDURE and/or GUIDELINES

A. Competency testing will be performed at the beginning of the academic year in August at the mandatory Open Staff meetings as well as at New Employee Orientation. Testing consists of performing instruction compliance with the manufacturer's instructions.

B. If an RN is unable to attend the mandatory Open Staff meeting, he/she will be validated at another specified time prior to reporting results on a patient test.

C. CLIA waived tests include but are not limited to:
   a. Urine pregnancy test
   b. Throat Strep Screen
   c. Influenza A & B
CLIA Waived Testing at UHS Performed by Registered Nurse

d. Urine Dip
e. Finger Stick Glucose.
f. RPS Adeno Detector

D. Validator will be assigned by the Assistant Director of Clinical Studies.

E. Moderate complexity testing will be performed by physicians for

a. KOH prep of vaginal swabs
b. Quality monitored every year by South Bend Medical Foundation.

ANNUAL REVIEW

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SUBJECT: OFF CAMPUS URGENT CARE REFERRAL LOG

POLICY

UHS will follow up with the proper facility on all eligible student and employee off campus urgent care referrals within 48 hours (2 business days) to ensure the records are received and filed in the patient’s chart in a timely manner.

PURPOSE

To retrieve all medical records from the referred outside sources in a timely manner.

To ensure continuity of care for all eligible students, rectors and employees who are referred to urgent care facilities.

PROCEDURE and/or GUIDELINES

The RN’s will use the attached log (Exhibit A) when referring a student/patient off campus to the Emergency Room or Urgent Care Facility.

Front Office will pull the log during business hours (Monday through Friday) and contact the facilities involved. Staff will request the medical records be faxed to UHS at 574-631-6047. The log will be initialed when the call is placed and again, when the records are received. Once the records are received, they will be paper clipped to the patient’s chart and placed in the appropriate physician’s bin for review. Once all follow-up calls have been made, the log will be returned to the first floor nurse’s station.
### OFF CAMPUS URGENT CARE REFERRAL LOG

#### Annual Review

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SUBJECT: TELEFACSIMILE (FAX) COMMUNICATIONS

POLICY

All faxed communication will be safeguarded.

PURPOSE

To safeguard all communications and to protect the confidentiality of personal health information (PHI) as required by law, professional ethics and accreditation requirements.

PROCEDURE and/or GUIDELINES

A. General Guidelines

1. Any office machine with faxing capability must be in a secure area that limits access to University Health Services (UHS) employees.
2. All fax transmissions will have a cover page that states the confidentiality notice. (Exhibit I)
3. Employees must make a reasonable effort to ensure that they send the fax transmission to the correct destination.
4. Each area is responsible for ensuring that incoming faxes are properly handled and not left sitting on or near the machine. Faxed communications are to be
TELEFACSCIMILE (FAX) COMMUNICATIONS

expeditiously distributed to the proper recipient while protecting confidentiality by placing the faxed communication face down in the recipient’s mailbox or sealing in an envelope.

5. Employees should report any misdirected faxes to the Assistant Director, Office Operations.

6. Employees should immediately report violations of this policy to their supervisor and/or the Director of UHS.

B. PHI Guidelines

1. A properly completed and signed authorization must be obtained before releasing PHI except as authorized by law. (See Confidentiality and Release of Medical Records Policy and Procedure)

2. Employees will send PHI by fax only when the original record or copies sent by mail will not meet the needs of immediate patient care.

3. Employees may transmit health records by fax only when urgently needed for patient care or by a third party payer for claim(s) payment.

4. Employees may not send by fax especially sensitive PHI or medical information, including but not limited to, AIDS/HIV information, mental health, counseling and developmental disability information, alcohol and drug abuse information, and other sexually transmittable disease information without the express authorization of the UHS Director and written patient consent.

5. Employees must limit information transmitted to that necessary to meet the requestor’s specific need.

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EXHIBIT I

UNIVERSITY HEALTH SERVICES
TELEFACSIMILE (FAX) COMMUNICATIONS POLICY

Each fax cover sheet used by UHS staff must contain the following Confidentiality Statement:

The documents accompanying this telecopy transmission contain confidential information. The information is intended only for the use of the individual(s) or entity named above. If you are not the intended recipient, you are notified that any disclosure, copying, distributing, or the taking of any action in reliance of the contents of this telecopied information is not permissible. If you have received this telecopy in error, please immediately notify us by telephone at the number above to arrange for the return of this original documentation. Thank you.
Each fax cover sheet used by UHS staff must contain the following Confidentiality Statement:

The documents accompanying this telecopy transmission contain confidential information. The information is intended only for the use of the individual(s) or entity named above. If you are not the intended recipient, you are notified that any disclosure, copying, distributing, or the taking of any action in reliance of the contents of this telecopied information is not permissible. If you have received this telecopy in error, please immediately notify us by telephone at the number above to arrange for the return of this original documentation. Thank you.
SUBJECT: Medical Information/Phone Call Documentation Procedure

AUTHORIZATION:  Assistant Director, Clinical Services

DATE: March 2011

PURPOSE:
To ensure information given or received via a phone call by a nurse is documented.

EQUIPMENT/SUPPLIES:
Phone Message Book/Log

PROCEDURE AND/OR GUIDELINES

A. If a phone call is received from a student asking medical questions/issues, proceed as follows:
   1. If patient is known,
      a. Chart needs to be pulled.
      b. Any information given to student needs to be logged into their chart following the guidelines listed on the Medical Records and Personal Health Information (PHI) – Documentation.
   2. If patient refuses to give name,
      a. Message/info is written in a phone message book which is located on the Nurse’s station 1st floor.
      b. When the Phone Message book is full, it will be filed in the Medical Records Storage room in the basement for 7 years.

FORMS or REFERENCES:
Medical Records – Documentation Procedure
Medical Information/Phone Call Documentation Procedure

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Reviewed:
SUBJECT: Release of Medical Records and Personal Health Information (PHI)

AUTHORIZATION: Assistant Director, Office Operations

DATE: March 2011

PURPOSE:

To ensure the confidentiality and privacy of patient’s medical records and PHI upon requested release.

EQUIPMENT/SUPPLIES:

None

PROCEDURE AND/OR GUIDELINES

A. Verbal Requests for Medical Information

Only in a situation of medical emergency, shall information be released verbally to a requestor. Normally, verbal release of information will be limited to physicians, other health care providers, or parents with the consent of the patient, if able, who is over 18 years of age and in accordance with the following guidelines:

1. Information shall not be given until the caller is positively identified. (By a return call or Notre Dame ID of patient/student caller.)

2. When the requestor states the need for information is urgent but not a medical emergency, the fax machine may be used for transmission of “Consent to Release Information Form” and transmittal of records requested. (Exhibit I).

3. Signed “Consent to Release Information Form” will be attached to the patient’s medical record.

4. The date and entry will be made on the patient’s clinical data sheet identifying the information released and to whom.

B. Routine Requests for Information
Release of Medical Records and Personal Health Information (PHI)

In all situations that are not medical emergencies, and there is not an expressed urgency for release, requests for medical record information shall be granted by providing copies of specified reports in the following manner:

1. A signed “Consent to Release Information Form” or signed authorization from an acquiring institution will be provided. (Consent must meet Indiana guidelines.)
2. Requests will be processed by the medical office staff within 5 working days of the request.
3. If it appears that a request involves potential litigation, information shall only be released by the direction of the Director of Health Services and/or University General Counsel.
4. The date and records released information will be noted in the patient’s chart and/or in the Medical Records Log Book:
   a. If request is being mailed or picked up; ID must be presented when picking up request.
   b. If request is being faxed; the fax confirmation sheet will be tabbed into the patient’s chart.

C. Review of Medical Records in the Department

In certain circumstances, a requestor may desire to review the medical record rather than obtain copies. In such instances, the requestor must present proper identification and authorization. Only that information specified by the authorization may be reviewed in the presence of a Health Center staff member. The Director will be contacted if there are questions or concerns.

D. Release of Medical Information to University Administration

In accordance with Du Lac, Student Life Policies and Procedures, the Vice President of Student Affairs, or designate, will be informed of any serious incidents or life threatening illnesses or injuries. Authorization by the student/patient is not necessary.

E. Release of Medical Information of an Athlete

All Notre Dame Varsity and non-varsity club athletes will sign a special “Consent to Release Information Form” (Exhibit II) at the time of their initial physical performed at the University Of Notre Dame. This entitles a University physician to provide medical information to the athlete’s coaches, trainers, and/or other physicians who assist in the monitoring/treatment of an athlete’s physical condition. This authorization is valid for the student’s entire athletic affiliation with the University. A “Consent to Acquire Medical Information from other Medical Facilities” (Exhibit III) will be signed as needed allowing the Coaches, Trainers and other sports related physicians associated with their health care to release medical information to University Health Services.

NOTE: These authorizations may be revoked by the student athlete under special circumstances (i.e., medical findings that do not affect his activities as an athlete) UHS will not release an athlete’s medical condition to the media without proper authorization of the patient and consent of the athletic department.
Release of Medical Records and Personal Health Information (PHI)

F. Release of Information of a Student Receiving Allergy Injections
All Notre Dame Students receiving allergy injections must sign a special “Release of Medical Information Form” requesting the release of medical information directly related to their allergy status. This will be signed annually before the students’ initial injection for that academic year. This consent is valid for one year as long as the party to whom the information is to be released remains the same. (Exhibit IV)

G. Release of Information to a Rector
* See Rector Notification Policy for guidelines.

H. Worker’s Compensation
Each employee seeking health evaluation and services for a work related illness or injury must sign an “Employee Injury/Treatment Report” and “Consent for Release of Information” for each incident.

I. Release of lab results

1. The following lab tests cannot be released over the phone and must be discussed directly with the physician or professional nurse:
   - AIDS/HIV
   - HCG (pregnancy test)
   - Hepatitis
   - Sexually transmitted diseases

2. The following test results may be released over the phone by UHS clerical staff:
   - Negative X-ray reports
   - Negative throat cultures

3. Other positive test results, other than the above, may be released over the phone to the patient by the physician or professional nurse at their discretion.

FORMS or REFERENCES:
AUTHORIZATION TO RELEASE MEDICAL RECORDS/INFORMATION

| Patient: ____________________________       NDID:_____________________ Date of Birth:_______________ |
| Current Address: _____________________________________________________________________________ |
| Recipient: __________________________________________________________________________________ |
| Address: ___________________________________________________________________________________ |

University Health Services (“UHS”) is hereby authorized to discuss with and/or release to Recipient information (including records, reports, tests, histories, diagnosis, prognosis, etc.) obtained or made in connection with evaluation of Patient’s medical condition.

Reason for disclosure:   Medical History______      X-ray Films______      Immunization Records______
                       Walk Out Statements______        Other______

It is understood by the undersigned that he/she may revoke this consent as to his/her medical records/information at any time except to the extent that action has been taken in reliance thereon. It is also understood that this consent shall remain valid for sixty (60) days from the date of signature unless the consent is revoked prior to the expiration of sixty (60) days or a date, event, or condition is designated below upon which the consent will expire:

| ______________________________________________________________________________________________ |
| ______________________________________________________________________________________________ |

Signature of Patient (or guardian): ______________________________  Date: ____________________

Date of Graduation (if applicable): _______________________

UHS IS NOT authorized to release mental health records/information, alcohol and/or drug treatment records/information or communicable disease records/information (“Sensitive Medical Records”) except when reportable by law to public health agencies or unless specifically authorized to do so below.

Sensitive Medical Records Release
By signing below, I am authorizing the above UHS to discuss and/or release to Recipient information about my Sensitive Medical Records, as designated below.

| Mental Health _____________ |
| Alcohol and/Drug Treatment______________ |
| Communicable Diseases (e.g. – Aids, HIV, hepatitis) _______________ |
| Other (Specify) __________________ |

It is understood by the undersigned that he/she may revoke this consent as to his/her mental health records at any time except to the extent that action has been taken in reliance thereon. It is also understood that this consent shall remain valid for one hundred and eighty (180) days from the date of signature unless the consent is revoked prior to the expiration of one hundred and eighty (180) days or a date, event, or condition is designated below upon which the consent will expire:

| ______________________________________________________________________________________________ |
| ______________________________________________________________________________________________ |

Signature of Patient (or guardian):_________________________________     Date: _______________

Physician’s Approval: ___________________________________________    Date: _______________
(Required for Release of Sensitive Information from UHS medical record)
EXHIBIT II

AUTHORIZATION TO RELEASE ATHLETE’S MEDICAL RECORDS/INFORMATION

Patient: ___________________________________       NDID: _______________________________

Current Address: ______________________________________________________________________

Date of Birth: _______________

Discloser(s)/Recipient(s): (1) Notre Dame coaches, athletic trainers, sports nutritionists/dieticians or any Notre Dame medical physician associated with the care of Notre Dame athletes; (2) University Counseling Center (“UCC”) sports psychologist and/or UCC staff psychologists; (3) University Health Services (“UHS”)

Address: (1) JACC – Athletic Office, Notre Dame, IN; (2) and (3) Saint Liam Hall, Notre Dame, IN

Disclosers/Recipients are hereby authorized to discuss with and/or release to each other information and/or documentation (including records, reports, tests, histories, diagnosis, prognosis, etc.) obtained or made in connection with evaluation of Patient’s medical condition.

Reason for disclosure: ___Continuity of Care with providers and trainers______________

It is understood by the undersigned that he/she may revoke this consent at any time except to the extent that action has been taken in reliance thereon. It is also understood that this consent shall remain valid for the patient’s entire affiliation with Notre Dame as a varsity or non-varsity club sport athlete or until revoked, whichever occurs first.

Signature of Patient (or guardian): ______________________________  Date: ____________________

Date of Graduation (if applicable): _______________________

Disclosers/Recipients ARE NOT authorized to release mental health records, alcohol and/or drug treatment records or communicable disease records (“Sensitive Medical Records”) unless specifically authorized to do so below.

Sensitive Medical Records Release

By signing below, I hereby authorize Disclosers/Recipients to discuss with and/or release to each other information and/or documentation (including records, reports, tests, histories, diagnosis, prognosis, etc.) from my Sensitive Medical Records, as designated below.

Mental Health
Alcohol and/Drug Treatment______________
Communicable Diseases (e.g. – Aids, HIV, hepatitis) _______________
Other (Specify) _______________

Signature of Patient (or guardian): ___________________________________  Date: _______________

Physician’s Approval: ___________________________________  Date: _______________
CONSENT TO ACQUIRE INFORMATION FROM THE MEDICAL RECORD

This authorizes ______________________________ to release to:

University Health Services
University of Notre Dame Notre Dame, IN 46556

any and all information contained in the medical record(s).

Dates of Treatment: __________________________________________________

Physician: _________________________________________________________

Name of Patient: ____________________________________________________

Current Address: ____________________________________________________

Birth Date: _______________ Age _____

Specific Reports to be Sent:
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____________________________________________________________________

Reason for Disclosure
____________________________________________________________________
____________________________________________________________________

*Signature of Patient (or Guardian): ____________________________________________

*Date Signed: ____________________________

*This authorization is valid for only 60 days

*** IT IS UNDERSTOOD BY ME THAT THIS CONSENT IS SUBJECT TO REVOCATION BY ME AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE THEREON. IT IS ALSO UNDERSTOOD THAT THIS CONSENT WILL EXPIRE 60 DAYS FROM THE DATE OF SIGNATURE UNLESS OTHERWISE SPECIFIED.
INFORMATION FOR PATIENTS RECEIVING ALLERGY INJECTIONS

1. Allergy injections are given by appointment only and can be scheduled by calling (574) 631-7497.

2. To assure you optimum results of your therapy, you are responsible for obtaining the information we require and to follow the schedule provided by your Allergist.

3. It is important to inform the nurse if you have any current health problem or if you had any reaction to your previous injections.

4. Avoid strenuous exercise 1 hour before and after your injection(s).

5. You will NOT receive an injection if you:
   a. Had a fever of 100 degrees or more in the past 24 hours.
   b. Are acutely ill.
   c. Have severe asthma or hay fever symptoms.
   d. Had a flu shot, tetanus shot or other immunizations in the past 24 hours.
   e. Have any swelling remaining from the previous injection.
   f. Are taking any beta blocker medications.

6. You are expected to wait in University Health Services (UHS) for 30 minutes following the injection(s), and report any reactions that occur:
   a. LOCAL - may consist of redness, itching and/or swelling at site of injection.
   b. SYSTEMIC OR GENERALIZED - report any distress IMMEDIATELY. Symptoms may include, but not limited to, hives, tightness in chest, coughing, wheezing, excessive sneezing, itching, extreme redness in face and/or eyes, nausea, dizziness, headache or fainting.

   If you have any questions please check with the nurse.

7. A copy of your injection schedule will be provided upon request.

8. Your extract is stored alphabetically in the refrigerator in the allergy clinic. It is your responsibility to order new extract and to follow up on its arrival. Expired serum will be discarded. Unless you are receiving injections at UHS in the summer, all unclaimed serum will be discarded after July 1.

9. Non-compliance with instructions given will result in the discontinuation of your allergy injection(s) at University Health Services.

I have read the above information and acknowledge its contents.

Printed Name

Patient Signature

Date
Release of Medical Records and Personal Health Information (PHI)

ANNUAL REVIEW

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SUBJECT: MEDICAL RECORDS AND PROTECTED HEALTH INFORMATION - DESTRUCTION

POLICY: University Health Services (UHS) will maintain a health patient information system that ensures medical records and protected health information (PHI) will be destroyed in a timely and secure manner.

PURPOSE: To create a secure environment for disposing of documents containing medical records and PHI.

To protect patient's privacy/confidentiality.

To ensure destruction of medical records/PHI in a timely fashion in accordance to legal guidelines.

PROCEDURE and/or GUIDELINES:

A. UHS will use an shred company who will be contracted by the University to serve as the contracted vendor for destruction of PHI (See Archives Policy http://archives.nd.edu/records/destroy.htm.)

B. The contracted vendor will remove PHI scheduled for destruction on the second and fourth Tuesday of every month, as assigned or as requested.
Medical Records and Protected Health Information - Destruction

C. We have eight (8) shred bins for health service usage. They are located in the Pharmacy (1), the second floor work room (1), two (2) in the Front Office and there are four (4) 64 gallon bins located in the medical records room in the basement.

D. Only the contracted vendor staff can empty or access the bins contents unless it is an emergency. If it is an emergency, there is a key locked in the Narcotics box on the Inpatient/Observation Unit and the RN on duty has permission to use the key.

E. Bulk Destruction of medical records is handled by the same company. It is scheduled for every Christmas Break. UHS will contact the office of Archives to schedule the bulk destruction. This includes any medical record that is more than 7 years old, encounter forms which are over 1 year old, and any other material that needs to be destroyed according to the Archives Records Management Policy. (http://policy.nd.edu/policy_files/RecordsManagementandArchivesPolicy.pdf.)

Annual Review

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SUBJECT: Medical Records and Personal Health Information (PHI) – Documentation

AUTHORIZATION: Assistant Director, Office Operations

DATE: March 2011

PURPOSE:
To ensure that all medical records and PHI are completed in a consistent and organized format

EQUIPMENT/SUPPLIES:
None

PROCEDURE AND/OR GUIDELINES

A. Data in Medical Charts
   a. Must be legible.
   b. In SOAP note format for MDs and/or Narrative format for RNs. Each entry should include:
      i. Date, Health Professional’s name and credentials,
      ii. Purpose of visit/Chief complaint,
      iii. Clinical findings,
      iv. Diagnosis for MD and Impression for RN,
      v. Studies ordered,
      vi. Care rendered/therapies administered,
      vii. Disposition, recommendations and instructions given to the patient,
      viii. Health professional’s signature;
   c. All entries in the medical chart will be signed and dated.
   d. Entered within 24 hours of appointment/contact/information,
      i. If it is not done within 24 hours, enter as a late entry and follow guideline below
         1. note “Late Entry” on data sheet,
         2. Use the date the entry should have been made,
         3. Sign and date underneath entry with today’s date.
   e. Entry of information into a wrong patient’s chart should be handled as follows:
      i. Draw a line through the erroneous entry,
         Note “Mistaken Entry” or “ME” beside it,
Medical Records and Personal Health Information (PHI) – Documentation

ii. Sign and Date the ME.
iii. When entering the information in the correct chart, it should be noted as follows:
   note “Late Entry” on data sheet,
iv. Use the date the entry should have been made,
v. Insert actual text of entry,
vii. If page with ME is ever copied for disclosure, erroneous entry **MUST** be completely redacted on copy provided. (Per General Counsel)

f. If it is a phone call, proceed as follows:
   1. If patient is known, then any information given needs to be logged into their chart.
   2. If patient refuses to give name, then message/info is written in a phone message book which is located on the Nurse’s station 1st floor.  (See Phone Call Documentation Procedure)

g. Transcription Records from the Athletic Department
   i. Fax sheets are copied onto transcription paper and cut into individual entries;
   ii. Note Late Entry on data sheet, and adhere entry into patient chart.

h. Any medical information filed within the chart should be reviewed and initialed by a health provider prior to being tabbed into the chart. This includes x-ray and lab reports, H&Ps, outside consultant reports and any correspondence. This should be done within 48 hours of receipt of information. Items being tabbed into a chart will be initialed by the person tabbing it in on the bottom of the sheet.

i. Use of Initials
   i. When appropriate (such as logs, inept logs, blood pressure logs, administration of medication, mistaken entries, etc), three initials will be used to accurately identify nurses who may have the same first and last name. The nurse must use all three initials – First, Middle, Last
   ii. A master copy of all registered nurses, initials, signature, and printed first, middle and last name will be kept on file in the Office of Assistant Director of Clinical Services. The information will be collected upon hire and at open staff meetings.

FORMS or REFERENCES:

Medical Phone Call Documentation Procedure

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SUBJECT: MEDICAL RECORDS AND PROTECTED HEALTH INFORMATION - MAINTENANCE

POLICY: Medical records and protected health information (PHI) will be maintained in an organized format.

PURPOSE: It is the responsibility of the Assistant Director of Office Operations at University Health Services (UHS) to ensure that the contents of a patient’s medical record and PHI are in an organized format and readily available to health care professionals.

PROCEDURE and/or GUIDELINES:

A. The Assistant Director, UHS Office Operations is responsible for clinical records:
   1. Assuring confidentiality, security and physical safety of records,
   2. Timely retrieval of individual records upon request (see also Confidentiality and Release of Medical Records policy),
   3. Process of unique chart identification by NDID number,
   4. Maintenance of Chart/Record format,
   5. Supervision of collection, processing, maintenance, storage, retrieval, destruction and distribution of records. (See also Record Destruction and Security).
   6. Any questions or concerns related to medical records and PHI.
A medical record is created for all patients seen at the health center. (See Chart Organization)
The record includes:
1. Name,
2. NDID for students/Social Security Number for non-students,
3. Date of Birth,
4. Gender (located on Face sheet inside front cover),
5. Allergies (located on Face sheet inside front cover),
6. Current and Permanent demographics (Located on Face sheet inside front cover)
7. Insurance if it is the School Sponsored Plan (located on Face sheet inside front cover)
8. Any pertinent medical information received throughout student’s stay with University.
9. Documentation concerning the follow up of “No Show” medical appointments.(See No Show Policy)
10. Pharmacy prescription labels and copies of the prescription.
11. Documentation/transcription notes for athletes receiving services outside of UHS. (See Medical Records and Personal Health Information – Documentation Procedure)
12. Immunization Log (located on the inside of the back cover)
SUBJECT: MEDICAL RECORDS AND PROTECTED HEALTH INFORMATION - SECURITY

POLICY: Medical records and protected health Information (PHI) will be maintained in a secured environment.

PURPOSE: To ensure the physical protection of records by persons receiving, processing, storing or handling such records to prevent theft, destruction, loss, or other forms of unapproved access, and stored in a secure environment following all applicable standards of security.

PROCEDURE and/or GUIDELINES:

A. The Assistant Director of Office Operations is responsible for:
   1. Assuring confidentiality, security and physical safety of records.
   2. Timely retrieval of individual records upon request (see also Confidentiality and
      Process of unique chart identification by NDID number/Social Security Number.
   3. Maintenance of Chart/Record format.
   4. Supervision of collection, processing, maintenance, storage, retrieval, destruction and
      distribution of records. (See also Destruction and Security Policies)
   5. Any questions or concerns related to medical records and PHI are directed to this
      person.
B. Medical records are kept in a secure environment where only University Health Service (UHS) employees are allowed unless with special permission. (See Confidentiality and Release of Records Policy.) The records are available 24/7 during academic year and during business hours any other time.

C. The records when not in use will remain under two locked entries – the manual rolling chart lock and the automatic door locks of the front office.

D. When accessing a Medical Record and/or PHI, an out card will be used documenting chart name, name of person requesting chart, date of request, and place chart will be located.

### Annual Review

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SUBJECT: NO-SHOW APPOINTMENTS

AUTHORIZATION: Assistant Director, Clinical Services

DATE: May 2012

PURPOSE:
To ensure follow-up and documentation on patients who are No-Shows for medical appointments

EQUIPMENT/SUPPLIES:
None

PROCEDURE AND/OR GUIDELINES

1. The Front Office staff will check Medicat appointment screen for any “No Shows” and delete them with the proper deletion code -“NoShow”, “Walkout”, or “CancelbyPT”.

2. Charts of the No Shows will be placed on the counter below the doctor correspondence bins in front office general purpose room.
   a. Charts will be given to physician if physician requests to review.

3. The Medicat system will automatically send an email to those students whose appointments were deleted as “CancelbyPt”, “NO SHOW” or “Walkout”.
   a. Designated RN staff (preferable 3-11 shift) will review those charts and contact those students within 48 hours of the missed appointment if the condition or diagnosis warrants.

4. The RN will document the notification of the patient in the medical record. EX: “Message left or email sent regarding cancelled/failed appointment.”

FORMS or REFERENCES:
None
## NO-SHOW APPOINTMENTS

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SUBJECT: TELEPHONE ANSWERING AND MESSAGE TAKING

POLICY

To establish the procedure for answering the phones and taking phone messages for medical staff regarding medical information, appointment scheduling, and normal day-to-day business operations.

PURPOSE

PROCEDURE and/or GUIDELINES

1. The staff is responsible for answering all incoming calls at UHS in a professional and timely manner.
2. The staff is responsible for properly handling and directing all incoming calls that bypass the phone tree.
3. The calls shall be picked up within four (4) rings and staff shall identify themselves to the caller.
4. There are several types of calls any staff may receive. If a staff member gets a call for a/an:
   A. Insurance call regarding the student insurance plan or any other insurance calls:
      i. Answer it themselves if they can, or
      ii. Transfer the call to the Assistant Director, Office Operations.
B. Pharmacy questions from outside pharmacist or student should be directly connected to UHS Pharmacy.

C. Appointment issue:
   i. Handle it immediately while on the phone and use Exhibit A - named Appointment Reminders as a guideline, or
   ii. If unable to schedule appointment immediately, follow the handout Exhibit A.

D. Medical question for medical staff:
   i. If not an emergency, pull chart and refer to Exhibit B - form named Medical Return Call Form.
   ii. If call is an emergency, immediately route to proper person and notify them it is an emergency. Pull chart and take to medical staff member during call.

E. Personal call for another staff member:
   i. Take a message and tell caller you will forward the message.

F. All other miscellaneous calls pertaining to daily operations of UHS should be handled as they are received in a professional and courteous manner.

Exhibits:
A. Appointment Reminders
B. Medical Return Call Form

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Reminders for scheduling appointments:

1) Always greet patient with a smile and be courteous. (If on the phone, they should hear your smile through your voice.)

2) Monday thru Friday: No Physician or Nurse appointments between 11:30am and 2:00pm. WALK-INS only.

3) Visits pertaining to possible Pink eye, Sore throats, UTI’s and URI’s need more questions. You need to see if student has been seen recently for this condition and check history and see if the “proper tests” were done at that appointment. IF no previous appointment for this condition, then student must come in as a walk in and see a nurse. If this is a second or third visit for same condition and history shows previous exam and tests, then the student can be placed in an appointment slot.

4) When scheduling an appointment, see “SCRIPTS.”

5) Pap and Pelvic Exams will be done on TUES, WED and THURS by Moskwinski and TUES and FRI by Cohoon. Appts can only be made in RED RESERVATIONS on Medicat. Choose reason for appointment “PapPhysica”. Check that it is a 30 minute appt.

6) Eating disorders are WED and THURS with Cohoon.

7) Initial appts for Physical Exams (non-gyne, non-athletic, non-travel) are to be made with Float Nurse on Wed and Thurs. Physician appts for physical exams can be made with any UHS physician Monday thru Friday with nurse referral only. Annual exams, male or female, can be scheduled directly with any physician Tuesday thru Friday. (See Scripts).

8) Allergy appointments need to be referred to Allergy Nurse ext. 3738 and she makes her own. They are the off-hours of Dr. Moriarity’s shifts T, W 12:30 – 3:30 and Th 9-12 and Fr 9-4.

9) Travel appointments:

   Is this an OIS semester program? If not, you may schedule an appointment.

   If yes, this is an OIS semester program, ASK IF STUDENT HAS ATTENDED ORIENTATION SESSION FOR THE PROGRAM.

   IF NOT, INFORM THEM THAT APPTS WILL BE MADE ON THAT NITE of ORIENTATION. WE CANNOT SCHEDULE TRAVEL NS APPTS UNTIL YOU’VE HAD THAT ORIENTATION. If they have had orientation, transfer the call requests to 1-0615. When voice mail calls returned from this phone, appts should be made for at least 1 business day from the time of the call. In the Appt Note field, **type the name of the program and country** where student will be traveling and date or semester going abroad. Pull chart. (Encounter form will print when pt checks in). Place chart on bottom shelf of travel appt bin ASAP.

10) Dr. Moriarity is here M, T, W 9-12 and TH 1-5. He will see walk-ins, his athletes, and workers’ comp with musculoskeletal injuries. He will also be referring trainers to send over group visits. They may not be scheduled but he will see everyone that is scheduled to see him in addition to his walk-ins.

11) Dr. Moskwinski is the only doctor who sees Accutane patients. Two reasons for appt have been added Accutane: ‘Accutanain’ (initial visit) - 30 minutes and ‘AccutaneFU’ (follow up) - 5 minutes.

12) Wart Removal can now be scheduled Tuesdays through Fridays.

13) Anyone who might need an X-RAY should be scheduled between 9:30am-4pm Monday thru Friday.
**APPOINTMENT FLOW CHART**

**Generic appointments** will be made without ‘promising’ to see a physician, so that students do not assume or have an expectation to see a physician.

CALL comes in

APPOINTMENT

*How can I help you?*

- If allergy, transfer to 1-3738
- If immunization, walk in anytime
- If new prescription, pap and pelvic exams, eating disorder, specific request by athletic trainers, or those who insist, make appt with appropriate physician.
- If request for illness or injury or Rx refill or anything else, put in Nurse1 or Nurse 2 provider column.
  (If physical, see below)

Ask the following questions when determining appropriate physician:

*In order to schedule you appropriately, we need to ask some questions:*

- Have you been seen by a physician at the Health Center before?
- Do you have a preference for which physician you see (male or female)?
  If not already disclosed by the student, ask
  *What is the reason for your appt?*

The scheduler is to say “A nurse will first evaluate you and your symptoms, and begin treatment as needed. If necessary, you will be referred to a university physician."

If request for **Physical**, scheduler should ask:
  *Is this for travel abroad?*
    If YES, see #8 above.
If this is not for travel abroad:
  *Is this for your annual *female* exam?*
    If YES, see #4 above. If it is a male wellness exam, see #6.
    If NO, ask “What do you need the physical for? Do you have a form that needs to be completed?”
    Make initial appt with Nurse Wed or Thurs and instruct them to bring form with them for review.
    A nurse will meet with you to review the requirements and do all the preliminary testing. If your program requires a physician signature, you will be scheduled as soon as possible after the nurse sees you."

**CHECK-OUT ‘SCRIPT’**

1. *Do you have any questions for the nurse?*
2. *Do you need to go to the Pharmacy?*
3. *Do you need a follow-up appointment?*
4. *Did you miss any class time (do you need a verification of your visit here today?)*
5. A copy of today’s visit can be found on line with 2 business days at onlinestudenthealth.nd.edu.

REFERRAL ‘SCRIPT’

Your doctor wants you to see a specialist (wants you to have further testing, etc). In order to help you with those arrangements, I will need some information:

1. Have student complete form for referral. Then state This may take a few minutes. Would you like to wait or shall I call you back after I make your appointment?
   a. If urgent, student should wait while arrangements are made.

Please remember that the information you put into Medicat such as reason codes and appointments are the first and last thing the medical staff sees. So let’s make sure we try our best at making the information accurate and appropriate. It will make all our jobs more efficient and a lot easier.

Updated 3/28/12

EXHIBIT B

MEDICAL RETURN CALL FORM

Do not forward calls directly UNLESS it is an emergency. Complete the form below.

DATE/TIME OF CALL: __________

Caller’s Name: ___________________ ND ID of Patient: ___________________
Call Back Number: ______________ Relationship to Patient: ___________________
Signed Consent if Needed: __________________

1. Is this an EMERGENCY? YES ___ or NO ___ If yes, route immediately.
2. What is the nature of your call? ________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
3. What is a good time to call you back? ________________________________

Pull chart and paperclip this form directly on top of chart. Give chart to appropriate staff.

SIGNATURE and DATE:

Front Office Staff: ___________________ Medical Staff: ___________________

Once completed, please give to Connie for Random Quality Checks and Filing.