WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 9:	Management of Information
PROCEDURE 9.1:	Authorization to Document in the Medical Record
Governing Body Approval:	April 27, 2018

PURPOSE: Entries in the medical record are made only by individuals given this right as specified in hospital and medical staff policies.

SCOPE: All Clinical Staff and HIM

PROCEDURE:

The Medical Staff reviews requests from individuals/disciplines/clinicians to be granted permission to document in the patients' medical records.

1. Persons Authorized To Document in the Medical Record

The Medical Staff have privileged individuals/disciplines/clinicians to make entries in the patient's medical record as follows:

A. Medical Staff:

All members of the Medical Staff inclusive of:

- 1. Physicians
- 2. Psychiatrists
- 3. Doctors of Osteopathy
- 4. Advance Practice Registered Nurses (APRNs)
- 5. Physician Assistants
- 6. Dentists
- B. Clinical/Discipline Specific Staff: All clinical members of:
 - 1. Nursing inclusive of Registered Nurses, Licensed Practical Nurses, and Mental Health Workers, and Forensic Treatment Specialists;

- 2. Social Work;
- 3. Rehabilitation Therapies inclusive of professional and paraprofessionals;
- 4. Psychology;
- 5. Dietary;
- 6. Physical Therapy;
- 7. Hygienists and Dental Assistants; and
- 8. Pharmacists
- C. Authorized Students in Clinical Disciplines

All progress notes and assessments completed by students must be cosigned by the supervising clinical staff.

D. Health Information Management

Probate Court representative of Health Information Management records the decisions of the court.

- E. Case Managers assigned to WFH patients
- F. Individuals with Approved Contracts
- G. Renal Dialysis Treatment documentation (i.e., flow-sheets) is recorded on forms provided by the dialysis nurse/physician under contract, and filed in the Consult section of the patient's medical record.

2. Not Authorized To Document in the Medical Record

- A. Persons not authorized to document in the medical record are as follows.
 - 1. non-clinical employees,
 - 2. Patients Rights Officer,
 - 3. the patient,
 - 4. family/significant other, or
 - 5. volunteers
- B. Materials received from any of these sources are filed in the Miscellaneous Section of the medical record.

See also:

Discipline Specific Policy and Procedure Manuals regarding Privileging and Credentialing protocols.