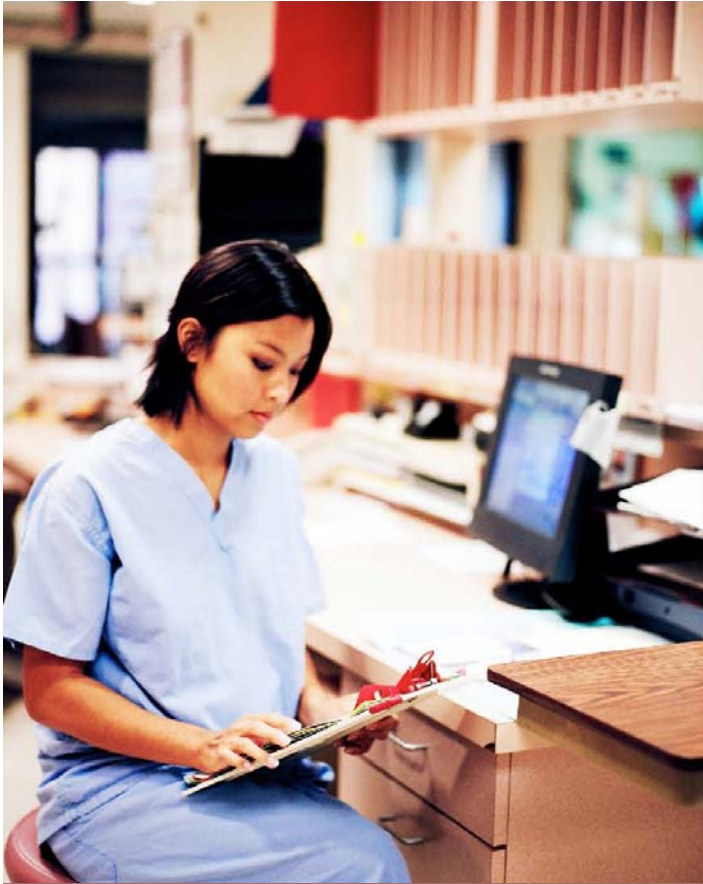


# MEDICAL OFFICE POLICY & PROCEDURE MANUAL



2010  
EDITION



## UTILIZING THIS MANUAL

The policy and procedure manual is essential to the efficient operation of every medical practice. Its purpose is multifold: to serve as a training and orientation guide for new employees, to serve as an ongoing reference for staff, and to serve as a risk management tool that lowers liability exposure in the office.

This publication is in template form to help you develop a policy and procedure manual for your medical practice. For the manual to be effective you must keep it current and you must share it with your entire staff. Above all, you must implement and enforce the policies and procedures contained in your manual!

This manual is intended to serve the needs of small practices in North Carolina. If you are a mental health provider, your practice conducts research, is involved in unusual marketing activities, or is a clinical facility located on the employer's site; you should make appropriate inquiries regarding additional HIPAA considerations that are beyond the scope of this manual.

The publication is designed to provide general information in regard to the subject matter covered and is provided with the understanding that the authors are not engaged in rendering legal, medical, or other professional services. Although prepared by professionals, information provided in this handbook should not be utilized as a substitute for professional services in specific situations. If you require coding, legal, medical, or other expert advice, you should seek the services of a professional at that time.

The North Carolina Medical Society wishes to acknowledge and thank the Texas State Medical Society for its contributions to this manual. The Society also wishes to acknowledge the law firm Poyner Spruill <sup>LLP</sup> for its contributions and editorial services in the preparation of this manual. If there are questions beyond the scope of this manual, please direct them to Kimberly Licata, 919-783-2949 [<mailto:mklicata@poynerspruill.com>] or Steve Shaber, 919-783-2906 [<mailto:msshaber@poynerspruill.com>].

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## ADDENDUM

- A. [Notice of Patient Rights and Responsibilities](#)
- B. [Patient Complaint Form](#)
- C. [Medical Records Release Form](#)
- D. [Telephone Triage Form](#)
- E. [Consultation and Diagnostics Tracking Form](#)
- F. [Nondisclosure of Confidential Information Agreement](#)
- G. [Business Associate Confidentiality Agreement](#)
- H. [Acknowledgement of Receipt of Privacy Practices](#)
- I. [PHI Software Log](#)
- J. [Device & Media Controls Log](#)
- K. [Computer Back-up Log](#)
- L. [Confidential Information Fax Cover](#)
- M. [Security Incident Log](#)
- N. [Training Log](#)
- O. [Acknowledgement of Training Form](#)
- P. [Accident/Incident Report Form](#)
- Q. [Bloodborne Pathogen Fact Sheet](#)
- R. [Handling Sharps Fact Sheet](#)
- S. [Hepatitis B Protection Fact Sheet](#)
- T. [Contamination Fact Sheet](#)
- U. [Personal Protective Equipment Fact Sheet](#)
- V. [Reporting Exposure Incidents Fact Sheet](#)
- W. [Controlled Substance Log](#)
- X. [Sample Medication Log](#)
- Y. [Consent for Procedure/Treatment Form](#)
- Z. [Disclosure and Consent for Medical and Surgical Procedures Form](#)
- AA. [Record of Patient Education Form](#)



- BB. [Medication Record](#)
- CC. [Notary Certification of an Advance Directive](#)
- DD. [Healthcare Power of Attorney](#)
- EE. [Durable Power of Attorney](#)
- FF. [Medical Record Review Summary](#)
- GG. [Chart Audit and Review Form](#)
- HH. [Authorization Form for Release of Protected Health Information](#)
- II. [General Consent Form](#)
- JJ. [Daily Summary of Charges and Payments Form](#)
- KK. [Daily Deposit Log](#)
- LL. [Assignment of Benefits Form](#)
- MM. [Daily Collections Worksheet](#)
- NN. [Patient Financial Policy Sheet](#)
- OO. [Credit Card Payment Form](#)
- PP. [Financial Agreement for Surgeries and Procedures](#)
- QQ. [Advance Beneficiary Notice](#)
- RR. [Insurance Coverage Waiver Form](#)
- SS. [New Patient Registration Form](#)
- TT. [Insurance Verification Form](#)
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- VV. [Collection Letter: Overdue Account](#)
- WW. [Collection Letter: 60 Days Past Due](#)
- XX. [Collection Letter: Final Notice](#)
- YY. [Collection Letter: Referral to a Collection Agency](#)
- ZZ. [Collection Agency Referral Form](#)
- AAA. [Notice of Bad Check](#)
- BBB. [Financial Disclosure Form](#)
- CCC. [Financial Arrangement Form](#)

- DDD. [Purchase Requisition Form](#)
- EEE. [Managed Care Organization Basic Information Form](#)
- FFF. [Request for an Appeal](#)
- GGG. [Welcome Letter](#)
- HHH. [Consent for Chemical Substance Screening](#)
- III. [Search & Inspection Consent Form](#)
- JJJ. [Employment Application](#)
- KKK. [Telephone Reference Check](#)
- LLL. [Disciplinary Action Form](#)
- MMM. [Performance Appraisal](#)
- NNN. [EMTALA Quick Reference Guide](#)
- OOO. [Sample Breach Notification Log](#)