

City and County of San Francisco Department of Public Health COMMUNITY PROGRAMS COMMUNITY BEHAVIORAL HEALTH SERVICES 1380 Howard Street, 5th Floor San Francisco, CA 94103 415.255-3400 FAX 415.255-3567

POLICY/PROCEDURE REGARDING: Creating and Revising CBHS Medical Record Forms

Issued By: Robert P. Cabaj, MD. Sove Coba y Manual Number: 1.04-03

Director, Community Behavioral Health Services

Date: February 10, 2009

Reference:

Purpose:

The purpose of this policy is to establish procedures for the approval of new or revised medical record (or chart) forms for Community Behavioral Health Services (CBHS). This policy does not cover the creation or revision of billing-specific forms.

Statement of Policy:

The CBHS Integrated Forms Committee (IFC) coordinates the process for approval of new or revised medical record (or chart) forms.

Committee membership shall include, but not limited to, representatives from the different CBHS sections.

Research, Evaluation, and Quality Management (REQM)
Health Information Management (HIM)
Adult & Older Adult System of Care
Child, Youth, and Family System of Care
Pharmacy
Billing Information Systems (BIS)
IS Unit
Substance Abuse Services
Performance & Compliance Section
HIPAA Privacy Representative

Procedure:

I. Creating and/or Revising Medical Record Forms:

- 1. The section director (or designee) is responsible for initiating all new and revised section-specific forms. The section will internally approve the draft form and submit to the IFC chairperson. The section director/designee is also responsible for providing an instruction guide which tells the user what, when, and how to use the form (see attachment A).
- 2. The Integrated Forms Committee (IFC) will:
 - Review the form.
 - Determine if more feedback is needed with the city attorney, HIPAA Privacy
 Officer, the HIM Manager, the director of REQM, the Executive Committee, or
 others.

- 3. The chairperson will follow up with the forms' section director/designee on the feedback received from the above process.
- 4. Once the form has been reviewed by all parties and the IFC has approved the proposed new or revised form, the form will be considered APPROVED.
- 5. IFC will approve the form within 60 days unless there are special circumstances.
- 6. The co-chairperson is responsible to update the CBHS Documentation Manual on-line and inform providers of the new or revised form via email.
- 7. If needed, the chairperson will direct the Forms & Supply Room staff on the replacing or printing of the form.

II. Program Specific Medical Record Forms:

Any program specific medical record form must be submitted and approved by CBHS Integrated Forms Committee.

Contact Person: CBHS, REQM, Health Information Management Manager, 255-3488

Distribution: CBHS Administrative Manual Holders CBHS Program Managers CBHS Providers HIM Staff

Attachment A:

Form	
Form Number	
Last Revised	
Who	
When	
What	
=	
-Procedure	
A	
-Note	