

# CAROLINA FAMILY HEALTH CENTERS, INC.

## PROCEDURE

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**TITLE:** HIT-106P Filing Documents into the Electronic Medical Record

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**EFFECTIVE DATE:** September 2013

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**SECTION:** Health Information Technology

**REFERENCE POLICY:** N/A

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**RESPONSIBLE CHIEF OF STAFF:** Chief Finance Officer

**RESPONSIBLE COMMITTEE:** Finance CIT

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**REVIEWED:** 08/14; 04/15, 9/17, 2/21, 07/26/2021

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### I. PURPOSE

The purpose of this procedure is to outline where Carolina Family Health Centers, Inc. (CFHC, Inc.) documents should be filed in the electronic medical record when scanned into the system.

### II. PROCEDURE

The following is a list of the Clinical and Administrative documents found in the electronic health records for each client. Under each header is a description of the documents or forms found under each section.

Tab in Chart Review:	Document Type Name Displayed in Epic:	Document Type name in OnBase
Encounters	<ul style="list-style-type: none"><li>Family Planning History &amp; Physical</li><li>Prenatal Record</li><li>Progress Note (<b>descriptor if triage note</b>)</li></ul>	<ul style="list-style-type: none"><li>ENC - Family Planning History &amp; Physical</li><li>ENC - Prenatal Record</li><li>ENC - Progress Note</li></ul>
Medications	<i>Scanned documents cannot be attached to this tab</i>	
Labs	<ul style="list-style-type: none"><li>Lab Result (<b>w/ Description</b>)</li><li>HIV Form</li><li>PPD Testing Tool</li></ul>	<ul style="list-style-type: none"><li>LAB - Lab Result</li><li>LAB - HIV Form</li><li>LAB - PPD Testing Tool</li></ul>
Radiology	<ul style="list-style-type: none"><li>Imaging Report (<b>w/ Description - Body Part + Modality</b>)</li></ul>	<ul style="list-style-type: none"><li>IMA - Imaging Report</li></ul>
Procedures	<ul style="list-style-type: none"><li>Procedure Report (<b>w/ Description</b>)</li></ul>	<ul style="list-style-type: none"><li>PRO - Procedure Report</li></ul>
Other Orders	<ul style="list-style-type: none"><li>Outside Facility Med Sheet</li><li>Patient Medication Verification</li><li>Drug Assistance Form</li><li>Health History</li><li>Patient Questionnaires/Logs- (<b>w/ Description</b>)</li><li>ADHD Form</li><li>Other Provider Report (<b>w/ Description</b>)</li></ul>	<ul style="list-style-type: none"><li>MED - Outside Facility Med Sheet</li><li>MED - Patient Medication Verification</li><li>MED - Drug Assistance Form</li><li>OOR - Health History</li><li>OOR - Patient Questionnaires/Logs</li><li>OOR - ADHD Form</li><li>OOR - Other Provider Report</li></ul>

	<ul style="list-style-type: none"> <li>• Provider Letter</li> <li>• Photos/Images</li> <li>• Clinical Insurance Info</li> <li>• Patient Correspondence</li> <li>• FL2</li> </ul>	<ul style="list-style-type: none"> <li>• OOR - Provider Letter</li> <li>• OOR - Photos/Images</li> <li>• OOR - Clinical Insurance Info</li> <li>• OOR - Patient Correspondence</li> </ul>
<b>Referrals</b>	<ul style="list-style-type: none"> <li>• Consulting Provider Report (<b>w/ Description</b>)</li> <li>• Case Management Form</li> </ul>	<ul style="list-style-type: none"> <li>• REF - Consulting Provider Report</li> <li>• REF - Case Management Form</li> </ul>
<b>ECG</b>	<ul style="list-style-type: none"> <li>• ECG</li> </ul>	<ul style="list-style-type: none"> <li>• ECG - ECG</li> </ul>
<b>Advanced Directive</b>	<ul style="list-style-type: none"> <li>• Directives to Physicians</li> <li>• POLST Form</li> </ul>	<ul style="list-style-type: none"> <li>• AD - Directives to Physicians</li> <li>• AD - POLST Form</li> </ul>
<b>Consents/Admin</b>	<ul style="list-style-type: none"> <li>• Consent to Treatment</li> <li>• Authorization to Release Information</li> <li>• Auth. to Release Information to Insurance</li> <li>• HIPAA Form</li> <li>• Subpoena</li> <li>• Narcotic Agreement/Consent</li> <li>• Contraceptive Consent</li> <li>• Other Medication Agreement/Consent</li> <li>• Consent for Lab Testing</li> <li>• Procedure Consent/Refusal</li> <li>• Patient Agreement</li> </ul>	<ul style="list-style-type: none"> <li>• CON - Consent to Treatment</li> <li>• CON - Authorization to Release Information</li> <li>• CON - Auth. to Release Information to Insurance</li> <li>• CON - HIPAA Form</li> <li>• CON - Subpoena</li> <li>• CON - Narcotic Agreement/Consent</li> <li>• CON - Contraceptive Consent</li> <li>• CON - Other Medication Agreement/Consent</li> <li>• CON - Consent for Lab Testing</li> <li>• CON - Procedure Consent/Refusal</li> <li>• CON - Patient Agreement</li> </ul>
<b>Hospital</b>	<ul style="list-style-type: none"> <li>• Inpatient (<b>w/ Descriptor for D/C or H&amp;P</b>)</li> <li>• ER</li> </ul>	<ul style="list-style-type: none"> <li>• HOS - Inpatient</li> <li>• HOS - ER</li> </ul>