CLINICAL RECORD KEEPING

September 12, 2015

It is the responsibility of each registrant to be familiar with the Bylaws, including Schedule A Code of Ethics and Schedule B Standards of Practice. Registrants are also expected to be familiar with the CTCMA Jurisprudence Handbook and Safety Program Handbook.
This Practice Standard is to be read in conjunction with, and not a substitute for, these documents.

Intent

This policy is intended to support the Standards of Practice and is based on section 3(c) v of the Jurisprudence Handbook and section 3.7 Risk Management: Patient and their Records of the Safety Program Handbook.

It describes the standards that the College expects of its registrants in record keeping to ensure registrants meet the Standards of Practice and protect public safety. It sets out the essential records that registrants of the College are required to keep in the care of their patients and in the operation of their practices.

The Registrar, staff, the Quality Assurance Committee, the Inquiry Committee and the Discipline Committee will use this policy in the interpretation and application of the *Health Professions Act* (HPA), RSBC 1996.

In the case of any inconsistency between this policy and the underlying legislation, the legislation takes priority.

Background

To fulfill their professional obligations, registrants of the College must maintain accurate, legible and up-to-date records for each of their patients in order to provide proper care and treatment. The first part of this practice standard describes the required records that practitioners must keep.

Patients have the right to expect that their personal information will remain confidential and that they can expect a standard of care that a reasonably prudent professional practitioner would provide.

The second part of this policy describes how all records kept by registrants must be maintained. (Part VI of the College bylaws)

Acknowledgement

The College gratefully acknowledges permission from the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario to adapt their practice policy on record keeping.

Types of Record to Maintain

1. Daily Appointment Log

A written or electronic daily appointment log must contain:

- Date
- The surname, first name and/or initials of each patient
- The time and/or duration of appointment of each patient

2. Patient File

It is mandatory that registrants maintain a confidential file for each patient that contains:

2.1. Patient Health Summary (Sample Form A)

This summary acts as a cover page of a patient's health record to give a snapshot of the overall history of a patient. It lists essential information of the patient to allow a quick reference on the patient's overall health and progress to-date.

A Patient Health Summary must exist for each patient. Registrants may use Sample Form A to fulfill this requirement, or they may create and use their own form. A Patient Health Summary must contain the following information:

- Patient identification (name, address, phone number)
- Personal and family data (Date of Birth, Gender, Occupation, Marital Status)
- Family contact Information
- Emergency contact information
- Family Doctor (name, address, phone number)
- Past medical history
- Risk factors
- Allergies/drug reactions
- Ongoing health conditions
- Long-term treatment
- Date of last update of the Patient Health Summary

2.2. Patient Health Record (Sample Form B)

The Patient Health Record provides the registrants with a clear understanding of the patient's current and past health conditions, identified health concerns, the courses of diagnosis and treatment being followed. Accurate, clear and concise documentation facilitates follow-up treatment and prevents error.

Registrants may use Sample Form B, or create their own Patient Health Record, as long as the following is included:

a) Patient History
   - Personal health and medical history (ongoing problems, past illnesses, operations, allergies, drug reactions, prescription medications, herbal supplements, vitamins, over the counter remedies etc.)
   - Family health history
   - Referring professional's diagnosis

b) Initial Assessment/Diagnosis and Treatment
- Presenting condition/chief complaint
- Signs and symptoms
- TCM diagnosis and treatment (identified TCM disease, TCM differentiation of syndromes)
- Treatment principles and strategies
- Treatment plan (modalities; acupuncture, herbal, dietary, manual therapies), frequency and duration.
- Any advice given to patients

c) Follow-Up Treatment
- Date of visit
- Progress inquiry
- TCM differential diagnosis
- Treatment plan modification
- Contraindications
- Herbal medicine prescription
- Acupuncture prescription
- Adjunct modalities/treatment or procedures used and specifics
- Patient's reaction to treatment
- Document patient refusal to follow recommendation

d) Information on any other health care provider treatment that the patient is or has been receiving services
- Referring healthcare provider (Regulated Health Professional)
- Name, address and phone number
- Other relevant care provider (e.g. personal support workers)
- Name, address and phone number
- All communications to and from other healthcare providers

e) Tests/Reports
- Signed reports compiled/produced by the treating registrant
- Every report requested and received from another healthcare professional
- Initial and date every report after review

f) Patient Consent to Treatment (Sample Form C)

A patient has the right to receive sufficient information in order to make an informed decision on whether to accept treatment. Registrants must ensure that their patients know, understand and consent to their assessments or treatments before taking any action.

It is important that consent be informed by means of a meaningful dialogue between the registrant and the patient.

To ensure informed consent, a registrant must explain each part of the Patient Consent to Treatment Form to the patient prior to patient signing on the form. It is not enough to simply allow the patient to read and sign the Consent to Treatment form. Each of the sections contained within the form must be reviewed and explained by the registrant to the patient.

Registrants may use Sample Form C or create their own Patient Consent to Treatment Form, as long as it contains the following information:

- A voluntary acknowledgement of risk by the patient, with the option to withdraw their consent and halt participation at any time
- A description and explanation of the services, techniques or procedures that may be used on the patient
- Herbal (prescribed formulas documented)
- The possible risks, side effects or consequences associated with any potential treatments
- A section asking patients to divulge any major past or current health issues to the practitioner
- A section asking patients to divulge if they are, or believe that they may be carrying any infectious agents
- A section outlining that there are no guarantees for the results of TCM/Acupuncture treatments
- A section detailing the fees related to the cost of assessments or treatments
- Evidence of patients refusal to consent treatment (as appropriate)
- An overall acknowledgement of informed consent and agreement of the entire form authorizing the practitioner to begin treating the patient
- Patient's signature and date
- Practitioners signature and date

g) Consent to Collect or Release Information (Sample Form D)

Registrants must always obtain the consent of patients when collecting, using or disclosing personal health information of their patients, unless permitted by the *Personal Information Protection Act* (PIPA)

Written expressed consent must be documented, signed and dated by the patient.

Registrants may use Sample Form D or create their own Consent to Collect or Release Information Form, as long as it contains the following information:

- A space for the patient or their appointed representative to print his or her name
- An acknowledgement by the patient for the practitioner/clinic to collect or release their information to other health care practitioners, support workers, emergency personnel or any other relevant organizations.
- A description of how the patient's information will be used
- A description concerning the patient's access to information
- A description of any applicable fees for reproduction or translation of records
- An overall acknowledgement that the patient understands the form and his/her ability to withdraw consent at any time
- Patient's signature and date
- Witness signature and date

2.3. Patient Billing Records (Sample Form E)

Patient billing records are records related to billing or payment for services and/or goods provided by the registrant to the patient.

Registrants may use Sample Form E, or create their own Patient Billing Form, as long as it contains the following:

- Date of service
- Name of patient
- Professional fees charged
- Itemized services offered
- List of any herbal prescriptions, natural health products, or any other type of product billed to the patient
- Itemized list of equipment, if prescribed
- Total payment charged
- Name and registration number of the registrant performing the service/providing the product(s)

The patient billing record can be used for a practitioner's own records or be given to patients or any other legitimate third parties (for example, insurance companies paying on behalf of a patient).

2.4. Patient Record Maintenance and Management

General Principles

Entry must be made to the patient record at the time of consultation or immediately after. All entries must be dated. The treating registrant cannot delegate responsibility for the accuracy of the patient's health information to another person.

In cases where students are entering information into a patient's record, all information entered must be signed off on by their supervising practitioner. The supervisor is responsible for ensuring that the information entered is complete and accurate.

Information on records cannot be deleted or removed. All written communication sent to or received from the patient must be kept in the patient file. Records may be handwritten, typed or in electronic format. If handwritten, the writing must be clear and legible.

All records, documents, reports must include:

- Date
- Reference to identify the patient
- Identity of the person(s) who performed the diagnosis/ treatment
- Identity of the person who made the entry to the record
- legend of abbreviations/signs, if used; and
- be readily understandable by any third party, especially another registrant of the College or another healthcare provider

All material in patient records must be systematically organized and arranged in a manner for easy and prompt retrieval and managed to ensure security and confidentiality.

Making Changes to Patient Health Records

Records, documents, reports and information in the patient file cannot be deleted or removed. To make any change to a patient record, the treating registrant or the responsible staff must indicate clearly what the change is and who made the change.

Changes cannot be erased or whited-out. Instead, a single line should be drawn through the entry that needs to be changed, or a "strike-out" font should be used if done electronically. All changes must be initialed by the person who makes the change. If the change is made electronically, the name of the individual making the change must be typed next to the change in the record.

Transmission of Patient Information and Records

When a request is made to transmit any patient information, written consent must be expressly given by the patient or an authorized representative of the patient, with some exceptions (eg. The patient is incapacitated). Only then can the information be sent. The costs of sending patient information will be placed upon the patient.

Patient Access to Records

Under the *Personal Information Protection Act* (PIPA), patients have a right to access his or her own personal information records. The treating registrant has an obligation to provide this information and a copy at the patient's request unless granting access would likely result in a risk of serious harm to the patient's treatment or recovery, or a risk of serious bodily harm to the patient or another person – in these cases, practitioners shall notify the patient of their right to complain to the Information and Privacy Commissioner.

A patient must sign a consent form, (see 2.2 (g) above) to request release of his/her file. In certain emergency situations, these requirements may be waived.

Generally speaking, consent should be obtained before sharing personal health information with members of a person's family. However, personal information may be disclosed for the purposes of contacting family members, friends, or other persons who may be potential substitute decision-makers, if the individual is injured, incapacitated, or ill and cannot provide consent.

A registrant may disclose a person's personal information if the registrant believes on reasonable grounds that the disclosure is necessary to eliminate or reduce a significant risk of serious bodily harm to the person or anyone else.

Providing Records

According to Section 4.4 of Schedule B (Standards of Practice for Registrants) in the College bylaws, registrants must explain their services to patients. If any reproduction or translation fees will be charged, the registrants must notify the patients prior to commencement of treatment.

2.5. Equipment and Supply Records (Sample Form F)

Equipment

All equipment used (including devices such as heat lamps, CPR equipment, scales and slicers) must be maintained according to the standards listed by their manufacturer or supplier. All relevant information should be maintained in a log book. Additionally, registrants must detail, maintain and keep an inventory of:

- Every instrument or equipment used for any service to patients
- Sterilization of equipment if used (such as a cupping instrument and/or other equipment where blood is involved)
- Other equipment service records as necessary

Inventory of Herbs

The College expects registrants to take great care in keeping inventory of herbs and controlling their purchases, supply and dispensing. Due to the potential risks to the public caused by contamination, expiry and toxicity of herbs, careful records of inventory must be kept.

Registrants prescribing herbs must keep detailed inventory of herbs that includes the:

- Identity and contact information of the supplier from whom the herbs are purchased
- Identity of the herbs in Chinese, pinyin, and either botanical names or Latinate medicinal names
- Only use herbs before their expiry time or date
- Ensure that all herbal prescription (TCM) are legible and contain all of the necessary information to all the prescription (TCM) to be accessibly and safely dispensed (TCM) used and tracked
- Storage location (toxic and/or poisonous herbs to be separately stored to prevent unauthorized access)
- A herbal prescription log or patient records containing the dosage of herbs, the name of the patient, and the date dispensed
- Date purchased

Management of Records

1. Legibility of Records

Records can be handwritten, typed, voice-dictated and transcribed, or electronically kept in computers, as long as the manner of record keeping contains all of the necessary information prescribed in this policy.

For MSP billing purposes, clinical records must be maintained in English at all times.

2. Security and Storage

The confidentiality and security of all records must be taken seriously. Records must be either hand kept or electronically stored.

All records must be secure from loss, tampering, interference or unauthorized access. If paper records are kept, they must be kept in a secure area, and precautions must be made to ensure the safety of the files. If electronic records are kept, back-up files and restore protocols and process must be place.

3. Record Retention and Destructions

According to s. 83(2) of the College bylaws, patient files must be kept at least for 10 years following the last interaction with the patient. If the patient is a minor, then the patient file must be kept for 10 years following the patient's nineteenth birthday.

Destruction of records must be done in a managed and confidential way.

In terms of any other files that relate to the practice, they should be kept for a period of ten years.

4. Closing Practice/Leaving/Resignation

A registrant must follow the stipulations set out in the *Personal Information Protection Act* as well as in the College bylaws.

If the registrant intends to close his or her practice, he/she must take reasonable steps to give appropriate notice of the intended closure to each patient for whom the registrant has primary responsibility to:

i. ensure that each patient's records are transferred to the registrant's successor or to another registrant, if the patient so requests; or
ii. ensure that each patient's records are retained or disposed in a secure manner

Registrants who intend to close their practice, resign or leave an existing practice must provide his/her patients with notification of practice closure or restrictions as soon as possible after it becomes apparent that he/she will be leaving or restricting practice, in order to allow patients an opportunity to find another practitioner. They must also assist with the transfer of patient care to another provider. This includes copying the file (at the patients cost) and transferring patient files to another practitioner or simply giving a patient a copy of their file.

Acceptable methods of notification are:

1) In person, at a scheduled appointment;
2) Letter to the patient; and/or
3) Telephone call to the patient.

The registrant may also wish to use include the following supplementary methods of notification:

- Printed notice, posted in the office in a place that is accessible even when the office is closed;
- Newspaper advertisement; and/or
- Recorded message on the office answering machine

Note: If the registrant has died, his or her estate may elect to store the records and respond individually to client requests for information or it may choose to transfer the records to another practitioner who will act as a custodian.

Other Resources

- *Limitation Act* of British Columbia
  http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_12013_01
- *Personal Information Protection Act (PIPA)*of British Columbia
  http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_03063_01
- *Freedom of Information and Protection of Privacy Act (FOIPPA)* of British Columbia
  http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00
- *Medical and Health Care Services Regulation*
  http://www.bclaws.ca/civix/document/id/complete/statreg/426_97
- *Personal Information Protection and Electronic Documents Act* of Canada
  http://laws-lois.justice.gc.ca/eng/acts/P-8.6/index.html
- *Privacy Act* of Canada
  http://laws-lois.justice.gc.ca/eng/acts/P-21/FullText.html
- *Access to Information Act* of Canada
  http://laws-lois.justice.gc.ca/eng/acts/A-1/FullText.htm

Patient Health Summary (Sample form A)

Clinic Name/Practitioner Name/Registration #
Clinic Address and Phone Number

Patient Information			
Last name:		First Name:	Middle Name:
Birth Name/Other Previous Names:			Gender: M / F
Home Address:			Date of Birth: (DD/MM/YY)
City:	Province:	Postal Code:	Marital Status:
Phone:		Mobile:	Occupation:
Fax:		Email:	

Family Contact Information		
First name:		Last name:
Relationship to Patient:	Phone Number:	Mobile Number:

Emergency Contact information (If different from above)		
First name:		Last Name:
Relationship to Patient	Phone Number:	Mobile Number:

Family Doctor Contact Information			
Family Doctor Name:			
Address:			Additional Notes:
City:	Province:	Postal Code:	
Phone:	Fax:	Email:	

Past Medical History

☐ Mumps ☐ Herpes ☐ Hepatitis ☐ HIV+ ☐ Osteoporosis ☐ Tumor ☐ Measles
☐ High Blood Pressure (Hypertension) ☐ Low Blood Pressure (Hypotension) ☐ Stroke
☐ Fracture ☐ Arthritis ☐ Gout ☐ Diabetes ☐ Tuberculosis ☐ High Cholesterol
☐ Muscle Sprain ☐ Cancer
☐ Other:

Risk Factors

Allergies/Drug Reactions

☐ Penicillin ☐ Peanut ☐ Dust ☐ Pollen ☐ Dairy ☐ Gluten ☐ Wheat ☐ Chocolate ☐ Caffeine
☐ Other:

Ongoing Health Conditions

- ☐ Headache
- ☐ Fatigue
- ☐ Plantar Fasciitis
- ☐ Tingling in Legs
- ☐ High Blood Pressure
- ☐ Pinched Nerves in Back or Neck
- ☐ Other:
- ☐ Neck Pain
- ☐ Jaw Pain
- ☐ Bowel Problem
- ☐ Tingling in Arms
- ☐ Lower Back Pain
- ☐ Asthma
- ☐ Depression
- ☐ Diziness
- ☐ Knee or Hip Pain
- ☐ Slipped Disc
- ☐ Mid Back Pain
- ☐ Arthritis
- ☐ Memory Loss
- ☐ Poor Posture
- ☐ Carpal Tunnel
- ☐ Mentrual Problem
- ☐ Stomach Problem
- ☐ Heart Palpitation
- ☐ Allergies

Long Term Treatment

Date of Last Update:						Signature:

Patient Health Record (Sample Form B)
Clinic Name/Practitioner Name/Registration #
Clinic Address and Clinic Phone Number

PATIENT HEALTH HISTORY

Personal Health and Medical history
(Ongoing problems, past illnesses, operations, allergies, drug reactions, prescription medications, herbal supplements, vitamins, over the counter remedies)

Family Health History

☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure ☐ Thyroid Problems ☐ Multiple Sclerosis
☐ Stroke
☐ Others:

Referral Diagnosis

Practitioner:	Date:	Signature:

INITIAL ASSESSMENT

Presenting Symptom/Chief Complaint
Main Signs and Symptoms
Other Signs and Symptoms
TCM Diagnosis and Treatment (identified TCM disease, TCM differentiation of syndromes)
Treatment Principles and Strategies
Treatment Plan (Modalities; acupuncture, herbal, dietary, manual therapies), frequency and duration
Any Other Advice Given to Patients

Practitioner:	Date:	Signature:

FOLLOW-UP TREATMENT

Date of Last Visit :	Date of Follow-Up Treatment:

Progress Inquiry

TCM Differential Diagnosis (not required for each visit)

Treatment Plan Modification

Contraindications

Herbal Medicine Prescription	Acupuncture Prescription

Adjunct Modalities/Treatment or Procedures Used

Patient Reactions

Practitioner:	Date:	Signature:

Referring Health Care Provider			
Referring Health Care Provider:			
Address:			Additional Notes:
City:	Province:	Postal Code:	
Phone:	Fax:	Email:	
Other Relevant Care Provider			
Name of Care Provider:			
Address:			Additional Notes:
City:	Province:	Postal Code:	
Phone:	Fax:	Email:	

Attach any Tests/Reports below:

Patient Informed Consent to Treatment (Sample Form C)

Clinic Name/Practitioner Name/Registration # Clinic Address
Clinic Phone Number

I, or the person listed below, have discussed with my traditional Chinese medicine practitioner or acupuncturist the specifics of my assessment or treatment and understand the nature, risks and reasons for this procedure. I voluntarily consent to Traditional Chinese Medicine/Acupuncture and understand that I may withdraw my consent and halt my participation at any time.

1. I understand that some of the techniques used under the scope of Traditional Chinese Medicine include the use of sterile, single-use needles to penetrate the skin. Additional treatment methods can include, but are not limited to: acupuncture, acupressure, the electrical stimulation of needles, cupping or moxibustion, gua sha, and Tuina. Before any of these procedures are performed, my practitioner will discuss my treatment options and only proceed if my consent is given.
2. My practitioner has informed me of the risks and symptoms of treatments, which can include, but are not limited to: slight pain, light-headedness or nausea, soreness, bruising, bleeding or discolouration of the skin, and the possibility of other unforeseen risks. I freely accept the risks involved with my procedure.
3. I will inform my practitioner if I currently have or develop any major health issues, if I suffer from any type of major bleeding disorder, or if I use a pacemaker.
4. I understand that I must let my practitioner know if I am carrying, or believe to have any infectious agents, including but at not limited to HIV, TB and Hepatitis. In some cases where cross-infection is high, my practitioner may withhold treatment.
5. I understand that there are no guarantees for the results of treatments. Traditional Chinese Medicine does not often provide an instant cure. The length of my treatment depends on the severity of my condition. In some cases my symptoms may temporarily worsen before they begin to improve.
6. I am responsible for the full and prompt payment after services have been rendered.
7. I have discussed the content of this form with my practitioner. I acknowledge that I have asked any questions I may have and received answers I understand. By signing this form, I give my informed consent for Traditional Chinese Medicine treatments.

_____ _____

Patient Signature Practitioner Signature

_____ _____

Date Date

Consent to Collect and Release Information (Sample Form D)
Clinic Name/Practitioner Name/Registration # Clinic Address
Clinic Phone Number

I_____, or my appointed representative_____
(Print) (Print)

❑ Consent ❑ Do not consent

for Clinic _____ to collect and release my general patient or medical information to other medical practitioners or health care providers/support workers, emergency personnel and/or any other relevant organizations.

In terms of information, the Clinic may collect any of the following:

- Contact information
- Personal or family medical history
- Medical insurance or billing/account information

In cases of emergencies or life threatening situations, medical or support staff workers may have to collect this information from family members or other listed contacts without your prior written consent.

How Your Information Will Be Used

Your personal information can be used or disclosed for the following reasons:

- For billing or account purposes
- To assist third-party insurance companies with insurance claims
- Referring your medical history to another health practitioner or health care provider
- To seek advice for potential treatment options
- To prevent or assist patients in cases of emergencies or threat to their health and safety
- To fulfill any obligations as mandated by law

Patient Access to information

I understand that my personal and medical history is available to me for my review under most circumstances. Cases where access to records be limited are:

- cases where access to information causes a threat to your life or personal health
- Where the law disallows access to information
- In the event where disclosure of information relates to any anticipated or actual legal proceedings or professional conduct proceedings.

[If applicable] I understand that a reproduction or translation fee may be incurred in accordance with the clinic's fee schedule.

Acknowledgment

I allow for medical personnel to use and disclose my information as outlined above.
I understand that I can access my personal health information except as outlined above.
I understand that I can withdraw my consent at any time, but it may directly affect the services I can receive. My personal information can still be used/disclosed if mandated by law.

Additional Comments or Restrictions: _____
_____
_____

_____ _____
Patient Signature Witnessed

_____ _____
Date Date

Patient Billing (Sample Form E)

Clinic Name/Practitioner Name/Registration # *Clinic Address and Clinic Phone Number*			
Practitioner / Registration Number		Invoice Number	
Patient Name		Invoice Date	

Items		Amount
Service/Procedure Received		
		$
		$
Equipment Used	Date Equipment Used	
		$
		$
		$
		$
Prescriptions and All Other Natural Health Products Sold		
		$
		$
		$
		$
Any Other Products Sold		
		$
		$
	Total:	$

Equipment and Supply Records (Sample Form F)

Clinic Name/Practitioner Name/Registration # *Clinic Address and Clinic Phone Number*			
Equipment / Supply	Date Equipment Purchased	Date Equipment Decommissioned	Service Notes (if applicable)