

HEALTHWEST

Procedure

No. 05-004

Prepared by:

Effective: September 1, 1996

Revised: February 1, 2024

Niki Emelander, Client Information Manager

Subject: Agency Form Approval

Approved by:

DocuSigned by:

Rich Francisco, Executive Director

I. PURPOSE

- A. To review and approve all new and revised agency form requests.
- B. To minimize overlap and duplication of agency forms while ensuring availability of forms necessary to provide quality services to our customers both internally and externally.

II. APPLICATION

This procedure applies to all employees, interns, volunteers, and contracted staff of HealthWest.

III. PROCEDURE

- A. The process for creating/approving a new/revised form is as follows:
 - 1. The originator will solicit input from all affected supervisors that may be using the form.
 - 2. All forms must be created and revised electronically in the standardized format (Attachments 1 and 2). Upon request, the Client Information Manager will email the electronic version of the current form to the originator/author for review and revision.
 - 3. Once completed, the originator of the proposed form will email the document to the Client Information Manager for review/approval, issuance of a form number if applicable, and distribution to all affected staff.

4. Form numbers are issued as follows:
 - a. "A" = Administrative: Includes human resources, contracts, environment of care, etc.
 - b. "F" = Financial/Reimbursement: Includes purchasing, accounts receivable, billing, etc.
 - c. "C" = Clinical: Includes documents that contain clinical information.
 - d. "Q" = Quality Improvement: Includes satisfaction surveys, record audits, etc.
 - e. "M" = Miscellaneous: Includes documents pertaining to individuals receiving services of a "non-clinical" nature (i.e., appointment reminders, correspondence).
- B. All forms and corresponding instructional guidelines to staff will be saved in a centralized repository maintained by the Client Information Manager, accessible by authorized clerical staff.
- C.
- D. Approved forms will be made available, as applicable, to all staff via posting on the "Forms" section of the HealthWest intranet.
- E. When a decision is made to discontinue use of an approved form, the originator will inform the Client Information Manager who will remove the form from the intranet and move the discontinued form to an archive of discontinued forms maintained by the Client Information Manager.

V. ATTACHMENTS

- Attachment 1: Sample Format for Forms Scanned Into Clinical Records
Attachment 2: Sample Format for Forms Not Scanned Into Clinical Records

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SAMPLE FORMAT FOR CLINICAL FORMS

HEALTHWEST

Title of Form
Program/Division Name (would be blank if form is for agency use)

Date: _____ Name: _____ Case No.: _____

Body of Form



All forms with multiple pages should have a header with this format:

Name _____
Page _____ of _____

Date: _____
Case Number: _____

Form Number/Date, i.e. C999 (10/1/00)
(Section of clinical record form is to be scanned)

SAMPLE FORMAT FOR NON-CLINICAL FORMS

HEALTHWEST

Title of Form
Program/Division Name (would be blank if form is for agency use)

Body of Form



All forms with multiple pages should have a header with this format:

Name _____
Page _____ of _____

Form Number/Date, i.e. C999 (10/1/00)