

MEDICAL RECORDS

Part II, section 10.3, page 28 of the 2001 federal Title X guidelines requires projects to establish a medical record for every client who obtains clinical services. These records must be maintained in accordance with accepted medical standards and state laws with regard to record retention. The only exception to this requirement involves clients who receive anonymous HIV testing, counseling, and referral (CTR) services. Records must be:

- Complete and accurate, including documentation of telephone encounters of a clinical nature;
- Signed by the clinician or other appropriately trained health professional making entries, including name, title and date;
- Readily accessible;
- Systematically organized to facilitate prompt retrieval and compilation of information;
- Confidential;
- Safeguarded against loss or use by unauthorized persons;
- Secured by lock when not in use; and
- Available upon request to client.

Content of the Client Record: The clients' medical record **must contain** sufficient information to identify the client, indicate where and how the client can be contacted, justify the clinical impression or diagnosis, and warrant the treatment and end results. The required content of the medical record includes:

- Personal data;
- Medical history, physical exam, laboratory test orders, results, and follow-up;
- Treatment and special instructions;
- Scheduled revisits;
- Informed consents;
- Refusal of services; and
- Allergies and untoward reaction to drug(s), latex, food, etc. recorded in a prominent and specific location.

The record must also include reports of clinical findings, diagnostic and therapeutic orders, and documentation of continuing care, telephone conversations, referral, and follow-up. The record must allow for entries by counseling and social services staff. Agencies should maintain a problem list at the front of each chart listing identified problems to facilitate continuing evaluation and follow-up. Client information should be kept separate from the client medical chart. If included in the medical chart, client financial information should not be a barrier to client services.

Confidentiality and Release of Records: A confidentiality assurance statement must appear in the client's record. The written consent of the client is required for the release of personally identifiable information, except as may be necessary to provide services to the client or as required by law, with appropriate safeguards for confidentiality. HIV information should be handled according to law, and kept separate whenever possible. When information is requested, agencies should release only the specific information requested. Information collected for reporting purposes may be disclosed only in summary, statistical, or other form, which does not identify particular individuals. Upon request, clients transferring to other providers must be provided with a copy or summary of their record to expedite continuity of care.

Part II, section 8.7, page 25 of the 2001 federal Title X guidelines requires projects to assure that the counseling sessions for adolescents are confidential and, if follow-up is necessary, every attempt will be made to assure the privacy of the individuals. However, counselors must encourage family participation in the decision of minors to seek family planning services and provide counseling to minors on resisting attempts to coerce them into engaging in sexual activities. Title X projects may not require written consent of parents or guardians for the provision of core required family planning services to minors. Nor can the project notify parents or guardians before or after a minor has requested and received Title X core required family planning services.