

Semester _____ Year _____ Client Check-Out With Front Office

Graduate Clinician's Name: _____ Date: _____

Diagnostic Clients checking out (list each name): _____

Treatment Clients checking out (list each name): _____

Diagnostic Clients: (Write in initials of each Dx client checked)

1. Client file contains:

___/___/___/___/___/___/___/___/___ a. An up-to-date log sheet **ALL IN INK**

___/___/___/___/___/___/___/___/___ b. Signed Consent To Use & Disclose PHI form (HIPAA)

___/___/___/___/___/___/___/___/___ c. Completed Receipt of Notice of Privacy Practices form

___/___/___/___/___/___/___/___/___ d. Completed, signed and dated diagnostic report

Treatment Clients: (Write initials of each Tx client checked)

2. Working File Contains:

___/___/___/___/___/___/___/___/___ a. Attendance sheet completed and up-to-date (sheet stapled inside front of folder)

___/___/___/___/___/___/___/___/___ b. Plans and logs are organized by date and sequenced chronologically. (Ex. BOTTOM – SOAP 1/20/09, SOAP 1/22/09, up to present on top) Cross check with attendance sheet.

3. Permanent (Main) File Contains:

___/___/___/___/___/___/___/___/___ a. An up-to-date log sheet **ALL IN INK**.

___/___/___/___/___/___/___/___/___ b. Signed Consent To Use & Disclose PHI form

___/___/___/___/___/___/___/___/___ c. Completed Receipt of Notice of Privacy Practices form

___/___/___/___/___/___/___/___/___ d. Completed projected treatment plan...signed and dated

___/___/___/___/___/___/___/___/___ e. Completed progress report or discharge summary...signed and dated

Miscellaneous Items:

1. ___ Return Keys (if graduating)