

**DOCUMENT:**  
**Department/Section:**  
**REVISION DATE:**  
**Prepared by:**  
**APPROVED BY:**

## **Medical/ Dental Designated Record Set**

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**Objective:** To ensure that all Medical and Dental Health Records are maintained in a manner that is consistent with the legal requirements and current standards facilitating effective, timely, quality review of patient care and services.

**Responsibility:** The Medical Records Supervisors is responsible for the maintenance of this protocol. All (Facility Name) Staff have a responsibility to assist in the maintenance of this protocol.

### **Protocol:**

The patient Medical/Dental Health Record preparation will begin with the Front Support and Dental Support Receptionists, who will enter the patient's registration information into the Practice Management System.

**New patients:** New patients are assigned a Medical Record Number during registration from a combination of information entered at registration.

**Existing patients:** If the patient has an existing Medical Record number all registration information is updated at each visits to the Medical or Dental Center.

### **Forms and information updated at registration:**

Patient Registration Form – patient signature required, review required at each visit

Patient Address

Patient Phone Number

Patient Identification – copied at initial registration, shown at each visit

Financial Class

Insurance Payor

Copies of Insurance Cards – each visit

Insurance Verification - each visit

BPHC –UDS Information collected annually – form is not scanned

Financial Policy – Annually – patient signature required

Income Verification - for Sliding Fee participation only as required

All of the documents listed above require a patient label identifying the correct Medical/Dental record number. All of the forms and information will be filed in to the correctly identified index of the Medical/Dental Health Record

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### **Medical Record Information**

The following information is updated at each patient visits by the Medical Assistant and the Medical Provider:

Medical Record:

ADR – Advanced Directive Review

All Medical Alerts

Vitals

Allergies

Health History

Diagnoses

Medications currently taken and new medications

Referrals

Laboratory Requests/Results

Immunizations

Medical Provider will review all of the above fields and dictate a progress note for the visit in the S – Subjective, O – Observation, A – Assessment, P – Plan format. (These transcriptions are transmitted into the chart within 24 hours of the patient appointment.) *(Please see Patient Progress Note Standard for additional guidance)*

Additional documentation that will require filing into the Medical Health Record:

Health History

Initial Pregnancy Profile

OB Health History

OB Summary

Medical Records Requests

Family Planning Consents

CDP Consents

CDP Worksheet for Case Closure

Radiology

Consultations

Procedure Consents

Legal Documents

Foster Care Passports

Guardianship Forms

Consent to Treat Minor

Outside Medical/Dental Records

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### **Dental Record Information**

The following information is updated at each patient visits by the Registered Dental Assistant, Dental Assistants and Clinical Provider. All information relating to the dental visit shall be documented.

#### **Clinical Notes will contain the following:**

Review of the Medical History  
Allergies  
Chief Concerns/Problems  
Blood Pressure readings to establish baseline reading  
Dental treatment rendered  
Notes pertaining to dental visit:

#### Initial Exam

1. Soft tissue ( oral cancer exam)
2. Functional
3. Periodontium
4. Oral Hygiene

Periodontal Classification (on class II, III, and IV)  
Provider and Assistants Name and Title  
Next visit

### **Anatomy Chart and Treatment Plan:**

#### **Initial Exams**

Existing Orders  
Conditions  
Treatment Plan  
Periodontal Charting  
Treatment Sequence in Presenter (Dentrix)  
Dental Procedure rendered and posted  
Consent Forms

#### **Digital X-rays**

X-rays taken and posted

Additional documentation that will require filing into the Dental Health Record:  
Health History

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Dental Records Requests  
Consultation requests  
Referrals to other providers  
Consent Forms

### **References:**

Health Insurance Portability and Accountability Act (HIPAA) Privacy & Security Rule, 45 CFR 160-164.524

California Confidentiality of Medical Information Act - Civil Code Section 56 - 56.16 (COMIA)

Title 22, C.C.R. §75055

Title 22, C.C.R. § 77141

California Welfare and Institutions Code § 14124.1