California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 5@ Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies
|->
Chapter 6@ Home Health Agencies
|->
Article 4@ Administration
|->
Section 74735@ Patient Health Records

74735 Patient Health Records

The agency shall establish and maintain for each patient accepted for care a

(a)

health record which shall include the following information: (1) Admission record. The admission record shall include: (A) Name. (B) Current address. (C) Date of birth. (D) Sex. (E) Date of admission. (F) Name, address and telephone number of the responsible party. (G) Name, address, and telephone number of the attending physician, dentist, podiatrist, or other licensed and legally authorized person whose orders or recommendations are being implemented by the home health agency. (H) Admission diagnosis or pertinent health information. (I) Reason for admission. (2) Notation of the conditions and diagnoses which are relevant to the plan of treatment, plan of care, or plan for personal care services. (3) Plan of treatment, plan of care, or plan for personal care services in its entirety as specified in Section 74697. (4) Allergies and known untoward reactions to drugs and food. This information shall be given such prominence in the record that it is obvious to any health practitioner or agency personnel who have reasons to provide food or medication to the patient. (5) Clinical notes dictated or written at the time of service by personnel rendering the services. Clinical notes shall be signed and incorporated into the patient's health record at least every seven working days. (6) Laboratory and X-ray reports, if applicable. (7) Treatment consent or service authorization forms. (8) Documentation that a list of patient

rights has been made available to each patient, patient's representative, or next of kin. (9) Discharge statement. The discharge statement shall include the date of discharge, reason for termination of services, and condition upon discharge.

(1)

Admission record. The admission record shall include: (A) Name. (B) Current address.

(C) Date of birth. (D) Sex. (E) Date of admission. (F) Name, address and telephone number of the responsible party. (G) Name, address, and telephone number of the attending physician, dentist, podiatrist, or other licensed and legally authorized person whose orders or recommendations are being implemented by the home health agency.

(H) Admission diagnosis or pertinent health information. (I) Reason for admission.

(A)

Name.

(B)

Current address.

(C)

Date of birth.

(D)

Sex.

(E)

Date of admission.

(F)

Name, address and telephone number of the responsible party.

(G)

Name, address, and telephone number of the attending physician, dentist, podiatrist, or other licensed and legally authorized person whose orders or recommendations are being implemented by the home health agency.

(H)

Admission diagnosis or pertinent health information.

(I)

Reason for admission.

(2)

Notation of the conditions and diagnoses which are relevant to the plan of treatment, plan of care, or plan for personal care services.

(3)

Plan of treatment, plan of care, or plan for personal care services in its entirety as specified in Section 74697.

(4)

Allergies and known untoward reactions to drugs and food. This information shall be given such prominence in the record that it is obvious to any health practitioner or agency personnel who have reasons to provide food or medication to the patient.

(5)

Clinical notes dictated or written at the time of service by personnel rendering the services. Clinical notes shall be signed and incorporated into the patient's health record at least every seven working days.

(6)

Laboratory and X-ray reports, if applicable.

(7)

Treatment consent or service authorization forms.

(8)

Documentation that a list of patient rights has been made available to each patient, patient's representative, or next of kin.

(9)

Discharge statement. The discharge statement shall include the date of discharge, reason for termination of services, and condition upon discharge.