

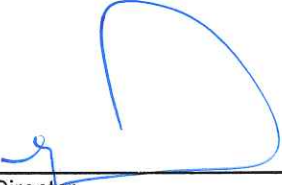
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Chapter: **CLINICAL PRACTICE**  
Title: **CORRECTION, SUPPLEMENTATION, OR DELETION OF INFORMATION FROM ELECTRONIC MEDICAL RECORD**  
Also see MCCMH MCO Policy 2-010, "Standards for Clinical Services Documentation."

Prior Approval Date: 2/24/11  
Current Approval Date: 5/9/13

Approved by: \_\_\_\_\_

  
Executive Director

  
Date

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**I. Abstract**

This policy establishes the standards and procedures of the Macomb County Community Mental Health Board (MCCMH) to ensure that correction of errors, supplementation of information, and requests for removal of documents contained within a consumer's electronic medical record are performed in accordance with applicable state and federal laws and regulations.

**II. Application**

This policy shall apply to the MCCMH administrative offices, all directly-operated network providers of the MCCMH Board, and those contracted network providers of the MCCMH Board that utilize the FOCUS electronic medical record system.

**III. Policy**

It is the policy of the MCCMH Board to maintain accurate and complete clinical records for each consumer of the MCCMH Board, and to take precautions to assure that records are not wrongfully altered or destroyed. Any changes or clarifications to the electronic record shall take place according to applicable state and federal laws and regulations.

#### **IV. Definitions**

- A. Deletion  
For the purposes of this policy, to delete means to remove a document from the consumer's active electronic medical record after archival of a true and accurate copy for accessibility and retrieval in accordance with applicable laws.

#### **V. Standards**

- A. The removal of any information contained in a consumer's clinical record (paper or electronic) once signature(s) (handwritten or via electronic password) have been affixed is strictly prohibited.
- B. Corrections of errors, supplementation of information, and requests for removal of documents contained within a consumer's active FOCUS electronic medical record shall take place according to the procedures herein.
- C. Removal of documents from a consumer's active FOCUS electronic medical record shall be centrally managed by the MCCMH Clinical Records Office.
- D. Static archives of documents deleted from a consumer's active FOCUS electronic medical record shall be maintained and stored as part of the consumer's complete medical record, and shall be accessible for retrieval as necessary.
- E. Corrections of errors and supplementation of information to a consumer's paper medical record shall take place according to the standards set forth in MCCMH MCO Policy 2-010, "Standards for Clinical Services Documentation."

#### **VI. Procedures**

- A. Corrections of errors and supplementation of information to a consumer's active FOCUS electronic medical record shall be made using the FOCUS system's built in amendment process.
- B. When the FOCUS system's amendment process is not available or not applicable, deletion of the document may be requested immediately upon detecting the error.
1. Staff persons requesting deletion from the consumer's active FOCUS electronic medical record shall complete a FOCUS Document Removal Request form, Exhibit A, and submit to his/her immediate supervisor. The form must include at a minimum the following information:
    - a. Name of staff making the request;
    - b. Consumer identification number and full name of consumer from whose active record the document is to be removed;
    - c. Document service date and time;

- d. Document type (e.g. Acknowledgment and Consent, Annual Assessment, Progress Note, etc.);
  - e. Date and time the document was added to FOCUS (see "Record Added" on lower left corner of FOCUS screen);
  - f. Reason for the document removal request.
2. Staff requesting document deletion shall secure the signature of Supervisory staff to indicate Supervisory staff's approval of the deletion requested. Disagreements regarding document deletion requests shall be decided by the MCCMH Clinical Manager for directly-operated providers and the MCCMH Director of Business Management for contracted providers.
  3. Completed, signed requests shall be forwarded to the MCCMH Clinical Records Office (US mail, inter-office mail, hand delivery, FAX.)
  4. Staff of contracted providers requesting document deletion shall ensure that claims adjustments have been made, if applicable, prior to forwarding the request to the MCCMH Clinical Records Office. Contracted provider staff shall attach a print screen of the claims adjustment to Exhibit A.

C. MCCMH Clinical Records Office

1. The MCCMH Clinical Records Office shall:
  - a. Generate an Adobe Acrobat .pdf version of the FOCUS document to be deleted;
  - b. Create a static archive of the Adobe Acrobat .pdf version of the document by transferring a copy of the file to a location, such as a hard drive, CD media, and/or MCCMH network, that allows for accessibility and retrieval as necessary;
  - c. Delete the electronic version of the document from the consumer's active FOCUS electronic medical record by utilizing the "delete" function.
2. Where the "delete" function is unavailable because the associated service activity log has been reported as an encounter and/or billed to a third party payer, the MCCMH Clinical Records Office shall coordinate with applicable MCCMH departmental staff to void the encounter or billing. After voiding the encounter or billing, the MCCMH Clinical Records Office will be able to access the "delete" link from the FOCUS electronic medical record.
3. The MCCMH Clinical Records Office shall forward requests to remove Fee Determination Agreements and other financial documents, as applicable, to the MCCMH Finance and Budget Division for review and

approval. Upon receipt of the Division's approval, the MCCMH Clinical Records Office shall proceed with the document deletion request as outlined, above (VI.C.1.a.-c.).

- D. Reducing the Likelihood of Errors
  - 1. Staff shall work within the electronic medical record of the fictitious "Joe Consumer" in learning how to navigate through or utilize a particular document in the FOCUS electronic medical record system, and shall not use the "live" consumer record for such purposes.
  - 2. Staff may request the MCCMH Information Systems Unit to provide them access to the FOCUS Test System for further familiarization with the data system.
- E. Corrections of errors and supplementation of information to a consumer's paper medical record shall take place according the procedures set forth in MCCMH MCO Policy 2-010, "Standards for Clinical Services Documentation."

#### **VI. References / Legal Authority**

- A. Michigan Penal Code §750.492a
- B. Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rule, 45 CFR 160-164
- C. MCCMH MCO Policy 2-010, "Standards for Clinical Services Documentation"
- D. MCCMH MCO Policy 10-320, "Designated Record Set"

#### **VIII. Exhibits**

- A. FOCUS Document Removal Request

# MACOMB COUNTY COMMUNITY MENTAL HEALTH FOCUS DOCUMENT REMOVAL REQUEST

**REQUEST MADE BY:**

Person completing request (Name & Job Title):		Date:
Location/Department:	Phone:	E-Mail Address:
Name & job title of person requesting removal <u>if different from person completing request</u> :		

**DOCUMENT INFORMATION:**

Consumer ID:	Consumer's First & Last Name:
Document Service Date/Time (date service provided); for admissions, include provider, staff, and open/close date as applicable:	
<p>Document Type:</p> <p>Admission (specify):    <i>o Entire Admission</i>        <i>o Program Assignment</i>        <i>o Staff Assignment</i>        <i>o Discharge</i></p> <p><input type="checkbox"/> Acknowledgment &amp; Consent        <input type="checkbox"/> Annual Assessment        <input type="checkbox"/> Certificate of Need (CON)        <input type="checkbox"/> Coordination of Care</p> <p><input type="checkbox"/> Due Process Letter        <input type="checkbox"/> Initial Intake        <input type="checkbox"/> Injection/Dispense        <input type="checkbox"/> Medication Review</p> <p><input type="checkbox"/> Nursing Assessment        <input type="checkbox"/> PCP Pre-Planning Note</p> <p>PCP Meeting (specify):    <i>o Full</i>        <i>o Single Service</i>        <i>o Crisis Team / Clubhouse / Medication Management</i></p> <p><input type="checkbox"/> PCP Goal(s)        <input type="checkbox"/> PCP Periodic Review        <input type="checkbox"/> PCP Addendum        <input type="checkbox"/> Preliminary Plan of Service</p> <p><input type="checkbox"/> Prescription        <input type="checkbox"/> Progress Note        <input type="checkbox"/> Psychiatric Evaluation        <input type="checkbox"/> Release of Information</p> <p><input type="checkbox"/> Scanned Document (specify type &amp; location): _____</p> <p><input type="checkbox"/> Other (specify): _____</p>	
Date/Time Document Added to FOCUS (see 'Record Added' lower left corner of FOCUS):	
Reason Removal Requested:	
Supervisory Approval: _____ (signature/date)	
<b>Submit by mail: MCCMH Clinical Records, 6555 15 Mile Road, Sterling Heights, MI 48312 OR fax: (586) 466-8719</b>	

**MCCMH CLINICAL RECORDS OFFICE USE ONLY:**

Requestor contacted? <input type="checkbox"/> Date Contacted: _____
Comments: