



# HIM-S DOCUMENTATION REQUEST

Fax completed form to (434) 924-2883

For additional information or questions call (434) 924-2196

Name \_\_\_\_\_ Dept. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Title of Form: \_\_\_\_\_

New Form  Revision  Replaces \_\_\_\_\_

Form is, or will be, a part of the Permanent Medical Record and built into EPIC?  Yes  No

Before bringing form to committee for discussion, please note review by:

- Financial Documents** (Insurance Waivers/ABN's) – Mark Pulczynski, mcp3z@virginia.edu
- Nursing Practice** – PNSO@virginia.edu to be directed to the appropriate committee
- Patient Education** – Cindy Westley, cjw2s@virginia.edu
- Consent** – Michele Miller, MJM3Z@hscmail.mcc.virginia.edu
- Other clinical forms** – Fax directly to HIM-S Staff for review assistance.
- Area Manager Name/Signature approving request** (if requester is not a Manager) \_\_\_\_\_

If document is not to be part of the Permanent Medical Record (worksheet, administrative form, brochure) this form is not needed and you may contact Printing & Copying Services directly. If you wish for assistant/information, please fax form to HIM-S as above.

No prohibited Abbreviations have been used.

<http://hit.healthsystem.virginia.edu/index.cfm/departments/health-information-services/chart-completion-provider-databases-and-master-patient-index/>

Translation requested – following LAS guidelines

<https://www.healthsystem.virginia.edu/pub/patientguest/intranet/language/>

### DOCUMENTATION INDEXING CATEGORIES (Final category will be determined by HIM-S)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Consents                              | <input type="checkbox"/> Procedures - GI Endoscopy | <input type="checkbox"/> Outpatient Encounter                |
| <input type="checkbox"/> ED                                    | <input type="checkbox"/> Procedure Checklists      | <input type="checkbox"/> Communication to Patient            |
| <input type="checkbox"/> H&P                                   | <input type="checkbox"/> PETC/ PACU                | <input type="checkbox"/> Face Sheet/Coding                   |
| <input type="checkbox"/> Consult                               | <input type="checkbox"/> Results - Neuro           | <input type="checkbox"/> Misc. Documentation                 |
| <input type="checkbox"/> Health History                        | <input type="checkbox"/> Results - Cardio/vascular | <input type="checkbox"/> Outside Facility                    |
| <input type="checkbox"/> Occupational Therapy                  | <input type="checkbox"/> Results - Pulm            | <input type="checkbox"/> Patient Data                        |
| <input type="checkbox"/> Physical Therapy                      | <input type="checkbox"/> Results - Immuno          | <input type="checkbox"/> Advance Directive                   |
| <input type="checkbox"/> Speech Language Pathology             | <input type="checkbox"/> Results - Ob/Gyn          | <input type="checkbox"/> Acknowledgment of Privacy Practices |
| <input type="checkbox"/> Nutrition                             | <input type="checkbox"/> Results - Urol            | <input type="checkbox"/> Incidental Encounters               |
| <input type="checkbox"/> Social Work                           | <input type="checkbox"/> Results - Opth            | <input type="checkbox"/> Non-Medical Center Based Facility   |
| <input type="checkbox"/> Prosthetics and Orthotics             | <input type="checkbox"/> Results - ENT             | <input type="checkbox"/> Neuropsychology Notes               |
| <input type="checkbox"/> Discharge Documents                   | <input type="checkbox"/> Results - GI              | <input type="checkbox"/> Insurance Waivers                   |
| <input type="checkbox"/> OR Procedures Other                   | <input type="checkbox"/> Orders                    | <input type="checkbox"/> Advance Beneficiary Notice          |
| <input type="checkbox"/> Procedures Procedures                 | <input type="checkbox"/> Progress Notes            | <input type="checkbox"/> Respiratory Therapy                 |
| <input type="checkbox"/> - Cardiology                          | <input type="checkbox"/> Flowsheets                |  |
| <input type="checkbox"/> Procedures - Interventional Radiology | <input type="checkbox"/> Careplans                 |  |

**PRINTING SPECS:** Contact Printing and Copying Services at (434) 924-7186.

For print on demand only, please provide **PTAO:** \_\_\_\_\_

Paper Size:  8 1/2 x11  8 1/2 x 14  11 x 17 Custom size \_\_\_\_\_

Prints:  1 sided  2 sided Paper:  White paper  NCR # of parts \_\_\_\_\_

Hole Punch:  Yes  No Date needed: \_\_\_\_\_

Additional printing instructions: \_\_\_\_\_

Notes:

FINAL APPROVAL DATE: \_\_\_\_\_