



HIM-S DOCUMENTATION REQUEST

Send Completed Form to: [CL HIS Forms](#)

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 a form to the committee for discussion, please see the following checklist:

☐ Have you reached out to your peers for how they complete the same documentation?

(Ex. Has CH Behavioral Health contacted MC Behavioral Health?)

☐ Have you looked in Epic for the information you need? ☐ Yes ☐ No

☐ If no, have you reached out to HIT to determine if the information exist in Epic?

Who did you speak with? _____ What was the outcome? _____

Please note review by:

☐ **Financial Documents** (Insurance Waivers/ABN's- [Blackburn, Anna](#) *HS AB4VK@uvahealth.org

☐ **Nursing Practice** – [PNSO@virginia.edu](#) to be directed to the appropriate committee

☐ **Patient Education** – [patienteducation@uvahealth.org](#)

☐ **Consent** – [Michele Miller, MJM3Z@uvahealth.org](#)

☐ **Community Health Consents** – [King, Amber](#) *HS, [XJM2TX@uvahealth.org](#)

☐ **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.medicalcenter.virginia.edu/intranet/patient-satisfaction/language>

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

☐ Consents

☐ ED

☐ H&P

☐ Consult

☐ Health History

☐ Occupational Therapy

☐ Physical Therapy

☐ Speech Language Pathology

☐ Nutrition

☐ Social Work

☐ Prosthetics and Orthotics

☐ Discharge Documents

☐ OR Procedures Other

☐ Procedures

☐ Cardiology

☐ Procedures - Interventional Radiology

☐ Procedures - GI Endoscopy

☐ Procedure Checklists

☐ PETC/ PACU

☐ Results - Neuro

☐ Results - Cardio/vascular

☐ Results - Pulm

☐ Results - Immuno

☐ Results - Ob/Gyn

☐ Results - Urol

☐ Results - Ophth

☐ Results - ENT

☐ Results - GI

☐ Orders

☐ Progress Notes

☐ Flowsheets

☐ Careplans

☐ Outpatient Encounter

☐ Communication to Patient

☐ Face Sheet/Coding

☐ Misc. Documentation

☐ Outside Facility

☐ Patient Data

☐ Advance Directive

☐ Acknowledgment of Privacy Practices

☐ Incidental Encounters

☐ Non-Medical Center Based Facility

☐ Neuropsychology Notes

☐ Insurance Waivers

☐ Advance Beneficiary Notice

☐ Respiratory Therapy

Notes: _____

Final Approval Date: _____ For Print on Demand, please contact Printing and Copying Services @ 434-924-7186