


CHAPTER Information Management	CHAPTER 07	SECTION 002	SUBJECT 20
SECTION Data Management		DESCRIPTION Corrections, Deletions, Disclaimers in the Electronic Health Record	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) maintains the integrity of information stored in the Optimal Alliance Software Information System (OASIS) while allowing staff the opportunity to make corrections and possible deletions in the electronic health record.

STANDARDS:

- A. Any corrections of erroneous entries in OASIS must be made in accordance with the requirements defined by this policy. Entries to the electronic health record are maintained and inaccurate information is accessible and changes to the information traceable.
- B. A document is considered valid in OASIS once it is signed by the staff documenting the provision of the service. Signing a document serves as authentication and adds the document as official documentation in the electronic health record.

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- C. Signed documents cannot be deleted from the record by the primary case holder. Staff must submit a request in OASIS to delete a signed document.
- D. No changes can be made to a signed electronic document without going through the change signed document request and approval process. A historical original document without changes is kept in the person's chart in OASIS.
- E. Documents created before 10/1/12 in a paper format but scanned into OASIS may contain corrections made by ink including a line drawn through the portion changed with the word "error" or "correction" beside the deleted section. The correction must include the date and signature of the staff who made the correction. The corrected statement may be rewritten or typed.

PROCEDURES:

A. Clinical Staff

1. Reviews and identifies information in OASIS needing changes or corrections.
2. Upon identifying a signed document for changes, clinical staff select the change signed document link next to the identified document and enter the reason for changes in the field provided.
 - a. If a document is identified for deletion: within the change request screen, check the box stating "request this document and attached service activity log be deleted" and enter the reason/rationale for deletion of the document. Click submit to send your request to the data queue.
 - b. If a document is identified with changes to the service activity log: within the change request screen select the "request for SAL (service activity log) change" button, enter the correct data, and click submit to send a request to the data queue.

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3. If a document is identified with changes to the written information, clinical staff enter correct information and enter a password to sign the changed document.

B. Data Staff

1. Review service activity log change requests daily.
2. Requests for deletion of documents are reviewed and if the rationale of deletion is not defined clearly, data staff must deny the request and ask for further clarification. If the rationale is clear, the document is approved for deletion.

DEFINITIONS:

Corrections in the Electronic Health Record (EHR): A typographical error or any incorrectly documented material in the electronic case records that has been corrected.

OASIS: Optimal Alliance Software Information System – the certified electronic health record utilized by LCCMH and contract providers.

SK:lr