1) Health Information is located on the 2nd floor above Oncology. Take elevators across from Community Practice to the 2nd floor. Our hours are Monday through Friday 8:00 to 5:00. You can contact us at 974-5680. Our email is cvmhealthinformationstaff@utk.edu. If you have any questions, you can email me, Pam Brock, directly at plbrock@utk.edu or call me at 974-5679.

2) Do not hand records to others without notifying Health Information – If it is checked out to you – you will be held responsible for the record – let us know by phone or email if you are giving the record to someone else and we will change the location.

3) Records for Rounds – Request them early so that Health Information can get them to you in time for Rounds. We must process the record before we can give it back to you for rounds.

4) Regardless of the circumstances – if an animal presents here for care – there must be a record – If the client leaves before care is rendered – write that on the record, sign and date.

5) AMA- Against Medical Advice – There is a form (Release from Responsibility for Discharge) available at the front desk for any Clients removing their animals Against Medical Advice. After having the client and two witnesses sign the form; place it in the Medical Record. If a client refuses to sign, document refusal and sign.

6) All faculty, staff and student animals must have records AND BE REGISTERED before any care is rendered. This includes Boarding, day boarding, submission of Lab Specimens, etc. As with all care, lab specimens and medication dispensed included, there must be a record of the services rendered.

7) Boarding – Only faculty, staff and students may board animals in Small Animal
   - Other Clients who need their animals to stay here while they are unavailable to care for them is considered HOSPITALIZATION, AND requires all the standard documentation including: History and Physical Exam, daily clinician orders, daily progress notes and Discharge Instructions. These are considered hospitalized patients NOT Boarders. There is no Medical Boarding.

8) Abbreviations – Only use approved abbreviations found on the list on VETNET – Left hand side – Health Information – Abbreviation – searchable list
   - If you use any other abbreviations, the record will come back for you to write out in full terms
   - ADR- Ain’t Doin Right is not an approved abbreviation

9) Do Not take apart records that have been placed in their permanent file folders
   - When you do take the record apart, the entire record has to be re-assessed to ensure that none of the record is missing or out of place.

10) Keep your records current – don’t get behind – Document as you go – better detail and stay up with your work. The Attending Clinician will be written up for all Student chart deficiencies.
11) Students can sign: History, Physical Examination, Progress Notes, Client Communications, Student Summary of Case, Preventive Health Care Form and Veterinarian Communications. If not signed in the Medical Record (paper or electronic) the Clinician will be written up to complete.

12) Progress Notes – If the animal stays overnight – there must be a Progress Note for each day of the stay. History and Physical Exam stands for the first night’s progress note. Discharge Instructions stand for the last night’s progress note. Be sure you do them on a daily basis – It is hard to come back and remember what happened several days or weeks later. Be sure to sign and date each entry.

- Electronic Progress Notes – If you choose to use the Hospital System to generate Progress Notes (SOAP Notes), it is YOUR responsibility to electronically sign them.
- The Hospital Computer System (CPRS) will prompt you and list all unsigned documents. These are monitored on a regular basis and e-mails are sent to remind you that you have unsigned documents. Don’t wait to be reminded. Either sign or delete these unsigned documents on a daily basis.

- These notes are viewable by Owners, Referring and Primary Veterinarians, and in Courts of Law, be very careful what you write in them….Accuracy and pertinence are essential elements of a Progress Note.

- Unsigned Progress Notes are marked as missing Progress Notes and are tagged as a chart deficiency for the clinician assigned to the case until they have been electronically signed by the Author or the Clinician.

- HOSPITAL LEAVE – Patients may be on Hospital Leave for up to seven days, and require a notation in the Progress Notes indicating the patient is on hospital leave.
  Example: 4/2/11 On Hospital Leave 4/2/11 thru 4/7/11 Signed by you

13) Documents –

- Draft Copies - If not electronically signed – Do Not print nor place in record – Is not finalized and will not be retained.
- Copies to Referring and Primary Veterinarian(s) –
  a. Documents (Discharge Instructions, Referral Letters, Automated Veterinarian Communications, and Necropsy Reports) created in the hospital system are automatically sent to the Referring and Primary Veterinarians listed on the Registration.
- Printing
  a. Discharge Instructions – Print 2 copies – One for Owner other for the Record – Make sure the Owner signs the record copy – place it in the record.
  b. Operative Reports – print and place in the patient record.
  c. Referral Letters from the Hospital System automatically print in Health Information.

14) Error Corrections –

- Electronic Documents –
  a. Amendments: An amendment may be added to an electronic document. The system will automatically time and date stamp the entry. The Amendment will require a separate electronic signature from the original portion of the document.
  b. Mistake – If you make a mistake see or Call Pam Brock 974-5679 or email plbrock@utk.edu.
- Paper Documents – Single line through error, mark as an Error, Initial and Date
  a. No White Out
  b. Do NOT Scrub Out
Labels used for Identification – DO NOT Place a Label over incorrect information – MUST BE Hand Corrected and Marked as an Error, Initialed and Dated

15) Animal Records are legal documents and must be handled as such – They are your only legal Protection/defense – They are only as good as the information you put in them. REMEMBER that owners have a right to read and get copies of their animal’s records. Don’t write anything in the record you would not want to read in court or have someone else see or read. As this is a legal document, it is necessary to be able to reproduce upon legitimate request. Therefore, only permanent black or dark blue ink should be used. No erasable ink. No White Out. Some of the colored pens do not copy nor scan well. Also never write in pencil. If you make an error, single line through, initial and date

16) Who can you Discuss/Contact Regarding a Case?
   - Registration Form –
     a. If they are electronically printed on this form, you can talk with them
     b. If NOT listed on this form, you cannot
        • Need to – Contact Health Information before you do

17) Referring Veterinarian vs. Primary (Regular) Veterinarian
   - Referring Veterinarian – The Veterinarian who sent the patient to our facility
   - Primary Veterinarian (Regular Veterinarian)
     a. The Veterinarian who routinely treats the animal
        • May or may not be the Referring Veterinarian
     b. Determined by the Owner and may be changed at any time upon the request of the Owner
   - Please contact Health Information if changes need to be made or if there are any questions or concerns in regards to either Referring or Primary Veterinarian

18) Release of Information –
   - Refer all such requests to the Health Information Unit. We keep a log for Release of Information and Insurance with details of what and when something was released
   - INSURANCE - We do NOT accept assignment of benefits - Owners pay – we file the Insurance claim and they get their money from the Insurance Company
     a. Refer all requests for Insurance Claims or Insurance Applications to the Health Information Unit –
        • including discussing the case with the Insurance Agent
     b. Health Information will contact you when they need assistance with a Claim, please get back to them as soon as possible –
        • Insurance Claims are time bounded and if you delay, the claim could be denied and the Owner will not get their money
   - Legal Cases - If you have a potential Legal Case, notify Health Information

19) Contacting Owners/Authorized Agents
   - Be sure to complete a Client Communication
     a. Give Specific Details of what was discussed and Owner’s Decision regarding the items discussed when appropriate. Also be specific as to who you are talking to. If you have a mother and daughter listed on the record with the same name, be specific….do not refer to as “Ms. Brock”
     b. If texting, give same detail you would if calling

20) Ownership Changes/Adoptions- These need to go through Health Information. We have forms that need to be signed by both parties especially if one of the parties is affiliated with UTVMC
21) Digital Documents – Log into the Web HCS (http://webhcs.vet.utk.edu) and enter the patient number. Click on the tab that says Supplemental Documents and the files will pull up for you to select from

- Please see image below

22) Uploading Images and Video in the Web Based Hospital – Files may be uploaded to the hospital system against both a patient record number and a temporary patient number contained in a new patient appointment. When the patient arrives, the images are transferred to the new patient number. The images may be viewed, downloaded or searched for in the web based HCS. After 3 working days the files become an official part of the Medical Record

- Please see image below
# Registration Form

| Registration Date: | Patient Representative: |

## Medical Record Number:

<table>
<thead>
<tr>
<th>Animal:</th>
<th>Owner:</th>
</tr>
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<tbody>
<tr>
<td>Alias:</td>
<td>(H)</td>
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<tr>
<td>DOB:</td>
<td>(W)</td>
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<tr>
<td>Sex:</td>
<td>(E)</td>
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<td>Species:</td>
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<td>Breed:</td>
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<tr>
<td>Color:</td>
<td></td>
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<tr>
<td>Remarks:</td>
<td>(M)</td>
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<table>
<thead>
<tr>
<th>Co-Owner:</th>
<th>Spouse:</th>
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<td>(H)</td>
<td>(H)</td>
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<tr>
<td>(C)</td>
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## Agent:

<table>
<thead>
<tr>
<th>Pre-Purchase Contact:</th>
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<tbody>
<tr>
<td>(H)</td>
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<td>(C)</td>
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<td>(M)</td>
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</table>

## Referring Veterinarian:

<table>
<thead>
<tr>
<th>Primary Veterinarian:</th>
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<td>(O)</td>
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<tr>
<td>(C)</td>
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<tr>
<td>(F)</td>
</tr>
<tr>
<td>(E)</td>
</tr>
</tbody>
</table>

## Clinic:

<table>
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<tr>
<th>Insurance Company:</th>
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<tbody>
<tr>
<td>(M)</td>
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</tbody>
</table>

## Reason for Service:

Admitting Clinician(s): (Ser Time/Admitting Clinicians)
Healthcare Provider(s):
Farrier:
I, _____________________________________________ certify that I am the Transporter/Hauler Only and have no authority to authorize treatment nor payment:

Date __________________________ Transporter/Hauler: ________________________________________

CONDITIONS OF ADMISSION/TREATMENT

1. Medical and Surgical Consent: I, the undersigned, do hereby certify that I am the owner (or authorized agent of the owner) of this animal and that I am 18 years of age or older; that I hereby authorize the Veterinary Medical Center of the University of Tennessee, their agents or representatives, to perform the medical or surgical procedures, sedation, anesthesia, x-ray examination, diagnostic procedures, prescribe and administer drugs, or such treatment which the clinician deems necessary. I understand that general anesthesia is routinely used for diagnostic tests. I understand that diagnostic and surgical procedures carry potential risks.

2. No Guarantee as to Results: I understand that the practice of veterinary medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the result of treatments and examination.

3. Education: I understand and agree that the University of Tennessee Veterinary Medical Center is involved in educational activities and that faculty, residents, interns and students will be involved in my animal’s care.

4. Discharge: I agree that if this animal is not picked up within ten (10) days of receiving notification of discharge, the hospital is released from liability for disposing of the animal. My financial responsibility shall not be in any way altered by such disposal, and my indebtedness shall include all charges made against such animal up to and including the date of and charges for disposal of same.

5. Release of Information: I authorized the release of medical information to the Insurance Company, their agents or representatives listed above in order to process any claims or applications for insurance. I further authorize the release of medical information to the Primary Veterinarian listed above.

6. Photographs/Videos/Audio: I hereby authorize the University of Tennessee, College of Veterinary Medicine to photograph/video/audio record my animal while under the care of the above institution and agree that they may use or permit other persons to use the images, videos, or sound recordings prepared therefrom for such purposes and in such manner as may be deemed necessary, including but not limited to teaching, education, research, and public information purposes, and the animal and/or owner will not be identified by name.

7. Promise to Pay Account: I agree to accept responsibility for the payment of all services rendered. Should it become necessary to collect this account through an attorney, the undersigned agrees to pay all costs of collections, including reasonable attorney fee.

   • Deposit required on all animals hospitalized
   • Payment required when services rendered
   • $30 Service Charge for all Returned Checks
   • Interest may be charged at a rate of 1.5% per month (18% per annum) for all accounts with outstanding balances

8. Emergency Care: Should unexpected life-saving emergency care be required and the staff cannot reach me, I hereby authorize the University of Tennessee, College of Veterinary Medicine to provide such treatment, and I agree to pay for these services.

The undersigned certifies that he/she has read the foregoing, or has had the foregoing read to him/her, and that he/she understands and fully accepts its terms.

Date: _____________________ Owner: __________________________________________________________

Date: _____________________ Authorized Agent: ____________________________________________