POLICY AND PROCEDURE MANUAL CHECKLIST

Simple, functional, written policies that are followed in the office need to be in place. Below is a comprehensive list of policies (if applicable to your practice) that should be in place at the time of audit. If you would like to implement these specific policies for your practice, please ensure each applicable policy is completed with any necessary information specific to your site, then check off which policies apply. The physician must sign the following page to acknowledge use of the specified policies as they are written. Any revisions to a policy can be made and encouraged to reflect your office practice. Simply indicate which policies were revised and present the revised policy to the nurse reviewer at the time of the audit. When a revision is made, ensure that the approving physician signs the top right-hand corner of the policy to indicate the implementation of this policy and procedure in the practice. If no revisions are made, continue with signing the following page, indicating no policies checked off on this page have been revised.

Annual review of these policies and procedures (P&Ps) should be in place and documented by the physician signing the signature page each year.

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Policy Description	Check here if implementing the
Policy Description	sample P&Ps
Safety and Member Rights Core Policies:	1 3000,000
Bloodborne Pathogens (Annual Training)	
Biohazardous Waste Management (Annual Training)	
Infection Control/Universal Precautions (Annual Training)	
Fire Safety and prevention & Emergency Non-Medical Procedures	
Patient Confidentiality	
Informed Consent	
Prior Authorizations	
Member Grievances	
Child/Elder/Domestic Abuse Reporting	
Sensitive Services & Minor Rights	
Referral Process	
Cultural Linguistic & Interpreter Services	
Disability Rights and Provider Obligations	
General Policies:	
Access to Care	
Advanced Healthcare Directive	
Appointments and Patient Recall	
Health Education Services	
Instrument Sterilization	
Laboratory Services	
Lead Poisoning Prevention	
Medical and Lab Equipment Maintenance	
Non-Physician Medical Practitioners	
Personnel Training	
Pharmaceutical and Vaccine Services	
Preventive Care Screening Equipment	
Radiology Services	
Staff Qualifications	
Triage	
Unlicensed Personnel	

POLICY AND PROCEDURE MANUAL

PROVIDER ACKNOWLEDGEMENT SIGNATURE PAGE

By signing below, I agree that the above checked policies and procedures have been adopted and implemented in my practice. I agree to revise and maintain copies of revisions as policies and procedures in my practice change. When changes are made, I will ensure proper staff training of such changes are shared with staff and documented via a staff in-service training sign in sheet conducted by myself or a designated site personnel such as an office manager or clinic supervisor.

Date	Name of Reviewing Physician(s)	Signature	Review Date	P&P Number(s) Revised – if none, indicate "none"
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