

CASE MANAGEMENT RECORDS (CMR) DECLARATION

Date: _____

1. Name of person completing questionnaire: _____

Title: _____ Ext. _____

Dept.: _____

2. Name of person responsible for CMRs (i.e., Department Director/Division Administrator):

3. CMRs contain information on what type of patient population (i.e., psychiatry notes)

4. Does your CMR contain any original documentation not sent to the Unit Medical Record, and if so please list a brief description and the reason the information was not sent to Medical Records?

5. What is the exact or approximate number of existing records? _____

6. How many additional case management records are created and/or maintained annually?

7. Where is the physical location of case management records? _____

8. Do you currently release any information from the case management records?

In accordance with new hospital policies and new federal HIPAA regulations, I will maintain an inventory of my Case Management Records, and ensure a tracking system is in place to establish a chain of custody. I will also refer any request for the release of information to Health Information Management (HIM).

Signature of Clinical Chairman or
Department Director

Date

Submit completed form to: chula@utmb.edu or mail to Carl Hula at route 0782

