Entries in the patient’s medical record must be legible. Authorship in the patient’s medical record must be clearly and easily identified.

UTMC follows the guidelines in the Medicare Program Integrity Manual (Publication 100-08, Chapter 3, Section 3.3.24).

(C) Procedure  (I alphabetized the listing)

1. The following personnel are permitted to make entries into the medical record:
   - Care Coordinators
   - Certified Chemical Dependency Counselors
   - Certified Nurse Practitioner
   - Clinical Nurse Specialist
   - Child Life Instructors
   - Dentists
   - Emergency Medical Technician
   - Ethicists
   - Exercise Physiologists
   - Registered Dieticians
   - Organ Procurement Coordinators
   - Medical Assistants
   - Mental Health Technicians
   - Midwives
   - Paramedics
   - Organ Procurement Coordinators
   - Pastoral Care
   - Patient Care Aides
   - Pharmacists
   - Physical/Occupational/Speech Therapists
   - Physicians
   - Physician Assistants
   - Nurses and nursing assistants
   - Professional Counselors
   - Psychologists
2. Entries must be legible, signed, timed, and dated.

3. Each clinician documenting in the medical record must print his or her name legibly with the recorder’s first and last name and title underneath his or her signature the first time a health care provider signs the chart.

4. When an error occurs in the written entry of information in a medical record, a line should be drawn through and the word “error” written on the line. This is followed by the recorder’s name, title, date and time. The proper information is then documented. Late entries should be prefaced by the word “late entry” with the date and time.

5. Required Co-Signatures

<table>
<thead>
<tr>
<th>Practitioner/Service</th>
<th>Co Signed by</th>
<th>Type of Entry</th>
</tr>
</thead>
</table>
| Certified Nurse Practitioner | Attending Physician | • Informed Consent prior to surgery  
• History and Physical (if surgery patient, prior to surgery)  
• Orders if CNP does not have prescribing authority |
| Certified Registered Nurse Anesthesiologist (CRNA) | Anesthesiologist | Anesthesia Evaluation/Record |
| Clinical Nurse Specialist | Attending Physician | • History and Physical (if surgery patient, prior to surgery) |
| Exercise Physiologist | Attending Physician | • All Entries |
| Physician Assistant (PA) | Attending Physician | • Informed consent prior to Surgery  
• History and Physical (if surgery patient, prior to surgery)  
• Orders within 24 hours and prior to actions taken on order |
| Psychology Assistant (PA) | Psychologist | • All entries |
| Residents | Attending Physician | • Discharge Summary, History and Physical, Operative Note, Progress Note |
| Pharmacist | Ordering Physician | • Dosing orders and monitoring |

Physician Electronic Signature on Transcribed Reports

1. Physicians are required to sign transcribed reports with a digital signature.
2. Each user is trained on the appropriate use of the digital signature system.
3. Electronic signature systems require that documents must be electronically retrieved/reviewed individually before a signature can be affixed to each document.
4. Electronic signatures also must include a system generated date/time stamp.
5. Once the report is signed, it cannot be edited or changed. An addendum is required for changes.

Approved by:

Daniel Barbee, RN, BSN, MBA
Chief Executive Officer - UTMC

Samer Khouri, MD
Chief of Staff

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11/10/04
9/14/05
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5/28/2008
4/1/2011
9/1/2014
9/1/2017

Policies Superseded by This Policy: 7-53-18 – Handwritten Entries in the Medical Record, and Electronic Signatures on Transcribed Reports

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.