

**Name of Policy:** Transfer/Discharge Summary

**Policy Number:** 3364-160-CR-107

**Approving Officer:** Chief Executive Officer

**Responsible Agent:** Chair, Department of Psychiatry  
Administrative Director

**Scope:** Outpatient Clinic - Psychiatry



**Effective date:** July 2025

**Original effective date:** January 1998

**Key words:** psychiatry, transfer, discharge, referral, continuity of care

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

**(A) Policy statement**

A transfer/discharge summary will be completed by providers when clients are transferred to another level of care, treatment, and services, to different health professionals, or to settings for continued services or when discontinued.

**(B) Purpose of Policy**

To ensure continuity of care, treatment, and services is maintained and/or to provide a summary of the treatment process including goals, progress, unresolved issues, and follow-up options.

**(C) Procedure**

**(1)** The transfer/discharge summary shall include, but not be limited to, the following information:

- (a) Date of admission of the client.
- (b) Date of the last service provided to the client.
- (c) Reason for transfer/discharge or alternatives, if any.
- (d) Relevant bio-psychosocial status at time of transfer or discharge.
- (e) Results of the service(s) provided.
- (f) Recommendations made to the client, as appropriate to the individualized service plan, including referrals made to other community resources.

## Transfer/Discharge Summary

- (g) Medications prescribed by the provider upon the client's termination from service; if applicable.
- (h) Upon involuntary termination from service, documentation that the client was informed of his/her right to file an appeal.
- (i) Dated signature and credentials of the staff member completing the summary.

(2) A transfer/discharge summary will not be completed on clients seen for brief interventions, an evaluation only, or when not seen in follow-up treatment.

<p><b>Approved by:</b></p> <p>/s/</p> <p>Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <hr/> <p>Date</p> <p>/s/</p> <p>Robert Smith, MD, PhD Chair, Department of Psychiatry</p> <hr/> <p>Date</p> <p>/s/</p> <p>Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS Administrative Director</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Department of Psychiatry Administration</i></p>	<p><b>Policies Superseded by this Policy:</b></p> <ul style="list-style-type: none"> <li>• <b><i>ODMH-CR-107 and 110</i></b></li> </ul> <p>Initial effective date: January 1998</p> <p>Review/Revision Date:</p> <p><i>July 2002</i>  <i>June 2004</i>  <i>August 2005</i>  <i>August 2007</i>  <i>January 14, 2013</i>  <i>January 6, 2014</i>  <i>September 16, 2016</i>  <i>September 2, 2022</i>  <i>July 2025</i></p> <p>Next review date:</p> <p><i>July 2028</i></p>
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