


Name of Policy: <u>Transfer/Discharge Summary</u> Policy Number: 3364-160-CR-107 Department: Psychiatry Approving Officer: Chief Executive Officer - UTMC Responsible Agent: Chair/Medical Director Department of Psychiatry Administrative Director Department of Psychiatry Scope: OP-Clinic-Psychiatry	 Effective Date: 10/01/2022 Initial Effective Date: 1/1998
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> 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 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 biopsychosocial 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;
 - 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; and
 - 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.

