[Insert organisation name/logo]

Client File Audit Procedure

**Version: [Year/no]**

**Document status: Draft or Final**

**Date issued: [date]**

**Approved by: [insert organisation name] Board of Directors on [date]**

**Date for review: [date]**

**Record of policy development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version number** | **Date of issue**  | **Lead author/ reviewer**  | **Consultative panel**  | **Significant changes on previous version** |
| **[Yr/no]**  | **[Date]** | **[Name/role]** | **[Name/role/ organisation]**  | **[For example, incorporate changes to new legislation]** |
|  |  |  |  |  |
|  |  |  |  |  |

***🖌Note\****

*This procedure template has been developed to meet the needs of a diverse range of services and includes items for consideration in policy and procedure.*

***Not all content will be relevant to your service.******Organisations are encouraged to edit, add and delete content to ensure relevancy.***

*All notes (like this one) should be considered and deleted before finalising the policy, and the contents list should be updated as changes are made and when content is finalised. See the NADA Policy Toolkit User Guide for more editing tips.*

*\*Please delete note before finalising this policy.*

***🖌Note\****

*To update the contents list when all content has been finalised, right click on the contents list and select ‘update field’, an option box will appear, select ‘Update entire table’ and ‘Ok’.*

*To use the contents list to skip to relevant text, use Ctlr and click to select the relevant page number.*

*\*Please delete note before finalising this policy.*

Client File Audit Procedure 1

CLIENT FILE MANAGEMENT 3

1.1 Establishment of client files 3

1.2 Client file structure 3

1.3 Development and maintenance of client files 4

1.4 Review of client files 4

1.5 Retention of client files 5

1.6 Disposal of client files 5

1.7 Client access to files 6

1.8 Refusal of client access to files 6

1.9 Amendment to client files 7

1.10 Security of client files 7

1.11 Disclosing information from client files 8

**🖌Note\***

This policy could also include the following sections:

* Clients leaving the facility without notice or approval
* Responding to bullying, harassment, violence, racism

For more information about these issues, refer to the NADA website [www.nada.org.au](http://www.nada.org.au) for updates and policy releases.

\*Please delete note before finalising this policy.

# CLIENT FILE MANAGEMENT

The organisation ensures that a client file is created for each client and all information related to the person is placed in the client file. The organisation makes sure that staff effectively develop, maintain, review, retain, secure and dispose of client files, ensuring that records of care and treatment are maintained effectively, and client privacy and confidentiality is protected.

The protection of client privacy and confidentiality is a guiding principle in the collection, use and storage of **[insert organisation name]** client information.

Client files are an important source of information about client’s health, social needs and treatment planning. The organisation understands that client files enhance safety and continuity of care by the accurate recording of client details and history, and is committed to ensuring that information in client files is complete, accurate and relevant.

By implementing the procedures in this section, **[insert organisation name]** ensures that:

* The client file management system is systematic, compliant with legislation and quality standards, informative and protects the interests of both the client and the organisation.
* Client files are effectively established, reviewed, maintained and retained.
* Client information is secure, accessible, relevant and used primarily for the benefit of the client.

Effective management of client files enables the organisation to:

* Demonstrate the flow of client support and make effective use of staff time.
* Provide ongoing staff support and information to assist them to effectively manage client files.
* Monitor compliance with the quality improvement program.

## 1.1 Establishment of client files

**[Insert organisation name]** confidential files are held for all clients accepted into the service/program.

A client file is established following completion of client intake processes and acceptance into the organisation programs. In establishing a client file, the allocated staff member is to clearly explain to the client:

* Which information will be held by the organisation.
* How information will be kept secure.
* Under what circumstances information may be disclosed to others and where consent will be requested.
* The process for making a complaint in relation to suspected misuse of personal information.
* How to request access to personal information held by the organisation; refer to Section 4.7 of this policy.

## 1.2 Client file structure

**[Insert organisation name]** client files will be clearly identified with a name and/or client code and include the following information:

* Intake details
* Assessment details
* Routine client data collection – N/MDS, Client Outcomes and Client Experience
* Rights, responsibilities and signed consent documents
* Medical information (including medication list and allergies)
* Treatment and review management plan
* Case management and contact notes
* Case conference minutes and notes
* Correspondence
* Client feedback
* Client exit planning and follow-up information
* **[Insert other relevant information required].**

## 1.3 Development and maintenance of client files

The organisation **[insert client case manager or nominated staff member]** ensures that all sections of the client file are complete and up-to-date.

All pages of the treatment management plan and progress notes contain:

* The client’s name or client code
* Date of entry
* Page number.

Entries in client files are:

* Brief, timely, accurate and complete
* Factual, objective and sequential
* Free of value judgments or abbreviations
* Legible and signed, dated, with name of author printed
* Written in black or dark blue ink [OR] electronically stored on a secured client management system
* To have any mistakes crossed out and initialled, with no liquid paper or concealer used
* **[Insert other characteristics of files entries].**

## 1.4 Review of client files

**[Insert organisation name]** implements a client file review system to verify the quality of client files. The review process includes files of all staff members involved in managing client files. The results of the review will be analysed and used to raise issues of concern and to improve record-keeping quality.

**[Insert organisation name]** outlines the following processes for conducting an internal review of client files and notes that these may be carried out simultaneously with a Case Notes Audit which is detailed in the Client Clinical Management Policy.

### 1.4.1 Undertaking File Reviews

The file review will be based on a random selection of current files and will be completed using the Client File Review Tool.

The **[insert relevant position/s, e.g. case manager, supervisor]** will review at least **[insert the number of files, e.g. 2]** files every **[insert frequency, e.g. 6 months]** to ensure all sections of the file are complete and current, and that entries in files are appropriate.

A record of the staff member primarily responsible for managing the client file will be recorded by **[insert senior position responsible]** so that the files of all staff members are reviewed at least once in a calendar year. If **[insert senior position responsible]** is also responsible for managing client files, a review of their files will be undertaken by **[insert senior position responsible].**

### 1.4.2 Documenting and reporting file reviews

The **[insert senior position responsible]** inputs the results of client file review into a spreadsheet and develops a summary of corrective actions. This report is provided to the CEO/Manager.

The client review report can be used as a quality measure which should inform quality improvement activities and as a feedback mechanism to staff, governing bodies and funders. Furthermore, specific feedback should be provided to clients – both as the full report and in consumer-friendly formats.

The completed Client File Review Tool is returned to the staff member primarily responsible for completing the file. The document will provide written feedback that identifies areas of excellence and those requiring corrections.

The staff member primarily responsible for completing the file will remedy any corrective actions identified in the file review within **[insert timeframe].**

The **[insert senior position responsible]** monitors and supports completion of corrective actions and records completion of actions in the Client File Review Tool.

## 1.5 Retention of client files

Client files are retained at **[insert organisation name]** due to the possibility that:

* The client may return to the service
* A complaint is made
* Litigation or other legal proceedings may be instigated
* There will be a need for **[insert organisation name]** to provide evidence that it fulfilled its duty of care obligations (for example, if a client became a danger to themselves or others).

Client files are securely stored for a period of **[insert timeframe, e.g. 7 years]** after the client has ceased receiving services from the organisation.

## 1.6 Disposal of client files

As indicated in the [Privacy Manual for Health](https://www.health.nsw.gov.au/policies/manuals/Documents/privacy-manual-for-health-information.pdf) Information (2015), health information files will be destroyed no sooner than seven (7) years after the client ceases to receive services.

Client files will be disposed in a manner which ensures that they cannot be retrieved, and protects the privacy of clients and others. Electronic record deletion guidelines are outlined in the Privacy Manual for Health Information (2015).

Documents containing confidential or sensitive information are to be shredded using the organisation shredder located in **[insert shredder location].**

Bulk amounts of documents containing confidential or sensitive information are shredded by **[insert external contractor, if applicable].** Bulk documents for shredding are placed in **[insert secure document disposal equipment, e.g. wheelie bin, bag, etc.]** located in the **[insert equipment location].**

**🖌Note\***

If your organisation manages a large amount of confidential and sensitive information, make sure the organisation is implementing the most secure system to manage the disposal and destruction of that information.

This may include utilising onsite shredders, secure bins, external contractors or other tools to protect the privacy of the organisation, clients, staff members, volunteers and Board members.

\*Please delete note before finalising this policy

## 1.7 Client access to files

**[Insert organisation name]** clients have the right to access their own information on request, except under specific circumstances provided for in the Health Records and Information Privacy Act 2002 (NSW).

The organisation outlines the following processes for clients accessing their own files:

### 1.7.1 Request to view information

When a client, or their authorised representative, informs a staff member that he/she wants to see information in their client file, the client or their authorised representative is informed that the request needs to be documented on the Client File Access Request form.

The staff member receiving the request passes the request to the CEO/Manager to authorise the access. Once the access approval has been obtained, the **[insert relevant position]** make arrangements for the client to view the file.

### 1.7.2 Organising client file access

File access will be arranged at the organisation’s premises under the supervision of a staff member, at a time that mutually suits the client, their authorised representative and the staff member.

### 1.7.3 During access

The **[insert organisation name]** staff member will show the client the relevant file information, ensuring that the material is returned to the file after it has been viewed or read out, if applicable.

The client will be supervised by a staff member at all times when accessing or reading the file.

### 1.7.4 After access

The **[insert organisation name]** staff member ensures the file is complete, checks that the client is satisfied with the process, places the access request documentation into the client file and records a file note indicating the date and time that the client file was accessed.

## 1.8 Refusal of client access to files

**[Insert organisation name]** can refuse a client’s access to their personal information if:

* Providing access would pose a serious threat to the life or health of any person.
* Providing access to the section requested would have an unreasonable impact on the privacy of other people.
* The information relates to existing or future legal proceedings between the organisation and the person and is likely to prejudice an investigation of possible unlawful activity.
* Providing access would be unlawful.
* Denying access is required or authorised under another law or has been requested by a law enforcement agency.
* The request for access has been made unsuccessfully on at least one previous occasion and there are no reasonable grounds for making the request again.
* The person has been provided with access to their information already and is making an unreasonable repeated request for access to the same information in the same manner.
* **[Insert other circumstance where your organisation will refuse the client’s access to their personal information].**

All Client File Access Request Forms are authorised by the CEO/Manager. If the request is refused, a written reason for the refusal, including one of the circumstances mentioned above, must be given.

The organisation is required to respond to a request for access to information in writing within **[insert timeframe]** of receiving the request.

## 1.9 Amendment to client files

The clients, or their authorised representatives, can make a request to amend their client file on the Client File Access Request Form.

If a client, or their authorised representative, requests an amendment to the information held in their client file, **[insert organisation name]** staff may amend by way of corrections, deletions or additions to the information to ensure:

* The information is accurate
* The information is relevant, up-to-date, complete and not misleading, taking into account the purpose for which the information is collected and used.

If a staff member is unsure whether to grant a request to amend information in a client file (e.g. if the client is questioning medical records or a diagnosis), the request should be forwarded to the CEO/Manager.

The organisation may refuse a request to amend information contained in a client file if it is satisfied that the purpose of the amendment includes one or more circumstances specified on the Refusal of Client Access to Files (Section 4.8) above. If **[insert organisation name]** decides to refuse to amend the client file, a written reason for the refusal must be given.

If the requested amendments are refused, the client may provide a statement about the requested changes, which is to be attached to the client file.

**[Insert organisation name]** is required to respond to a request to amend information in writing within **[insert timeframe]** of receiving the request.

## 1.10 Security of client files

All client documentation is to be kept securely, with consideration given to physical, technical and administrative security safeguards.

Reasonable physical safeguards include:

* Locking filing cabinets and unattended storage areas
* Physically securing the areas in which the health information is stored
* Not storing health information in public areas
* Positioning computers so that they cannot be seen or accessed by unauthorised people or members of the public.

Reasonable technical safeguards include:

* Using passwords to restrict computer access, and making regular changes to passwords
* Establishing different access levels so that not all staff can view all information
* Ensuring information is transferred securely (e.g. not transmitting health information via non-secure email)
* Using electronic audit trails
* Installing virus protections and firewalls.

Reasonable administrative measures includes policies and procedures for guidance, in addition to training to ensure staff, Board members, students and volunteers are competent in this area. For more information, refer to the Privacy and Confidentiality section of the Communications Policy.

Documents concerning medications require additional administrative procedures to ensure the safety of clients and staff members. For more information on medication refer to the Medication management section of this policy.

## 1.11 Disclosing information from client files

**[Insert organisation name]** client information should only be disclosed outside of the organisation for the primary purpose for which the information was collected. Information may be disclosed for secondary purposes if:

* The organisation has the client’s consent
* There is a serious threat to the health or welfare of any person, including child protection concerns, and any notifiable condition under the Public Health Act 1991
* Information is provided to another person or organisation involved in the ongoing care of the patient, or the ongoing service to the client
* Investigating and managing adverse incidents or complaints about care or client safety
* Using information for quality improvement activities such as client file reviews
* Managing a legal claim made by the client
* Legal purposes
* **[Insert other circumstance in which the organisation may disclose client information].**

If a request is made for **[insert organisation name]** to disclose client information to an external organisation, the request is to be made in writing, identify the person and organisation requesting the information and indicate the reason why the information is being sought.

Any requests to disclose information to an external organisation should include the client consent and be directed to the CEO/Manager.