


Name of Policy:	Forms (Paper Based) Health Information Management Committee					
Policy Number:	3364-105-116					
Department:	Health Information Management					
Approving Officer:	Chief Executive Officer - UTMC					
Responsible Agent:	Director, Health Information Management		Effective Date: 9/1/2020			
Scope:	Health Information Management		Initial Effective Date: 1/1979			
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input checked="" type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>			<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

All paper-based forms intended for use in the medical record must go through the Health Information Management (HIM) Committee process and meet the hospital’s approved formatting standards.

(B) Purpose of Policy

To ensure that only approved forms are being used in the medical record via the use of version control, maintenance, formatting, and compliance standards through the collaboration of the Health Information Management (HIM) Department and the multidisciplinary representatives of the Health Information Management (HIM) Committee. These committee members will guide the development of the forms in conjunction with representation from Clinical Informatics, Nursing Administration, Quality and Outcomes Management, Coding, Compliance, and Legal, as well as others when needed.

(C) Procedure

1. Formatting standards – the following specifications must be adhered to for consideration by the HIM Committee:
 - a. The institution name will read “University of Toledo Medical Center” and will be centered, along with the UTMC logo, in the upper, left-hand corner of the form.
 - b. The upper right corner of the form will contain a 1 ½” x 3” space for the patient label, with the words “Patient Label” centered at the bottom of the patient label area.
 - c. The title of the form will be centered at the top of the form, between the logo and the patient label area, in 12pt Arial font.
 - d. The form’s content will be in Arial font, no greater than 12pt and not less than 8pt in size.
 - e. All forms will be formatted on either 8 ½” x 11” or 11” x 17” sheets. Forms that are formatted on 11” x 17” sheets will be folded into 8 ½” x 11” pages with perforations in the fold and 1 ½” x 3” space in the upper, right-hand corner of each page for the patient label.
 - f. Margins must conform to the following measurements, preferably in a Word document:
 - 1) Left Margin = .50” for the front page of the document
= 0.25” for the back page of the document
 - 2) Right Margin = 0.25” for the front page of the document
= 1” for the back page of the document

- 3) Top Margin = 0.25”
 - 4) Bottom Margin = 0.25”
 - g. Left margin will be three-hole punched to accommodate the inpatient binder, if applicable.
 - h. The barcode will be placed in the bottom, left-hand corner of the form in 3 of 9 font.
 - i. The abbreviated document type will be listed underneath the barcode for ease of identification and to ensure proper placement in the scanned record.
 - j. The approval/revision date (month/year) will be placed at the bottom, right-hand corner of the form.
 - k. Forms may be printed on both sides but must abide by the formatting standards.
 - l. The use of colored forms is not permitted in the medical record.
 - m. All single page forms will be printed on 20# white paper.
 - n. All double-sided forms will be printed on 24# white paper, including a 1 ½” by 3” area on the back side for the patient label.
 - o. The form number, generated upon approval from the HIM Committee, will be placed at the bottom, left-hand corner of the form.
2. Approval process – any new form or a form in need of revision, must be submitted to the HIM Committee.
- a. Send the following information with each new form or form revision:
 1. Copy of the old form, if applicable
 2. Draft of the new form or a copy of the old form with the suggested revisions
 3. Purpose of the form
 4. Identification of internal and/or external factors which support the need for the requested form or revisions.
 - b. The business owner, or their delegate, of the form will present the form at the scheduled HIM Committee meeting. If the business owner, or their delegate, does not show, the form will be tabled for the following month’s meeting until it is presented before the committee.
 - c. Preliminary approval can be granted in circumstances where a form needs to be put into use prior to the next month’s meeting. In these cases, the form will be expedited for formatting and barcoding and will be available for immediate use; however these forms will not be online for official ordering until final HIM Committee approval the following month.
 - d. Upon approval from the HIM Committee, the form will be uploaded into the UTMC database, maintained by our form’s vendor, for online ordering.

