

Disclosures that are Exceptions to the Requirement for Notation

The table below identifies exceptions for disclosures made WITHOUT the consent of the client/substitute decision maker. Follow the procedure for making notations (Policy ADM-c-120 or the “Flowchart for Making a Notation of a Disclosure”). Retain records that serve as a paper trail of the disclosure (i.e. so that notation is not required) according to the table below.

Type of Disclosure	Information Disclosed (all or some combination of the listed items)	Paper trail to be kept in the chart instead of a notation
Transfers to Acute Care	<ul style="list-style-type: none"> • Copy of the transfer sheet (Alberta Health and Wellness Patient Transfer Information form) containing the diagnosis, reason for transfer, treatment and summary of current condition • Copy of the current medication administration records (MARS) • Copy of any pertinent diagnostic reports (Lab values, xrays, consult forms) • Copy of recent progress notes which cover current situation and actions that have been taken • Copy of current client registry • Copy of the working care plan • Copy of Personal Directives/Advance Directives 	<ul style="list-style-type: none"> ▪ A note in the client’s chart that they have been transferred
External Consultations (e.g. Dentists, Specialists, LTCPC’s)	<ul style="list-style-type: none"> • Consult Requisition • Copy of the current medication administration records (MARS) • Copy of any pertinent diagnostic reports (Lab values, xrays, consult forms) • Copy of recent progress notes which cover current situation and actions that have been taken • Copy of current client registry • Copy of Personal Directives/Advance Directives 	<ul style="list-style-type: none"> ▪ Consult Report ▪ Or a note in the progress notes that the appointment has been rebooked
Lab Orders	<ul style="list-style-type: none"> • Lab requisition, including <ul style="list-style-type: none"> ○ PHN, date of birth, address, phone #, client’s family physician ○ information about the client’s current condition at the time of the order that precipitated the need for a diagnostic test 	<ul style="list-style-type: none"> ▪ Report / results from testing agency
Diagnostic Imaging Orders	<ul style="list-style-type: none"> • Diagnostic imaging requisition, including <ul style="list-style-type: none"> ○ PHN, date of birth, address, phone #, client’s family physician ○ information about the client’s current condition at the time of the order that precipitated the need for a diagnostic test 	<ul style="list-style-type: none"> ▪ Report / results from testing agency

Type of Disclosure	Information Disclosed (all or some combination of the listed items)	Paper trail to be kept in the chart instead of a notation
Transportation Bookings (regional) for External Consultations	<ul style="list-style-type: none"> • Client demographics (PHN, date of birth, address, phone #) • Copy of current client registry 	<ul style="list-style-type: none"> • Consult Report • Or a note in the progress notes that the appointment has been rebooked
Discharges to other continuing care organizations	<ul style="list-style-type: none"> • Copy of the current medication administration records (MARS) • Copy of Personal Directives/Advance Directives • Copy of the Transfer Sheet • Copy of the working care plan • Copy of any pertinent diagnostic reports (Lab values, xrays, consult forms) • Copy of any pertinent Flow Sheets / Assessments (e.g. Wound Flow Sheet, Diabetic Flow Sheet, Pain Assessment, Braden Risk Assessment) • Copy of the Doctor's Order Sheets • Copy of the Physician Consult Reports (e.g. Annual Physical) • Copy of the Social History • Copy of the Declaration of Public Guardianship / Trusteeship 	<ul style="list-style-type: none"> • Discharge summary
Discharges from CCG Subacute	<ul style="list-style-type: none"> • Copy of current client registry • Copy of Physician Discharge Summary (e.g. to family physician, Ortho/Plastics Surgeon) • Copy of Physiotherapy Discharge Summary? • Copy of the current medication administration records (MARS) • Copy of the Anticoagulant Flow Sheet 	<ul style="list-style-type: none"> • Discharge Summary
Discharges to Home Care	<ul style="list-style-type: none"> • Copy of current client registry • Copy of any pertinent diagnostic reports (Lab values, xrays, consult forms) • Copy of the current medication administration records (MARS) • Referral form for the Home Care Triage Office • Short Term Equipment Loan Program (STELP) equipment form 	<ul style="list-style-type: none"> • Copy of the Referral form to the Home Care Triage office (to be kept with the chart) • Copy of the STELP form (to be kept with the chart)
Subacute Physician Billing	<ul style="list-style-type: none"> • Copy of current client registry 	<ul style="list-style-type: none"> • Physician listed in chart