|  |  |
| --- | --- |
| **Add logo here** | **Policy Type (Practice/clinical/administrative/billing)** |
|

|  |
| --- |
| **Name of policy:** |

 |
|

|  |
| --- |
| **Approval by:** |

 |

|  |
| --- |
| **Effective date:** |

 |

|  |
| --- |
| **Last updated:** |

 |

# PURPOSE

Describe the process for <Official name of policy> at the <name of location and/or environment>.

# BACKGROUND

Provide a brief overview of why the policy is relevant or important to the practice.

# SCOPE

Identify the intended audience and activities where the policy may be relevant.

# DEFINITIONS

Identify and define frequently used terms. Provide any relevant information needed to understand this policy.

# PROCESSES & PROCEDURES

Provide the process required for this policy.

# MATERIALS & METHODS

Identify all materials and methods needed to accomplish the process and procedures above.

# QUALITY ASSESSMENT & QUALITY ASSURANCE

List the quality assessment of the processes and procedures and how quality assurance will be performed.

**APPENDIX A.**

Provide any high-level flowcharts or any other documentation required. The appendix section can be deleted if not used.

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



© 2023 American Medical Association. All rights reserved.

|  |  |
| --- | --- |
| **Add logo here** | **Policy Type (Practice/clinical/administrative/billing)** |
|

|  |
| --- |
| **Name of policy:** |

 |
|

|  |
| --- |
| **Approval by:** |

 |

|  |
| --- |
| **Effective date:** |

 |

|  |
| --- |
| **Last updated:** |

 |

|  |  |
| --- | --- |
| **Document title:** |  |
| **Version:** |  |
| **Approval date:** |  |
| **Owner:** |  |
| **Author:** |  |
| **Approved by:** | Approver | Signature | Date |
|  |  |  |
|  |  |  |
|  |  |  |

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document version #** | **Effective date** | **Modified by** | **Section, page(s), text modified** |
| 1.0 |  |  | Original |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



© 2023 American Medical Association. All rights reserved.