CEDAR GROVE FAMILY MEDICINE

Patient Access Department Policy

The Practice Charter | Department authority, standards and controls

FICTIONAL NORTH CAROLINA PRACTICE · VERSION 0.1 · EFFECTIVE DATE: [DATE]

DEPARTMENT	POLICY OWNER	APPROVAL
Front Desk & Patient Access	Patient Access Lead	Practice Administrator

SCOPE

This sample defines department-wide administrative standards and coordinating procedures. It does not replace task-level SOPs or clinical, privacy, safety, and emergency programs. Bracketed fields require practice decisions.

AT A GLANCE

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DEPARTMENT STANDARD

Be welcoming, protect privacy, stay within role authority, route work to the right owner, and leave every handoff with a clear next step.

1.0 Purpose and application

This policy establishes administrative controls for Patient Access at fictional Cedar Grove Family Medicine. It applies to front-desk and patient-access employees, the department lead, and designated backups. It governs responsibilities and required standards; detailed task instructions remain in controlled SOPs.

2.0 Authority and limits

Patient Access may schedule, register, route routine requests, and complete assigned administrative checkout tasks using practice-approved rules. Staff may not provide clinical advice, assess symptoms, interpret results, promise coverage or payment outcomes, or change a clinical plan. Questions outside role authority must be escalated to the named clinical or administrative owner.

3.0 Scheduling and access

Appointments are scheduled using approved visit types, templates, and instructions. Staff record required administrative information in the designated system and communicate only confirmed information. Exceptions, unavailable appointment types, unclear requests, accessibility needs, and requests requiring clinical judgment go to the department lead or approved alternate.

4.0 Arrival and registration

Staff greet visitors respectfully, verify identity through the approved procedure, and complete registration steps in the designated system. Privacy must be protected in spoken conversations, displayed screens, printed materials, and waiting-area workflows. Registration gaps are referred through the documented review path; staff do not invent data or bypass required controls.

5.0 Telephone and message handling

Requests are received and routed through approved channels. Each item must have an appropriate category, destination, owner, and next action according to the routing procedure. Clinical concerns are transferred to the approved clinical pathway without front-desk assessment. Personal accounts, devices, and unapproved trackers may not be used for patient-specific communications.

6.0 Checkout and open work

Staff complete administrative checkout duties within role authority. Clinical follow-up and care questions are routed to clinical staff. Open operational items must be recorded in the approved queue with a named owner and due point before shift handoff or close.

7.0 Coverage, opening and close

The department lead establishes daily coverage, backups, and break coordination. Assigned staff complete the current opening and closing checklists, protect records and devices, and report unavailable systems or unsafe conditions promptly. Work may not be left solely in a personal inbox, handwritten reminder, or unassigned queue.

8.0 Privacy, safety and service recovery

Access and disclosures must follow the practice's privacy/security rules. Suspected misdirection, inappropriate access, hazards, threats, or service concerns are reported promptly to the designated manager or specialist. Staff use approved escalation and safety procedures and must not retaliate against good-faith reporting.

9.0 Management and records

The Patient Access Lead trains staff, reviews adherence and reported barriers, and proposes revisions to the Practice Administrator. The practice retains operational records in approved systems under its retention schedule. Any dashboard or quality review must use authorized data and be interpreted in context.

10.0 Related documents and approval

Supporting SOPs cover scheduling, registration/check-in, calls/messages, checkout, opening/closing, and queue handoff. Separate policies govern clinical triage, privacy/security, records, emergency response, safety, and financial handling. Owner: [Practice Administrator]. Effective date: [date]. Review date: [date]. Approval: [authorized leader].

REQUIRED OPERATING SEQUENCE

Use the practice's approved detailed SOPs for each task. This overview shows the required coordination points:

- **Before service —** Confirm assigned coverage, approved systems and readiness; report a system or safety barrier to the lead.
- **During service —** Use approved administrative rules, protect privacy, route outside-scope work, and record an owner and next step.
- **Before handoff or close —** Review the approved work queue, transfer open items to a named owner, secure records/devices, and complete the closing checklist.

ESCALATE WITHOUT GUESSING Clinical judgment, privacy incidents, threats, unclear authority, and unresolved conflicting instructions go promptly to the designated clinical, privacy/safety, or administrative lead.

DOCUMENT CONTROL AND REVIEW

VERSION / DATE	OWNER	APPROVAL / REVIEW
0.1 / [date]	Patient Access Lead	Practice Administrator / [date]

SAMPLE USE NOTE Fictional demonstration only. This is not legal advice, clinical guidance, a compliance certification, or a ready-to-adopt policy. Customize to actual practice operations and obtain qualified review before adoption. Never use real patient information in a sample.

STAFF RECEIPT I acknowledge receipt of the current department policy and know where to find the supporting procedures. Receipt does not waive any rights. Staff: _____ Signature: _____ Date: _____