CEDAR GROVE FAMILY MEDICINE

Patient Access Quick Reference

The Workday Companion | A practical guide for the front desk

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

01	What does Patient Access handle?
02	What if a request needs a clinical decision?
03	How do we schedule or change an appointment?
04	What happens when someone arrives?
05	How do we handle calls and messages?
06	What should be finished at checkout?
07	Who handles opening, breaks and coverage?
08	What if I see a privacy, safety or service problem?
09	Which documents give the detailed steps?
10	Who owns this guide?

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.

QUICK ANSWERS FOR COMMON FRONT-DESK MOMENTS

01 What does Patient Access handle?	The team coordinates scheduling, arrival and departure, routine request routing, and clear handoffs. It follows approved administrative rules and uses the current practice systems.
02 What if a request needs a clinical decision?	Do not interpret symptoms, results, medication questions, or a care plan. Use the practice's approved clinical routing path and contact the designated clinical owner. Front-desk staff do not triage.
03 How do we schedule or change an appointment?	Use the current appointment types and scheduling rules. Record the required administrative details in the approved system. Ask the Patient Access Lead when the request does not fit the template or authority is unclear.
04 What happens when someone arrives?	Greet them discreetly, follow the identity-verification and registration SOP, protect conversations and screens, and route missing information or support needs to the designated lead.
05 How do we handle calls and messages?	Use approved channels, identify the request category, route it to the correct destination, and record an owner and next action. Never use personal email, texts, or unapproved trackers for patient-specific information.

06 What should be finished at checkout?	Complete the assigned administrative steps only. Send clinical questions and care follow-up to the clinical team. Put any unfinished operational work in the approved queue with a named owner and due point.
07 Who handles opening, breaks and coverage?	The department lead assigns the opener, backup coverage and break plan. Use the current checklists. Tell the lead promptly when coverage, systems, or safety conditions disrupt service.
08 What if I see a privacy, safety or service problem?	Protect people and information first. Contact the designated manager or privacy/safety lead promptly and follow the relevant response procedure. Do not investigate beyond your role or leave the concern in an unassigned inbox.
09 Which documents give the detailed steps?	Use separate SOPs for scheduling, registration/check-in, calls and messages, checkout, opening/closing, and handoffs. Clinical triage, privacy/security, safety, records retention, emergency response, and financial handling have their own controlled documents.
10 Who owns this guide?	The Patient Access Lead maintains and trains to the current version; the Practice Administrator approves policy changes. Owner: [name]. Effective date: [date]. Review date: [date].

QUICK HANDOFF CHECK

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: _____