CEDAR GROVE FAMILY MEDICINE

Patient Access Policies and Procedures

The Practice Field Guide | A welcoming front door with clear handoffs

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 this department owns
02	A good visit starts before the visit
03	At the front desk
04	Calls, messages and requests
05	Checkout and follow-through
06	Privacy, safety and respectful service
07	Opening, coverage and handoff
08	Oversight and records
09	Related controlled documents

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.

01 / What this department owns

Patient Access coordinates the administrative front door for Cedar Grove Family Medicine: appointment requests, arrival and departure, routine information routing, and clean handoffs. This sample applies to front-desk and patient-access staff, the department lead, and designated backups. It does not establish clinical triage rules, medical advice, coverage decisions, or payer requirements.

02 / A good visit starts before the visit

Use the practice-approved scheduling rules and current appointment types. Confirm required administrative details using the approved system. If a request is unclear, outside the team's authority, or needs clinical judgment, route it to the designated clinical contact; do not guess, promise an outcome, or create an unofficial exception.

03 / At the front desk

Greet each person respectfully and discreetly. Follow the approved identity-verification and check-in steps in the registration SOP. Keep conversations and screens positioned to protect privacy. If a person cannot complete a step, needs language or accessibility support, or raises a concern, pause and contact the designated lead for the approved path.

04 / Calls, messages and requests

Use only practice-approved phone, portal and message channels. Identify the request type, document the next action in the approved system, and route it to the correct owner. Do not place patient-specific details in personal email, text, or an unapproved tracker. Clinical symptoms or urgent-sounding concerns go immediately to the approved clinical pathway; front-desk staff do not assess urgency.

05 / Checkout and follow-through

Complete only the administrative checkout tasks assigned to the role. Route clinical questions, medication requests, results questions and changes to care to the clinical team. If a follow-up item cannot be completed before the end of the shift, assign a named owner and due point in the practice-approved work queue.

06 / Privacy, safety and respectful service

Access information only for assigned work and share it through approved channels. Report a possible disclosure, misrouted item, system access issue, hazard, threat, or service concern promptly to the designated manager or privacy/safety contact. Staff may step away from an unsafe interaction and use the practice's safety response procedure.

07 / Opening, coverage and handoff

The assigned opener checks the front desk, approved systems and coverage board before service begins. The lead assigns breaks and backup coverage. Before handoff or close, review open work, assign an owner and next step, secure paper and devices, and use the approved closing checklist. Do not leave unresolved work in a personal note or inbox.

08 / Oversight and records

The Patient Access Lead maintains the current procedure set, trains staff on revisions, reviews workflow concerns, and escalates recurring barriers to the Practice Administrator. The team uses approved systems to record work and maintain records under practice retention rules. The practice may review de-identified operational measures such as response timeliness, incomplete handoffs, and rework; measures are used for improvement and require context.

09 / Related controlled documents

This department policy is supported by separate role-specific SOPs for scheduling, registration/check-in, telephone and message routing, checkout, daily opening/closing, and work-queue handoff. Separate practice documents govern privacy/security, emergency response, safety, clinical triage, records retention, and financial handling. If documents appear to conflict, pause and ask the Patient Access Lead or Practice Administrator for direction.

FIELD GUIDE PROCEDURES

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: _____