CEDAR GROVE FAMILY MEDICINE

# Patient Arrival & Check-In SOP

*The Practice Charter | Defined controls, roles and escalation*

FICTIONAL PRACTICE · CONTROLLED DOCUMENT SAMPLE · VERSION 0.1

OWNER Patient Access Lead APPROVER Practice Administrator

GOVERNING POLICY Patient Access Department Policy

## 1.0 PURPOSE AND SCOPE

This procedure standardizes front-desk arrival and administrative check-in for scheduled visits. It applies to authorized Patient Access staff and ends after arrival is recorded and the care team is notified. It does not authorize triage, advice, interpretation of clinical information, or changes to care.

## 2.0 REQUIRED CONTROLS

Use an individual account and approved system. Verify identity using practice-approved identifiers before opening or changing a record. Protect spoken, printed, and displayed information. Access only records needed for assigned work; share only what is needed for an authorized handoff.

## 3.0 PROCEDURE

**3.1 Prepare. Confirm the system, workstation privacy, and arrival queue are ready. Use the downtime procedure when a system is unavailable.**

**3.2 Receive. Greet respectfully and invite the person to provide the information needed to locate the visit without announcing sensitive details.**

**3.3 Verify. Apply the approved identity check before opening or editing a record. If identifiers conflict, stop. Do not guess, merge, create a duplicate, or continue in a potentially incorrect chart. Contact the Patient Access Lead.**

**3.4 Confirm. Locate the scheduled visit in the approved system and confirm only administrative details needed for check-in. Do not disclose information to an unverified person or companion.**

**3.5 Update. Ask for required administrative details and change only fields permitted for this role. Do not infer, fabricate, or overwrite disputed information. Route unclear or restricted changes to the lead.**

**3.6 Route. Provide current approved forms using the practice process. Send questions about symptoms, treatment, consent, results, or care to licensed clinical staff.**

**3.7 Notify. Mark arrival using the approved status and notify the care team through the approved handoff channel. Verify the status and handoff are recorded.**

**3.8 Close. Secure papers and screen. Enter unresolved administrative follow-up in the authorized queue with a named owner and next action.**

## 4.0 EXCEPTIONS AND ESCALATION

For identity or record mismatch, uncertain representative authority, accessibility or interpreter support, disputed details, or role-boundary questions, pause and contact the designated lead. For reported symptoms or apparent urgent need, do not assess; immediately use the clinical escalation or emergency response pathway. For a wrong-record event, possible disclosure, or outage, stop the affected work, protect information, and report under the applicable incident or downtime procedure.

## 5.0 RECORDS AND DOCUMENT CONTROL

Record status and follow-up only in approved systems. Owner: Patient Access Lead. Approver: Practice Administrator. Version 0.1 · Effective [date] · Review [date]. Related: Patient Access Department Policy; approved registration rules; downtime, privacy/security, accessibility, clinical escalation, and emergency procedures.

*FICTIONAL SAMPLE ONLY. Not legal advice, clinical guidance, a compliance certification, or a ready-to-adopt procedure. Confirm actual practice requirements, system steps, and escalation contacts before use. Do not include real patient information.*