CEDAR GROVE FAMILY MEDICINE

Patient Arrival & Check-In SOP

The Practice Field Guide | A clear, welcoming front door

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

DEPARTMENT Front Desk & Patient Access OWNER Patient Access Lead

RELATED POLICY Patient Access Department Policy

WHY THIS SOP EXISTS

Use the same discreet, accurate administrative check-in steps for each scheduled visit. This SOP covers arrival through notifying the care team. It does not authorize clinical assessment, triage, advice, or changes to a care plan.

BEFORE THE NEXT ARRIVAL

Sign in to the approved system with your own account. Confirm the workstation and check-in queue are ready, protect the screen from public view, and have only approved forms and tools available. If the system is unavailable, follow the downtime procedure.

THE CHECK-IN FLOW

01 Welcome privately. Acknowledge the person without calling out sensitive details. Invite them to share the name needed to locate the appointment discreetly.

02 Verify before opening or changing a record. Use practice-approved identifiers and sequence. If details do not match, stop and contact the Patient Access Lead; do not guess, merge records, or edit a questionable chart.

03 Confirm the visit in the approved system. Check the scheduled appointment and required administrative status. Do not disclose another person's information or confirm details to an unverified caller or companion.

04 Complete assigned registration tasks. Ask the patient to confirm required administrative information. Update only fields this role may change. Do not invent, infer, or silently overwrite information.

05 Route forms and questions. Provide current approved forms using the practice process. Direct questions about clinical consent, symptoms, treatment, or care to licensed clinical staff.

06 Mark arrival and notify the care team. Use the approved status or handoff channel. Share only what is needed, then confirm the handoff is recorded.

07 Close the interaction securely. Return papers to the approved location, secure the screen, and leave the record in the correct status. Put unresolved work in the approved queue with an owner and next step.

PAUSE AND ESCALATE

Identity mismatch, duplicate or missing record, uncertain authority for a minor or representative, accessibility or interpreter need, disputed registration detail, or a request outside your role: pause and contact the lead or designated support. If someone reports symptoms or appears to need urgent help, do not assess; immediately use the approved clinical escalation or emergency response path.

Wrong-record access, misfiled material, possible privacy disclosure, or system failure: stop the affected task, protect information, and promptly notify the designated lead under the incident or downtime process.

RECORD AND REVIEW

Document check-in status and follow-up only in approved systems. Owner: Patient Access Lead. Approver: Practice Administrator. Version 0.1 · Effective [date] · Review [date]. Update when the governing policy, system, or approved workflow changes.

FICTIONAL SAMPLE ONLY. Not legal advice, clinical guidance, a compliance certification, or a ready-to-adopt procedure. Replace assumptions with practice-approved rules and obtain qualified review. Never use real patient information in a sample.