

Medical Records Completion Statement for Residents

The IFMC Administration and Medical Staff recognize the importance of timely completion of medical records as one way of assuring quality patient care. Additionally, this is a requirement for hospital accreditation and is required for the hospital to bill and be reimbursed for its services.

Due to the importance of this matter, you are required to read the statement below and affix your signature indicating you understand and agree to the prescribed policy of the IFMC Medical Records Department.

Statement:

I understand the importance of complete medical records and agree to adhere to the policies of the IFMC Department of Medical Records as outlined below:

1. All medical records assigned to me will be completed, to the best of my ability, within 14 (fourteen) days.
2. I acknowledge that if medical records are assigned to me and are incomplete 14 (fourteen) days past patient discharge, my name will be placed on the Resident Suspension list at IFMC.
3. Deviation from the above will be reported to my Department Chair.

PRINT NAME

DATE

SIGNATURE