



Modify a Medical Record Request Form Job Aid

Instructions: Review SAPC's established governance framework below prior to submitting a Modify a Medical Record request form.

- The Modify a Medical Record request form is used to request modification(s) to a finalized medical record. As such, the form is used to move a finalized form back to draft status to allow for modifications.
- All free text fields requiring a revision must be updated using "Append Documents" in Sage-PCNX. Finalized records with free text fields that need to be corrected will not be placed in draft.
- Assessment, Medical Necessity Justification and Problem List-Treatment Plan Development/Review notes **cannot** be modified once finalized. If corrections are needed, providers must either,
 - use the Append Document form to append the note, **or**
 - create a new note and indicate this supersedes or replaces the previous note.
- Problem List/Treatment Plans **cannot** be modified once finalized. Providers must create a new Problem List/Treatment Plan.
- Date fields are locked after a form is submitted and cannot be modified. Providers need to create a new form to correct any errors on date fields.
- For requests to remove attachments, only attachments uploaded to the wrong chart will be processed. SAPC will not remove duplicate or unnecessary attachments for the correct record.

Step One: Fill in the Modify a Medical Record request form with the required information. When completing the request, enter the current information from the finalized document to indicate the specific document that needs to be modified.

Field	Description
Type of Form	<p>Indicate the type of form that needs to be corrected from the dropdown.</p> <p>The form options in the dropdown include all available clinical documents that can be modified.</p> <p>If “Progress Note” is selected from the dropdown options, the following fields become required:</p> <ul style="list-style-type: none"> • “Note Type” • “Service Type” <p>Should the user need to modify a form that is not listed, select “Other Form” from the dropdown.</p> <ul style="list-style-type: none"> • The “Other Form” field will populate the form to collect additional information.
Note Type	<p>This is a conditional field that is enabled if “Progress Note” is selected in the Type of Form field.</p> <p>The Note Type refers to the Note Type field on the Progress Note and should match the note type exactly from the Progress Note form.</p>
Service Type	<p>This is a conditional field that is enabled if “Progress Note” is selected in the Type of Form field.</p> <p>The Service Type refers to the Service Type field on the Progress Note and should match the service type exactly from the Progress Note form.</p>

Record requires the following correction	<p>Select the type of correction needed:</p> <ol style="list-style-type: none"> Correction to free text field on form Correction to single or multiple-choice selection field on form Modify Date of Service Modify Time of Service Modify Performing Provider/Practitioner Remove attachment Change location/address Other <p>▪ The “Other Request for SAPC” field will populate the form to collect additional information.</p>
Client ID	Enter the Sage-PCNX PATID of the client's medical record.
Client Initials	Enter the corresponding client initials to ensure the correct medical record is being processed.
Agency	Select the Agency associated to the medical record.
Episode Number	Enter the episode number associated error that is being requested to be revised.
Name of Performing Provider	Enter the Performing Provider listed on the finalized form in the medical record.
Original Date of Service (Being entered)	Date of service on the finalized form medical record. Do not enter an updated date. This is the date that was originally entered on the form.
Original Start Time (Being entered)	Enter the start time on the finalized form from the medical record. Do not enter an updated time. The “Original Start Time” entered on the Modify a Medical Record request form must match the “Start Time” entered on the finalized form in the medical record.

Original End Time (Being entered)	Enter the end time on the finalized form from the medical record. Do not enter an updated time. The “Original End Time” entered on the Modify a Medical Record request form must match the “End Time” entered on the finalized form in the medical record.
Which field(s) need to be modified?	Indicate exactly which field(s) need to be modified. This is a free text field. Enter all fields that are being requested for modification.
For each field, specify the new information that will be entered	i.e. Change Service Type from “Assessment” to “Medical Necessity Justification”

Step Two: REVIEW Form to ensure information is correct.

Step Three: Submit request.

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Submit