



# Medical Records Documentation, Modification, Retention and Destruction Guidelines

Webinar T5017

Thursday, February 15, 2018  
12:30 p.m. – 1:30 p.m. (CST)

## Overview

There are a variety of state and federal laws that impact how and what must be documented and retained in the legal health record. It is vital that each organization review their practices and ensure that they are in compliance with state and federal laws that govern documentation in the health care setting. During this session we will review the guidelines associated with medical record documentation, modification, retention and destruction.

## Target Audience

Compliance Officers, Administrators, COOs, Medical Staff, Medical Coders, Medical Billers, Coding Consultants, Medical Coding Auditors, Practice Managers, Office Managers, Billing Managers and others involved in the revenue cycle management process at health care institutions

## Objectives

At the conclusion of this session, participants will be able to:

1. Identify various “medical record” types
2. Define the legal medical record
3. Discuss Centers for Medicare and Medicaid Services (CMS) documentation guidelines
4. Examine CMS and various commercial payer medical record modification guidelines
5. Identify federal record retention guidelines
6. Evaluate several differences in federal and state retention guidelines

## Faculty

**Catrena Smith, CCS, CCS-P, CPC, CPC-I, CRC, CHTS-PW** has over 17 years' experience in the health information management industry. She is currently the president of Access Quality Coding and Consulting, LLC located in Orange Park, Florida. She has served in many roles such as coding specialist, coding auditor, coding trainer, medical records technician and coding manager. Catrena is a certified professional coding instructor and conducts numerous educational sessions annually.

## Certificates of Attendance

Certificates of Attendance will be issued to all registrants. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for recorded sessions.

## Registration

### \$175 for AHA Member Hospitals

Registration includes **one** internet connection and **one** telephone connection at **one** location, although there can be an unlimited number of participants from your organization in that **one** listening room.

Two days prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received an e-mail with instructions ([via the e-mail provided on the registration form](#)) or if you are unable to download or open presentation materials, at least two business days prior to the event, please contact Anna Sroczynski at (501) 224-7878 or [asroczynski@arkhospitals.org](mailto:asroczynski@arkhospitals.org). **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

## Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Fax cancellation/refund requests to the Education Department at (501) 224-0519.

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## REGISTRATION FORM

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### **Registration Fee**

#### **\$175 for AHA Member Hospitals**

Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

Name and Title of Contact Person \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### **Method of Payment**

Check in the amount of \$\_\_\_\_\_ payable to the Arkansas Hospital Association is enclosed.

Credit Card # \_\_\_\_\_  Visa  MasterCard *(AmEx and Discover Not Accepted)*

Cardholder's Billing Address (including zip code) \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Card Holder's Phone # \_\_\_\_\_

### **Mail form and payment to**

Education Department, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205;  
phone: (501) 224-7878; or fax form with credit card information to (501) 224-0519.