

Board of Veterinary Medicine Medical Recordkeeping

The Board of Veterinary Medicine often receives questions regarding medical record keeping requirements. The most frequently asked questions are the following:

- 1. Is a veterinarian required to maintain a record on every patient?**
- 2. May all records for the animals of one owner be filed together?**
- 3. Is a veterinarian required to use a specific format for documenting information in the record?**
- 4. May an assistant transcribe a medical record entry for a veterinarian?**
- 5. What is the length of time a medical record must be kept?**
- 6. When must a veterinarian release a medical record to the client?**
- 7. How may a record be amended?**
- 8. Do the requirements of the Health Insurance Portability and Accountability Act (HIPAA) apply to veterinary medical records?**
- 9. How should veterinary medical records be handled when closing or selling a practice?**

1. Is a veterinarian required to maintain a record on every patient?

A daily record of each patient treated must be maintained by the veterinarian (see 18VAC150-20-195 below). This includes a brief visit that may result in a referral or tentative diagnosis. Records for economic animals or litters of companion animals under the age of four months may be maintained on a per owner basis.

2. May all records for the animals of one owner be filed together?

The regulations do not speak to how to organize the daily record of each patient. The Board recommends that if a master file is kept, the record should have individual files contained within for each animal other than economic animals or litters of companion animals under the age of four months.

3. Is a veterinarian required to use a specific format for documenting information in the record?

No, regulations do not specify a format required for recordkeeping. The Board recommends using a problem-oriented (SOAP) format that allows any veterinarian, by reading the record, to proceed with the proper treatment and care of the animal and allows the Board or other agency to determine the advice and treatment recommended and performed by the practitioner.

The problem oriented veterinary medical record or SOAP format is the most widely-used format by the veterinary profession. It includes the following elements:

The “S” in SOAP stands for subjective findings. These are things that are communicated by the client and recorded in the patient’s history, such as name, age, date of visit, including vaccination history along with the current complaint. This information is essential in properly identifying the animal in the record and providing information that may be essential as the examination proceeds. For the most part, the information is accepted as true, but always be aware of incomplete information or inaccurate perceptions.

The “O” or objective part of the record documents observations about the patient. It should include physical exam findings and everything seen, felt, touched, or smelled. Examples include, but are not limited to temperature, weight, body condition, assessment of all organs and data obtained by instrumentation.

The “A” or assessment portion of the record uses the information gathered to formulate a diagnosis or tentative diagnosis in order to formulate a plan for each complaint.

The “P” or plan portion documents the recommendations to the client. Communicating the recommendations is extremely important to aid in the client’s understanding of a *therapeutic plan* in which medications are prescribed or a *diagnostic plan* in which additional tests or information is needed to make a final diagnosis. The client’s decision to proceed or decline a therapeutic or diagnostic plan should be documented.

If an animal is hospitalized, an abbreviated version of the SOAP, including an assessment of the patient’s progress and condition can be added to the record daily.

4. May an assistant transcribe a medical record entry for a veterinarian?

There are no provisions restricting who transcribes a medical record entry. The veterinarian is required to maintain the record, regardless of who makes the entries. The Board recommends that the veterinarian sign-off on his entries.

5. What is the length of time a medical record must be kept?

Regulations require that a record be kept for a period of three years following the last office visit or discharge of such animal from a veterinary practice.

6. When must a veterinarian release a medical record to the client?

Failure to release patient records when requested by the owner: a law-enforcement entity; or a federal, state, or local health regulatory agency may be considered unprofessional conduct and may result in disciplinary action. The veterinarian is considered the owner of the original medical record and may provide a copy of the record to the requester.

Radiographs are required to be maintained as part of the patient’s record. If an original radiograph is transferred to another establishment or released to the owner, a record of this transfer must be maintained on or with the patient’s record.

7. How may a record be amended?

Regulations do not require a specific format for amendments. The Board recommends never altering an original record and amending records by dating all information, including amendments, on the day entered.

8. Do the requirements of the Health Insurance Portability and Accountability Act (HIPAA) apply to veterinary medical records?

The HIPAA requirements only apply to human medical records.

9. How should veterinary medical records be handled when closing or selling a practice?

Regulations require that upon the sale or closure of a veterinary establishment involving the transfer of patient records to another location, the veterinarian shall follow the requirements found in § 54.1-2405 of the Code of Virginia.

The Code of Virginia requires notification to current patients via mail and notice in a newspaper of general circulation within the veterinarian's practice area. A current patient is defined as a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.

Failure to provide the two forms of notification may result in disciplinary action.

Pursuant to 18VAC150-20-181(C)(2), if there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide the board information about the location of or access to patient records.

ReferencesCode of Virginia***§ 54.1-2405. Transfer of patient records in conjunction with closure, sale, or relocation of practice; notice required.***

A. No person licensed, registered, or certified by one of the health regulatory boards under the Department shall transfer records pertaining to a current patient in conjunction with the closure, sale or relocation of a professional practice until such person has first attempted to notify the patient of the pending transfer, by mail, at the patient's last known address, and by publishing prior notice in a newspaper of general circulation within the provider's practice area, as specified in § 8.01-324.

The notice shall specify that, at the written request of the patient or an authorized representative, the records or copies will be sent, within a reasonable time, to any other like-regulated provider of the patient's choice or provided to the patient pursuant to § 32.1-127.1:03. The notice shall also disclose whether any charges will be billed by the provider for supplying the patient or the

provider chosen by the patient with the originals or copies of the patient's records. Such charges shall not exceed the actual costs of copying and mailing or delivering the records.

B. For the purposes of this section:

"Current patient" means a patient who has had a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.

"Relocation of a professional practice" means the moving of a practice located in Virginia from the location at which the records are stored at the time of the notice to another practice site that is located more than 30 miles away or to another practice site that is located in another state or the District of Columbia.

§ 32.1-127.1:03. Health records privacy.

1. Health care entities shall disclose health records to the individual who is the subject of the health record, except as provided in subsections E and F and subsection B of § 8.01-413.

B. As used in this section:

"Health care entity" means any health care provider, health plan or health care clearinghouse. "Health care provider" means those entities listed in the definition of "health care provider" in § 8.01-581.1, except that state-operated facilities shall also be considered health care providers for the purposes of this section. Health care provider shall also include all persons who are licensed, certified, registered or permitted or who hold a multistate licensure privilege issued by any of the health regulatory boards within the Department of Health Professions, except persons regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

Regulations Governing the Practice of Veterinary Medicine

18VAC150-20-140. Unprofessional conduct.

Unprofessional conduct as referenced in subdivision 5 of § 54.1-3807(5) of the Code of Virginia shall include the following:

15. Failing to release a copy of patient records when requested by the owner; a law-enforcement entity; or a federal, state, or local health regulatory agency.

18VAC150-20-195. Recordkeeping.

A. A legible, daily record of each patient treated shall be maintained by the veterinarian at the registered veterinary establishment and shall include at a minimum:

- 1. Name of the patient and the owner;*
- 2. Identification of the treating veterinarian and of the person making the entry (Initials may be used if a master list that identifies the initials is maintained.);*
- 3. Presenting complaint or reason for contact;*
- 4. Date of contact;*

5. *Physical examination findings;*
6. *Tests and diagnostics performed and results;*
7. *Procedures performed, treatment given, and results;*
8. *Drugs administered, dispensed, or prescribed, including quantity, strength and dosage, and route of administration. For vaccines, identification of the lot and manufacturer shall be maintained;*
9. *Radiographs or digital images clearly labeled with identification of the establishment, the patient name, date taken, and anatomic specificity. If an original radiograph or digital image is transferred to another establishment or released to the owner, a record of this transfer or release shall be maintained on or with the patient's records; and*
10. *Any specific instructions for discharge or referrals to other practitioners.*

B. An individual record shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may be maintained on a per owner basis. Patient records, including radiographs or digital images, shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.

C. An initial rabies certification for an animal receiving a primary rabies vaccination shall clearly display the following information: "An animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered."

18VAC150-20-181. Requirements for veterinarian-in-charge.

C. Prior to the sale or closure of a veterinary establishment, the veterinarian-in-charge shall:

1. *Follow the requirements for transfer of patient records to another location in accordance with § 54.1-2405 of the Code of Virginia; and*
2. *If there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide to the board information about the location of or access to patient records and the disposition of all scheduled drugs.*