



PROVIDER OFFICE REVIEW QUESTIONNAIRE

DEMOGRAPHIC INFO

Date:	
Provider Name and Credentials:	
Business Name and Owner:	
Clinic Address:	
Phone:	
Fax:	
Email/Website:	
Please specify Home or Commercial Office:	
Other Offices/Practice Sites:	
Professional Affiliations:	
Special Training/Qualifications:	
Office Hours:	
Average Daily/Weekly Patient Volumes & Length of Visit:	
Person Completing Form:	

Office photos requested! Fax to **615.435.0812** or email jpeg files to jovi.cambronero@tivityhealth.com. For mailing address, call **800.274.7526**.

FACILITY REVIEW

General:	YES	NO	N/A	Comments:
Is your office in a residential building? If YES , please answer all the following questions. If NO (your office is in a commercial building), please skip to line 34.				
Is the house occupied as a living space?				
If yes, is the home office separate and distinct from living quarters?				
Separate front or side entrance (not rear)				
Waiting areas and restroom separate from living space				
Pets or children present				
The home office guarantees privacy for patients and records				
The home office is located in or within a block of a commercial zone				
Photos of building, waiting room and treatment room attached				
Office shared with other providers/practitioners				Names and credentials
Another staff member besides provider always on site during patient care hours				
Address clearly visible from street and lit at night				
Bus service is available				Distance from stop?
Parking nearby and adequate with minimum of 1 handicapped space				
Handicapped/wheelchair accessible				
Emergency exit signs visible and posted every 50-75 feet				
Written evacuation plan and exit routes posted				
Fire extinguishers in place and have current annual tag				
Smoke detectors are in place				

Waiting Room:	YES	NO	N/A	Comments:
Waiting room has a minimum of 3 chairs, or 2 chairs per patient per hourly volume				
Lighting is adequate to read				
Rooms and walkways are clear of obstacles to safe passage				
Clean and well ventilated				
Patient education materials available				
Restrooms safe and accessible (grab bars, 28" wide doors for wheelchair access)				

Exam/Treatment Rooms:	YES	NO	N/A	Comments:
Exam rooms are clean and comfortable				
Exam rooms and consulting spaces are designed to insure patient privacy (door, curtain, confidential space, etc.)				
Equipment and exam tables are in good repair				
Drape sheets and gowns are available to patients in areas where patients disrobe for care				
Table linens and/or paper changed between patients				
Exam rooms and bathrooms cleaned at least twice a week				
Written infection control and cleaning practices meet OSHA/DOH/State standards				
Hand-washing areas with soap and disposable towels present near treatment areas				

Emergency Protocols:	YES	NO	N/A	Comments:
Basic first aid kit on site				
Written protocol and practices reflect OSHA standards including handling biohazard materials and body fluids (e.g. sharps handling, linens, personal protective equipment, and sterilization of equipment)				
Hazardous materials are marked				
All licensed health provider staff have current CPR certification				

Ancillary Services:	YES	NO	N/A	Comments:
Does your office perform laboratory tests?				
If so, does your office have a CLIA registration or CLIA waiver?				
Maintenance log documenting regular clinical equipment maintenance, calibration, and test validation maintained on site				
X-ray equipment is inspected and licensed according to federal, state, and local laws and regulation and documented in a maintenance log				
Personnel performing x-rays have documented training and certificates of training on site				
Radiation protective devices in place including shields, warning signs and pregnant women alert				
All medications are safely stored				

OFFICE AND RECORDS POLICIES:

General:	YES	NO	N/A	Comments:
Each patient has an individual medical record				
Charts: Entries are legible, each page identified by patient name and ID number, all entries are signed and dated with clear assessment, treatment plan and follow-up				
Allergies are prominently noted on the chart				
Medical records are stored separately from patient area and are kept confidential per HIPAA				
Written appointment cancellation and no show policy posted				
Fees and billing policy posted or readily available				
Written release for medical records available				
HIPAA compliant for electronic records, fax, and e-mails				
Written complaint handling policy				
Written non-discrimination policy				
Written plan for panel closure and records storage/archiving				
Written personnel management policies				
Documentation of office staff and practitioner qualifications verification on site				
ePrescribing is utilized				Applicable for ND's/DC's only
electronic Medical records (EMR) are utilized				Applicable for ND's/DC's only
Written quality assessment and utilization management plan				

Signature: _____