

MODEL PRACTICE ACT FOR CHIROPRACTIC REGULATION

A Reference Guide for Regulatory Language

FEDERATION OF CHIROPRACTIC LICENSING BOARDS



Chiropractic Recordkeeping

STATUTE

Article II. Board of Chiropractic

Section 214. Powers and Responsibilities

- (A) The Board shall have the authority to control and regulate the practice of chiropractic in *[Name of Jurisdiction]* including, but not limited to, the following:
- (4) Establishment of minimum standards of practice and codes of conduct relative to the practice of chiropractic;

Section 216. Rules and Regulations

The Board shall make, adopt, amend, and repeal rules and regulations as deemed necessary by the Board for the proper administration and enforcement of this Act. All rules and regulations shall be promulgated in accordance with the applicable administrative procedures specified elsewhere in applicable law.

REGULATIONS

5.00 Standards of Practice and Professional Conduct

Section 5.04 Patient Records

A Chiropractor shall establish and maintain a record for each patient that accurately reflects the nature of the patient's condition and the care provided.

- (A) Each patient record shall, at a minimum, include documentation of the following:
- (1) The patient's identifying information, and identity of the treating Chiropractor and all health care providers;
 - (2) The reason for the clinical encounter, including any subjective complaints and pertinent history;



- (3) The current objective findings and results of diagnostic studies;
 - (4) The diagnosis and/or assessment of the patient's condition;
 - (5) A management and/or care plan, including the recommendations, intended goals, prognosis, modifications to the plan, and the procedures provided; and
 - (6) Evidence that the patient was informed of any material risk relative to a proposed treatment / procedure and consented to receive this treatment / procedure.
- (B) Each patient record shall, at a minimum, be maintained in the following manner:
- (1) Be legible and self-explanatory;
 - (2) Contemporaneously constructed and chronologically organized;
 - (3) Contain only accurate and reliable information, including any necessary amendment;
 - (4) Maintained in a physically secure and confidential manner; and
 - (5) Accessible to the patient and treating doctor within a reasonable period.
- (C) All documentation items under Section 5.04(A) shall have an adequate and reasonable level of detail and pertinent clinical information.
- (D) Patient records shall be maintained for a minimum of seven (7) years from the date of the last patient clinical encounter.
- (E) Patient records maintained electronically shall have an established back-up and retrieval system.
- (F) Upon the written request of the patient, the patient's authorized legal representative, or, in the case of an unemancipated minor patient, the patient's parent or legal guardian, a Chiropractor shall furnish a complete copy of that patient's clinical records, including all supporting documentation and reports, to the party authorized to receive it. A reasonable fee may be charged for this service.
- (G) No patient shall be required to sign any release from liability or waiver as a condition for the receipt of his or her clinical record pursuant to 5.04(F).
- (H) A Chiropractor shall furnish to the Board or its duly authorized representative a complete copy of a patient record upon written request. No fee may be charged for this service.
- (I) Violation of any provision of Section 5.04(A-H) shall be considered "unprofessional conduct" within the meaning of the Chiropractic Practice Act, Article VIII, and shall constitute grounds for disciplinary action by the Board.

Statutory authority: Article II, Section 214 (A)(4) and Section 216; Article VIII

