Appendices

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Appendix 1

Employee Contact List

Name of employee: _____
Position: _____
Key responsibilities: _____
Home address: _____
City, State, Zip: _____
Home phone: _____
Cell phone: _____
Office phone: _____
Pager/beeper: _____
Home e-mail: _____
Work e-mail: _____
Emergency contact: _____
Relationship: _____

Appendix 2

Key Contacts

Name of business or service: _____

Account number: _____

Password: _____

Materials/service provided: _____

Street address: _____

City, State, Zip: _____

Company/service phone: _____

Primary contact: _____ Title: _____

Primary contact phone: _____ Contact cell phone: _____

Primary contact pager: _____ Contact fax: _____

Primary contact e-mail: _____ Contact website: _____

Alternate contact person: _____ Title: _____

Alternate contact phone: _____ Alternate's cell phone: _____

Alternate contact pager: _____ Alternate's fax: _____

Alternate contact e-mail: _____

Recovery notes: _____

Appendix 3

Critical Business Functions

Practice function: _____

Priority: ☐ High ☐ Medium ☐ Low

Employee or physician in charge: _____

Timeframe or deadline: _____

Business function: _____

Priority: ☐ High ☐ Medium ☐ Low

Employee or physician in charge: _____

Timeframe or deadline: _____

Practice function: _____

Priority: ☐ High ☐ Medium ☐ Low

Employee or physician in charge: _____

Timeframe or deadline: _____

Brief description of procedures to complete function: _____

_____

_____

You should consider writing out two scenarios, one for a short disruption (i.e., several days) and the other for a more lengthy disruption (i.e., weeks or months).

Recovery note: _____

_____

_____

Appendix 4

Computer Equipment and Software Form

Name of Vital Record:

Media:	☐ Network	☐ Print version
	☐ Hard drive	☐ Microfilm
	☐ Laptop	☐ Internet
	☐ CD	☐ Other
	☐ Diskette	Explain:
Is it backed up?	☐ Yes	☐ No
How often is it backed up?	☐ Hourly	☐ Quarterly
	☐ Daily	☐ Semi-annually
	☐ Weekly	☐ Yearly
	☐ Monthly	☐ Never
Where is it stored?		
Can the record be recreated?	☐ Yes	☐ No
Has the back up been tested?	☐ Yes	☐ No

Date of backup test? _____

Practice function it supports: _____

_____

_____

Recovery notes: _____

_____

_____

Appendix 5

Voice/Data Communications Form

Type of Service:
- ☐ Telephone
- ☐ PBX w/ ACD*
- ☐ PC data communications
- ☐ Cell phone
- ☐ Fax machine
- ☐ Two-way radio & pager
- ☐ Other
  Explain: _____

Description and Model Number: _____

Status: ☐ Currently in use ☐ Will lease/buy for recovery location

Voice Communication Features:
- ☐ Voice mail
- ☐ Speaker
- ☐ Conference
- ☐ Conversation recorder
- ☐ Other
  Explain: _____

Data Communications Features:
- ☐ Cable
- ☐ DSL
- ☐ T1
- ☐ Dial-up
- ☐ Other
  Explain: _____

Quantity: _____

Primary supplier/vendor: _____

Alternate supplier/vendor: _____

Recovery install location: _____

Recovery notes: _____

*Automatic Call Distribution

Appendix 6

Miscellaneous Resource Form

ITEM	Quantity	Vendor/Supplier	Alternate Vendor/Supplier
Desks			
Chairs (reception)			
Cabinets			
Exam tables			
Chairs (exam room)			
Paper towel dispensers			
Wastebaskets			
Copy machine			
Fax machine			
Telephones			
Modem			
Surge protector			
Power strips			
Disposable gloves			

Appendix 7

Disaster Response Checklist Form

- Water. If storage space allows, store 2 gallons of water per person per day for drinking and sanitation. Store in plastic containers or use commercially bottled water.
- Food and utensils. Have at least a 1- to 3-day supply of nonperishable food, which might include ready-to-eat meats, juices, and high-energy foods such as granola or power bars. Also include a can opener.
- NOAA weather alert battery-powered radio and extra batteries.
- Fire extinguisher.
- AM/FM radio (battery operated with extra batteries).
- Flashlight and extra batteries. Do not use candles or open flames during an emergency.
- Whistle to signal for help.
- Dust or filter masks. Readily available surgery masks will work fine and are available at your hospital.
- Moist towelettes for sanitation.
- Bleach. Use in the toilet if the toilet is not working.
- Basic tool kit, including wrench, hammer, and pliers to turn off utilities.
- Broom, shovel, and working gloves.
- Plastic sheeting and duct tape to "seal the room."
- Medications to include prescription and nonprescription medications such as pain relievers, antacids, and antihistamines.
- First-aid supplies, including an assortment of bandages, ointments, gauze pads, cold/hot packs, tweezers, scissors, hemostats, band-aids, gauze, nonadherent sterile pads (various sizes), paper and cloth tape, antibacterial ointment, burn cream, pocketknife (Swiss Army variety), razor blades, large cotton cloth (use for sling, tourniquet, bandage), nonaspirin pain reliever, chemical ice pack, hand warmer packets, safety pins (various sizes), needles, heavy thread, matches (waterproof), eye wash, hand wipes (antiseptic), cotton balls, cotton pads, alcohol swabs, and iodine (bottle or pads).
- Blankets.
- Battery-operated fans.
- Garbage bags and plastic ties for personal sanitation.
- Paper supplies, note pads, markers, pens, pencils, plates, napkins, and paper towels.
- Disposable camera to record damage.
- Cash/ATM and credit cards. Keep enough cash for immediate needs.
- Dehumidifier.
- Metal cart.
- Flashlights.
- 50-foot extension cord (grounded).
- Portable electric fan.
- Wet vacuum.
- Freezer or wax paper.
- Plastic trash bags.
- Plastic buckets and trash can.
- Paper towels.
- Sponges.
- Mop.
- Monofilament nylon (fishing) line.
- Broom.
- Gloves (rubber and leather).
- Rubber boots and aprons.
- Safety glasses.
- Plastic sheeting (stored with scissors and tape).
- Multi-KV generator.
- Safe or locked box.
- Copy of employee contact form.

Appendix 8

Emergency Phone Numbers

Fire department _____

Police department _____

Building supervisor _____

Local ambulance service _____

Hospital (closest) _____

Hospital security _____

Hospital (alternate) _____

Insurance provider/agent _____

- Contact phone _____
- Policy number _____
- Headquarters phone/contact _____

Telephone company _____

Gas/heat company _____

Electric company _____

Water company _____

Red Cross _____

FEMA _____

Radio station(s) _____

_____

_____

Television station(s) _____

_____

_____

Newspaper _____

Appendix 9

Vital Records

- Copy of 3 years of tax returns; 1 year of personal tax returns on principles (affiliates with greater than 20% interest).
- One year of tax returns on affiliated business entity (i.e., ancillary services such as computed tomography scanner, pathology labs, X-ray companies in which the practice is invested).
- For sole proprietorships: a copy of 3 years tax returns with Schedule C.
- List of creditors/contact information with account numbers.
- Sole proprietorships, corporations, and partnerships all need the following:
  - Copy of current profit and loss statement (current within 90 days)
  - Copy of listing of inventory
  - Copy of schedule of liability
  - Copy of balance sheet (as recent as possible)
  - Copy of all of your required licenses (city, occupational, sales tax, federal ID)
  - Copy of doctors' malpractice insurance
  - Copy of doctors' state licenses
  - Copy of doctors' medical school diplomas

Appendix 10

Corporate Headquarters Telephone Numbers

Name	Position/Title	Office/Cell Phone Number

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Appendix 11

Practice Recovery Work Area Checklist

Work Area Scenarios

The Practice Manager will provide the team leader with a work area for the team to use. One of the following is the most likely scenario that will take place.

Work area at the location, if the facility is accessible.

The Practice manager will provide information about what area the team can use.

Work area at a vendor Practice Recovery Site, if the site is not available.

The Practice Manager will provide information about what area to use and the estimated time before terminals and communications to the backup site will be available.

Work Area Optimum Requirements

The following lists the minimum requirements for the team at the work area recovery location. Copiers and FAX machines will be available at the work area.

Space in square feet: _____

Office Furniture: Desks: _____ Chairs: _____ File Cabinets: _____

Other Furniture: _____

Telephone Equipment

Phone Type: _____ Number of Phones: _____

Computer Equipment:

Indicate what terminals and PC's would require connection to the network.

Platform: _____ Terminal Type: _____ Number: _____ Network: _____

PC Software: _____

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Appendix 12

Resources Required Over Time

The following two forms are used to plan the arrival of recovery resources to the Work area. List only the increased amounts in each column. For example, the team needs 35 people over all. They assign 15 at the 24 hours slot, another 5 in the 48 hours slot and 15 more in the 72 hours slot.

Resources Required Over Time						
Function / Resources	24 hours	48 hours	72 hours	1 week	2 weeks	1 month
Function Name						
Staff						
Area size						
Desks						
Chairs						
Telephones						
Faxes						
PCs						
Printers						
(Other)						
Function Name						
Staff						
Area size						
Desks						
Chairs						
Telephones						

Function / Resources	24 hours	48 hours	72 hours	1 week	2 weeks	1 month
Faxes						
PCs						
Printers						
(Other)						
Function Name						
Staff						
Area size						
Desks						
Chairs						
Telephones						
Faxes						
PCs						
Printers						
(Other)						

Resources Required Over Time (Consolidated)						
Function / Resources	24 hours	48 hours	72 hours	1 week	2 weeks	1 month
All team functions						
Staff						
Area size						
Desks						
Chairs						
Telephones						
Faxes						
PCs						
Printers						
(Other)						
List only the increased amounts in each column. For example the team needs 35 people overall. They assign 15 at the 24 hours slot, another 5 in the 48 hours slot, and 15 more in the 72 hours slot.						

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Appendix 13

Travel Request Form

Make additional copies as needed.

This form should be completed by the team leader and given to the Practice Manager.

Name		Destination	Departure Date / /	Departure Time :
________________		________	________	________
Hotel Reservation	Yes ☐ No ☐		Departure	Departure
Rental Car	Yes ☐ No ☐		Date / /	Time :
Cash Advance	$________		________	________
Name		Destination	Departure Date / /	Departure Time :
________________		________	________	________
Hotel Reservation	Yes ☐ No ☐		Departure	Departure
Rental Car	Yes ☐ No ☐		Date / /	Time :
Cash Advance	$________		________	________
Name		Destination	Departure Date / /	Departure Time :
________________		________	________	________
Hotel Reservation	Yes ☐ No ☐		Departure	Departure
Rental Car	Yes ☐ No ☐		Date / /	Time :
Cash Advance	$________		________	________
Name		Destination	Departure Date / /	Departure Time :
________________		________	________	________
Hotel Reservation	Yes ☐ No ☐		Departure	Departure
Rental Car	Yes ☐ No ☐		Date / /	Time :
Cash Advance	$________		________	________

Appendix 14

Recovery Boxes

Team:
Storage Location:
Contact Name:

Box Identification:

Contents	Comments

Box Identification:

Contents	Comments

1. Storage location refers to the name of the offsite storage facility.
2. Contact name refers to the person who coordinates retrieval of recovery boxes.
3. Box Identification refers to the identifying code on the outside of the box.
4. Contents/comments identify the items stored in the box and special concerns such as update/maintenance or shelf life.

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Appendix 15

Critical Resources to Be Retrieved

Note: Use this form to document the materials that should be retrieved if you are able to enter your facility following the incident and the items are not badly damaged.

Business Unit: _____

Bldg./Floor:	Location on Floor: (e.g; Northwest Corner)	
Items to Be Retrieved	Comments	Condition*
CRITICAL RECORDS:		
EQUIPMENT:		

Items to Be Retrieved	Comments	Condition*
OTHER:		

*Complete "Condition" at the time of the incident.

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Appendix 16

Personnel Location Control Form

Make additional copies as needed.

COMPLETE DAILY
FORWARD TO THE CRISIS MANAGEMENT TEAM

Date: ____/_____/____ Completed by: _____

Operations Team

Name	Recovery Location	Phone Number	Work Schedule From	To

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Appendix 17

Status Report Form

Make additional copies as needed.

Use this form to log significant recovery activities.

The team leader is required to submit written recovery status reports daily. Submit completed status reports to the Practice Manager. This status report may be submitted handwritten as long as it is legible.

Date: ____/____/____

Time: ____:____ AM/PM

Name: _____

Department: Operations Team

Comments: _____

_____

_____

_____

_____

_____

_____

_____

Conclusions: _____

_____

_____

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Appendix 18

Activity Schedule

Plan Reviews

Enter the dates when plan reviews were conducted.

Plan Holders	Due Jan 1	Due Jul 1
Team Leader (Name)		
Alt. Team Leader (Name)		
(Name)		
(Name)		
(Name)		
(Name)		

Training/Exercises

Enter the dates and number of participants for each activity. Each exercise type is expected to be conducted at least once per year.

Activity	Date Conducted	# of Participants	Comments
Orientation			
Team Exercise			
Team Leader Ex			
Functional Exercise			

Team Leaders: Attach participant sign-in sheets, evaluations and comments to this sheet.
Send this page to the Practice Manager no later than December 1.

Task	Required Steps	Expected Results	Task Duration
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Critical Function Recovery Tasks

Function name:_____

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Appendix 19

Guide to Record Retention

Medical Records*

Patient Charts	Permanently
Patient Charts—Alternative (adults)	Ten years after the most recent encounter
Patient Charts—Alternative (minors)	Age of majority plus statute of limitations
Medical Correspondence (to patients, to referrers about patients, etc.)	Permanently with chart
X-rays	Permanently with chart

Other Medical Record Issues:

Patient Requests Transfer

When transferring medical records, the physician should maintain the original record and should transfer only a copy. You may charge the patient a reasonable fee to reflect the cost of the materials used, the time required to prepare the material, and the direct cost of sending the material to the requesting physician.

(Note: this may be determined by state law, e.g., Georgia has such a law which became effective July 2001.)

The obligation to pay for the record rests with the patient or with the third party who has requested the information. Since this is generally an uninsured service, reasonable attempts may be made on the part of the physician to collect the fee in advance. Nonpayment of the fee, however, is not a reason to withhold the information.

Physician Relocates

Physicians relocating their practice may take the medical records with them or leave the records with a designated custodian with an agreement that they will be permitted ready access to them as required in the future on request.

continues

Physician Ceases Practice

If a physician ceases to practice medicine, he or she may be obligated to either transfer their patients' records to another physician at a local address and phone number or notify each patient that their medical records will be destroyed in (state specific) ___ years, unless they collect the records or request a transfer to another physician within 2 years. You may wish to contact your liability insurer for additional guidance.

Medical Records in a Group Practice That Is Changing

Physicians in a group practice setting usually have an arrangement that clarifies ownership of the records and a transferring policy with respect to patient records. Despite the existence of any such arrangements, it is important to note that any physicians in any setting (e.g., solo practice, group practice, hospital, etc.) are ultimately individually responsible for their own patient records. Physicians must be aware that agreements made with their associates do not supersede their responsibility to patients.

Typically, most physicians in a group practice arrangement will have an agreement with their associates that addresses such items as:

- The method for division of medical records upon termination of the practice agreement. This agreement usually specifies a method for determining custody of the medical records.
- Some reassurance that each physician will have reasonable access to the content of the medical records for preparing medico-legal reports, defending actions, or responding to a complaint investigation.
- Often, if no such agreement exists, physicians dissolving their joint practice try to agree on a system to determine who is "the most responsible physician" for each record. For example, the physician who has created the greatest percentage of the entries in a particular patient record may be expected to continue to maintain it.
- While the above-mentioned approach is customary in most group practices, it is not mindful of the patient's needs. See details in "Ask the Patient" below.

Ask the Patient

Members of a group practice must be cognizant of the fact that it is the *patient's privilege* to choose which doctor they wish to maintain their particular patient records and provide continuing medical care, regardless of the existence of an agreement.

A copy (or original) of that patient's records should be transferred and physicians should agree how the cost of copying and transferring records will be divided within the group. In the case of planned group practice dissolution, the cost cannot be charged to the patient.

Unexpected Dissolution of a Group Practice

Unexpected dissolutions of group practices create special difficulties. Ideally, physicians involved should amicable agree on a strategy for informing patients and dealing with the medical records. In the case of a sudden, unforeseen

departure of a partner or associate, records should be kept at their present location until the patient directs where they wish to receive their ongoing health care. Reasonable access to medical records must be given to all former partners and associates.

Statutory Requirements

There are some statutory requirements on the keeping of medical records. For example, certain Medicaid/Medicare reimbursement regulations require that the medical records of recipients be available for review for seven years.

Tax and Financial Records**

Accounts Payable Ledger	Permanently
Accounts Receivables Ledger—Annual	Six years after the due date of the practice tax return
Accounts Receivable Ledger—Monthly	Two years
Bank Statements with canceled checks	Six years after the due date of the practice tax return
Capital Asset Records	Six years after the due date of the practice tax return for the year in which the asset is disposed
Cash Recipients Journals	Six years after the due date of the practice tax return
Check Register	Six years after the due date of the practice tax return
Daysheets	Six years after the due date of the practice tax return
Deeds, Mortgages, and Bills of Sale	Permanently
Deposit Books and Slips	Six years after the due date of the practice tax return
Depreciation Schedules	Permanently
Encounter Forms	Six years after the due date of the practice tax return
Financial Statements—Annual (year end)	Permanently
Financial Statements—Periodic	Two years
General Ledger	Permanently
Income Tax Returns (correspondence and audits)	Permanently
Income Tax Returns (federal and state)	Permanently
Insurance Policies (expired)	Three years
Insurance Policies, Current Accident Reports, Claims, Policies, etc.	Permanently

continues

IRA and Keogh Plan Contributions, Rollovers, Transfers, and Distributions	Permanently
Paid Invoice-Expenses	Six years after the due date of the practice tax return
Payroll Ledger	Six years after the due date of the practice tax return
Payroll Tax Returns	Permanently
Petty Cash Vouchers	Three years
Stock and Bond Certificates (canceled)	Seven years
Vouchers for Payments to Vendors, Employees, etc. (includes allowances and reimbursement of employees, officers, etc., for travel and entertainment expenses)	Seven years

Employer

Employee Personnel Records (after termination)	Seven years
Employment Applications	Three years
Time Cards and Daily Attendance Reports	Seven years

Other

Accident Reports/Claims (settled cases)	Seven years
Correspondence, General	Two years
Correspondence, Legal and Important Matters	Permanently
Correspondence, Routine with Customers or Vendors	Two years
Minute Books of Directors, Stockholders, Bylaws, and Charter	Permanently
Trademark Registrations, Patents, and Copyrights	Permanently

*State guidelines vary. Check with a local medical records training program, your professional liability carrier, or your health care attorney.

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