Patient Demographic Integrity

Successfully moving clinical patient documents from one electronic system to another requires that the patient be exactly identified so that documents are correctly linked to the patient. This identification requires that great care and consistency be used in registering and updating the patient in every system. The role of the registrar or receptionist is key to acquiring and populating the patient demographic information precisely. Every healthcare worker should be vigilant that patient identities are accurate and fix them or engage the right person in their organization to correct any errors found.

Demographic Data		**Required / Optional**
General	All demographic data should be entered in UPPER CASE ONLY. Verification of the demographic data is suggested at every patient contact.	Required
Identification Data		
Review Govt. Issued ID.	Do not rely entirely upon patient completed registration forms. Reconcile any information presented by the patient and verify the information with a government issued id card or driver's license. Insurance cards are not reliable and should be verified if they do not match government issued ID. Patients should be encouraged to contact their insurance company to correct any noted inaccuracies.	Required
Last Name		
Last	USE ONLY THE PATIENTS FULL LEGAL LAST NAME Do not add prefix – Mr., Dr, St Do not add suffix – Jr, III, Sr Spaces and hyphens are OK if part of the LEGAL NAME	Required
First Name		
First	USE ONLY THE PATIENTS FULL LEGAL FIRST NAME No nick names. Use the alias fields for nick names. Spaces and hyphens are OK if part of the LEGAL NAME	Required
Middle Initial or Name		
	Enter if known, otherwise leave blank.	Optional
Social Security		
	Enter the correct SSN for the PATIENT if provided, otherwise leave blank.	Optional
Date of Birth		
	Verify date of birth with documentation whenever possible.	Required
Gender		
	Enter M or F. MUST NOT LEAVE BLANK.	Required

Address		
	Verify the current address with the patient. Use home address if available. Enter all information available. Use the standard Post Office abbreviations for the state or the full name. Zip or zip plus four.	Optional but strongly encouraged
Phone Information		
Home	Verify the home phone number with documentation or with the patient.	Optional but strongly encouraged
Work	Verify the number. Leave blank if there is no information.	
Mobile	Verify the number. Leave blank if there is no information.	
Insurance		
	Enter insurance information as shown on the card or provided by patient. Use on-line verification where ever possible. Leave blank if there is no insurance or if the information is missing or unclear.	Optional
Email		
	If unknown, leave blank. Recommend entering patients Direct e-mail Address in this field	Optional
Mother's Maiden Name		
	Enter if known. Leave blank if not known. Accurate information in the field is REQUIRED for accurate immunization registry reporting.	Enter if correct info available
Medical Record Number (MRN) and Facility		
	Most systems do not allow changes to MRN or Facility identifiers. They should not be changed by anyone unless you have received advanced training on editing Patient MRN and Facility information.	Do not edit unless qualified
Race, Ethnicity and Primary Language		
	Capturing data into these fields is required for Meaningful Use. New and Updated PM and EHR programs will support this information. Once your system is updated to capture this data you are required to enter it. There are very specific choices that are acceptable for these fields.	Required for Meaningful Use

☐ I agree to follow these best practices.

☐ Our Medical Records, Practice Management or Registration Software will not permit me to follow these best practices:

☐ Comments: ____

Print Name: ______________________

______________________________ ___/____/______

Signature Date

Fax this from to Dawn Mackey at 831-465-7811