

**IDENTIFYING AND DEALING WITH THE  
NON-COMPLIANT PATIENT. WHO'S AT RISK?  
PICA 2009 RISK MANAGEMENT LECTURE**

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**DISCLAIMER**

The information presented in this lecture and contained in this document does not establish a standard of care. The information is for general informational purposes to aid in reducing professional liability exposure.



Figure 1.



Figure 2.

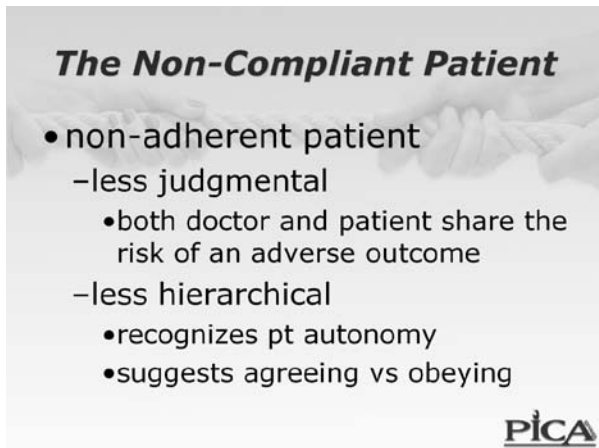


Figure 3.



Figure 4.

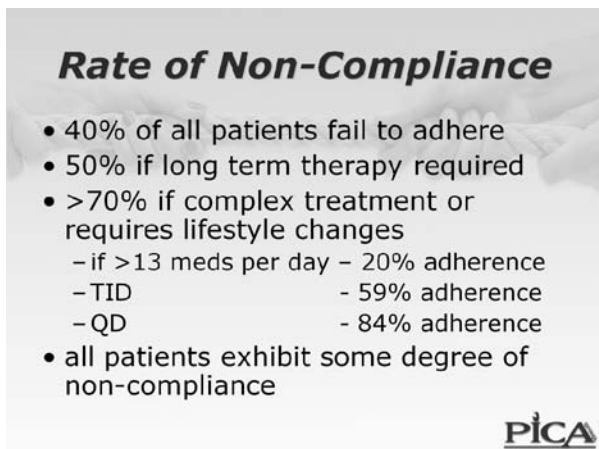


Figure 5.

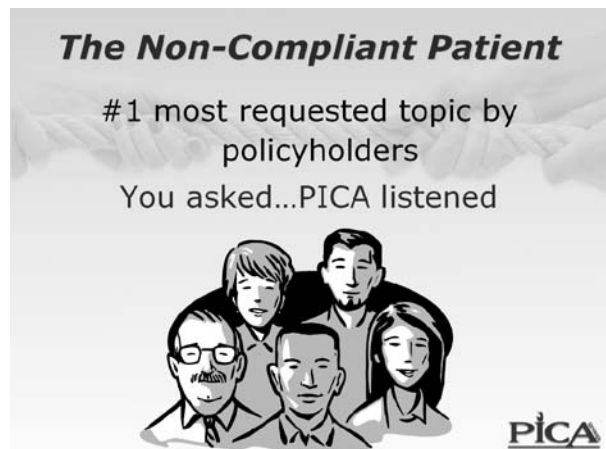


Figure 6.



### **Identifying the Non-Compliant Patient**

- after the fact
  - pt admits non compliance
  - broken cast, no crutches
  - bandages removed
  - not improving
  - unanticipated response




Figure 13.

### **Characteristics of the Non-Compliant Patient**

- \*little association with personality type, gender, ethnicity, social class and level of educational attainment
- no benefit in matching ethnicities


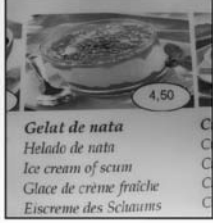



Figure 14.

### **Characteristics of the Non-Compliant Patient**

- live alone
- low socioeconomic class (\$)
- increased number of doctors
- cognitive impairment
- complex treatment regimens
- poor physician relations
- depression
  - one of strongest predictors of NC
  - 27% increased rate of NC




Figure 15.

### **Characteristics of the Non-Compliant Patient**

- insecure attachment
- treatment of asymptomatic disease
- 50% greater risk in pts who do not perceive disease as a risk
- poor health
  - physicians convey greater negativity to physically or mentally less healthy patients




Figure 16.

### **Characteristics of the Non-Compliant Patient**

- cognitive defect
  - "health literacy" (2500 pts)
    - 1/3 of patients are health illiterate
    - 42% misunderstood taking med on empty stomach
    - 25% misunderstood schedule
    - 60% misunderstood consent
    - 56% forget after leaving office who understood during the visit
    - anxiety will decrease recall
    - PLAIN ENGLISH GEARED TOWARD A 5<sup>TH</sup> GRADE EDUCATION




Figure 17.

### **Health Literacy**




Figure 18.



Figure 19.

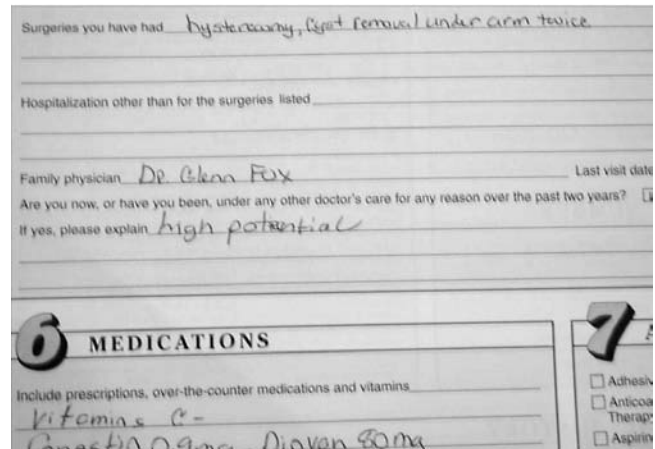


Figure 20.

### Characteristics of the Non-Compliant Patient

- cognitive defect
  - "health literacy" (2500 pts)
    - related to physician failure to assess recall and comprehension
    - depression



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Figure 21.

### Recognizing the NC patient

- passive resignation
  - uninvolved
  - unquestioningly obedient
- mood disorders
  - cross-armed, stiff posture
  - lack of eye contact
  - avoidance
  - depressed affect
  - back pain, insomnia, fatigue, HA
  - passive-aggressive
  - sarcastic
  - easily annoyed, demanding
  - multiple complaints
- distress high user of medical services




chart with multiple checks

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Figure 22.

### Recognizing the Physicians Role in Non-Compliance


- controlling, paternalistic behavior
- failure to anticipate and overcome practical barriers
- poor communication
- lack of participatory decision making
- lack of caring
- not engender trust
- physician overwork leads to increased number of difficult patient

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Figure 23.

### Dealing with the NC Patient

• "patients are autonomous and make changes to maximize their quality of life as they see it. People are experts about their values, preferences and capabilities."  
 (williams, haskard, dimatteo)




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Figure 24.

**Previous Paradigm**

- give the following to patients:
  - insight (they don't see)
  - knowledge (they don't know)
  - skills (they don't know how)
  - hard time (they don't care)



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Figure 25.

**New Paradigm**

- Behavioral Change
  - values theory
  - health belief model
  - social cognitive theory
  - self cognitive theory
  - Bem's self perception theory
  - Patient activation model
  - Implementations intentions model
  - motivational interviewing


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Figure 26.

**Dealing with the NC Patient**

- " patients change because their values support it, they think it will be worth it, they think they can do it, they think it is important, they think they are ready to do it, they believe they need to take charge, they have a good plan to make it work with good social support"

(butterworth JMCP 2008)




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Figure 27.

**Dealing with the NC Patient**

- Both doctor and patient share the risk of an adverse outcome.
- Patients have autonomy that medical regimens do not trump.



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Figure 28.

**Building an Agreement**




- Doctor thinks/acts differently when encouraging agreement than when pressing for compliance.
  - Assumes patient is an active decision maker.
  - Elicits patients ideas, concerns, preferences, constraints and objections.
  - Is curious rather than furious about differences of opinion and failure to follow-through
  - Expresses concern rather than admonishes

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Figure 29.

**Concern About What?**


- That the patient will not have desired outcome.
- That the patient will not understand and adhere to the necessary steps
- Clarity, concern and curiosity are keys to promoting adherence.



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Figure 30.

### Adherence Hinges Upon:



- ✓ Agreement with causal explanation.
- ✓ Sufficient knowledge to carry out the plan.
- ✓ Conviction plan will yield valued benefit.
- ✓ Confidence in ability to carry out specifics.

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Figure 31.

### Adherence Hinges Upon:



- ✓ Attention to variation in adherence.
- ✓ Exploration of obstacles to adherence.
- ✓ Adjustment of plan to address obstacles where possible.

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Figure 32.


### Initial Visit



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Figure 33.

### How to Turn the Table From Obedience to Adherence




- Elicit the patient's self diagnosis.
- Elicit specific expectations.
- Check for agreement when offering a diagnosis.
- Check for agreement when offering a treatment plan.
- Point out/discuss disagreements openly.
- Use reaffirming questions.

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Figure 34.

### Pushing vs. Pulling

- *Pushing*: lecturing, inspiring, arguing, exhorting, praising, threatening.
- Healthcare providers over-rely on pushing.




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Figure 35.


### Pushing vs. Pulling

- *Pulling*: asking questions, eliciting thoughts and emotions.
  - Clarifies problem ownership and autonomy



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Figure 36.



### **Pull to Discuss Disagreements Openly**

- "It sounds like you have a different view about what is really needed/possible. I want to be sure I understand your reasoning."
- "It sounds like you are not really able to promise to keep weight off your foot for the crucial first 2 weeks after surgery. What do you know about the problems that could cause?"

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Figure 37.

### **Elicit Self-Diagnosis/Concerns**

- "What do you think is going on here?"
- "And why do you think that is happening?"
- "What are your biggest concerns?"
- "What do other family members think is going on here? How concerned are they?"
- "Oh, I will definitely offer you my assessment, but it helps me to understand and take into account your perspective as well."

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Figure 38.

### **Elicit Patient/Family Expectations**

- "What were you expecting we would do in this visit
- "Was there something specific that you were thinking/hoping/expecting that we should do differently at this point?"
- "What was your wife/daughter expecting/hoping that we might do at this point?"

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Figure 39.

### **Assessing Conviction and Confidence**

- In order to adhere, patients need to feel:
  - ✓ Sufficiently **convinced** that the problem is important and that the proposed action will ameliorate it.
  - ✓ Sufficiently **confident** that they have the ability to carry out the plan.

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Figure 40.

### **Ask Directly About Agreement**

- "How convinced are you that \_\_\_\_\_ is necessary to promote healing/prevent further injury at this point?"
- "What do you think could happen if your were not able to do this regularly?"
- "How confident are you that you could do step 1 \_\_\_\_\_. How about step 2 \_\_\_\_\_?"
- "Summarize for me what you are willing to commit yourself to at this point?"

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Figure 41.

### **Give Patient Written Summary of the Steps in the Plan**

- "So, here are the steps that we have just agreed upon....."
 

JEFFREY S. ROSEN, D PM  
1000 Oakland Road, Suite 200  
Phone: 916-255-1000

Name: \_\_\_\_\_ Date: \_\_\_\_\_

B - wash foot daily with water  
- cover wound with gauze  
- keep covered all the time  
C - wear surgical shoe except while sleeping

Printed on 10/10/10

Does that look correct to you?"

- Phrases rather than full sentences
  - Intended as reminders to action at home

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Figure 42.



### **Elicit Reaffirming Statements in Subsequent Visits**

- "Remind me what you understood to be the essential parts of the treatment plan we agreed upon last visit."
  - A test of memory and commitment
- "And how much of what we agreed upon have you been able to?"
  - Honesty/accuracy is highest value
- Explore adherence problems

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Figure 43.

### **What if you cannot reach agreement/commitment**

- Discuss disagreement openly
- Express concern about outcome
- Insist upon second opinion
- Get the family involved
- Decline to provide the procedure
- Terminate relationship as a last resort

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Figure 44.

### **Express Concern About Non-adherence**

- "I am concerned that you will not have the outcome we both want for you unless you are able to \_\_\_\_\_ on a regular basis. What do you think?"
- "How concerned are you that this will not heal unless you can keep weight off it for the next 3 weeks?"
- "I am concerned that what you are doing now will cause you further injury. What do you think about that?"

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Figure 45.

### **Insist on a Second Opinion or Change of Care Settings**

- *"In light of the potential danger of letting this go on much longer without improvement, I think it is important that we:*
  - *have Dr. \_\_\_\_\_ give us a second opinion re: what needs to be done."*
  - *admit you to the hospital or have a visiting nurse come to your home."*

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Figure 46.

### **Get the Family Involved**

- Why get family involved?
- When to get family involved?
- Privacy concerns



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Figure 47.

### **Promoting Family Involvement**

- Unless the patient specifically refuses permission, initiate contact with family when adherence is a problem
- *"I would like your permission to speak with your daughter about her concerns and see what we can do to make this treatment plan more manageable for you."*

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Figure 48.

### **DEPT OF HHS**

- pt is present and has capacity to make health care decisions
  - obtains patient's agreement
  - gives the patient an opportunity to object and the patient does not object
  - decides from the circumstances, based on professional judgment, that the patient does not object

disclosures may be made in person, over the phone or in writing




Figure 49.

### **What's Next?**

- past 50 years
  - 32,000 citations in PUB MED
  - 10,100 citations in PSY LIT
  - >2,000 empirical studies
- behavioral/informational -improved adherence

AFP 2005 - level of evidence C

- more time spent with patient
- psychopharmacology




Figure 50.

### **Decline to provide the procedure in the first place**

- "I think the procedure could do more harm than good unless you are able to follow all the post op steps."
- "Perhaps this is not the right time for you to have this done."
- "I wish there were a safe way to do the procedure that did not involve so much post op inconvenience, but unfortunately there is not."




Figure 51.

### **What are the Three Most Important Factors in Your Defense of the Non-Compliant Patient?**

- document
- document
- document






Figure 52.

### **Documentation**

- do not document "personality issues"
  - not a psychiatrist
  - imprecise
  - expresses distaste for patient
- describe facts
  - refuses to follow instructions v stubborn
  - interrupts conversations v antagonistic




Figure 53.

### **Documentation**

- describe facts not conclusions
  - cast dirty v pt walking on cast
- document patient admission of non compliance
- document everything
  - missed appointments
  - phone calls
  - missed tests, consults
- importance, urgency, consequence




Figure 54.

### Case Studies

- physician repeatedly advised pt over the course of several yeas to have a pap smear. Pt did not want to pay for it and "did not feel like it".
- died of cervical CA – age 30
- family sued

**PiCA**

Figure 55.

### finding

- PHYSICIAN HELD LIABLE
- although physician had recommended that his patient have a pap smear, he never explicitly explained to her WHY the procedure was necessary
- upheld by Supreme Court of Ca

**PiCA**

Figure 56.

### Case Study

- elderly women refused surgery to repair broken leg. consented only to more conservative form of therapy.
- as a result formally independent woman was rendered permanently bedridden

**PiCA**

Figure 57.


### finding

- PHYSICIAN HELD LIABLE
- liable for not adequately explaining risks of not having surgery and the risks inherent in REFUSING treatment.
- upheld by Superior Court of NJ

**PiCA**

Figure 58.

### Documentation When Adherence is Poor



- Put treatment recommendations in writing & give copy to patient
  - Record plan clearly in chart along with noting that copy was given to patient.
  - Document specific warnings of potential consequences of non-adherence
  - Document alternative treatments – if any
  - Document patients response
  - Have patient read and review – ensure comprehension and agreement

**PiCA**

Figure 59.

**REFUSAL OF CARE FORM**

Patient: \_\_\_\_\_ Age: \_\_\_\_\_

Medical condition at issue: \_\_\_\_\_

Person being advised (if other than patient): \_\_\_\_\_

Physician advising: \_\_\_\_\_

My physician, named above, has advised that I, or an individual for whom I am a legal guardian, undergo the following test(s), referral(s), consultation(s), treatment(s), or procedure(s):

\_\_\_\_\_

\_\_\_\_\_

My physician has explained the risks (s), referral(s), consultation(s), treatment(s), or procedure(s) to me. In doing so, my physician explained to me the risks and benefits of his or her recommendation; the alternatives, if any, to this recommendation; and the risks and consequences of not receiving the recommended test(s), treatment(s), or procedure(s). Specifically, my physician has advised me of the following material risks in refusing the above recommended medical care:

\_\_\_\_\_

\_\_\_\_\_

Figure 60.



## Sample Forms

All of the sample forms included in this handout, plus many more sample forms and risk management resources, are available to PICA policyholders on PICA's website: [www.picagroup.com](http://www.picagroup.com). Once you have logged into the site, click on the "Risk Management" tab. You may download the files to your computer.

### **LEGAL NOTICE/DISCLAIMER**

*The information contained in these sample forms does not establish a standard of care, nor does it constitute legal advice. The information is for general informational purposes only and is written from a risk management perspective to aid in reducing professional liability exposure. Please review these documents for applicability to your specific practice. You are encouraged to consult with your personal attorney for legal advice, as specific legal requirements may vary from state to state.*



## Termination of Physician-Patient Relationship Letter

*(Note: Special conditions may apply for patients who are members of managed care organizations.)*

[Office Letterhead]

[Date of Letter]

[Patient Name & Address]

Dear \_\_\_\_\_:

This letter will serve as formal notice that I will no longer be able to provide podiatric care to you because [REASON]

*Sample language for reasons includes:*

- *I am retiring, moving out of the area, etc.*
- *You have consistently failed to follow my advice and recommendations.*
- *You have not followed through with arrangements to pay the balance due on your account.*
- *There are important differences in our views of medical care and treatment.*
- *Of the present nature of our physician-patient relationship.*
- *Of your continued inappropriate behavior in my office.*

I will continue to provide care to you until [DATE – at least 30 days from the date of the letter]. This period of time should give you ample opportunity to select a podiatrist of your choice from the many competent practitioners available in the area. Upon receipt of your written request, I will forward a copy of your medical record to your new podiatrist. A medical records release authorization form is enclosed for your convenience.

*[If the patient has a condition that requires continued medical treatment or follow-up, include the following: It is important for you to continue with treatment because of your current medical condition. Therefore, I encourage you to select a physician promptly and place yourself under his/her prompt and ongoing care.]*

Very truly yours,

\_\_\_\_\_, DPM

### Instructions:

- 1) Send letter to patient by certified mail, return receipt requested and by regular mail simultaneously.
- 2) Place copy of letter and return receipt in patient's medical record.





PATIENT NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING (INCLUDE PRESCRIPTIONS, OVER-THE-COUNTER MEDS AND HERBAL SUPPLEMENTS):

NAME	DOSE	HOW OFTEN DO YOU TAKE?

PLEASE LIST ALL PRIOR SURGERIES:

TYPE OF SURGERY	DATE	TYPE OF SURGERY	DATE

PLEASE LIST ALL PRIOR HOSPITALIZATIONS (OTHER THAN FOR SURGERY):

REASON FOR HOSPITALIZATION	DATE	REASON FOR HOSPITALIZATION	DATE

**SOCIAL HISTORY**

MARITAL STATUS:  SINGLE  MARRIED  PARTNERED  SEPARATED  DIVORCED  WIDOWED

USE OF ALCOHOL:  NEVER  NO LONGER USE  HISTORY OF ALCOHOL ABUSE

CURRENT USE - TYPE \_\_\_\_\_  RARE  OCCASIONAL  MODERATE  DAILY

USE OF TOBACCO:  NEVER  QUIT - HOW LONG AGO? \_\_\_\_\_  SMOKE \_\_\_ PACKS/DAY FOR \_\_\_ YEARS

USE OF RECREATIONAL DRUGS:  NEVER  QUIT - HOW LONG AGO? \_\_\_\_\_ TYPE \_\_\_\_\_

CURRENT USE - TYPE \_\_\_\_\_  RARE  OCCASIONAL  MODERATE  DAILY

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HOW MUCH ARE YOU ON YOUR FEET AT WORK?  10%  25%  50%  75%  100%

DO OTHERS DEPEND UPON YOU FOR THEIR CARE?  CHILDREN-AGE(S) \_\_\_\_\_  PET(S)-WHAT KIND? \_\_\_\_\_

ELDERLY OR DISABLED FAMILY MEMBER  OTHER \_\_\_\_\_

EXERCISE:  NEVER  RARE  OCCASIONAL  WEEKLY  SEVERAL TIMES A WEEK  DAILY

TYPES OF EXERCISE: \_\_\_\_\_

**FAMILY HISTORY**

DO YOU HAVE A FAMILY HISTORY OF:  DIABETES  CANCER  HEART DISEASE  HIGH BLOOD PRESSURE

STROKE  CORONARY ARTERY DISEASE  THYROID DISEASE  RHEUMATOID ARTHRITIS

OTHER \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**YOUR MEDICAL HISTORY**

ALLERGIES:  NONE KNOWN  MEDICATIONS \_\_\_\_\_

ANESTHESIA \_\_\_\_\_  FOODS \_\_\_\_\_

TAPE  LATEX  SHELLFISH  IODINE  OTHER \_\_\_\_\_

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

ACID REFLUX	Y	N	FIBROMYALGIA	Y	N	NEUROPATHY	Y	N
ANEMIA	Y	N	GOUT	Y	N	OPEN SORES	Y	N
ARTHRITIS	Y	N	HEART ATTACK	Y	N	PNEUMONIA	Y	N
ASTHMA	Y	N	HEART DISEASE/FAILURE	Y	N	POLIO	Y	N
BACK TROUBLE	Y	N	HEPATITIS	Y	N	RHEUMATIC FEVER	Y	N
BLADDER INFECTIONS	Y	N	HIV+/AIDS	Y	N	SICKLE CELL DISEASE	Y	N
ABNORMAL BLEEDING	Y	N	HIGH BLOOD PRESSURE	Y	N	SKIN DISORDER	Y	N
BLOOD CLOTS	Y	N	KIDNEY DISEASE	Y	N	SLEEP APNEA	Y	N
BLOOD TRANSFUSION	Y	N	LIVER DISEASE	Y	N	STOMACH ULCERS	Y	N
BRONCHITIS/EMPHYSEMA	Y	N	LOW BLOOD PRESSURE	Y	N	STROKE	Y	N
CANCER	Y	N	MIGRAINE HEADACHES	Y	N	THYROID DISEASE	Y	N
DIABETES	Y	N	MITRAL VALVE PROLAPSE	Y	N	TUBERCULOSIS	Y	N

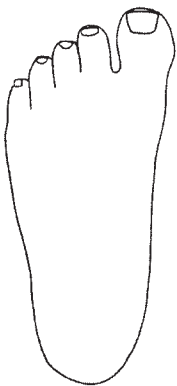
OTHER CONDITIONS: \_\_\_\_\_

**CURRENT PROBLEM**

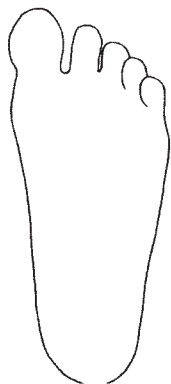
WHAT SPECIFIC PROBLEM BRINGS YOU TO OUR OFFICE TODAY? \_\_\_\_\_

WHERE IS THE PAIN/PROBLEM LOCATED? PLEASE MARK ON THE PICTURES BELOW.

**LEFT FOOT**



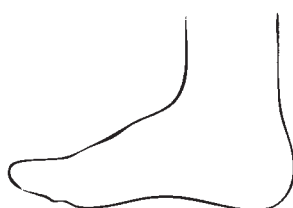
TOP OF FOOT



BOTTOM OF FOOT

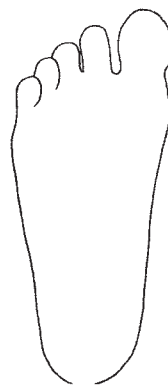


INSIDE OF FOOT

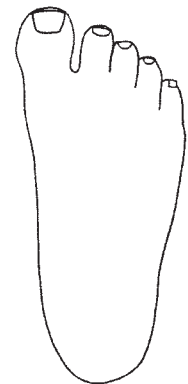


OUTSIDE OF FOOT

**RIGHT FOOT**



BOTTOM OF FOOT



TOP OF FOOT



OUTSIDE OF FOOT



INSIDE OF FOOT

PATIENT NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOW LONG AGO DID THIS PROBLEM FIRST START? \_\_\_\_\_ DAYS / WEEKS / MONTHS / YEARS

DID YOUR PAIN OR PROBLEM:  BEGIN ALL OF A SUDDEN  GRADUALLY DEVELOP OVER TIME

HOW WOULD YOU DESCRIBE YOUR PAIN?  NO PAIN  SHARP  DULL  ACHING  BURNING  
 RADIATING  ITCHING  STABBING  OTHER \_\_\_\_\_

HOW WOULD YOU RATE YOUR PAIN ON A SCALE FROM 0 TO 10? (PLEASE CIRCLE)  
 (NO PAIN) 0 1 2 3 4 5 6 7 8 9 10 (WORST PAIN POSSIBLE)

SINCE THE TIME YOUR PAIN OR PROBLEM BEGAN, HAS IT:  STAYED THE SAME  BECOME WORSE  IMPROVED

WHAT MAKES YOUR PAIN OR PROBLEM FEEL WORSE?  WALKING  STANDING  DAILY ACTIVITIES  
 RESTING  DRESS SHOES  HIGH HEELS  FLAT SHOES  ANY CLOSED TOE SHOE  
 RUNNING  OTHER \_\_\_\_\_

WHAT MAKES YOUR PAIN OR PROBLEM FEEL BETTER? \_\_\_\_\_

WHAT TREATMENTS HAVE YOU HAD FOR THIS PROBLEM? \_\_\_\_\_

HOW HAS THIS PROBLEM AFFECTED YOUR LIFESTYLE OR ABILITY TO WORK? \_\_\_\_\_

WAS THIS PROBLEM CAUSED BY AN INJURY?  YES (DESCRIBE) \_\_\_\_\_  No  
 IF YES, WAS IT A WORK-RELATED INJURY?  YES  No

TO THE BEST OF MY KNOWLEDGE, I HAVE ANSWERED THE QUESTIONS ON THIS FORM ACCURATELY. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE DOCTOR AND OFFICE STAFF OF ANY CHANGES IN MY MEDICAL STATUS.

\_\_\_\_\_  
 PRINT NAME OF PATIENT, PARENT OR GUARDIAN

\_\_\_\_\_  
 SIGNATURE OF DOCTOR

\_\_\_\_\_  
 IF OTHER THAN PATIENT, RELATIONSHIP TO PATIENT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

Note: This form is intended to be used by the podiatrist as a template for dictation or to document in the patient's medical record.

### NEW PATIENT/CONSULTATION FORM

PATIENT INFORMATION, MEDICAL HISTORY, & LOWER EXTREMITY EXAMINATION

DATE: _____	
PATIENT NAME: LAST _____ FIRST _____ M. _____	
AGE: _____ SEX: M / F DATE OF BIRTH: _____ PRIMARY LANGUAGE: _____	
PERSONAL PHYSICIAN: _____	REFERRED BY: MR. / MS. / DR. _____
PHONE: _____	PHONE: _____
LOCATION: _____	LOCATION: _____

**COMPLAINTS:**

NATURE	_____
LOCATION	_____
DURATION	_____
ONSET	_____
SPONTANEOUS/ INJURY/ ACTIVITY	_____
COURSE	_____
AGGRAVATING/ ALLEVIATING	_____
TREATMENT	_____

VITAL SIGNS: HT _____ WT. _____ TEMP _____ PULSE: _____ BP _____/_____
--

**MEDICAL HISTORY:**

**ALLERGIES**

ANTIBIOTICS: PENICILLIN SULFA KEFLEX \_\_\_\_\_  
 PAIN MEDS: CODEINE MORPHINE ASPIRIN NSAIDS \_\_\_\_\_  
 OTHER: SHELLFISH IODINE ADHESIVE TAPE GENERAL / LOCAL ANES. \_\_\_\_\_

**ILLNESSES:** \_\_\_\_\_  
 \_\_\_\_\_

**DRUGS: (PRESCRIPTION/PREScribed BY, OVER-THE-COUNTER, HERBAL REMEDIES)**

\_\_\_\_\_  
 \_\_\_\_\_

**PRIOR SURGERY:**

\_\_\_\_\_  
 \_\_\_\_\_

**HOSPITALIZATIONS/INJURIES: DATES? COMPLICATIONS?**

\_\_\_\_\_  
 \_\_\_\_\_

**SOCIAL HISTORY:**

**OCCUPATION:** \_\_\_\_\_ **ACTIVITY LEVEL:** SEDENTARY / MOD. ACTIVE / ATHLETIC

**MARITAL STATUS:** S M D W **ALCOHOL:** TYPE \_\_\_\_\_ / DAY WK MO

**TOBACCO:** \_\_\_PKS/DAY X \_\_\_YRS. (IF QUIT, HOW LONG AGO? \_\_\_) **RECREATIONAL DRUG USE:** \_\_\_\_\_

**FAMILY HISTORY:**

DM CAD HTN MI CA THYROID RA OTHER: \_\_\_\_\_

**REVIEW OF SYSTEMS:**

**MAJOR ILLNESSES:** DIABETES / HEART DISEASE / HYPERTENSION / CHEST PAIN ANGINA / MI / CANCER / MITRAL VALVE PROLAPSE / MURMUR / ARRHYTHMIA / STROKE / CHF / PACEMAKER \_\_\_\_\_

**RESPIRATORY:** ASTHMA / BRONCHITIS / EMPHYSEMA / FREQ. COLDS/ SINUS PROBLEMS/ INFECTIONS / SHORTNESS OF BREATH/ COPD / LUNG DISEASE OR BREATHING PROBLEMS / TUBERCULOSIS / SMOKER \_\_\_\_\_

**EENT:** SINUS PROBLEMS OR INFECTIONS / TONSILLITIS / THROAT INFECTIONS / GLAUCOMA / CATARACTS / EYE OR VISION PROBLEMS / HEADACHES / MIGRAINES / EAR INFECTIONS / HEARING DEFICIT \_\_\_\_\_

**GASTROINTESTINAL:** ULCERS / REFLUX / HIATAL HERNIA / STOMACH DISORDER / BOWEL DISORDER / IRRITABLE BOWEL SYN. / HEMORRHOIDS / GI OR RECTAL BLEEDING / RECTAL FISSURES \_\_\_\_\_

**GENITO-URINARY:** KIDNEY OR BLADDER INFECTIONS / KIDNEY STONES / PROSTATE / STD \_\_\_\_\_

**VASCULAR DISEASE/BLOOD DISORDERS:** POOR CIRCULATION / PVD / LEG OR CALF PAIN / NIGHT CRAMPS / REST PAIN / VEIN PROBLEMS / SWELLING / SPIDER VEINS / VARICOSE VEINS / PHLEBITIS / LEG ULCERS / BLOOD CLOTS / DVT/ PE / BLEEDING OR CLOTTING DISORDERS / EASY BRUISING / ANEMIA / SICKLE CELL / TRANSFUSIONS \_\_\_\_\_

**ARTHRITIS:** RHEUMATOID / OSTEO / GOUT / OTHER ARTHRITIS \_\_\_\_\_

**SKIN DISORDERS:** PSORIASIS / SKIN CANCER \_\_\_\_\_

**PSYCHOLOGICAL:** ANXIETY / DEPRESSION / PSYCHIATRIC CONDITION / DRUG OR ALCOHOL DEPENDENCY \_\_\_\_\_

**MISC. ILLNESSES:** EPILEPSY OR SEIZURES / THYROID DISEASE / MUSCLE DISEASE / HEPATITIS / HIV OR AIDS / PREGNANCY - CHILD BIRTH / LYME DISEASE / OTHER: \_\_\_\_\_  
 \_\_\_\_\_

LOWER EXTREMITY EXAMINATION

VASCULAR:

<b>PULSES:</b>			<b>SKIN:</b>		
PT	R _____	L _____	TEMP	R _____	L _____
DP	R _____	L _____	COLOR	R _____	L _____
OTHER _____	R _____	L _____	HAIR	R _____	L _____
CFT	R _____ SEC	L _____ SEC	TEXT.	R _____	L _____
<b>VENOUS:</b>					
EDEMA	R _____	L _____	HEMOSIDERIN	R _____	L _____
TELANGECT.	R _____	L _____	STASIS DERMATITIS	R _____	L _____
VARICOSITIES	R _____	L _____	STASIS ULCER	R _____	L _____
Hx DVT	R _____	L _____	POST PHLEBITIC SYND	R _____	L _____

NEUROLOGIC:

SENSATION	R _____	L _____	REFLEXES: PATELLAR	R _____	L _____
POSITION	R _____	L _____	ACHILLES	R _____	L _____
VIBRATION	R _____	L _____	BABINSKI	R _____	L _____
MUSCLE STRENGTH	R _____	L _____	WEAKNESS	R _____	L _____
			PARALYSIS		
			SPASTICITY		
			CLONUS		
GAIT	R _____	L _____	OTHER (NEUROMA / TINEL'S / SEMMES-WEINSTEIN)		
_____					

DERMATOLOGIC:

GENERAL	_____
NAILS	_____
HYPERKERATOSIS	_____
ULCER	_____
LESION	_____
SCAR	_____
TINEA	_____
VERRUCA	_____
OTHER	_____

**STRUCTURAL/BIOMECHANICAL:**

FOOT TYPE	_____
ANKLE	_____
STJ/REARFOOT	_____
HEEL PAIN	_____
TNJ - CC/MID-TARSAL	_____
MIDFOOT/LIS FRANC	_____
FOREFOOT/LESSER MET	_____
HALLUX/1 <sup>ST</sup> MET	_____
DIGITAL/LESSER MPJ	_____

**DIAGNOSTIC TESTING:**

TEST	DATE	RESULTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DIAGNOSIS/IMPRESSION:**

_____
_____
_____

**PLAN OF TREATMENT:**

_____
_____
_____

**PATIENT DISCUSSION:**

_____
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## A HEALTH CARE PROVIDER'S GUIDE TO THE HIPAA PRIVACY RULE:



# Communicating with a Patient's Family, Friends, or Others Involved in the Patient's Care

U.S. Department of Health and Human Services • Office for Civil Rights

This guide explains when a health care provider is allowed to share a patient's health information with the patient's family members, friends, or others identified by the patient as involved in the patient's care under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. HIPAA is a Federal law that sets national standards for how health plans, health care clearinghouses, and most health care providers are to protect the privacy of a patient's health information.<sup>1</sup>

Even though HIPAA requires health care providers to protect patient privacy, providers are permitted, in most circumstances, to communicate with the patient's family, friends, or others involved in their care or payment for care. This guide is intended to clarify these HIPAA requirements so that health care providers do not unnecessarily withhold a patient's health information from these persons. This guide includes common questions and a table that summarizes the relevant requirements.<sup>2</sup>

### COMMON QUESTIONS ABOUT HIPAA

- 1. If the patient is present and has the capacity to make health care decisions, when does HIPAA allow a health care provider to discuss the patient's health information with the patient's family, friends, or others involved in the patient's care or payment for care?**

If the patient is present and has the capacity to make health care decisions, a health care provider may discuss the patient's health information with a family member, friend, or other person if the patient agrees or, when given the opportunity, does not object. A health care provider also may share information with these persons if, using professional judgment, he or she decides that the patient does not object. In either case, the health care provider may share or discuss only the information that the person involved needs to know about the patient's care or payment for care.

Here are some examples:

- An emergency room doctor may discuss a patient's treatment in front of the patient's friend if the patient asks that her friend come into the treatment room.
- A doctor's office may discuss a patient's bill with the patient's adult daughter who is with the patient at the patient's medical appointment and has questions about the charges.
- A doctor may discuss the drugs a patient needs to take with the patient's health aide who has accompanied the patient to a medical appointment.
- A doctor may give information about a patient's mobility limitations to the patient's sister who is driving the patient home from the hospital.

<sup>1</sup> The HIPAA Privacy Rule applies to those health care providers that transmit any health information in electronic form in connection with certain standard transactions, such as health care claims. See the definitions of "covered entity," "health care provider," and "transaction" at 45 C.F.R. § 160.103.

<sup>2</sup> The full text of these requirements can be found at 45 C.F.R. § 164.510(b). Note that this guide does not apply to a health care provider's disclosure of psychotherapy notes, which generally requires a patient's written authorization. See 45 C.F.R. § 164.508(a)(2).



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**COMMUNICATING WITH A PATIENT'S FAMILY, FRIENDS, OR OTHERS INVOLVED IN THE PATIENT'S CARE**


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- A nurse may discuss a patient's health status with the patient's brother if she informs the patient she is going to do so and the patient does not object.

BUT:

- A nurse may not discuss a patient's condition with the patient's brother after the patient has stated she does not want her family to know about her condition.

**2. If the patient is not present or is incapacitated, may a health care provider still share the patient's health information with family, friends, or others involved in the patient's care or payment for care?**

Yes. If the patient is not present or is incapacitated, a health care provider may share the patient's information with family, friends, or others as long as the health care provider determines, based on professional judgment, that it is in the best interest of the patient. When someone other than a friend or family member is involved, the health care provider must be reasonably sure that the patient asked the person to be involved in his or her care or payment for care. The health care provider may discuss only the information that the person involved needs to know about the patient's care or payment.

Here are some examples:

- A surgeon who did emergency surgery on a patient may tell the patient's spouse about the patient's condition while the patient is unconscious.
- A pharmacist may give a prescription to a patient's friend who the patient has sent to pick up the prescription.
- A hospital may discuss a patient's bill with her adult son who calls the hospital with questions about charges to his mother's account.
- A health care provider may give information regarding a patient's drug dosage to the patient's health aide who calls the provider with questions about the particular prescription.

BUT:

- A nurse may not tell a patient's friend about a past medical problem that is unrelated to the patient's current condition.
- A health care provider is not required by HIPAA to share a patient's information when the patient is not present or is incapacitated, and can choose to wait until the patient has an opportunity to agree to the disclosure.

**3. Does HIPAA require that a health care provider document a patient's decision to allow the provider to share his or her health information with a family member, friend, or other person involved in the patient's care or payment for care?**

No. HIPAA does not require that a health care provider document the patient's agreement or lack of objection. However, a health care provider is free to obtain or document the patient's agreement, or lack of objection, in writing, if he or she prefers. For example, a provider may choose to document a patient's agreement to share information with a family member with a note in the patient's medical file.

**4. May a health care provider discuss a patient's health information over the phone with the patient's family, friends, or others involved in the patient's care or payment for care?**

Yes. Where a health care provider is allowed to share a patient's health information with a person, information may be shared face-to-face, over the phone, or in writing.

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**COMMUNICATING WITH A PATIENT'S FAMILY, FRIENDS, OR OTHERS INVOLVED IN THE PATIENT'S CARE**

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- 5. If a patient's family member, friend, or other person involved in the patient's care or payment for care calls a health care provider to ask about the patient's condition, does HIPAA require the health care provider to obtain proof of who the person is before speaking with them?**

No. If the caller states that he or she is a family member or friend of the patient, or is involved in the patient's care or payment for care, then HIPAA doesn't require proof of identity in this case. However, a health care provider may establish his or her own rules for verifying who is on the phone. In addition, when someone other than a friend or family member is involved, the health care provider must be reasonably sure that the patient asked the person to be involved in his or her care or payment for care.

- 6. Can a patient have a family member, friend, or other person pick up a filled prescription, medical supplies, X-rays, or other similar forms of patient information, for the patient?**

Yes. HIPAA allows health care providers to use professional judgment and experience to decide if it is in the patient's best interest to allow another person to pick up a prescription, medical supplies, X-rays, or other similar forms of information for the patient.

For example, the fact that a relative or friend arrives at a pharmacy and asks to pick up a specific prescription for a patient effectively verifies that he or she is involved in the patient's care. HIPAA allows the pharmacist to give the filled prescription to the relative or friend. The patient does not need to provide the pharmacist with their names in advance.

- 7. May a health care provider share a patient's health information with an interpreter to communicate with the patient or with the patient's family, friends, or others involved in the patient's care or payment for care?**

Yes. HIPAA allows covered health care providers to share a patient's health information with an interpreter without the patient's written authorization under the following circumstances:

- A health care provider may share information with an interpreter who works for the provider (e.g., a bilingual employee, a contract interpreter on staff, or a volunteer).

For example, an emergency room doctor may share information about an incapacitated patient's condition with an interpreter on staff who relays the information to the patient's family.

- A health care provider may share information with an interpreter who is acting on its behalf (but is not a member of the provider's workforce) if the health care provider has a written contract or other agreement with the interpreter that meets HIPAA's business associate contract requirements.

For example, many providers are required under Title VI of the Civil Rights Act of 1964 to take reasonable steps to provide meaningful access to persons with limited English proficiency. These providers often have contracts with private companies, community-based organizations, or telephone interpreter service lines to provide language interpreter services. These arrangements must comply with the HIPAA business associate agreement requirements at 45 C.F.R. 164.504(e).

- A health care provider may share information with an interpreter who is the patient's family member, friend, or other person identified by the patient as his or her interpreter, if the patient agrees, or does not object, or the health care provider determines, using his or her professional judgment, that the patient does not object.

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**COMMUNICATING WITH A PATIENT'S FAMILY, FRIENDS, OR OTHERS INVOLVED IN THE PATIENT'S CARE**

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For example, health care providers sometimes see patients who speak a certain language and the provider has no employee, volunteer, or contractor who can competently interpret that language. If the provider is aware of a telephone interpreter service that can help, the provider may have that interpreter tell the patient that the service is available. If the provider decides, based on professional judgment, that the patient has chosen to continue using the interpreter, the provider may talk to the patient using the interpreter.

**8. Where can I find additional information about HIPAA?**

The Office for Civil Rights, part of the Department of Health and Human Services, has more information about HIPAA on its Web site. Visit <http://www.hhs.gov/ocr/hipaa> for a wide range of helpful information, including the full text of the Privacy Rule, a HIPAA Privacy Rule Summary, fact sheets, over 200 Frequently Asked Questions, as well as many other resources to help health care providers and others understand the law.

COMMUNICATING WITH A PATIENT’S FAMILY, FRIENDS, OR OTHERS INVOLVED IN THE PATIENT’S CARE

**HIPAA Privacy Rule Disclosures to a Patient’s Family, Friends, or Others Involved in the Patient’s Care or Payment for Care**

	<b>Family Member or Friend</b>	<b>Other Persons</b>
<b>Patient is present and has the capacity to make health care decisions</b>	<p>Provider may disclose relevant information if the provider does one of the following:</p> <ol style="list-style-type: none"> <li>(1) obtains the patient’s agreement</li> <li>(2) gives the patient an opportunity to object and the patient does not object</li> <li>(3) decides from the circumstances, based on professional judgment, that the patient does not object</li> </ol> <p>Disclosure may be made in person, over the phone, or in writing.</p>	<p>Provider may disclose relevant information if the provider does one of the following:</p> <ol style="list-style-type: none"> <li>(1) obtains the patient’s agreement</li> <li>(2) gives the patient the opportunity to object and the patient does not object</li> <li>(3) decides from the circumstances, based on professional judgment, that the patient does not object</li> </ol> <p>Disclosure may be made in person, over the phone, or in writing.</p>
<b>Patient is not present or is incapacitated</b>	<p>Provider may disclose relevant information if, based on professional judgment, the disclosure is in the patient’s best interest.</p> <p>Disclosure may be made in person, over the phone, or in writing.</p> <p>Provider may use professional judgment and experience to decide if it is in the patient’s best interest to allow someone to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information for the patient.</p>	<p>Provider may disclose relevant information if the provider is reasonably sure that the patient has involved the person in the patient’s care and in his or her professional judgment, the provider believes the disclosure to be in the patient’s best interest.</p> <p>Disclosure may be made in person, over the phone, or in writing.</p> <p>Provider may use professional judgment and experience to decide if it is in the patient’s best interest to allow someone to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information for the patient.</p>



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