

# **Record Keeping and Documentation Guidelines**

It is the responsibility of the **custodian**<sup>1</sup> of health information to ensure **patient** records include all information appropriate to the products and services provided. More information of the differences and requirements of custodians of health information and **affiliates** of health information are outlined in the College of Opticians of Alberta (COA) *Health Information Privacy and Management Standards*.

### All patient records must include:

- Patient demographics
  - Patient name, address, and telephone number if available
  - Patient identifier (example: date of birth)
  - Other information as required
- Prescription (from an authorized prescriber)
  - Name/identifier of the prescriber
  - o Signature of prescriber, or if a signature stamp is used the stamp is initialed by office staff
  - Patient's name
  - Patient's complete prescription
  - o Date of examination, or
  - Prescription duplication information
- Other
  - o Date of each service/transaction and what each transaction included
  - Identifier for the optician who performed each service/transaction or supervised a student performing the service
  - Record of any release of information to any party, including the patient or another regulated health profession (including date, reason, who the information was released to, and authorization from the patient if needed)
  - o Record of any payments including third party billing

## Eyeglasses

#### Additional for eyeglass record:

- Appropriate measurements for eyeglasses including, but not limited to:
  - o Optical center placement horizontally and vertically
  - o Placement of bifocal/multifocal height
  - o Base curvature of lens
  - o Vertex distance
- Frame specifications including manufacturer, model, size, color
- Lens specifications including type of lens, brand, and safety information if applicable
- All coatings or lens treatments
- Specific instructions given to a patient regarding the use, care, or follow up
- Record of follow up visits addressing visual problems or refitting as needed

## Low Vision

<sup>&</sup>lt;sup>1</sup> Words in bold font are listed in the glossary.



#### Additional for low vision records:

- A low vision assessment if completed (this may replace a prescription depending on patient)
- Appropriate measurements for any custom appliances
- Details of any handheld **low vision devices** including magnifiers, including:
  - Power
  - o Model
  - o Manufacturer
- Filter specifications (if recommended for contrast sensitivity)
- Discussions related to:
  - Expectations
  - o Limitations
  - Customary adaptation period
  - Maintenance requirement
- Recommended follow up schedule

### Refraction

#### Additional for refraction records:

- Patient consent form
- Refraction results
- Name of prescriber
- Signature of prescriber
- Referral information as needed

#### **Contact Lenses**

#### Additional for contact lens dispensing records:

- Contact lens specifications including:
  - Patient name
  - o Name and license number of the practitioner who performed the fit
  - o Contact information for the practitioner who performed the fit
  - Date issued
  - Expiration date (this is left to the professional judgement of the practitioner performing the fit based on their findings during the fitting and should include a reason for the expiration date)
  - o Brand name, base curve, diameter, and power of the contact len(es)
  - Replacement schedule
  - o Recommended contact lens solution
  - Any other specifications the practitioner who performs the fit deems necessary based on the prescription, type of lens, condition of the patient, etc.

#### Additional for contact lens fitting records:

- Patient ocular, health, and family history
- As appropriate, measurements and observations for contact lenses including, but not limited to:
  - Visual acuity
  - o Keratometer/ophthalmometer readings



- o Observations from a slit lamp/biomicroscope evaluation including pathological or anomalies
- Tear quality (TBUT)
- o Pupil size
- Fissure size
- Horizontal visible iris diameter
- All diagnostic contact lens specification, including, but not limited to:
  - Base curve
  - o Diameter
  - o Power
  - Lens type (manufacturer and color if applicable)
  - Mulitfocal heights
- As appropriate, assessment of diagnostic lens including:
  - Diagnostic lens appearance and movement
  - o Comfort with lens on the eye
  - Monocular and binocular visual acuity
  - Any changes being made to initial diagnostic lens
- Instructions and recommendations pertaining to:
  - Insertion and removal
  - o Lens care
  - o Solution use
  - Replacement schedule and wear time
  - Normal and abnormal adaptive symptoms
  - o Contraindications to lens use
  - How and when to access emergency care
- Expected date of follow up
- Any other evaluations performed, and all recommendations provided to a patient
- Once all services required to dispense contact lenses have been completed, the patient record should include complete contact lens specifications. Contact lens specifications must include:
  - o Patient name
  - o Name and license number of the optician who performs the fit
  - o Contact information for the optician who performs the fit
  - Date issued
  - Expiration date (this is left to the professional judgement of the optician who performs the fit based on their findings during the fitting)
  - Brand name, base curve, diameter, and power of the contact lens(es)
  - Replacement schedule
  - Recommended contact lens solution
  - Any other specification the optician who performs the fit deems necessary based on the prescription, type of lens, condition of the patient, etc.

#### Additional for contact lens fitting follow up records:

- Changes to patient history
- Changes in eye health
- Recommendations regarding the time elapsed since a patient last met with an ophthalmologist, optometrist, or optician in person
- As appropriate, assessment including, but not limited to:
  - Lens appearance, fit and movement



- Wearing time
- o Comfort with lenses in place
- Corneal clarity and integrity
- Comparison of corneal curvature
- o Conjunctival and lid appearance
- o Tear characteristics
- Visual acuity
- o Compliance with past recommendations on leans handling, lens care, and replacement
- A management plan for any problems identified and for future care
- Other factors or discussions relevant to the continued use of contact lenses by the patient
- Changes made to contact lens specifications due to the assessment. Specifications must include:
  - o Patient name
  - Name and license number of the optician who performs the fit
  - o Date issued
  - Expiration date (this is left to the professional judgement of the optician who performs the fit based on their findings during the fitting)
  - Brand name, base curve, diameter, and power of the contact lens(es)
  - Replacement schedule
  - Any other specifications the optician who performs the fit deems necessary based on the prescription, type of lens, condition of the patient, etc.

#### **Glossary Terms**

**Affiliate**: affiliates of health information are, according to the *Health Information Act* (2000) (HIA), regulated members who practice in an organization identified as custodians. The HIA describes "affiliate" as follows:

- regulated members are affiliates of health information if they practice in an organization employed by a custodian
- a person who performs a service for a custodian as an appointee, volunteer or student under a contract or agency relationship with the custodian

**Custodian**: organizations defined in the HIA or individuals designated in the Health Information Regulations (2002) HIR) with authority to collect, use, and disclose health information; a health service provider who is designated in the regulations as a custodian, or who is within a class of health services providers that is designated in the regulations.

**Low vision device**: specialized equipment designed to help individuals with significant visual impairments. They include a variety of tools such as magnifiers, telescopes, and electronic aids. The goal of low vision devices is to provide greater independence and facilitate daily activities for those with low vision

**Patient**: a person, or caregiver of a person, receiving opticianry services from a regulated member of the College

Refractions: the measurement of the focusing of the eye and the determination of a prescription

#### **Related Documents**

College of Opticians of Alberta Health Information and Privacy Management Standards

Health Information Act (2000), RSA 2000, c H-5

Health Information Regulations, Alta Reg 70/2001



## For more information:

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