



MEMORANDUM OF RECEIPT OF POLICY

Director or Clinic/Practice Manager

TO: Health Services, Department Directors

FROM:

DATE:

RE: Approved/New-Revised P&P for Clinic Manuals

Subject/Title: (example: Policy Formation, Approval, and Review Process)
Effective Date: June 1, 2005
Applicability: HealthPOiNT
Purpose: (example: *To Standardize a Process and Format for the Development of Policies and Procedures*)

This Policy & Procedure has been approved by the Compliance and Performance Improvement Committee for implementation. A copy of the P&P is attached for your reference.

It is the Director and Clinic/Practice Manager's responsibility to review the attached Policy and Procedure, sign the MEMORANDUM OF RECEIPT OF POLICY, and review the P&P with the staff at the next clinic meeting. This in-service should be on the agenda and documented in the meeting minutes. The In-Service Documentation Form must be signed by staff upon review and a copy maintained in the department/clinic in-service records.

Reviewed by Department Director or Clinic/Practice Manager

_____ Date_____

Original Memo: Send signed document to Director of Compliance/QA
Copy: Maintain copy in department /clinic in-service records

Original Date: October 24, 2013

Revised Date:

Approved Date: October 30, 2013