

**QA/I COMPLETENESS OF RECORD REVIEW WORKSHEETS**

Reviewer Name \_\_\_\_\_

Date of Review \_\_\_\_\_

<b>Client ID #</b>					
<b>Assessment</b>					
<b>Consent for alcohol and other drug services</b>					
<b>Client fee agreement</b>					
<i>Documentation to reflect that client was given a copy of the following:</i> <b>Program Rules or Expectations of clients</b>					
<b>Client rights and grievance procedures</b>					
<b>Written summary of the federal laws and regulations that indicate the confidentiality of client records is protected as required by 42 CFR Part B paragraph 2.22</b>					
<b>Diagnosis</b>					
<b>Treatment plans</b>					
<b>Progress notes</b>					
<b>Disclosure of client information forms</b>					
<b>Termination summary/discharge plan</b>					