

Chapter 6 Client Services

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Policy 6000 Guidelines for the Delivery of Family Planning Services

The guidelines for the delivery of family planning services are comprised of *Program Requirements for Title X Funded Family Planning Projects* (PR) and *Providing Quality Family Planning Services April 25, 2014* (QFP). These documents form the basis for monitoring projects under the Title X program.

[*Program Requirements for Title X Funded Family Planning Projects*](#) was developed to assist current and prospective grantees in understanding and implementing the family planning grants program authorized by Title X of the PHS Act (42 U.S.C. 300 et seq.). The document is organized into 16 sections that describe the various requirements applicable to the Title X program, as set out in the Title X statute and implementing regulations (42 CFR 59A), and in other applicable Federal statutes, regulations, and policies.

[*Providing Quality Family Planning Services April 25, 2014*](#) [source: MMWR 2014;63(RR04):1–54] recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose to not have children.

The recommendations describe:

- Services that should be offered in a family planning visit (contraceptive services, pregnancy testing and counseling, helping clients achieve pregnancy, basic infertility services, preconception health services, and STD services).
- How these services should be provided by drawing upon existing recommendations and filling gaps where needed.
- Services available for clients of all genders and special populations, such as adolescents, and provide detailed guidance on contraceptive services.
- Using the family planning visit to provide selected preventive health services, such as breast and cervical cancer screening

Related References

[PR](#)

[QFP](#)

Policy 6100 Clinical Practice

All agencies should assure services provided are in accordance with nationally recognized guidelines and recommendations, and state law. Written or online links for recommendations and guidelines must be approved by the agency's medical director and available at each clinical site. (PR).

Related References

[PR 9.6](#), Clinical protocols

Policy 6200 National Clinical Guidelines and Recommendations

[CDC's Reproductive Life Plan Tool For Health Professionals](#)

[US Selected Practice Recommendations for Contraceptive Use, 2016](#)

[source: *MMWR* 2016;65(RR-4):1–72] addresses a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods.

- [Download](#) free SPR application for iPhone/iPad/iPod from the iTunes App Store
- [What to Do If Late, Missed, or Delayed Combined Hormonal Contraception](#)
- [Management of IUD when Pelvic Inflammatory Disease \(PID\) is Found and Management of Women with Bleeding Irregularities](#)

[U.S. Medical Eligibility Criteria for Contraceptive Use, 2016](#) [source: *MMWR* 2016;65(RR-3):1–104] comprises recommendations for the use of specific contraceptive methods by women and men who have certain characteristics or medical conditions.

- [Download](#) the free U.S. MEC application for iPhone/iPad/iPod from the iTunes App Store.
- A [full color summary MEC chart](#) (in English) can be printed double sided, laminated, and used by health care providers when counseling women. A Spanish version is coming soon.
- [Effectiveness of Family Planning Methods – English](#) both 8.5x11 and poster size
- The MEC Wheel, MMWRs, and other provider tools are available to order from [CDC-INFO on demand](#) in limited quantities. Some of the tools available are:
 - The MEC Wheel
 - Effectiveness of Family Planning Methods – Spanish
 - U.S. Medical Eligibility Criteria for Contraceptive Use Laminated Color Coded Summary Chart (Legal Size)
 - U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 *MMWR* Vol. 65, No. 3

[Recommendations to Improve Preconception Health and Health Care—United States April 2006](#)

[source: *MMWR* 2006;55(RR06):1–23] provides recommendations to improve both preconception health and care. The goal of these recommendations is to improve the health of women and couples, before conception of a first or subsequent pregnancy.

[Sexually Transmitted Diseases Treatment Guidelines, 2015](#) [source: *MMWR*. 2015;64(RR3):1–138] are recommendations for treating persons who have or are at risk for sexually transmitted diseases. These updated guidelines discuss 1) alternative treatment regimens for *Neisseria gonorrhoeae*; 2) the use of nucleic acid amplification tests for the diagnosis of trichomoniasis; 3) alternative treatment options for genital warts; 4) the role of *Mycoplasma genitalium* in urethritis/cervicitis and treatment-related implications; 5) updated HPV vaccine recommendations and counseling messages; 6) the management of persons who are transgender; 7) annual testing for hepatitis C in persons with HIV infection; 8) updated recommendations for

diagnostic evaluation of urethritis; and 9) retesting to detect repeat infection. Related resources include:

- [Wall chart](#) and [pocket guide](#)
- [Download](#) the free 2015 STD Treatment (Tx) Guidelines application for iPhone/iPad/iPod from the iTunes App Store. This is an easy-to-use reference that combines information from the STD Treatment Guidelines with MMWR updates. It features a streamlined interface so providers can access treatment and diagnostic information. An Android app is currently being developed.

[Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings](#) [source: *MMWR*. 2006;55(RR14):1–17] are recommendations for human immunodeficiency virus (HIV) testing for all health-care providers.

The [American Society for Colposcopy and Cervical Pathology \(ASCCP\) guidelines](#) for the prevention and early detection of cervical cancer, and management of abnormal screening results. This site includes a link for downloading a ASCCP mobile app for Android, iPhone, and iPad. The app is also available in Spanish.

[American Congress of Obstetricians and Gynecologists \(ACOG\) Committee Opinions](#) include:

- [Well-Woman Recommendations](#)
- [Human Papillomavirus Vaccination](#)
- [Depot Medroxyprogesterone Acetate and Bone Effects](#)
- [Colorectal Cancer Screening Strategies](#)
- [Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices](#)

[US Preventive Services Task Force Recommendations](#) include:

- [Cervical Cancer: Screening](#)
- [Breast Cancer: Screening](#)
- [Colorectal Cancer: Screening](#)
- [Human Immunodeficiency Virus \(HIV\) Infection: Screening](#)
- [Chlamydia and Gonorrhea: Screening](#)
- [Testicular Cancer: Recommendation Against Screening](#)
- [Folic Acid to Prevent Neural Tube Defects: Preventive Medication](#)
- [Hepatitis B Virus Infection: Screening, 2014](#)
- [Hepatitis C: Screening](#)
- [Sexually Transmitted Infections: Behavioral Counseling](#)
- [Tobacco Use in Adults and Pregnant Women: Counseling and Interventions](#)
- [Tobacco Use in Children and Adolescents: Primary Care Interventions](#)

[*Human Papillomavirus Vaccination: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)*](#) [source: MMWR, August 29, 2014, Vo1 63, #RR05] summarizes the epidemiology of human papillomavirus (HPV) and associated diseases, describes the licensed HPV vaccines, provides updated data from clinical trials and post licensure safety studies, and compiles recommendations from CDC's Advisory Committee on Immunization Practices (ACIP) for use of HPV vaccines.

[*Use of 9-Valent Human Papillomavirus \(HPV\) Vaccine: Updated HPV Vaccination Recommendations of the Advisory Committee on Immunization Practices*](#) [source: MMWR. 2015;64(11);300-304].

Background

Under RCW 70.02.080, a health care provider must permit a patient to examine or copy the patient's recorded health care information. No statute or regulation addresses how long a health care provider must retain a patient's medical record, except for RCW 70.02.160, which requires a health care provider to maintain a record of existing health care information for at least one year following receipt of an authorization to disclose that health care information and during the pendency of a patient's request either to examine or copy the record or to correct or amend the record.

Length of retention

The Family Planning program concurs with the Medical Commission and the Washington State Medical Association recommendation that health care providers should retain medical records for at least:

- 6 years from the date of a patient's death;
- 10 years from the date of a patient's last visit, prescription refill, telephone contact, test or other patient contact;
- 21 years from the date of a minor patient's birth;
- Indefinitely, if the patient is incompetent, if the physician is aware of any problems with a patient's care, or has any reason to believe the patient may be involved in litigation.

Related References

[70 RCW 02.160](#), Health care provider retention of record

[70 RCW 02.080](#), Patient's examination and copying—Requirements

[70 RCW 41.190](#), Hospital Medical records of patients—Retention and Preservation

[Guidelines on Retention of Medical Records when Closing a Practice](#), Department of Health Medical Quality Assurance Commission policy statement number MD2013-08

Policy 6400 Laboratory Certification

Agencies must maintain current laboratory certification, licensure or waiver appropriate to the level of testing performed. (WAC 246-338)

Related References

[WAC 246-338](#), Medical test site rules

Policy 6410 Laboratory Results Reporting Requirements

Agencies must comply with state notifiable conditions reporting requirements. See Appendix A for complete listing of notifiable conditions. (WAC 246-101)

Related References

[WAC 246-100](#), Communicable and Certain Other Diseases

[WAC 246-101](#), Notifiable Conditions

[WAC 246-101-635](#), Special conditions—AIDS and HIV

[Chapter 70.24 RCW](#), Control and Treatment of Sexually Transmitted Diseases

Policy 6500 Sterilization Consent

The counseling and consent process must confirm that the client's decision to be sterilized is completely voluntary and made with a full understanding of the permanence, risks, and benefits associated with sterilization procedures. Agencies must comply with federal informed consent requirements when a procedure is performed, or arranged by, a local agency. (PR 8.1)

Before the client receives a federally subsidized sterilization, he or she must sign a copy of a [Consent for Sterilization: Form HHS-687](#). Sterilization consent goes into effect 30 days following the date this consent form is signed and remains valid for 180 days. (42 CFR 50.204)

If the client is covered by Washington State Health Care Authority (HCA) Medicaid or Take Charge/Family Planning Only (has a Medical ID card for payment), they must sign the [Consent for Sterilization: Form HHS-687](#). Read the Medicaid Provider Guide Supplement: [Sterilization Supplement Provider Guide April 1, 2016](#) for specific information on providers, procedures, and billing.

Related References

[PR 8.1](#), Voluntary participation

[7 RCW 70.050](#), Failure to secure informed consent, necessary elements of proof, emergency situations

[7 RCW 70.060](#), Consent form, contents, prima facie evidence, shared decision making, patient decision aid, failure to use

[7 RCW 70.065](#), Informed consent, persons authorized to provide for patients who are not competent, priority

[WAC 388-531-1550](#), Sterilization – physician-related services

[42 CFR 50](#), Subpart B—Sterilization of persons in federally assisted family planning projects

OPA publications webpage hhs.gov/opa/order-publications

[Medicaid Sterilization Supplemental Provider Guide April 2016](#)

[PHS Sterilization Consent Form with OMB clearance No.0937-0166](#) (English version)

[PHS Sterilization Consent Form with OMB clearance No.0937-0166](#) (Spanish version)

[Policy 3100](#)

[Policy 3210](#)

[Policy 3270](#)

[Policy 4620](#)

[Policy 4630](#)

Policy 6600 Informed Consent and Contraceptive Counseling

Written informed consent must be obtained prior to services. The consent form must be language appropriate (written in a language understood by the client or translated and witnessed by an interpreter). Contractor must ensure there is a process in place for ensuring and documenting client understanding of:

1. Contraception benefits and risks
2. Effectiveness (including correct use)
3. Potential side effects
4. Complications
5. Discontinuation issues
6. Danger signs of method chosen

Federal and State Laws

Agencies must operate according to federal and state laws related to security, record keeping, and dispensing regulations for drugs. Agencies must inventory, supply, and provide pharmaceuticals according to state pharmacy laws and professional practice regulations.

Contraceptives and Medications Dispensed On-Site

Agencies can possess, sell, deliver and dispense commercially prepackaged oral contraceptives that are prescribed by authorized, licensed health care practitioners. The sale, delivery, or possession of legend drugs is permitted to any practitioner acting within the scope of their license... whose possession of any legend drug is in the usual course of business or employment. ([69 RCW 41.030](#))

Every box, bottle, jar, tube or other container of a legend drug must have a label with name of drug (brand or generic), strength per unit dose, name of prescriber, directions for use, name of patient, and date. ([69 RCW 41.050](#))

Agencies must keep a log of dispensed medications and lot numbers for at least two years. ([69 RCW 41.042](#))

Related References:

[18 RCW 64.500](#), Tamper-resistant prescription pads or paper

[69 RCW 41.030](#), Sale, delivery, or possession of legend drug without prescription or order prohibited—Exceptions—Penalty

[69 RCW 41.050](#), Labeling requirements—Penalty

[WAC 246-883](#), Pharmaceutical sales requiring prescriptions

[WAC 236-885](#), Pharmacy identification, imprints, marking, labeling of legend drugs

[WAC 246-869-210](#), Prescription Labeling

Medical Emergencies

Agencies must have written protocols and procedures for the management of on-site medical emergencies. These protocols and procedures must cover, at a minimum:

- Vaso-vagal reactions/syncope
- Anaphylaxis
- Shock/hemorrhage
- Cardiac arrest
- Respiratory difficulties
- Syncope (dizziness or lightheadedness)
- Emergencies that require transport
- After- hours emergencies and management of contraceptive emergencies. (PR 13.2)

Federal Occupational Safety and Health Administration/Washington Industrial Safety and Health Act

Agencies must meet OSHA/WISHA requirements. You must observe standards set in federal and state law to protect employees from contact with blood-borne pathogens. Agency policies and procedures must cover:

- An exposure control plan.
- Employee education/communication about hazards.
- Personal protective equipment.
- Immunization against blood-borne pathogens.
- Housekeeping standards.
- Record-keeping.
- Post-exposure procedures.
- Engineering and work practices.

(29 CFR 1910.1030, WAC 296-823)

Chemical Hazard Communication

You must inform employees about chemical hazards in the workplace. A hazard communication plan must cover:

- Identification of all hazardous chemicals in the workplace.
- Location and maintenance of Material Safety Data Sheets (MSDS).
- Training for employees about workplace exposures.

(WAC 296-800-170)

Related References

[PR 13.2](#), Emergency management

[29 CFR 1910.1030](#), Occupational safety and health standards

[WAC 296-62](#), General occupational health standards

[WAC 296-800](#), Safety and health core rules

[WAC 296-800-170](#), Employer Chemical Hazard Communication

[WAC 296-823](#), Occupational exposure to bloodborne pathogens

Appendix A Conditions Notifiable by Health Care Providers

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Acquired Immunodeficiency Syndrome (AIDS)	Within 3 business days	√	
Animal Bites (when human exposure to rabies is suspected)	Immediately	√	
Anthrax	Immediately	√	
Arboviral Disease (acute disease only including, but not limited to, West Nile virus, eastern and western equine encephalitis, dengue, St. Louis encephalitis, La Crosse encephalitis, Japanese encephalitis, and Powassan)	Within 3 business days	√	
Asthma, occupational	Monthly		√
Birth Defects—Autism Spectrum Disorders	Monthly		√
Birth Defects—Cerebral Palsy	Monthly		√
Birth Defects—Alcohol Related Birth Defects	Monthly		√
Botulism (foodborne, infant, and wound)	Immediately	√	
Brucellosis (<i>Brucella</i> species)	Within 24 hours	√	
Burkholderia mallei (Glanders) and pseudomallei (Meliodiosis)	Immediately	√	
Campylobacteriosis	Within 3 business days	√	
Chancroid	Within 3 business days	√	
Chlamydia trachomatis infection	Within 3 business days	√	
Cholera	Immediately	√	
Cryptosporidiosis	Within 3 business days	√	
Cyclosporiasis	Within 3 business days	√	
Diphtheria	Immediately	√	
Disease of suspected bioterrorism origin	Immediately	√	
Domoic acid poisoning	Immediately	√	
<i>E. coli</i> —Refer to "Shiga toxin-producing <i>E. coli</i> "	Immediately	√	
Emerging condition with outbreak potential	Immediately	√	
Giardiasis	Within 3 business days	√	
Gonorrhea	Within 3 business days	√	
Granuloma inguinale	Within 3 business days	√	
<i>Haemophilus influenzae</i> (invasive disease, children under age 5)	Immediately	√	
Hantavirus pulmonary syndrome	Within 24 hours	√	
Hepatitis A (acute infection)	Within 24 hours	√	
Hepatitis B (acute infection)	Within 24 hours	√	
Hepatitis B surface antigen + pregnant women	Within 3 business days	√	

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Hepatitis B (chronic infection)—Initial diagnosis, and previously unreported prevalent cases	Monthly	√	
Hepatitis C (acute infection)	Within 3 business days	√	
Hepatitis C (chronic infection)	Monthly	√	
Hepatitis D (acute and chronic infection)	Within 3 business days	√	
Hepatitis E (acute infection)	Within 24 hours	√	
Herpes simplex, neonatal and genital (initial infection only)	Within 3 business days	√	
Human immunodeficiency virus (HIV) infection	Within 3 business days	√	
Influenza, novel or unsubtypeable strain	Immediately	√	
Influenza-associated death (lab confirmed)	Within 3 business days	√	
Legionellosis	Within 24 hours	√	
Leptospirosis	Within 24 hours	√	
Listeriosis	Within 24 hours	√	
Lyme Disease	Within 3 business days	√	
Lymphogranuloma venereum	Within 3 business days	√	
Malaria	Within 3 business days	√	
Measles (rubeola)—Acute disease only	Immediately	√	
Meningococcal disease (invasive)	Immediately	√	
Monkeypox	Immediately	√	
Mumps (acute disease only)	Within 24 hours	√	
Outbreaks of suspected foodborne origin	Immediately	√	
Outbreaks of suspected waterborne origin	Immediately	√	
Paralytic shellfish poisoning	Immediately	√	
Pertussis	Within 24 hours	√	
Pesticide poisoning (hospitalized, fatal, or cluster)	Immediately		√
Pesticide poisoning (all other)	Within 3 business days		√
Plague	Immediately	√	
Poliomyelitis	Immediately	√	
Prion disease	Within 3 business days	√	
Psittacosis	Within 24 hours	√	
Q Fever	Within 24 hours	√	
Rabies (Confirmed Human or Animal)	Immediately	√	
Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that is suspected of being infected with rabies)	Immediately	√	
Relapsing fever (borreliosis)	Within 24 hours	√	

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Rubella (including congenital rubella syndrome) (acute disease only)	Immediately	√	
Salmonellosis	Within 24 hours	√	
SARS	Immediately	√	
Serious adverse reactions to immunizations	Within 3 business days	√	
Shiga toxin-producing <i>E. coli</i> infections (enterohemorrhagic <i>E. coli</i> including, but not limited to, <i>E. coli</i> O157:H7)	Immediately	√	
Shigellosis	Within 24 hours	√	
Smallpox	Immediately	√	
Syphilis	Within 3 business days	√	
Tetanus	Within 3 business days	√	
Trichinosis	Within 3 business days	√	
Tuberculosis	Immediately	√	
Tularemia	Immediately	√	
Vaccinia transmission	Immediately	√	
Vancomycin-resistant <i>Staphylococcus aureus</i> (not to include vancomycin-intermediate)	Within 24 hours	√	
Varicella-associated death	Within 3 business days	√	
Vibriosis	Within 24 hours	√	
Viral hemorrhagic fever	Immediately	√	
Yellow fever	Immediately	√	
Yersiniosis	Within 24 hours	√	
Other rare diseases of public health significance	Within 24 hours	√	
Unexplained critical illness or death	Within 24 hours	√	

(√) Indicates which agency should receive case and suspected case reports.