

**STATE OF CONNECTICUT
ACCESS TO RECOVERY II PROGRAM (ATR II)
Department of Mental Health and Addiction Services**

CHART REVIEW FORM SAMPLE 1

Use the checklist below to perform quality assurance on charts. Ignore those items that do not apply to the service you provide.

	Yes	No	Date	Comment
SCREENING/INTAKE/SERVICE PLANNING				
Release of Information present and updated.				
Consent to Participate present and updated.				
Authorization to Disclose Last Known Address present and updated.				
Intake Summary completed.				
Referral to ATR II services present in chart.				
Client Agreement and Recipient Rights completed.				
Posted grievance policy or signed grievance policy.				
Contact sheet completed via web-based system.				
Were emergency needs addressed at intake?				
RECOVERY PLAN				
Recovery plan present and is signed and dated by both staff and recipient.				
Recovery plan has been updated.				
Goals are measurable and time specific?				
PROGRESS NOTES				
Notes are signed by staff and dated.				
Notes list time spent with recipient.				
Notes refer to progress on recovery plan.				
Notes mention recipient's recovery progress.				
Notes describe staff's action on behalf of recipient.				
Notes are legible.				
Notes are available for all units billed.				
SERVICES				
Chart reflects coordination with other services.				
If applicable, voucher receipts present in chart.				
Referral Form (to community-based services)				
DISCHARGE				
Is there a discharge summary?				
Does the discharge summary document the reason for discharge and a discharge plan?				
GPRC COMPLETED				
NOTES				

Reviewer Signature: _____

Date: _____