

Section 5A: Administrative

STANDARD – Patient Confidentiality

- 5.1A All patient records are maintained confidentially. Responsibility for patient confidentiality extends to all staff including trainees and must be HIPAA compliant.

STANDARD – Patient or Other Customer Complaints

- 5.2A There must be a policy in place outlining the process for patients or other customers to issue a complaint/grievance in reference to the care/services they received at the facility and how the facility handles complaints/grievances.

STANDARD – Primary Source Verification

- 5.3A There must be a policy in place identifying how the facility verifies the medical education, training, appropriate licenses and certifications of all physicians as well as, the certification and training of all technical staff members and any other direct patient care providers.

STANDARD – Records

- 5.4A All patient records must be confidentially maintained and be retained. They must be accessible for the appropriate period of time as prescribed by state, institution or other rules/regulations.
- 5.4.1A Any retained images must be of high quality and reflect the findings described in the final interpretation.
- 5.4.2A Technical data that are not included as part of the final report (e.g., worksheets, calculations) must be maintained as part of the facility records. The specific imaging and processing parameters used should be retrievable for each clinical study.
- 5.4.3A Data from non-imaging studies (e.g., thyroid uptake) must be maintained as part of the facility records, if not included in the final report.
- 5.4.4A The facility must be able to transmit current or archived patient studies to an outside, non-affiliated entity in a format of interpretable quality.

Section 5A: Administrative Guidelines

Sample documents are available for each of the required policies listed in Section 6A on the IAC Nuclear/PET website at www.intersocietal.org/helpful-resources/sample-documents-repository.