

Provincial Registration Standards and Practices Manual Version 4.0

Published by Alberta Health and Alberta Health Services

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Section 1 - Introduction

Purpose

The purpose of the Provincial Registration Standards and Practices manual is to describe the standards, rules and business processes related to identity management to be applied when registering clients prior to delivering health services to them. *Note: The term “client” is interchangeable with the term “patient” throughout this document.*

This manual is **not** intended to be used as or replace site specific procedure manuals that support the business processes and systems, but is intended to support the practice of identity management in a consistent manner across the Alberta health system. Specific registration system’s available functionality may limit the ability to apply all standards, rules and best practices.

The business processes include the identification, searching, verification and registration of all individuals interacting with the Alberta health system to provide a consistent client experience.

The prerequisites for accurately creating a client identity are:

- Positively identifying the client at point of service,
- Searching for the client in the relevant registration system,
- Verifying the client’s identity, and,
- Registering the client in the relevant registration system.

Who should use this manual?

Any individual within the Alberta health system, who is registering a client for health services or accessing an already existing client record, should use this document.

Why are standards required?

A **standard** is defined as a series of acknowledged and accepted steps. A standard describes what is expected and required of individuals and organizations. As an example, the standard for registration requires all individuals to uniquely identify themselves.

A **rule** is defined as a description of the way things are or should be done. A rule is a prescribed guide for conduct and action. As an example, one of the rules is that clients are expected to provide identifying documents.

A **best practice** is defined as a method or technique that is the most efficient and effective way of completing a task or course of action. As an example, one best practice would be to ask the client for their Alberta Personal Health Card or other provincial/territorial health card.

Why standards are required: Standard processes, when implemented in and across organizations, establish a framework for improved communications, defined responsibilities for both clients and provider, and performance benchmarking. Once organizations in a particular industry achieve consensus about which activities and flows constitute a given process, they can begin to measure their own processes, identify areas for improvement and potentially compare their results with those of other organizations.

This manual supports Positive Person Identification (PPI), which is a fundamental principle within the Alberta healthcare registration and delivery systems.

- **What is PPI?** – Positive Patient Identification is the process of accurately and uniquely identifying a person.
- **Why is PPI important?** – To facilitate the provision of safe, quality care by ensuring the correct person receives the correct health services. Verifying and validating person identity at point of registration ensures the accuracy and integrity of the information in the health system.
- **Why are PPI standards required?** Whenever staff interact with the health system and begin to document patient information, the most important first step is PPI. This is our opportunity to ‘get it right’ from the beginning. Accurate and correct person identification is essential to reliably determine the individual as the person for whom the service is intended.
- **When is PPI required?** It is required every time a patient has interaction with the health system. Depending on your role, the process of PPI will vary. For example PPI at the bedside for the provision of care may differ from PPI that occurs when the patient is pre-registered or registered. This manual addresses positive person identification for the registration role.

Section 2 - Registration Standards

Standard #1

All individuals accessing the Alberta health system are required to uniquely identify themselves.

Standard #2

Only true and accurate data about clients is recorded in the registration system. This excludes fetuses, body parts, specimens and non-humans (pets).

Standard #3

A search of all relevant registration systems will be conducted prior to completing a registration.

Standard #4

All adult individuals accessing the Alberta health system will present at least two pieces of original supporting documentation to establish their unique identity. Children under 18 will present at least one piece of original supporting documentation to establish their unique identity.

Standard #5

All client demographic information must be verified with the client before the registration process is completed.

Standard #6

A unique identifier is assigned to all clients in the Alberta health system.

Standard #7

A client registration must include a minimum set of demographic information. The minimum demographic information consists of Last Name, First Name, Date of Birth, Administrative Gender and a unique identifier.

Section 3 – Demographic Data Rules

This section contains the business rules for the demographic data attributes that are stored in the registration systems within the Alberta health system.

3.1 Name

	Description
Definition	A name is a word or phrase that constitutes the distinctive designation of a client.
Rules	<ol style="list-style-type: none"> 1. All registrations must include the documented name. The documented name is collected from one of the acceptable original proof of identity documents. For the preferred, acceptable list of original documentation see appendix D: 2. The documented name should be collected. 3. Names are to be recorded accurately and completely within the registration system as they represent the client who is presenting for service. 4. Before a name can be changed or updated, individuals are required to provide proof, as documented in one of the accepted proof of identity documents. 5. Names cannot consist of only numeric or special characters.
Best Practices	<ol style="list-style-type: none"> 1. Staff will view supporting documentation for all name change requests; this would include legal change of name, marriage, divorce, adoption. As appropriate, based on privacy, business and available system functionality, a note may be entered indicating the date and type of document viewed. 2. Truncation: Available system functionality may require that long names be shortened to fit within the name field of the registration system. The integrity of the last name is the priority. If truncation of a name is required, the best practices are: <ul style="list-style-type: none"> • Last Name: Enter the complete last name, if not possible, enter as much of the name as possible. • First and Second Names: Enter as much of the first name as possible, and then, as much of the second name as possible. 3. Clients may provide other names that they are also known by. These should be recorded as alias names. Alias names should be recorded, as available system functionality allows. 4. Clients may also provide a preferred or usual name that is different than their documented name. The preferred name should be collected

	<p>in addition to the documented name so that this name can be used when talking with and about the client.</p> <p>5. In situations where the documents support discrepancies in the identification, ask the client to confirm which documented name is correct and record that name in the registration system.</p>
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Scenario	Best Practice
1. Newborn	<p>Every child born in Alberta must be registered with a first name and a last name.</p> <ul style="list-style-type: none"> • The last name of a child must be registered using one of the following: <ul style="list-style-type: none"> - Mother's maiden name or mother's currently used last name - Father/Co-parent's last name - Mother's maiden name or currently used last name hyphenated or combined with the father/co-parent's last name - A name chosen in accordance with the parents' cultural or ethnic heritage • First Name = Female or Male if entered manually or system defined default until baby is named.
2. Newborn Multiple Births	<p>Newborn multiple births are to be registered in the registration system as:</p> <p>The last name of a child must be registered as follows:</p> <ul style="list-style-type: none"> • The last name of a child must be registered as follows:

	<ul style="list-style-type: none"> - Mother's maiden name or mother's currently used last name - Father/Co-parent's last name - Mother's maiden name or currently used last name hyphenated or combined with the father/co-parent's last name - A name chosen in accordance with the parents' cultural or ethnic heritage • First Name = indication of birth order and gender, e.g. "TwinA Female, TwinB Male", "TripletA Male, TripletB Female, TripletC Female", or system defined default until baby is named <p>NOTE: No space between the descriptor and the letter indicating the birth order.</p>
<p>3. One Documented Legal Name</p>	<p>For Clients with only one Legal Name (last name only or first name only) on their identification documentation, and where the system requirement exists that both a first name and last name are entered, the legal name will be entered in both the first name and last name field, e.g. Mauli Mauli</p>
<p>4. Preferred First Name</p>	<p>A client may request that they be identified by their preferred first name, nickname or alias name. The client should be recorded by their documented first, middle and last name for consistent identification purposes, e.g. Ty Geo Brown should be recorded as Tyler Geoffrey Brown to match the first, middle and last name that is documented. Another example could be a client with a preferred first name of Betty that has a documented first name of Elizabeth. A preferred name can be recorded in some registration systems and wherever possible the client's preferred name should be collected and displayed in addition to the documented name.</p>

<p>5. Middle Name (Preferred First Name)</p>	<p>A client may request that they be identified by their middle and last name only, versus their first and last name. The client should be recorded with their documented first, middle and last name for consistent identification purposes, e.g. John Andrew Smith. An alias or a preferred name combination of the first and middle names reversed can be entered in addition to the documented name as a secondary identification option if supported by the registration system, e.g. Andrew John Smith.</p>
<p>6. Unknown Name</p>	<p>An “unknown” name may be entered to complete the registration process. Available system functionality may dictate different allowable values for unknown names.</p> <p>The standard default value if name is not known:</p> <ul style="list-style-type: none"> • Last name = Client ID/MRN for the client • First name = Gender of client (i.e. Female or Male) • A unique system default name may also be used provided that it is a name that will not be interpreted with a valid name <p>Do NOT use John Doe, or Jane Doe.</p> <p>See: Section 5.6 Unidentified Client</p> <p>The ‘Unknown Name’ Name Type is not to be used for clients requesting confidentiality. In these situations, see Section 5.4 Clients Requesting Confidentiality.</p>
<p>7. Last Name with One Character</p>	<p>Entered as proven by a document review. If document review is not possible, enter as client identifies - e.g. Joseph 0.</p>

<p>8. First and/or Middle Name with One Character</p>	<p>Entered as proven by a document review. If document review is not possible, enter as client identifies - e.g. J R Ewing.</p>
<p>9. Names containing spaces, periods, hyphens, apostrophes and roman numerals</p>	<p>Entered as proven by a document review. If document review is not possible, enter as client identifies – e.g. Sue-Anne Hathaway III, Patrick O’Reilly, David St. Pierre or David St Pierre.</p>
<p>10. Names containing alphabet characters A-Z in either upper or lower case</p>	<p>Entered as proven by a document review. If document review is not possible, enter as client identifies – e.g. Peter deJong.</p>
<p>11. Two-part names separated by either a hyphen or space</p>	<p>Entered as proven by a document review. If document review is not possible, enter as client identifies – e.g. Mary Ann Jennifer Taylor-Ford.</p>

3.2 Gender

	Description
<p>Definition</p>	<p>"Gender" refers to the socially constructed roles, behaviors, activities, and attributes of an individual</p> <p>"Administrative Gender" refers to the gender that is indicated on the identification presented at time of registration of an individual</p> <p>"Gender Identity" refers to an individual's internal, deeply held sense of one's gender</p> <p>"Sex" refers to the biological and physiological characteristics of an individual at birth.</p> <p>For most people, their gender identity matches their birth-assigned sex. Others identify as being transgender, nonbinary or gender minority (includes persons who report being unsure of their gender, being both male and female, or neither male nor female).</p> <p>A person's gender identity may be the same as, or different from their birth-assigned sex.</p> <p>For transgender people, their own internal gender identity does not match the sex they were assigned at birth. Some people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those genders.</p>
<p>Rules</p>	<ol style="list-style-type: none"> Administrative Gender is recorded as indicated on the identification presented at time of registration. Administrative Gender is a mandatory data attribute and must be collected for all Alberta health system events. Gender Identity may differ from the administrative gender. Both may be collected dependent on available system functionality. Sex at birth is collected when clinically relevant and is not asked at time of registration.

Best Practices	<ol style="list-style-type: none"> 1. All registrations should include an Administrative Gender value: <ul style="list-style-type: none"> • F – Female • M – Male • U - Unknown (Gender not asked or unable to collect, generally used for administrative purposes). • X – (does not identify their gender as male or female, or has chosen not to disclose their gender) 2. Proof of gender is not required to make a correction on an individual's record.
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Scenario	Best Practice
<p>1. Client presenting for service indicates that the gender on their identification is different than their gender identity</p>	<p>Staff will register the client in the gender they expressed or requested. If the system functionality exists staff will document the administrative gender and the gender identity in separate fields.</p>
<p>2. A baby is born and sex at birth is not determined until diagnostic testing is completed.</p>	<p>The sex at birth is unknown at time of registration therefore the administrative gender will be entered as unknown. This value can be updated once diagnostic testing is complete.</p>
<p>3. A baby is born and sex at birth is determined to be male or female.</p>	<p>Newborns are unable to express their gender identity and will not yet have identification documents. The baby's sex at birth will be entered as the administrative gender.</p>

<p>4. The registration system contains a different gender value than what is on the patient's health care card. The patient indicates that there is a mistake on their card and that the registration system is correct.</p>	<p>Staff record the gender as stated by the patient and provide information on how they can get their card corrected.</p>
<p>5. Patient presents with identification displaying gender as X but registration system does not currently allow X as a value.</p>	<p>Staff member explains to the patient that they are not able to document X in the current system. Make a note in the system to indicate patient has requested X. Inform patient of available options noting that work is underway for future systems to include X.</p>
<p>6. Patient presents with two pieces of identification but the value for gender on each is different.</p>	<p>Staff member asks patient which gender they identify with to record in the system</p>
<p>7. A provider contacts registration staff due to lab results not corresponding with the patient's gender in the registration system. Is this a data entry error?</p>	<p>Staff member checks the registration system and finds a note indicating that the gender was entered as per the patient's expressed wishes. There is no separate field in their system to capture administrative gender and gender identity in separate fields. Staff member informs provider. Staff will follow system specific guidelines if it is determined that lab reference ranges are impacted.</p>

<p>8. Pediatric client presents to registration and indicates that their gender identity is different than what is on their health care card.</p>	<p>Staff will register the client in the gender they expressed or requested. If the system functionality exists staff will document the administrative gender and the gender identity in separate fields.</p>
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3.3 Date of Birth

	Description
Definition	A date of birth is the year, month and day that an individual was born.
Rules	<ol style="list-style-type: none"> 1. Date of birth is a mandatory data attribute when registering a client. The date of birth recorded at registration must be confirmed by reviewing supporting documentation (if available). For the preferred, acceptable list of original documentation (document being used must have a date of birth) See Appendix D. 2. All registrations are to include a complete date of birth, i.e. year, month and day, as confirmed by supporting documentation. 3. If documentation is not available, the date of birth represents the birth date provided by the client at the point of encounter. 4. Individuals are required to provide acceptable proof before a change, update or correction will be made to their date of birth. See Appendix D for the list of Preferred, acceptable documentation. 5. If the date of birth is unknown, the registration system default date must be used. 6. If the client is not able to provide a complete date of birth, a default value should be used for the components (e.g. year, month or day) that are not known: <ul style="list-style-type: none"> • The default value for an unknown date of birth is 1900-01-01.

Scenario	Best Practice
<ol style="list-style-type: none"> 1. Client requests to change their date of birth for personal reasons e.g. the date is unlucky. 	<p>Staff will request documentation, as noted above, to support the change to date of birth. If documentation is not available, Registration staff will let the client know that the date on the registration system must remain consistent with their health care card for purposes of continuity of health care. The Registration staff will not change the date of birth.</p>

<p>2. Client indicates the date of birth on the Alberta Personal Health Card is different from their date of birth.</p>	<p>Staff will direct the client to contact Alberta Health or an authorized Registry Agent Office to correct the date of birth on their Alberta Personal Health Card.</p>
<p>3. Client indicates the date of birth in the registration system is different from their date of birth.</p>	<p>Staff will correct the date of birth on the registration system provided acceptable documentation as listed in Appendix D is produced.</p>
<p>4. Client indicates they do not know the day or month of their birth. Supporting documentation contains only a birth year.</p>	<p>Staff will record the year of birth as indicated on the supporting documentation. The default values for month and day will be recorded.</p>

3.4 Date of Death

	Description
Definition	<p>For the purposes of Registration Standards, the date of death is the date recorded on the Medical Certificate of Death. The patient registration system will record the date recorded on the Medical Certificate of Death. This may differ from when the pronouncement of death occurs. For consistency of registration, all death dates must match a validation document, which will be the Medical Certificate of Death or Death Certificate.</p> <p>Pronouncement of death is the determination that based on a physical assessment, life has ceased – cardiac and respiratory vital signs are absent and the pupils are fixed and dilated.</p> <p>Certification of death is the date that the physician/medical examiner certifies that death has occurred and can only be done by a physician or medical examiner. Certification of death records the date of death only and not the time of death.</p>
Rules	<ol style="list-style-type: none"> 1. A date of death should be recorded in the patient registration system only with supporting documentation. A reported date of death must be confirmed with one of the following sources or documentation, these documents may originate from other locations than Alberta: <ul style="list-style-type: none"> • Department of Vital Statistics Certificate of Death • Certificate of Death (from locations other than Alberta) • Medical Certificate of Death • Registration of Death 2. Statements from next-of-kin must be confirmed with an acceptable source.
Best Practices	<ol style="list-style-type: none"> 1. Complete dates of death should be recorded in the registration system.

2. If a complete date of death cannot be confirmed, but there is confirmation of a partial date of death; this can be recorded.

Scenario	Best Practice
<p>1. A clinic is notified by a family member that a client has deceased.</p>	<p>Staff will verify the statement against an acceptable source or acceptable documentation.</p>
<p>2. A client dies while in a health care site.</p>	<p>Staff will record the date of death as noted on the Medical Certificate of Death and recorded by the physician in attendance.</p>
<p>3. A patient dies while in Emergency.</p>	<p>The date of death is recorded as on the Medical Certificate of Death and completed by the physician/medical examiner in attendance.</p>
<p>4. The date of death recorded on the Death Certificate is different than the date of death recorded in the record.</p>	<p>The date of death recorded in the registration system is the date on the Medical Certificate of Death.</p> <p>This date can be different than the pronouncement of death, which can occur prior to the completion of the Medical Certificate of Death.</p>
<p>5. A patient dies while in transit to a health care site.</p>	<p>The date of death is recorded in the registration system as the date of death recorded on the Medical Certificate of Death completed by the physician/medical examiner.</p> <p>This date can be different than the pronouncement of death, which can occur prior to the completion of the Medical Certificate of Death.</p>

<p>6. The date of death recorded on the Registration of Death is different than the date of death completed by the physician or medical examiner, i.e. death occurred on a day that is different than the date the form was completed</p>	<p>The date of death recorded in the registration system is the date recorded on the Medical Certificate of Death, noting that pronouncement of death can occur at an earlier time or date.</p>
<p>7. The deceased patient is donating organs and there is medical activity occurring after the date of death, i.e. procurement of organs.</p>	<p>The date of death recorded in the registration system is the date recorded on the Medical Certificate of Death, completed by the physician/medical examiner.</p> <p>All health care billings that occur post-death will be rejected and will require a manual submission and explanation.</p>
<p>8. Staff member reads about patient in the obituary section of the newspaper.</p>	<p>Information is not updated in the system unless it has been verified against an acceptable source or acceptable documentation.</p>

3.5 Address

	Description
Definition	An address is the place where a client can be found or communicated with.
Rules	<p>Where Legislation, Business Processes or Policy requires the capture of addresses, the following rules will apply:</p> <ol style="list-style-type: none"> 1. The client is expected to provide the true and accurate address of their primary residence. 2. An address has 5 components: <ul style="list-style-type: none"> • Street Address/Rural Route Address (can be 1 or 2 lines) • City • Province/State • Country • Postal Code/Zip Code
Best Practices	<ol style="list-style-type: none"> 1. Registration staff will collect/confirm a residential address from the client at the time of initial registration and whenever face to face contact occurs. The residential address is considered the primary address. The client may provide other addresses, such as a mailing address. 2. Follow the Canada Post Guidelines for recording addresses: http://www.canadapost.ca/tools/pg/manual/pgaddress-e.asp 3. Avoid special characters such as # , : ; . { } () 4. Avoid entering anything in address line 1 that is not considered a valid address, e.g. Care of.

Scenario	Best Practice
<p>1. Unknown Address</p>	<p>When a client’s address cannot be determined, and the patient registration system requires an address, an “Unknown” address may be entered to complete the registration process.</p> <p>The recommended values to enter if the address is unknown:</p> <ul style="list-style-type: none"> • Address Line 1 = “Unknown” • City = Point of Encounter City • Country = Canada • Postal Code = leave field blank or enter postal code of health care site (if registration system requires a postal code).
<p>2. Out of Country</p>	<p>The recommended format value for addresses that are out of country are:</p> <ul style="list-style-type: none"> • To ensure proper processing, the country name must be spelled correctly and in full. (Ex.: UAE is not acceptable for UNITED ARAB EMIRATES). Note: Some systems may support ISO character country codes. • The name of the country must be the last entry on the address. It is placed at the bottom, below the municipality/city name and any Postal Code/ZIP Code information. <p>Country codes can be verified through the following link: https://www.iso.org/obp/ui/#search</p>
<p>3. Two residences</p>	<p>A child might split their residence between two parents, living with the one parent for two weeks, then with the other parent for two weeks. When the registration system can capture multiple</p>

	addresses, both addresses should be recorded, with one of the addresses noted as the primary address.
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3.6 Telephone Number

Description	
Definition	The telephone number is defined as the home, cell or work number provided by the client. The telephone number a client can be contacted at should be one of these telephone types.
Rules	<ol style="list-style-type: none"> 1. An area code, along with the telephone number provided, is required. 2. Only numeric characters are allowed as a telephone number. 3. The telephone number field should be left blank if the client does not have a telephone number.
Best Practices	<ol style="list-style-type: none"> 1. All telephone numbers that a client has should be collected, e.g. home, cell, and work. Available system functionality may limit the number of phone numbers that can be collected. 2. Registration staff will collect a telephone number from the client. 3. Registration staff will confirm with the client that the telephone number collected can be shared.

Scenario	Best Practice
1. Client requests that phone number not be shared.	Staff will inform the client that a telephone number is required for contacting the client and it is not always possible to prevent the number from being shared. If the client still insists that their telephone number should not be shared, the Registration staff will request the client to provide an alternate number where they can be reached.

<p>2. Client provides a telephone number and indicates they will be available at that telephone number only in the evenings.</p>	<p>Staff will record the provided telephone number in the telephone field. Information about the availability of the client, e.g. evenings only, should be recorded in a separate notes field, if permitted by available system functionality.</p>
<p>3. Client indicates that they do not have a telephone at their residence.</p>	<p>Staff will inform the client that a telephone number is required for contacting the client. Staff will request the client provide an alternate number, where possible.</p>
<p>4. Client provides an out-of-country telephone number.</p>	<p>If space and formatting restrictions permit, the number should be captured in the following format:</p> <p>International Access Code (011 to dial out of Canada) Country Code Area Code Local Phone Number, e.g. 011 49 89 123456</p>

3.7 Identifiers

	Description
Definition	Identifiers are one of the key data attributes used to uniquely identify an individual. Identifiers, such as Medical Record Numbers (MRNs), Personal Health Numbers (PHNs) and/or Unique Lifetime Identifiers (ULIs) are unique to each stakeholder.
Rules	Each registration within the health care system must include at least one unique identifier.
Best Practices	<ol style="list-style-type: none"> 1. Unique identifiers may contain both numeric values as well as alpha values. 2. Always request to view Alberta Personal Health Cards and provincial/territorial personal health cards and record the number and the start and end dates (as applicable) of the health card after verifying the identity of the client to the card. 3. To confirm health care coverage of the client, it may be necessary to contact provincial/territorial administrators. <u>See: Appendix C – List of Canadian Health Care Contacts.</u>

Scenario	Best Practice
<ol style="list-style-type: none"> 1. A client presents at a health care site with alternate government issued ID that also provides their health care coverage (not a provincial health care card). 	<p>There may be circumstances where a patient is covered outside of provincial health care, such as Department of National Defense (DND), RCMP (if WCB related), etc. Staff will capture unique identifiers as they relate to health care coverage for that visit.</p>

Section 4 – Registration Business Processes

4.1 Identify the Client

	Description	Standard
<p>Definition</p>	<p>The first step in the Registration process is to positively identify the client who is presenting for service.</p> <p>WHY: Identifying the client is the first step in the registration process and is conducted to ensure the client receiving treatment is who they purport to be, and that the results received from the health system are linked to the correct individual. The information collected during the registration process will be utilized when searching for the client in an EHR/EMR as well as linking clinical information to the correct client.</p>	<p>Standard #1</p> <p>All individuals accessing the Alberta health system are required to uniquely identify themselves.</p> <p>Standard #4</p> <p>All adult individuals accessing the Alberta health system will present at least two pieces of original supporting documentation to establish their unique identity. Children under 18 will present at least one piece of original supporting documentation to establish their unique identity.</p> <p>Standard #5</p> <p>All client demographic information must be verified with the client before the registration process is completed.</p>

<p>Rules</p>	<ol style="list-style-type: none"> 1. All individuals accessing the Alberta health service system must be uniquely identified. 2. Clients, who are residents of Canada, will be required to provide their provincial health care card (if available). 3. The client will be required to provide identification documents to prove their identity. The preference is for identification documents with a photo. 	
<p>Best Practices</p>	<ol style="list-style-type: none"> 1. Ask the client for their Alberta Personal Health Card, or other provincial/territorial health card. For children, parents are expected to provide the Alberta personal health care card or other provincial/territorial health care card. Refer to Section 5.7 – Pediatric Client 2. For adults, in addition to the Alberta Personal Health Card or other provincial/territorial health card, obtain one other document to identify the client, preferably one with photo-identification (if available). <p>If the client does not have a provincial/territorial health card, then obtain two other documents that support their identity. The client’s combined documentation should provide last name, first name, date of birth, gender, address and telephone number. For the preferred, acceptable list of original documentation see Appendix D.</p>	

Scenario	Business Process
1. A client presents at a health care site, requesting service.	Staff will request the client provide documentation to confirm the client's health care coverage and identity.

4.2 Search for the Client

	Description	Standard
<p>Definition</p>	<p>All demographic information provided by the client on registration is entered into the registration system to search for the client and to establish whether there are previous records for this client.</p> <p>WHY: Conducting a thorough search ensures that the correct client record is selected. Choosing a previously created historical record rather than creating a new record ensures continuity of medical care and can potentially reduce the number of duplicate records within the Alberta health system. Performing a thorough search ensures that all records for the patient are located and any previously existing potential duplicates are investigated.</p>	<p>Standard #3</p> <p>A search of all relevant registration systems will be conducted prior to completing a registration.</p> <p>Standard #4</p> <p>All adult individuals accessing the Alberta health system will present at least two pieces of original supporting documentation to establish their unique identity. Children under 18 will present at least one piece of original supporting documentation to establish their unique identity.</p> <p>Standard #5</p> <p>All client demographic information must be verified with the client before the registration process is completed.</p>
<p>Rules</p>	<ol style="list-style-type: none"> 1. A thorough search must be conducted prior to verifying a client. A thorough search is a series of searches using various data attributes. The order of search is dependent on the available functionality of each 	

	<p>registration system. Where possible the following combinations of demographic attributes should be used when searching for a client:</p> <ul style="list-style-type: none"> • Last name + first name • Last name + first name + date of birth • Last name + first name + date of birth + gender • Last name + first name (variations of name) • PHN/ULI • Last name + first name + postal code • Last name + first name + telephone number <p>2. For the preferred, acceptable list of original documentation refer to Appendix D.</p>	
<p>Best Practices</p>	<ol style="list-style-type: none"> 1. Enter appropriate attributes to conduct an exhaustive search based on the best search capabilities of the registration system (e.g. last name + first name or last name + first name + date of birth). 2. Use a ULI search only after a name search has been conducted. 3. Once a response has been received from the search, the selection is made by matching the data attributes on the selected record to the client's documentation and stated demographic information. 	

Scenario	Business Process
<p>1. An uncommunicative client presents at a health care site for service.</p>	<p>Staff will not conduct a search. Registration staff will register the client as an Unidentified Client. See: Section 5.6 Unidentified Client</p>
<p>2. A client who cannot communicate presents for health care service accompanied by someone who is able to communicate on their behalf, i.e. family member or interpreter.</p>	<p>Staff will request the person accompanying the client:</p> <ul style="list-style-type: none"> • request the client to provide valid documentation. <p>If documentation is not available, staff will request that the accompanying person:</p> <ul style="list-style-type: none"> - provide the client's last name, first name, and middle name (if known), - provide the client's date of birth, - confirm the client's gender, - provide the client's complete address, including phone number.
<p>3. A client presents at a health care site and indicates they are from out of province or out of country.</p>	<p>Staff will conduct a thorough search for a client prior to creating a new client registration (refer to Rule #1).</p>
<p>4. A client presents with a health care card. Staff search by provincial health number and do not find the client.</p>	<p>Staff will search by name and dob and other combinations as noted in Rule #1 to ensure that they have done a thorough search. The client may exist in the system without their provincial health number.</p>

<p>5. A client presents for service at a health care site; without an Alberta Personal Health card; and provides an Alberta address.</p>	<p>Staff will conduct a thorough search (refer to Rule #1).</p>
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4.3 Verify Client Information

	Description	Standard
Definition	<p>All demographic information provided by the client must be verified for accuracy before completing the client registration. It is understood that over time, demographic and contact information may change.</p> <p>WHY: Verification is required to ensure accuracy of data and to prevent errors in both client identification as well as data entry. Correct demographic data will ensure all records are accurately linked in the EHR. Many areas of the Alberta health system mandate verification of the client's identity. Verification of identity is a requirement prior to receiving blood or certain types of medication. It is equally important that a client be verified on initial registration to ensure they are the correct individual prior to receiving <i>any</i> service in the Alberta health system.</p>	<p>Standard #4</p> <p>All adult individuals accessing the Alberta health system will present at least two pieces of original supporting documentation to establish their unique identity. Children under 18 will present at least one piece of original supporting documentation to establish their unique identity.</p> <p>Standard #5</p> <p>All client demographic information must be verified with the client before the registration process is completed.</p>
Rules	<ol style="list-style-type: none"> 1. Staff will request documentation and ask questions to verify a client's identity. Identity will be verified by requesting two pieces of identification, preferably a health care card as well as photo-identification (if available). For the preferred, acceptable list of original documentation see Appendix D. 2. Registration information will be verified by requesting two pieces of identification, preferably a health care card as well as 	

	<p>photo-identification (if available) for the client.</p> <ol style="list-style-type: none"> 3. All demographic information will be confirmed with the client for accuracy. 4. Individuals are required to provide acceptable proof before a change, update or correction will be made to their first, middle or last name and/or date of birth. 5. Staff will visually confirm that the client's demographic information matches the documentation presented by the client or their sponsor (i.e. family member, relation, close friend, co-worker, guardian or interpreter). 6. If the client presents with no documentation, the registration will be initiated with the verbal information provided by the client. The client or their sponsor (i.e. family member, relation, close friend, co-worker, guardian or interpreter) will be asked to provide documentation to conclude the initial registration process. 	
<p>Best Practices</p>	<ol style="list-style-type: none"> 1. Staff will request the client state the information without prompting; do not read the information to the client for confirmation e.g. "What is your current address and telephone number?". 2. Staff will request documentation that contains current information. 3. Staff will question the client if the information on the documentation provided does not match what they have stated. An example may be an Alberta Personal Health Card, which may have a preferred name (e.g. Betty White) versus a 	

	<p>documented name on a driver's license (e.g. Elizabeth White).</p> <ol style="list-style-type: none"> 4. Staff will request proof of changes to demographic information by asking for documentation as noted in Rule #4. 5. Staff will confirm any change by repeating it back to the client, after the change has been entered and prior to saving the client record. 6. Staff will perform a final comparison to the source documents once the information has been entered into the registration system and prior to saving the record. 7. Staff are expected to validate the requested changes by viewing the supporting documentation. 8. When photo ID is provided: <ul style="list-style-type: none"> • Staff will visually confirm that the photo on the identification provided appears to be a likeness of the patient presenting. • If staff have a concern about the photo not appearing to match, they should ask the patient to re-confirm their demographic information and bring this concern forward to the care provider. • Registration staff will not ask the patient to remove headgear or other items that may obstruct the full view of the face, such as a niqab, but will advise the care provider that they were unable to fully view the patient's face to compare to identification provided. • Registration staff need to be sensitive to the fact that, for a variety of reasons, a patient's outward appearance may have changed 	
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	<p>since their photo ID was issued. It is recognized that patients who are very ill, injured, experiencing extreme weight loss/gain, transgender or undergoing cosmetic surgery may appear different than the photo on their identification. It is important to confirm all information on the identification with both the patient and their system record.</p>	
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Scenario	Business Process
<p>1. It is noted that the date of birth and/or name on the Alberta Personal Health Card differs from the date of birth and/or name in the registration system. Client's documentation identifies the correct date of birth and/or name to be the date of birth and/or name in the registration system.</p>	<p>Staff will direct the client to contact Alberta Health or an authorized Registry Agent Office to correct the date of birth and/or name on their Alberta Personal Health Card.</p>
<p>2. It is noted that the date of birth and/or name on the Alberta Personal Health Card differs from the date of birth and/or name in the registration system. Client's documentation identifies the correct date of birth and/or name to be on the Alberta Personal Health Card.</p>	<p>The date of birth and/or name, as supported by documentation, will be corrected in the registration system.</p>

<p>3. It is noted that the date of birth and/or name on the Alberta Personal Health Card and in the registration system do not match the documentation presented. The Alberta Personal Health Card and the registration system are both incorrect.</p>	<p>The date of birth and/or name, as supported by documentation, will be corrected in the registration system. Staff will direct the client to contact Alberta Health or an authorized Registry Agent Office to correct their date of birth and/or name on their Alberta Personal Health Card.</p>
<p>4. A client presents at a health care site and declares their gender to be different from that noted in the registration system.</p>	<p>If the gender in the registration system is determined to be a clerical error, the gender will be updated to the gender as stated by the client.</p> <p>Registration staff will register the client in the gender they present or request.</p> <p>If the client indicates they are undergoing a gender reassignment, staff will update the gender in the registration system to the gender requested by the client. Staff will direct the client to contact Alberta Health or an authorized Registry Agent Office to correct the gender on their Alberta Personal Health Card.</p>
<p>5. When reviewing a client's address information, staff note that the client's street address shows as unknown.</p>	<p>Staff will indicate to the client that some information is not on the file. Staff will request the client confirm all demographic information. The information will be corrected in the registration system.</p>
<p>6. A client presents at a health care site and indicates they are currently homeless. Search results show a previous record with a complete address and phone number.</p>	<p>See: Section 5.1 Homeless Client.</p>

4.4 Register the Client

	Description	Standard
Definition	<p>All demographic information as provided by the client is entered into the registration system.</p> <p>WHY: This completes the registration process and allows the client to proceed for health service.</p>	<p>Standard #2</p> <p>Only true and accurate data about clients is recorded in the registration system. This excludes fetuses, body parts, specimens and non-humans (pets).</p> <p>Standard #4</p> <p>All adult individuals accessing the Alberta health system will present at least two pieces of original supporting documentation to establish their unique identity. Children under 18 will present at least one piece of original supporting documentation to establish their unique identity.</p> <p>Standard #6</p> <p>A unique identifier is assigned to all clients in the registration system.</p> <p>Standard #7</p> <p>A client registration must include a minimum set of demographic information. The minimum demographic information consists of Last</p>

		Name, First Name, Date of Birth, Gender and a unique identifier.
Rules	<ol style="list-style-type: none"> 1. Every registration in the Alberta health system <i>should</i> include a ULI as one of the unique identifiers. 2. A ULI is not assigned to a client that cannot be positively identified, or where the minimum data set is not met. 3. The client will be assigned to a registration category for billing purposes, if applicable. <p>Registration staff will:</p> <ol style="list-style-type: none"> 4. Request the documented first and last name, as well as all other names that the client typically uses, e.g. nicknames. 5. Request the client spell their names. 6. Request the gender. 7. Request the date of birth. Request the client state the month as a word. 8. Request the primary residential address. 9. Request at least one telephone number. 10. Request the client state the information without any prompting. 11. Record as much information as available from the client. <p>Registration staff will NOT:</p> <ol style="list-style-type: none"> 12. Read the information to the client for confirmation. 13. Ask the client to verify the information on the screen. 	

<p>Best Practices</p>	<ol style="list-style-type: none"> 1. Name: The client's documented name is recorded as the primary name for the registration as confirmed when verifying the client information (Refer to Section 4.3). 2. Date of Birth: The client's date of birth, as verified by documentation, is recorded. 3. Gender: The client's gender is recorded as the client presents/requests. 4. Address: The client's address is recorded as the client provides. 5. Telephone: The client's telephone number is recorded as the client provides. 6. If the client's documentation indicates they are from outside Alberta or Canada, if necessary, for billing purposes, staff will ask if the client: <ul style="list-style-type: none"> • Has ever visited a hospital or doctor's office in Alberta? • Has been in the health care site before? • Has ever lived in Alberta? 	
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Scenario	Business Process
<p>1. A client indicates the name on their Alberta Personal Health Card is incorrect.</p>	<p>Staff will register/update the client information using the name that can be supported by the viewing of documentation in Appendix D.</p> <p>Staff will direct the client to contact Alberta Health or an authorized Registry Agent Office to correct the name on their Alberta Personal Health Card.</p>

<p>2. A client requests that their name be changed from Theodore to Billy in the registration system.</p>	<p>If staff can confirm the client has government-issued documents to support the name change, the name can be updated accordingly.</p> <p>If the client does not have documentation, staff will record the new name as an alias name in the registration system. If only one name is allowed in the registration system, the documented name should be retained and the client informed of this.</p>
<p>3. A client requests that their address be updated in the registration system.</p>	<p>Staff will update the address in the registration system.</p>
<p>4. A client does not want their telephone number recorded in the registration system.</p>	<p>Staff will inform the client that at least one telephone number is required for contact reasons. Staff will request a phone number from the client that can be recorded in the registration system.</p>
<p>5. A client requests that their child's last name be changed to match their own name.</p>	<p>Refer to Section 5.7 Pediatric Client</p>
<p>6. A client indicates their gender is different from that noted on the Alberta Personal Health Care Card and the registration system.</p>	<p>Staff will register the client in the gender they present or request.</p> <p>Staff will direct the client to contact Alberta Health or an authorized Registry Agent Office to correct the gender on their Alberta Personal Health Card.</p>

Section 5 – Unique Registration Business Processes

5.1 Homeless Client

	Description
Definition	A Homeless Client or a Client with no fixed address is a client that may be a temporary or permanent resident in the province of Alberta. The terms indigent and transient are synonymous with homeless.
Rules	<ol style="list-style-type: none"> 1. Registration staff will collect as much demographic information as possible from any individual that presents for health service and indicates that they are homeless, indigent or transient. 2. Registration staff will request supporting documentation (if available) to ensure that the identity of the individual matches who they purport to be. 3. A thorough search must be performed. See: Section 4.2 Search for the Client. 4. In cases where the identity is in doubt, a new record should be created versus overlaying an existing record.
Best Practices	<ol style="list-style-type: none"> 1. When a client has no fixed address and the registration system requires an address, an “indigent” address may be entered to complete the registration process. 2. The recommended values to enter if the client is considered indigent: <ul style="list-style-type: none"> • Address Line 1 = “No Fixed Address”, • City = Point of Encounter City • Country = Canada • Postal Code = leave field blank or enter postal code of health care site (if registration system requires a postal code).

	3. If the client is staying at a temporary shelter or location enter as a temporary address
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Scenario	Business Process
<p>1. A client presents for services and indicates they are currently homeless. A thorough search does not locate any prior record in the registration system.</p>	<p>The registration is completed with the minimum data set of values recorded. The address is completed using “No Fixed Address” and point of encounter city in the required fields. The postal code of the health care site is entered if it is a mandatory field. If a field is not required from a registration system perspective, it is left blank.</p>
<p>2. A client indicates they are homeless and a search response displays a record with a prior address and phone number.</p>	<p>The registration is updated to indicate that the current address for this individual is “No Fixed Address.” Refer to: Scenario and Business Process #1.</p>

5.2 Identity Theft

	Description
Definition	<p>Identity theft occurs when one or more individuals receive health care services by fraudulently using the identification of another individual. Identity theft can result in life-threatening situations in the health system; e.g. one individual may receive specialized treatment intended for another. Most cases of identity theft will be identified by health care sites.</p>
Rules	<p>Suspected ID Theft presenting for service:</p> <ol style="list-style-type: none"> 1. For the purposes of providing medical care, the client will be registered using the Unidentified Client Standard. See: Section 5.6 Unidentified Client. 2. Contact site Security Personnel when it is believed that the individual presenting for service is not the same client as the documentation or demographic information being used. 3. Notify your Supervisor. 4. Follow the organization's Identity Theft guidelines which include calling the Alberta Health Tips Line 1-866-278-5104. <p>Suspected ID Theft discovered after the visit has occurred:</p> <ol style="list-style-type: none"> 1. Notify your Supervisor. 2. Follow the organization's Identity Theft guidelines which include calling the Alberta Health Tips Line 1-866-278-5104. <p>When a Victim of Identity Theft comes forward:</p> <ol style="list-style-type: none"> 1. Advise victims to report the issue to the Police and provide them the Alberta Health TIPS line information 1-866-278-5104. 2. Notify your Supervisor. 3. Follow the organization's Identity Theft guidelines.
Best Practices	<ol style="list-style-type: none"> 1. Request additional documentation to validate identity as presented. 2. Do not update demographic information retrieved through searching with information being presented. If there is any doubt as to the

	<p>identity of the individual presenting, a new registration should be started.</p> <ol style="list-style-type: none"> 3. Prior to any changes/updates being made to either clinical or administrative records, careful consideration must be given to the impact of these changes on the electronic health record for the client. 4. If a client presents stating that they believe that their identity has been assumed for the purposes of health care fraud, advise the client to contact the Police Department and Alberta Health. As well, advise your immediate supervisor.
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Scenario	Business Process
<p>1. A client presents at a health care site with identification and requires immediate medical attention. The registration clerk reviews the identification and believes that the identification does not belong to the client presenting.</p>	<p>Staff will:</p> <ol style="list-style-type: none"> 1. Request additional identification, 2. Register the client using the unknown naming convention if patient cannot be positively identified, 3. Notify their direct supervisor, 4. Contact Security. 5. Notify the Alberta Health TIPS line at 1-866-278-5104 6. Follow the organization's Identity Theft guidelines.
<p>2. A client presents at a Pharmacy with a prescription and the pharmacist notes that this prescription is contra-indicated based on the prescription filled previously at another pharmacy. The client states they did not receive the previous medication and suspects identity theft.</p>	<ol style="list-style-type: none"> 1. Request client to report the circumstances to the Police as well as to the Alberta Health Tip Line at 1-866-278-5104, 2. Notify the Alberta Health TIPS line at 1-866-278-5104 3. Create a new record for the client. 4. Follow the organization's Identity Theft guidelines

<p>3. A client presents for health service without documentation and is registered under the rules outlined in Section 4.3. The Registration Clerk selects the incorrect person from the patient search. The clerk is notified by the care team that the incorrect patient was registered.</p>	<p>This would not be considered Identity Theft.</p> <ol style="list-style-type: none">1. Search again and select the correct record or create a new record if the patient does not exist in the system.2. Follow organization's guidelines for remediation of overlays (wrong client selected at registration).3. Notify direct supervisor.
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5.3 Newborn, Born in Alberta

	Description
Definition	In Person Directory an Alberta Newborn is a child born in Alberta that is 28 days or less at the time of registration.
Rules	<ol style="list-style-type: none"> 1. Registration of a newborn born in a health care site is a two-step process and requires entry into the health care site's registration system as well as Alberta Health's Alberta Health Care Insurance Plan (AHCIP) registration system. This system is currently accessed through the Alberta Health registration system known as Person Directory (PD). Entry of information into Alberta Health's PD registration system is necessary to assign a Unique Lifetime Identifier (ULI) to the newborn and start the process used to identify and track all registered births for the Newborn Metabolic Screening (NMS) program. It is also used to help determine a newborn's eligibility for AHCIP coverage. 2. An Alberta ULI should be assigned through Alberta Health's PD registration system within 24 hours of birth and prior to the newborn's discharge from the health care site. 3. All newborns should be added to the health care site's registration system as soon as possible after birth. 4. All demographic information for the newborn and the mother should match between Alberta Health's PD registration system and the health care site's registration system. For example, addresses of the mother and baby should match. 5. After the baby is born, the parents will complete the registration of birth through the online birth registry. Once the birth registration is processed by Vital Stats, designated registrars will access Vital Stats reports and update the baby's legal name in both the registration system and in Person Directory. 6. Any other core demographics that were not recorded <i>at the time of initial registration</i>, in both the health care site's registration system as well as Alberta Health's PD registration system, should be updated as soon as the information is made available

	<ol style="list-style-type: none"> 7. All newborns that are NOT born in a health care site and not later admitted for treatment do not need to be registered in the health care site's registration system. Registration in Alberta Health's PD registration system is still required. This could be done by the health care site closest to the place of residence of the family or a designated health care site, by an attending midwife, by Public Health or through Alberta Health. Site specific procedures may apply. 8. <i>If a newborn dies in a health care site, the date of death must be entered into the health care site's registration system and the Alberta Health's PD registration system as soon as possible after the notification of death.</i>
<p>Best Practices</p>	<ol style="list-style-type: none"> 1. The Add Newborn functionality in Alberta Health's PD registration system is only used for newborns born in Alberta. 2. When registering the newborn for an Alberta ULI in Alberta Health's PD registration system, all required fields must be filled in. For specific procedures, refer to the Alberta Health PD Registration User Guide: http://www.albertanetcare.ca/learningcentre/documents/PDUserGuide.pdf 3. In Alberta Health's PD registration system a standard naming convention is used for all un-named newborns. The recommended naming convention for newborns in PD is: <ul style="list-style-type: none"> • Last name = Last name as recorded on the Physician Notice of Birth. • First name = If the child's given name is not known yet, the No First Name check box must be selected. The name can be added later. 4. In health care site registration systems, a standard naming convention is used for all un-named newborns. The recommended naming convention for newborns in a health care site can be referenced in Section 3.1 - Best Practices for Newborns on Page 6

Scenario	Business Process
<p>1. A child is born at a health care site.</p>	<p>Staff will register the newborn in the health care site's registration system.</p> <p>After the baby is born, the parents will complete the registration of birth through the online birth registry. Once the birth registration is processed by Vital Stats, designated registrars will access Vital Stats reports and update the baby's legal name in both the registration system and in Person Directory.</p>
<p>2. A child is born outside of a health care site, e.g. born at home and is <u>NOT</u> admitted to the health care site.</p>	<p>The child would not be registered in the health care site's registration system. The child should be registered in Alberta Health's PD registration system by Alberta Health (the parents should be instructed to call Alberta Health to facilitate the registration of the child). Alternately, the child could be registered in Alberta Health's PD registration system by an attending midwife, by Public Health or by staff within a health care site.</p>
<p>3. A child is born outside of a health care site, e.g. born at home or born in route and <u>IS</u> admitted to the health care site.</p>	<p>The child should be registered using the newborn naming convention and a newborn ULI assigned.</p>
<p>4. A child is born at a health care site and is transferred to another health care site for care and treatment.</p>	<p>Baby name should not be updated until patient is discharged home as this will impact orders placed under the initial default baby name.</p>

<p>5. Newborn born <u>outside of Alberta</u>; A baby is born outside of Alberta, but the parents are residents of Alberta and the baby will be eligible for AHC at birth. Baby will be receiving all care in Alberta following the birth.</p>	<p>In this scenario the baby does not fall under the 'born in Alberta under 28 days' and should be registered in PD as a Dependent Child or new to Alberta. If first name is not yet known follow newborn naming convention.</p>
<p>6. A newborn is born in Alberta but parent is from out of province (OOP) or out of country (OOC)</p>	<p>The baby is registered in PD as an Alberta Newborn and can be associated to the parent. If the parent who had the baby is visiting from OOP or OOC they are not registered for AHCIP coverage. The baby only gets auto-eligibility for AHCIP coverage if the associated parent (who baby is linked to) has active AHCIP coverage.</p>

5.4 Clients Requesting Confidentiality

	Description
Definition	A client may request their demographic information and/or the demographic information of their dependents be made confidential due to concerns that their personal safety will be compromised if demographic information is linked or referenced to associated third parties (e.g. next of kin, emergency contacts or family members).
Rules	Any expressed wishes of an individual, together with other relevant factors, must be considered when deciding how much health information to disclose.
Best Practices	<ol style="list-style-type: none"> 1. A second Alberta PHN/ULI should not be issued to the client to support the confidentiality request. 2. Staff will request the client provide an alternate address and phone number. 3. Staff should follow site procedures to handle personal safety situations.

Scenario	Business Process
<ol style="list-style-type: none"> 1. A client presents at a health care site, indicating concerns for personal safety, requesting that the address recorded on their health record be removed from view. 	<p>Staff will receive a client's request to make their record confidential and make the address confidential if system has this functionality</p> <p>Staff will request an additional address from the client to record on the client's file. Dependent on system functionality this may be captured on the paper record if system does not allow more than one address.</p>

	<p>Staff will follow the site procedures for handling clients requesting confidentiality of their demographic and/or clinical information.</p> <p>Staff will inform patient that this request pertains to the current system only and they may need to follow up with other sources where their information resides.</p>
<p>2. Police present and request the location of a Confidential Patient.</p>	<p>Staff will follow their organization's guidelines.</p>
<p>3. A client requests that their health information in Alberta NetCare be "masked"</p>	<p>Staff will refer to resources on Alberta NetCare masking http://www.albertanetcare.ca/learningcentre/Netcare-Masking.htm</p>

5.5 Pre-Registration, Recurring Visits or Non Face to Face Registration of a Client

	Description	Standard
Definition	A client may be required to pre-register for services in advance of receiving the service. Pre-registration visits can be scheduled many months prior to an actual health care site visit and are often done as a non-face to face registration. Client demographics may change in the interim, and consequently must be verified with the client when they actually present for service.	Standard #2 Only true and accurate data about clients is recorded in the registration system. This excludes fetuses, body parts, specimens and non-humans (pets).
Rules	<ol style="list-style-type: none"> 1. All demographic data collected through a pre-registration process must be verified with the client when they present for service. 2. Staff will follow all the registration process standards when a client is pre-registered for service or presenting for a recurring visit. 3. As part of the registration process, staff will ensure they have uniquely identified the client and will update the client's demographic information. 	Standard #5 All client demographic information must be verified with the client before the registration process is completed.
Best Practices	<ol style="list-style-type: none"> 1. Each time the client presents for a pre-registered service or a recurring visit, staff will verify the client's information. See: Section 4.3 Verify Client Information. 2. Staff will inform all clients that are contacted for pre-registration that they are to bring documentation to verify the information gathered during the pre-registration. 	

Scenario	Business Process
<p>1. A client is scheduled for ongoing treatment, over a 6 month period, at the health care site. On arrival at the health care site, the client is directed to the unit providing the treatment, not the registration desk.</p>	<p>The verification process must be followed regardless of which unit receives the client. See: Section 4.3 Verify Client Information.</p>
<p>2. A client is registered and referred to another health care site for health services (e.g. for laboratory work) and the submitted documentation from the provider contains demographic error(s) relating to the client's identity.</p>	<p>When documentation received from pre-registering a client contains demographic errors relating to the client's identity, staff must contact the client or the provider to verify the accuracy of the information submitted and then correct any errors or omissions.</p>
<p>3. A client is called to be scheduled for an appointment with a health care provider.</p>	<p>Staff will verify demographic information over the phone. The client will be informed to bring two pieces of identification when they attend the appointment. When the client presents for their visit, staff will verify and validate the information and perform positive person identification.</p>

5.6 Unidentified Client

	Description
Definition	<p>An Unidentified Client is a client that presents or is presented for health services and whose identity cannot be determined due to one or more factors including:</p> <ul style="list-style-type: none"> • Client is unconscious, uncommunicative and or combative, • Client cannot identify themselves or provide any demographic information that would support a positive identity.
Rules	<ol style="list-style-type: none"> 1. Each health care site will have specific procedures for assigning Identifier Types and numbers (e.g. Medical Record Number) for the unidentified client. 2. An Alberta ULI is not assigned to an unidentified client but a site unique identifier is assigned. 3. Site specific procedures apply. 4. All fields that can be left blank (registration system dependent) should be left blank. See: Section 3.3 Unknown Date of Birth Rule. 5. Name Fields: Do not use John or Jane Doe. See: Section 3.1 Name.
Best Practices	<ol style="list-style-type: none"> 1. All unidentified clients are to be registered in the registration system for the purpose of assigning an identifier such as a MRN. The creation of a temporary transitory client identity is permitted in these circumstances. 2. If the identity of the client cannot be determined through the identity interview process, an identifier under which a partial identity can be recorded will be assigned. 3. When a client's name cannot be determined, and the registration system requires a name, an "unknown" name may be entered to complete the registration process. Available system functionality may dictate different allowable values for unknown names. Do NOT use John Doe, or Jane Doe. The recommended default value if name is not known: Last name = Client ID/MRN for the client, First name =

	<p>gender of client (i.e. Male or Female) or a system generated unique name that does not resemble an actual client name. See: Section 3.1 Name</p> <p>4. The address field for all unidentified clients is to be completed using “Unknown” as the first line of the address and the City/Town of the health care site as the City/Town. All fields that can be left blank (registration system dependent) should be left blank.</p>
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Scenario	Business Process
<p>1. A client presents for health service and does not speak English and has not brought an interpreter or supporting documentation.</p>	<p>This client is registered as an unidentified client (following appropriate procedures as outlined in site specific documents) until additional demographic information can be gathered through an interpreter or from immediate family.</p>
<p>2. A client presents alone and appears to have amnesia.</p>	<p>This client is registered as an unidentified client (following appropriate procedures as outlined in site specific documents) until additional demographic information can be gathered.</p>
<p>3. A client refuses to provide any identifying demographic information on registration but requires medical care.</p>	<p>This client is registered as an unidentified client (following appropriate procedures as outlined in site specific documents) until additional demographic information can be gathered.</p>

<p>4. A client is brought in by ambulance and is incoherent and unable to communicate. EMS provides EMS documentation which includes patient demographic information that was collected at the scene. There is no family present to confirm the patient's identity.</p>	<p>This client is registered as an unidentified client (following appropriate procedures as outlined in site specific documents). Additional demographic information will be required to confirm identity.</p>
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5.7 Pediatric Client

	Description	Standard
Definition	A pediatric client is a child ranging in age from newborn to 18 years old. These clients are typically under the care of a parent or guardian. This would exclude a child under 18 years who has been designated a <i>Mature Minor</i> (See Appendix A for definition).	<p>Standard #1</p> <p>All individuals accessing the Alberta health system are required to uniquely identify themselves.</p> <p>Standard #4</p> <p>All adult individuals</p>
Rules	<ol style="list-style-type: none"> 1. All individuals, including pediatric clients, accessing the Alberta health service system must be uniquely identified. 2. Staff will request documentation and ask the parent/guardian questions to verify the client's identity. 	<p>accessing the Alberta health system will present at least two pieces of original supporting documentation to establish their unique identity. Children under 18 will present at least one piece of original supporting documentation to establish their unique identity.</p>
Best Practices	<ol style="list-style-type: none"> 1. For children, parents are expected to provide the Alberta personal health care card or other provincial/territorial health care card. 2. The parent/guardian accompanying the child should confirm all other demographic elements verbally. 	<p>Standard #5</p> <p>All client demographic information must be verified with the client before the registration process is completed.</p>
Scenario		Business Process
1. A child presents at a health care site with a		Staff will complete a thorough search using both the last name as presented as well as the last name of the parent.

<p>last name that is different from the parent.</p>	<p>The parent will be questioned as to the documented name of the child, as well as the preferred name.</p>
<p>2. A client requests that their child's last name be changed to match their own name.</p>	<p>Staff will request proof of the new documented name for the child. See: Section 4.1 Identify the Client.</p> <p>If satisfactory proof is provided, the name can be updated and will become the primary name registered. The previous name can be added as an alias (based on available system functionality).</p> <p>If satisfactory proof cannot be provided, the new name can only be recorded as an alias name in the registration system. If only one name is allowed in the registration system, the documented name should be retained and the client informed of this.</p>
<p>3. A child in school requires immunization with no parent/guardian present.</p>	<p>Parents/guardians must provide valid documentation confirming a child's identity when registering at a school. Before immunization occurs, client is registered into the health system and consent forms are sent home with the children for their parent/guardian to sign. These personalized consents serve to re-confirm the child's identity prior to immunization. Each child verbally confirms their identity with the health nurse at time of immunization. Immunization information is entered into the health system after the site visit.</p>
<p>4. A child has two residences.</p>	<p>A child might split their residence between two parents, living with the one parent for two weeks, then with the other parent for two weeks. When the registration system can capture multiple addresses, both addresses should be recorded, with one of the addresses noted as the primary address (as indicated by the parents).</p>

<p>5. A child who is a ‘ward of the court’ presents for healthcare</p>	<p>The child’s Personal Health Card should be requested and the guardian accompanying the child should be interviewed as per the regular process. Refer to Section 4.4 Register the Client.</p>
<p>6. A child (not accompanied by a legal guardian or parent) presents for service at a health care site with no documentation and requires immediate treatment, e.g. soccer coach brings an injured player to an Emergency Department.</p>	<p>The client will be registered with as much information as can be confirmed. Where possible, registration staff will confirm the information with the client or legal next-of-kin (when or if they arrive at the health care site).</p>

Appendix A – Definitions / Acronyms

Term	Definition
AB	An acronym for the Province of Alberta.
ADT system	An acronym for a system that is used to track client Admissions, Discharges and Transfers.
AHCIP	An acronym for Alberta Health Care Insurance Plan.
AH	An acronym for the Department of Health, Government of Alberta.
Archiving	The process of saving data for later reference or use.
Client	For the purposes of this document, a client is defined as a human being interacting with the health care delivery system and does not include non-humans (animals), body parts or fetuses.
Clinical Information	Includes any information captured on the client health record by providers, e.g. test results, image results and dictated reports from health service delivery.
Custodial Parent	The parent with whom the child lives for the greater part of the year.
Demographic	Pertaining to characteristics of the client, such as name, gender, date of birth and address.

DOB	An acronym for Date of Birth.
Documented Name	The name of a client recognized on official records, especially as recorded on a birth certificate or as changed by legal process.
Downstream Applications	Any computer system (target) that is fed data from another computer system (source).
EHR	An acronym for Electronic Health Record.
EMR	An acronym for Electronic Medical Record system, a system used in physician offices for registering clients.
Gender	Refers to the socially constructed roles, behaviors, activities, and attributes of an individual.
Administrative Gender	Refers to the socially constructed roles, behaviors, expressions and identities of an individual as documented on their government issued identification. For most people their gender matches their sex, assigned at birth. Others identify as being transgender, non-binary or gender minority (includes persons who report being unsure of their gender, being both male and female, or neither male nor female.)
Gender Identity	Is each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex.

Health System	Label applied to the entire continuum of care within the Alberta health environment from initial registration for eligibility to final delivery of health care services.
Mature Minor	Typically a youth between the ages of 14-18, who is determined to fully appreciate the nature, risks and consequences of medical care and treatment including its ethical, emotional and physical aspects, may be deemed a mature minor.
MDS	An acronym for Minimum Data Set, which is the minimum demographic information collected on a client. It consists of Last Name, First Name, Date of Birth, Gender and a unique identifier.
MRN	An acronym for Medical Record Number. A unique number assigned at a health care site for an individual's service delivery records. Utilized for filing of paper records and unique identification of electronic records.
Name Token	A name token is one component of a name, e.g. first name, middle name or last name.
Newborn Metabolic Screening (NMS) program	The purpose of the NMS program is to identify and treat infants for metabolic disorders that can lead to severe physical disabilities, developmental delay, other health problems or even death. The newborn screen is carried out on a blood sample collected from a baby's heel between 24 hours and 72 hours of age.
OIPC	An acronym for Office of the Privacy Commissioner.

PD	An acronym for Person Directory, the AH source system containing all the ULI's/PHN's created in the Alberta health system.
Patient	Another term for "Client".
Personal Health Card	A card issued by a Canadian province demonstrating that the client is eligible for health care services.
PHN	An acronym for Personal Health Number, also understood to be a unique lifetime identifier with confirmed eligibility.
Policy	A set of ideas or a plan of what to do in particular situations that has been agreed officially by a group of people, a business organization, a government or a political party.
Registration System	The data collection system used by a Health Service Provider to register clients, e.g. ADT, EMR, Radiology Information System (RIS), Laboratory Information System (LIS), PHP, and others.
Rule	An accepted description or instruction that states the way things are or should be done, and tells you what you are allowed or are not allowed to do, i.e. a prescribed guide for conduct or action.
Sex	Refers to the biological and physiological characteristics that define an individual at birth
Stakeholder	A stakeholder is recognized as a source that contributes a unique source id, e.g. RSHIP is not a stakeholder, but Aspen is. Stakeholders are custodians of source data.

Standard	A level of quality, a series of steps that is generally accepted, an acknowledged measure established or widely recognized as a model of authority or excellence.
Test Data	A set of data developed specifically to test the adequacy of a computer application.
Trusted Source	A stakeholder who follows agreed upon (common) practices to ensure their data is of high quality, i.e. their data can be trusted.
ULI	An acronym for Unique Lifetime Identifier.
Unique Identifier	Any identifier, which is guaranteed to be unique among all identifiers used for those objects and for a specific purpose, such as a ULI in Alberta.
Unidentified Client	A client that presents or is presented for health services and whose identity cannot be determined.
Valid	Some documents are issued with start or end dates or expiry dates (i.e. provincial health cards, passports, driver's licenses). The term valid is used when the start date is not in the future and the end or expiry dates have not been reached.
Validate, Validation	The process of authenticating documentation presented by a client to support their claims to an identity or eligibility in a program.
Verification	The checking or investigating undertaken by the registration clerk/service provider to confirm or substantiate a claim or a statement made by a client.

Appendix B – Resource Links

Registry Agents

Albertans may register for AHCIP coverage and update their information at participating registry agent locations across the province, free of charge.

Please refer to this link for a complete and current listing of all participating Alberta Registry Agents:

https://www.alberta.ca/ahcip-registry-locations.aspx?utm_source=redirector

Vital Stats

<http://www.servicealberta.gov.ab.ca/includes/768.cfm>

Appendix C – List of Canadian Health Care Contacts

Manitoba

General Inquiries Line:
Ph: 204-786-7101
Toll free in North America: 1-800-392-1207
Website: www.manitoba.ca/health/mhsip

Time limit: 6 months

British Columbia

Health Insurance BC administers the Medical Services Plan on behalf of the Ministry of Health Services. Outside BC: 1-800-663-7100
E-mail: [mspenquiries@hibc.gov.bc.ca](mailto:mспенquiries@hibc.gov.bc.ca)
Website: www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp

Time limit: 3 months

Northwest Territories

Registrar General, Health Services Administration
Telephone: 1-800-661-0830
E-mail: healthcarecard@gov.nt.ca
Website: www.hss.gov.nt.ca/contact-us

Time limit: 12 months

Newfoundland and Labrador Medical Care Plan (MCP)

Avalon Region:
Toll-Free 1-866-449-4459
Tel: 709-758-1500
All other areas, including Labrador:
Toll-Free 1-800-563-1557
Tel: 709-292-4027
E-mail: healthinfo@gov.nl.ca
Website: www.health.gov.nl.ca/health

Time limit: 3 months

Nova Scotia

Nova Scotia Medical Services Insurance (MSI)
General Inquiries: 902-496-7008
E-mail: MSI@medavie.ca

Saskatchewan

Saskatchewan Health Registration:
Ph: 306-787-3475
Toll free within province: 1-800-667-7551
E-mail: info@health.gov.sk.ca
Website: www.saskatchewan.ca

Time limit: 6 months

Yukon Territory

Toll Free within the Territory: 1-800-661-0408
E-mail: hss@gov.yk.ca
Website: www.hss.gov.yk.ca

Time limit: 6 months

Nunavut

Telephone: 867-645-8028
Toll free (throughout Canada): 1-800-661-0833
E-mail: nhip@gov.nu.ca
Website: www.gov.nu.ca/health

Time limit: 6 months

Prince Edward Island

PEI General Inquiry: 902-368-6414
Toll free (throughout Canada): 1-800-321-5492
Website: www.gov.pe.ca/health/index.php3

Time limit: 3 months

New Brunswick

Main Line: 506-457-4800
Outside the province: 1-506-684-7901
E-mail: Health.Sante@gnb.ca
Website:

Website: www.gov.ns.ca/health
Time limit: 3 months

www2.gnb.ca/content/gnb/en/departments/health.html
Time limit: 3 months

Québec

Service de l'évolution des processus
Régie de l'assurance maladie du Québec
Québec City: 418 646-4636
Montréal: 514-864-3411
Website: www.ramq.gouv.qc.ca/en/contact-us/citizens/Pages/contact-us.aspx
Time limit: 3 months

Ontario

Service Ontario, INFOLine: 1-866-532-3161
TTY: 1-800-387-5559
Website:
www.health.gov.on.ca/en/public/programs/ohip
Time limit: 6 months

Note: Quebec does not participate in the medical reciprocal program.

Valid Insured Health Services Plan Cards for Reciprocal Billing
 Cartes valides des régimes de soins de santé assurés pour la facturation réciproque



Interprovincial Health Insurance Agreements Coordinating Committee - July 2019
 Comité de coordination des ententes interprovinciales en assurance-santé - July 2019

Cards that Cannot be Used for Reciprocal Billing
Cartes qui ne peuvent pas être utilisées pour la facturation réciproque



Appendix D – Acceptable List of Original Documentation

The preferred, acceptable list of original documentation:

- Valid Driver's License (including out of province or out of country issued licenses)
- Valid Passport (including out of country issued passports)
- Canadian Citizenship Card
- Canadian Permanent Resident Card
- Certificate of Indian Status Card
- Valid Alberta Student Identification Card (including other Provincial and/or Territorial Government issued student identification cards)
- Valid Provincial/Territorial Health Care Card
- Federal, Provincial and/or Territorial Government issued identification with a photograph

Other acceptable documentation includes:

- Birth Certificate
- Marriage Certificate
- Legal Change of Name Certificate
- Final Divorce Certificate
- Citizenship or Immigration status document (Student Permit, Temporary Resident, Interim Federal Health Certificate of Eligibility)
- Certified Copy of the Court Order for Name Change
- Court of Queen's Bench Adoption Order