SanWITS Document Storage – Approved Documents for Attachment

NAME OF DOCUMENT	LOCATION TO UPLOAD DOCUMENT IN SANWITS	SAVED FORMAT: DOCUMENT NAME ABBREVIATIONS + LAST NAME, FIRST NAME + DATE of DOCUMENT xx.xx.xxxx	DESCRIPTION (Optional)	TAG (Required)
Financial Responsibility	Intake Screen	Financial Resp._name__xx.xx.xxxx	SUDURM form # F107 (monthly if client has SOC)	Intake
Client Rights & Complaints	Intake Screen	Client Rights_Complaints_ name_xx.xx.xxxx	SUDURM form #F203	Consents
Acknowledgment of DMC Beneficiary Handbook and Directory	Intake Screen	Ack of Benef Handbook_Directory_name_xx.xx.xxxx	SUDURM form #F209	Consents
SUD Admission Checklist	Intake Screen	SUD Admission Checklist_name_xx.xx.xxxx	SUDURM form #F210	Intake
Justification for Continuing Service	Intake Screen	Justif for Cont Svcs_name_xx.xx.xxxx	SUDURM form #F301 (this is an assessment)	Assessment
Alcohol & Drug History	Intake Screen	A&D History_name__xx.xx.xxxx	SUDURM form #F302 (optional)	Assessment
High Risk Assessment (HRA)	Intake Screen	HRA_name_xx.xx.xxxx	SUDURM form #F305b (optional)	Assessment
Co-Occurring Conditions Screening	Intake Screen	Co-occurring Conditions Screen_name_xx.xx.xxxx	SUDURM form #F304 (optional)	Assessment
Withdrawal Management Observation Log	Intake Screen	WM Observation Log_name_xx.xx.xxxx	SUDURM form #F401 (optional - will be needed at WM programs)	Medical

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Health Questionnaire	Intake Screen	Health Questionnaire_name_xx.xx.xxxx	SUDURM form #F403 (completed by client)	Assessment
TB Screening	Intake Screen	TB Screening_name_xx.xx.xxxx	SUDURM form #F404	Medical
Physician Direction	Intake Screen	Physician Direction_name_xx.xx.xxxx	SUDURM form #F406 (optional)	Medical
Treatment Effectiveness Assessment (TEA)	Intake Screen	TEA_name_xx.xx.xxxx	SUDURM form #F505 (completed by client)	Assessment
Discharge Plan	Intake Screen	Discharge Plan_name_xx.xx.xxxx	SUDURM form #F704 (completed by client)	Discharge
Monthly DMC Verification	Intake Screen	DMC Verif_name_xx.xx.xxxx Add month verfied	Provider doc.	Eligibility
42 CFR	Intake Screen	42CFR_name_xx.xx.xxxx	Provider doc.	Consents
Notice of Privacy Practice/HIPAA	Intake Screen	NPP HIPAA_name_xx.xx.xxxx	Provider doc. – could also include 42 CFR	Consents
Consent to Follow-up	Intake Screen	Consent to Follow Up_name_xx.xx.xxxx	Provider doc.	Consents

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Physical Exam Document	Intake Screen	Physical Exam Results_name_xx.xx.xxxx Physical Exam with MD signature_name_xx.xx.xxxx	Could include doc. from MD verifying PE results reviewed	Medical
MD Recommendations	Intake Screen	MD Recommendations_name_xx.xx.xxxx	Provider doc.	Medical
Proof of Pregnancy	Intake Screen	Pregnancy Verif_name_xx.xx.xxxx	Provider doc.	Medical
Log of Prescribed/OTC Meds	Intake Screen	Medication Log_name_xx.xx.xxxx	Provider doc.	Medical
Release of Information	Intake Screen	ROI_name_xx.xx.xxxx Add description such as PCP, Parent, Partner, Probation	Provider doc.	ROI
Consent to Treat	Intake Screen	Consent to Treat_name_xx.xx.xxxx	Provider doc.	Consent