



BHI Provider Office Site Visit

Individual or Facility Office Site Visit Record

Provider or Agency Name: _____ Date: _____

Accessibility	Yes	No	Comments
Is the office address clearly visible on building?			
Is there an ADA compliance restroom on each floor? (min. clear space of at least 30"X48" and a grab bar of at least 18" in length)			
Is there ADA compliance parking and access? (1/25 space reserved for handicapped with ramp and door at least 36" wide)			
Are all floors of the office wheelchair accessible?			
Other comments:			
Office Appearance and Setup			
Are facility & program offices neat, clean and professional?			
Is there adequate seating in waiting room?			
If applicable, office has designated smoking area? (If non-smoking office, indicate N/A)			
Does the office have patient ed. materials available to distribute to consumers?			
Is confidential verbal communication no audible to unauthorized people?			
Are computer screens and fax forms with consumer information removed from view of unauthorized persons? (If no computer or fax, indicate N/A)			
Is confidential verbal communication not audible to unauthorized persons?			
Other comments:			
Therapy Room/Office			
Are areas where consumers are seen free from physical furnishings or equipment that represent a risk/safety hazard?			
Are the areas where consumers are seen soundproof?			
Other			
Medical Record Keeping			
Are files containing any member information maintained in a locked and safe setting?			
Are member records kept in individual folder by name or ID number?			
Is there record in the files that consumers are informed of rights and responsibilities?			
Do formal procedures exist for diagnosis of problems, tracking resolution and monitoring for consumer improvement?			
Is patient satisfaction evaluated on a periodic basis?			
Other			
Appointment Availability			
Are emergency services available on-site 24/7? If not, is there a clearly identified plan to accommodate consumers at all hours?			
Are routine appointments available with within 7 days?			
Are urgent appointments available with within 24 hours?			
Other			

Other comments/observations:

- This facility /office Meets BHI requirements (all shaded or critical elements checked "YES")
 Does not meet BHI Requirements
 2nd visit scheduled for _____

Signature of BHI Reviewer

Date

I have received a copy of this office site visit review:

Individual or Facility Manager or Provider

Date