



Health Record Safekeeping Control Report

Chart to remain secured until the person/program who secured the chart authorizes its release.

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|------------------------------|--|--|------------|
| Health Record Number: | | Date Secured: | YYYY-MM-DD |
| Patient Name: | | Secured by: (person and program) | |

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|-----------------------|---|--------------------|---|------------------------|--|
| Pages Numbered | Yes <input type="checkbox"/> No <input type="checkbox"/> | Copies Made | Active Files <input type="checkbox"/> Patient Safety <input type="checkbox"/> Other _____ | Reason Secured: | |
| Comments: | | | | HIS Staff Name: | |
| | | | | Signature: | |

| Date & Time Out | Taken By | Reason for Review | Witness Signature | Date & Time Returned | Witness Signature |
|-----------------|----------|-------------------|-------------------|----------------------|-------------------|
| YYYY-MM-DD HHMM | | | | YYYY-MM-DD HHMM | |
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This form is considered a transitory record and may be destroyed one month after there is no longer a requirement to secure the record.