



CASE RECORD PEER REVIEW TOOL (CLINICAL COUNSELING)

Catholic Charities, Diocese of Venice, Inc.

Date of review: Client Name: Date case opened: District #: Name of Program/Service: Name of provider:	Name of reviewer: Client ID#: Date case closed (if applicable): Location:
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ITEM:	YES	NO	COMMENTS of REVIEWER	CORRECTIVE ACTION
1. Client's name and ID # are documented on exterior of the case record.	<input type="checkbox"/>	<input type="checkbox"/>		
2. Intake form complete.	<input type="checkbox"/>	<input type="checkbox"/>		
3. Psycho-social or basic assessment (as appropriate) complete, & includes client & family input. (by end of 4 th session)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Client Rights & Responsibilities/Consent for Services and HIPAA forms signed and dated.	<input type="checkbox"/>	<input type="checkbox"/>		
5. Fee assessment complete; established fee is indicated.	<input type="checkbox"/>	<input type="checkbox"/>		
6. Medical history form complete and signed.	<input type="checkbox"/>	<input type="checkbox"/>		
7. Service plan completed, dated & signed by end of 4 th session.	<input type="checkbox"/>	<input type="checkbox"/>		
8. Service plan is reviewed & updated quarterly.	<input type="checkbox"/>	<input type="checkbox"/>		
9. Supervision is documented at least quarterly.	<input type="checkbox"/>	<input type="checkbox"/>		

Date of review:	Name of reviewer:
Client name:	Client ID#:

ITEM:	YES	NO	COMMENTS of REVIEWER	CORRECTIVE ACTION
10. After care plan is completed & signed by all parties for planned termination.	<input type="checkbox"/>	<input type="checkbox"/>		
11. If the case is closed, was the discharge summary completed within 30 days?	<input type="checkbox"/>	<input type="checkbox"/>		
12. If information was given to outside sources, was the Authorization to Release &/or Obtain information completed and signed by the client?	<input type="checkbox"/>	<input type="checkbox"/>		
13. All entries within the case record are signed & dated.	<input type="checkbox"/>	<input type="checkbox"/>		
14. Errors are managed appropriately (e.g. no white out! --- draw a single line through entry, write "error" and enter initials and date).	<input type="checkbox"/>	<input type="checkbox"/>		
15. The client name and/or ID # is documented on all pages within the case record.	<input type="checkbox"/>	<input type="checkbox"/>		
16. Is the case record organized & easy to read?	<input type="checkbox"/>	<input type="checkbox"/>		

Reviewer Signature:

Date:

Provider Signature:

Date:

☐ Site Supervisor will ensure completion of corrective action.

Site Supervisor Signature:

Date: