



Catholic Charities, Diocese of Venice, Inc.

PEER REVIEW AGGREGATION - CLINICAL COUNSELING

Program/Service: _____

Quarter/Fiscal Yr: _____

Location: _____

of Cases Reviewed: _____

ITEM:	% YES	% NO	TRENDING OF COMMENTS PER ITEM #:
1. Client's name and ID # are documented on exterior of the case record.			
2. Intake form complete.			
3. Psycho-social or basic assessment (as appropriate) complete, & includes client & family input. (by end of 4 th session)			
4. Client Rights & Responsibilities/Consent for Services and HIPAA forms signed and dated.			
5. Fee assessment complete; established fee is indicated.			
6. Medical history form complete and signed.			
7. Service plan completed, dated & signed by end of 4 th session.			
8. Service plan is reviewed & updated quarterly.			
9. Supervision is documented at least quarterly.			
10. After care plan is completed & signed by all parties for planned termination.			
11. If the case is closed, was the discharge summary completed within 30 days?			

ITEM:	% YES	% NO	TRENDING OF COMMENTS PER ITEM#:
12. If information was given to outside sources, was the Authorization to Release &/or Obtain information completed and signed by the client?			
13. All entries within the case record are signed & dated.			
14. Errors are managed appropriately (e.g. no white out! --- draw a single line through entry, write "error" and enter initials and date).			
15. The client name and/or ID # is documented on all pages within the case record.			
16. Is the case record organized & easy to read?			

Complete the table below concerning any item # that indicates a trending pattern that requires correction.

Action Plan

Item #	Statement of action to correct trending concern	Date action is to be completed

Signature: _____

Date: _____