

_____ COUNTY HEALTH DEPARTMENT

“COMMITTED TO PROTECTING AND IMPROVING THE PUBLIC’S
HEALTH IN _____ COUNTY”

USE OF ALIAS NAMES POLICY

APPROVAL DATE BY BOARD OF HEALTH:

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

_____ County Health Department

Title: Use of Alias Names		Policy Number:			
Approved by: _____ County Board of Health		Program Area: Personal Health			
Effective Date:					
Revised Date:					

I. GOAL

A. This policy establishes policy and procedures for the use of alias names by clients of the _____ County Health Department.

II. PURPOSE

A. To ensure that all clients who wish to use an alias name as part of their medical record will be treated equally.

III. REFERENCES

None

IV. DEFINITIONS

A. Alias - otherwise called : otherwise known as

V. FOCUS POPULATION

A. The population of focus for this policy includes all clients of the _____ County Health Department

VI. POLICY

A. All clients of the _____ County Health Department who wish to use an alias name, will be required to complete a “Personal Data Continuation Sheet”.

VII. SERVICE PLAN

- A. Upon registration, or at any time during the client’s care, if the client requests the use of an alias name, they will be required to complete the “Personal Data Continuation Sheet”.
- B. The “Personal Data Continuation Sheet” will allow for the use of only one alias name by the client.
- C. Staff will enter the alias name on the “alias” line of the patient registration screen.
- D. The “Personal Data Continuation Sheet” will be filed in the client medical record under the “Patient Data” tab.
- E. New patient labels, which include the alias name, will be printed and placed on the outside of the medical record and on all current any new forms in the medical record.
- F. All forms of correspondence completed on behalf of the client will include both the name under which they are registered and the alias name. The format for use of both names will be:

Patient: Susie Jones aka Susan Smith

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G. If the client wishes to change the alias name being used to another name, this may be done. The client will be required to complete a new “Personal Data Continuation Sheet” at the time of the new request. Use of all prior “alias” names will be discontinued at that time.

IX. APPENDIX

A. _____ County Health Department Personal Data Continuation Sheet
(A1-English and A2-Spanish)

SAMPLE