Outpatient practice policy template

A staff policy pack to adapt for your practice

[Practice name]

Use this editable pack to write the internal policies your outpatient team will follow. It covers clinical and administrative work, including outpatient group appointments where your practice offers them.

Replace every bracketed field, remove sections that do not apply and have the appropriate clinical, billing, privacy and personnel reviewers approve the final wording. Policy targets, fees, response times and leave terms must fit the requirements that apply to your practice.

The word we in the policies means your practice. The Allia notes identify supporting product workflows; they do not set your practice's rules.

Practice name: [name]

Policy owner: [name or role]

Clinical lead: [name or role]

Personnel contact: [name or role]

Privacy and security contact: [name or role]

Version and effective date: [version and date]

Approved by and review date: [approver and date]

Scheduling and availability

We keep one shared appointment schedule so clients and teammates can rely on the details they receive.

Bookable hours and session types: [approved expectations]

Intake or urgent follow-up capacity: [arrangement]

Schedule-change requests and approval: [contact and process]

- Keep your Allia availability current and book the session type that matches the planned service. Document the care and time actually provided.
- When a time changes, use the approved cancellation and replacement-booking process and notify the client. Changing availability does not change existing bookings.
- For telehealth, follow the practice's location, licensure, privacy and emergency-planning procedure. Confirm the client's physical location as required by that procedure.

In Allia: Set availability and Session Types in Calendar Setup. Use Date Overrides for approved one-day changes, then check existing appointments separately.

Missed appointments and cancellations

We explain attendance expectations clearly and consider what is getting in the way when someone misses care.

Late-cancellation notice period: [period]

Late arrival and no-show definitions: [definitions]

Approved fees and exceptions: [amounts, payer restrictions and approval contact]

Outreach and clinical review: [owner and timing]

- Share the approved attendance and financial policy before applying a fee. Check applicable laws, payer contracts and program rules, including any restrictions for Medicaid beneficiaries.
- Record what happened, contact the client through the approved channel and document relevant follow-up. A missed-appointment fee is separate from a claim for a clinical service.
- Ask about barriers and review repeated missed visits with the clinical lead. A fee or attendance count does not automatically end care; any change follows an individualized continuity plan.

In Allia: Record a no-show from the Upcoming Appointment card using Mark Attendance → Mark as No-Show. Where a fee is permitted, follow the private-pay service workflow and your practice's payment authorization.

Documentation and corrections

We keep records accurate, timely and attributable to the person who provided the care. The practice completes the deadlines below using its licensing, payer and other applicable requirements.

Documentation reviewer and follow-up contact: [name or role]

Where staff find approved note and treatment-plan standards: [location]

Record	Deadline	Responsible person
Evaluation or intake documentation	[approved deadline]	[responsible clinician]
Billable note	[approved deadline]	[treating clinician]
Initial treatment plan and reviews	[approved deadlines and review frequency]	[clinician and reviewer]
Supervisory review and co-signature	[approved deadline]	[assigned supervisor]
Discharge summary	[approved deadline]	[responsible clinician]

- Review drafts, including any AI-generated text, for accuracy before signing. Confirm that documentation and supervision requirements for the relevant payer are met before submitting claims.
- Signing a note in Allia locks it. A supervisee can edit a signed note after the supervisor requests changes, then signs again to return it for review.
- Use the approved addendum process for a correction to a finalized note, preserving the original entry and the dated correction. Raise overdue work with the reviewer so there is a plan to finish it.

In Allia: Use Unsigned notes to find existing notes awaiting a signature. Use Completed visits missing documentation for completed visits without a documentation record. Use Add Addendum for a dated addition rather than overwriting a finalized note.

Supervision and consultation

Supervision arrangements must fit the clinician's license, work and applicable board rules. An Allia assignment records the relationship; it does not establish legal eligibility to supervise or practice.

Applicable board rules and approved supervisor qualifications: [references]

Assigned supervisor and backup: [names and contacts]

Meeting frequency, format and log location: [arrangement]

Urgent consultation and routine review expectations: [process]

- Confirm the supervision arrangement before supervised clinical work begins. Review it when the clinician's status, supervisor or scope of work changes.
- Keep a protected record of supervision meetings. Record client-specific clinical decisions in the appropriate chart using the practice's documentation process.
- When a supervisee signs a note, the assigned supervisor receives a review task and notification. The supervisor can request edits or co-sign; the supervisee makes requested edits and signs again before review resumes.
- For an urgent clinical concern, follow the practice's escalation procedure at the time rather than waiting for the next supervision meeting.

In Allia: Use Management → Team Permissions → My Team to assign Requires supervision, Supervision Status and Supervisor. Review tasks do not replace required supervision meetings or logs.

Clinical concerns and coverage

We provide scheduled outpatient care. We make the practice's availability and response expectations clear so clients know where to turn when they need help.

Routine contact channel, hours and expected response time: [details]

Clinical escalation contact and backup: [contacts]

Any formally arranged after-hours coverage: [service, hours and limits]

Client location and local emergency instructions: [approved procedure]

- Follow the practice-approved assessment and escalation protocol when an urgent concern arises. Do not rely on a promise of safety or a fixed checklist of risk factors to decide whether action is needed.
- Explain routine message monitoring and coverage limits during onboarding. Give clients the practice-approved emergency instructions and any individualized plan; do not imply that portal messages are continuously monitored.
- Document clinically relevant contacts, consultation, actions and the next care plan in the appropriate record. Use authorized information-sharing procedures when involving another professional.

Sample wording: Messages are reviewed during [hours]. We aim to respond within [response time]. If you need urgent help or are in immediate danger, follow [approved local emergency instructions] rather than waiting for a portal reply.

In Allia: Use the appropriate client chart, care-team access and team tasks for routine handoffs. A task or portal message does not replace the practice's urgent-response procedure.

Leave and time off

Leave arrangements need a workable coverage plan and must respect applicable leave rights and employment terms. Approval, accrual and payroll follow the practice's personnel process.

Employee leave policy and request channel: [reference]

Routine notice, approval and unexpected-leave process: [details]

Coverage coordinator and handoff expectations: [role and process]

Contractor absence terms, if applicable: [separate agreement reference]

- Use the approved personnel channel for leave requests. Handle protected or unexpected leave under the applicable process rather than treating a routine notice period as an absolute condition.
- Once dates are approved, update availability, check affected bookings and arrange clinically appropriate client communication or coverage.
- Make a handoff plan for unfinished notes, treatment plans, supervision and other work, including situations where leave begins unexpectedly. Confirm the covering clinician has appropriate record access.

In Allia: Block approved time in Date Overrides. Existing appointments still need separate review. Allia scheduling does not replace PTO approval, accrual, payroll or personnel records.

Caseload and workload expectations

We set workload expectations with enough time for client care, documentation, supervision and other required work. We review the actual pattern rather than assuming one target fits everyone.

Agreed appointment or direct-care target: [expectation]

Time for documentation, supervision and other duties: [arrangement]

New-clinician ramp-up and review dates: [plan]

Adjustment process for complexity, leave or other needs: [contact]

- Set expectations with the clinician's role, employment terms, case complexity, session mix and available support in mind.
- Review attendance, active caseload, completed work and outstanding documentation using consistent definitions. Use the practice's own baseline for cancellations and missed visits.

- Discuss changes with the clinician and document an agreed follow-up plan. Do not change clinical or billing decisions to meet a productivity target.

In Allia: Provider caseload, Provider productivity and Unsigned notes support this review. Reports inform the discussion; they do not create compensation or staffing rules.

Client assignment and continuity

We match clients with clinicians who can meet their needs and plan handoffs so important information and responsibilities are not lost.

Intake assignment and transfer decision owner: [role]

Client communication and handoff process: [arrangement]

Authorization, consent and payer checks: [responsible role]

- Consider clinical fit, client preference, the clinician's scope and licensure, payer participation or agreed financial terms, availability and capacity.
- Before a handoff, share an appropriate summary, current care plan, relevant safety information and outstanding work with the authorized receiving clinician. Check applicable releases and special confidentiality requirements.
- Explain the proposed change and the client's options. Set a clinically appropriate continuity plan and confirm the receiving clinician's access before responsibility changes.

In Allia: Use the Care Team and coverage workflows, and check permissions separately. A care-team assignment does not replace required consent, licensure or payer authorization.

Staff departures and access

We coordinate personnel steps and client continuity when someone leaves. The clinical lead and personnel contact agree on responsibilities and timing for the circumstances.

Personnel contact and clinical handoff lead: [roles]

Separation date and any applicable notice terms: [approved arrangement]

Access cutoff, equipment return and records contact: [plan]

- Have the personnel contact handle applicable employment, final-pay, leave and benefit requirements. Do not apply an assumed notice period or withhold pay to enforce chart completion.
- Identify clients, unfinished documentation, supervised clinicians and other responsibilities needing reassignment. Communicate care options and maintain an individualized continuity plan.

- Remove access at the authorized time across Allia, email, phones, payer portals and other practice systems. Confirm equipment and records are returned through the approved process.
- Follow applicable law and approved agreements for records custody and retention, while preserving client access rights. Do not assume one ownership rule applies everywhere.

In Allia: Review primary assignments, supervision and outstanding tasks before changing access. My Team permissions are only one part of the practice's offboarding checklist.

Social media and public communications

We protect client privacy and keep professional boundaries clear in public communication and personal social media use.

Approved spokesperson and content reviewer: [roles]

Professional-boundary and client-contact policy: [reference]

Public feedback contact: [phone or approved channel]

- Do not confirm a person's client status or discuss their care in a public review response. Direct concerns to the approved private contact without adding clinical details.
- Get clinical and privacy review before using client-related stories, images or testimonials. Required privacy authorization does not override professional ethics restrictions on solicitation or use.
- Follow the practice's approved policy for personal friend requests, follows and other online contact with clients. Advertise only credentials actually held and use required professional disclosures.

Sample wording: Thank you for sharing your feedback. We do not discuss care publicly. Please contact [practice contact] so the appropriate person can follow up.

In Allia: Use client Messages for authorized client follow-up and Tasks or comments for internal handoffs. Keep marketing approval and any required authorizations in the practice's approved records process.

Policy receipt and review record

Use this record only after the practice has approved the policy pack and any personnel-specific acknowledgment wording. Keep staff receipts and training records in the personnel process, separate from client charts.

Team member name: [name]

Role and credential: [details]

Supervisor or manager: [name]

Policy version received: [version]

Date provided and training completed: [dates]

Questions and follow-up contact: [details]

I confirm that I received the policy version listed above and know who to contact with questions.

Team member signature and date: [signature and date]

Reviewer signature and date: [signature and date]

This receipt does not replace employment agreements, required notices or the practice's approved personnel terms.

Policy review log

Version and date	Changes and reviewer	Next review
[version and date]	[summary and reviewer]	[date]
[version and date]	[summary and reviewer]	[date]

References for the policy owner

Check the current requirements for your locations, professions, clients, payers and employment arrangements when finalizing the policies. These resources support that review.

HHS telehealth licensure guidance

CMS Medicare Claims Processing Manual Chapter 1 including missed appointments

NIMH adult outpatient safety assessment guidance

Department of Labor FMLA guidance

HHS client medical record rights

HHS privacy protections in online review responses