

Model Regulations: Medical Recordkeeping

As recommended by the AAVSB Regulatory Policy Committee in April 2025

MEDICAL RECORDKEEPING

Model Regulation.

Pursuant to the authority granted in Article II, Section 212 of the Veterinary Medicine and Veterinary Technology Practice Act Model (Act), the Board hereby promulgates the following:

Commentary

Model Regulation.

Section 401(a)(8) provides proper authority for the Board to request payment history, and Section 401(a)(12) provides the Board authority to discipline a Licensee over fraud, including improper or fraudulent billing practices.

Section 1. Definitions

When used in these regulations, these words and phrases shall be capitalized and are defined as follows:

Medical Record means any form of documentation that provides a current and accurate account of a Patient's history and medical information.

Staff means all persons working within the Veterinary Facility including, but not limited to, employees, Veterinary Students, Veterinary Technician Students, interns, preceptors, and volunteers.

Section 2. Medical Records

- (a) Licensees engaged in the practice of Veterinary Medicine or Veterinary Technology shall maintain a complete, legible, written, or electronic record concerning the Patient(s).
- (b) For a group of Patients, the Licensee shall record information for either the group, or a representative Animal, with the exception of (c)(17) or (18). If (c)(17) or (18) are relevant to an individual Patient, the Licensee shall create an individual Medical Record.
- (c) All Medical Records, including those newly created and updated, shall contain, at a minimum, any of the following information that applies:
 - (1) Client information, including the name, address, phone number, and email address;
 - (2) Client's authorized representative, including the name, contact information, and authorized decision-making;
 - (3) Patient identification, including:
 - (i) The name of the Patient or other unique identifier of the Patient, herd, or flock; and
 - (ii) Species, breed, age, sex, color, distinctive markings, identification number if applicable;
 - (4) Date and time of entry;
 - (5) Identity of the Licensee(s) involved in the Patient care;
 - (6) Identity of the person creating or updating the Medical Record. If the creation or update of a record involves the use of artificial intelligence, such information shall be included in the record;
 - (7) Record of immunizations;
 - (8) The reason for the Patient visit and relevant Patient history;
 - (9) Examination findings;

- (10) Information and stored images obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy, notwithstanding images that cannot be practicably stored;
- (11) Interpretation of (9) and (10), including differential diagnosis or diagnoses, if applicable;
- (12) Any information received as the result of a Consultation, including the date, name, and contact information of the consultant;
- (13) If a medical determination is made via telemedicine, a written statement about the digital information used to make the decision;
- (14) Treatments and intended treatment plan(s) or protocol;
- (15) Prognosis, if appropriate;
- (16) For prescribed and dispensed medication(s):
 - (i) Name, dosage, strength, dose, frequency, quantity, route of administration, and withdrawal time, if applicable;
 - (ii) Number of refills, if permitted;
 - (iii) Duration of treatment;
 - (iv) Directions for use; and
 - (v) Identity of prescribing Veterinarian
- (17) For Patients admitted to the Veterinary Facility:
 - (i) Dated progress of the Patient at least every 24 hours;
 - (ii) Time of administered treatments and procedures; and
 - (iii) A current and ongoing assessment of the Patient's condition;
- (18) For procedures:
 - (i) Description of surgery or procedure performed, including complications and interventions;
 - (ii) Identification of the Person(s) performing and assisting with the procedures;
 - (iii) Drugs administered including all information included in (16) and time of administration; and
 - (iv) Anesthesia or, sedation monitoring record, including identification of the Person performing the monitoring;

- (19) Documentation of Informed Consent by the Client or authorized representative;
- (20) Summary of medically relevant communications with the Client or authorized representative;
- (21) Any services or treatment recommendations declined by the Client or their authorized representative; and
- (22) Written follow up or discharge instructions, if appropriate.

Commentary

Section 2. Medical Records.

The AAVSB defines Patient as “any Animal(s) or group of Animals receiving veterinary care from a Veterinarian or Veterinary Technician.” The above requirements can apply to both groups of Animals, such as herds or colonies, or individual Patients, with the exception of (17) and (18). If a Patient requires either hospitalization or a procedure, that will eliminate it from the herd record and necessitates the creation of an individual Medical Record.

Member Boards may wish to provide exemptions for rabies-vaccination clinics, such as those authorized by departments of health, to alleviate the burden of a complete medical record.

Section 2(c)(2). Medical Records.

Medical transcribers, both human and artificial intelligence, are now being used in Veterinary Medicine. If an individual or software other than the Licensee assists in writing the Medical Record, that should be clearly noted as this information may be helpful in a disciplinary case.

Boards should consider their stance in a situation in which generative artificial intelligence is used to summarize an encounter to create a Medical Record, if that recording should be considered part of the Medical Record. The AAVSB opted not to require the Veterinary Facility to retain a recording for a specified amount of time, nor that it be considered a mandatory part of the Medical Record. The AAVSB has contemplated that the original recording be considered similarly to recordings of phone conversations, or notes that have been used to assist the Licensee in creating the Medical Record. In the event of an investigation, any available information may be used as evidence, including these recordings. It is always ultimately up to the Licensee to ensure that the final Medical Record is accurate.

Section 2(c)(19). Medical Records.

The AAVSB contemplated including a requirement for written documentation for Informed Consent prior to euthanasia, including an attestation of the Client that the Patient did not have a bite history for the prior 10 days. Ultimately, it was determined to leave this up to



individual Member Boards for two reasons: 1) in many cases, such as for telephonic consent for euthanasia, it is impractical to obtain written Informed Consent, and 2) the bite history attestation will likely be set by the jurisdiction's public health department and not the Board.

The AAVSB furthermore acknowledges that some Member Boards require written documentation of Informed Consent for surgical procedures; the AAVSB opted not to include this requirement. For all medical decisions, surgical or otherwise, Informed Consent must be obtained and documented as part of the Medical Record and according to Section 2(c)(19) without the specific requirement for surgical procedures.



Section 3. Prescriptions

(a) Written or transmitted prescriptions shall, at a minimum, include the following:

- (1) Name, address, and telephone number of the Veterinarian;
- (2) Name of the Client;
- (3) Identification of the Patient, including species;
- (4) Name, quantity, and strength of the drug;
- (5) Directions for use, including frequency, route of administration, and duration;
- (6) Warning statements, if applicable;
- (7) Withdrawal time, if applicable;
- (8) Date of issue and expiration date of the prescription;
- (9) Number of refills, if any;
- (10) Additional information as required by federal or Jurisdictional law; and
- (11) Signature and license number of the Veterinarian.

(b) When dispensing a medication, a label shall be created and attached to the medication container. The label shall include:

- (1) All information contained in (a)(1-10); and
- (2) Information pertaining to proper storage and handling.

Section 4. Medical Record Keeping: Creation, Maintenance, Release

- (a) If updating the Medical Record, the Licensee must clearly identify and date the amendment, and maintain the original content of the Medical Record.
- (b) The Veterinary Manager shall ensure that the originals of all Medical Records are maintained for a period of X years following the last Patient encounter. Medical Records shall be maintained at the Veterinary Facility, notwithstanding requirements set forth in Section 4(e)(2).
- (c) The Veterinary Manager shall ensure that record of payment is maintained for a period of X years following the last Patient encounter.
- (d) The Veterinary Manager shall ensure that copies of the Medical Record are provided in a timely manner upon reasonable request of a Client or authorized Person.
- (e) The Veterinary Manager shall ensure that the Client is provided with diagnostic imaging containing Patient identifying data, if such imaging is relevant to the request.
 - (1) For digital imaging, a copy may be provided if that copy preserves the quality of the original image and cannot be altered.
 - (2) Upon the Client's request, original film radiographs shall be sent directly to the requesting Veterinarian, Veterinary Facility, or Client with instructions for their return.
- (f) Medical Records must be readily available, safeguarded against loss, tampering, or use by unauthorized Persons, and contain sufficient information to permit another veterinarian to proceed with the care and treatment of the Patient by reading the Medical Record.
- (g) Upon closure of a Veterinary Facility for any reason, the Veterinary Facility Registrant shall make reasonable efforts to ensure the following:
 - (1) Notice to Clients of intended closure and information as to how to obtain Medical Records;
 - (2) Notice to the Board as to how the Medical Records will be managed and publish a formal notice to the public by electronic or print media indicating where the Medical Records can be accessed; and
 - (3) The Veterinary Facility shall:
 - a. Retain all Medical Records for X years after the last Patient visit, including deceased Patients, and allow the Clients reasonable and timely access to the Medical Records; or

b. Transfer all Medical Records to:

- i. A Veterinary Facility which assumes responsibility for the practice, including the Medical Records;
- ii. Another Veterinary Facility practicing in that locality that agrees to manage the Medical Records and provide access to the Clients; or
- iii. A secure storage area with a Person designated to manage the Medical Records and to provide the Clients with reasonable access to the Medical Records.

Commentary

Section 4. Medical Record Keeping: Creation, Maintenance, Release.

The AAVSB discussed at length whether or not to use the term “ownership” with regards to Medical Records, and to whom that ownership should be assigned. Not all Boards assign ownership, and amongst those that do, the owner can vary by the Veterinary Facility, the Veterinarian, and the Client. The AAVSB chose not to assign ownership of Medical Records. Rather, it was decided to address the root motivations for assigning ownership. These are to ensure that the Medical Records are provided when the Client requests them, that they are maintained for a certain amount of time (as determined by each jurisdiction), and that there is continued access to them if the Facility closes. As the hypothetical Board also regulates Veterinary Facilities, the AAVSB chose the Veterinary Facility's Veterinary Facility Registrant as the responsible party for maintaining Medical Records.

AAVSB PAM Section 401 (a)8 allows for grounds for discipline: “Failure to provide medical records, *financial information, or other documentation* in a timely fashion upon proper request by the Client, law enforcement, the Board, or other regulatory agency.” In the course of drafting this Model Regulation, the AAVSB added the italicized phrase to the PAM language to allow Boards to request record of payment, invoices, or estimates. While regulatory boards do not have jurisdiction over fees, most jurisdictions allow Boards to take disciplinary action against a Licensee who charges for services not rendered. Some jurisdictions also allow recovery of costs, and the AAVSB believes that this change would allow such action as well.

Section 4(d). Medical Record Keeping: Creation, Maintenance, Release.

The AAVSB opted to keep the language for “timely” as there are varying needs for a time limit based on a Patient’s medical condition, needs, and circumstances. Whether or not the “timely” requirement was met shall be determined by the Board on a case-by-case basis. In addition, it is common practice for a veterinarian to request records on behalf of a client. The AAVSB believes that this practice is permitted under this section because it is on that client’s request.



Section 4(g)(3). Medical Record Keeping: Creation, Maintenance, Release.

The number of years here indicated by “X years” should be the same as that jurisdiction’s medical record retention requirements.

One possible scenario is the sudden death of a solo practitioner who is the Veterinarian, owner of the Veterinary Facility, Veterinary Manager, and Veterinary Facility Registrant. This is difficult to regulate as the Board would not have authority over the heir, unless they are also a Licensee. Boards that regulate Veterinary Facilities may wish to require a contingency plan to provide for Medical Record transfer or storage in such an instance.



Section 5. Confidentiality

- (a) Medical Records and information acquired as part of a Consultation are confidential and shall not be released to or discussed with any Person other than the Client or Staff involved in the care or treatment of the Patient, without prior authorization of the Client.
- (b) The Veterinary Facility Registrant shall ensure compliance with Jurisdictional and federal data security and protection requirements.
- (c) A Medical Record and information acquired as part of a Consultation may be released without prior authorization of the Client under the following circumstances:
 - (1) Upon request of the Board or agent of the Board;
 - (2) For educational purposes, statistical and scientific research, if the information is redacted to protect the identity of the Patient and the Client;
 - (3) In response to a court order or subpoena;
 - (4) As compelled by a regulatory or public health authority;
 - (5) To verify the rabies vaccination status of the Patient to law enforcement or local health department;
 - (6) For the protection of a human, Animal, or for public health and welfare;
 - (7) As part of an Animal cruelty report or an abuse investigation by a law enforcement or appointed Animal welfare or governmental agency;
 - (8) When the Client cannot be reached to obtain authorization to release the records to another veterinarian or Licensee when providing Emergency Care;
 - (9) Access to the Medical Record as required by law;
 - (10) In the event of a closure or sale of a Veterinary Facility and the resulting transfer of Medical Records; or
 - (11) In case of death or disability of the Client, with the consent of a personal representative or other authorized Person.
- (d) A Veterinary Manager must ensure that any Person having access to the Medical Records, or anyone who participates in providing veterinary medical services or who is supervised by a Veterinarian is similarly bound to regard all information and communications as confidential in accordance with the section.

Commentary

Section 5. Confidentiality.

As paper records are transferred to electronic medical records, and artificial intelligence is integrated into medical record transcribing and creation, the issue of client confidentiality and data security is becoming more important. It would be erroneous for the Licensee,



319 Veterinary Facility, or the Board to assume that all commercially-available systems practice
320 adequate data security measures and have safeguards in place to prevent data breaches. In
321 addition, the intentional and contract-mandated release of data back to the software
322 company has been known to occur. For the AAVSB Member Boards that perform Veterinary
323 Facility inspection and registration, this process may be an ideal opportunity for the Board to
324 ensure that all Facilities are adhering to jurisdictional data security and confidentiality
325 requirements. All Boards may consider educating Licensees, Veterinary Facility Registrants,
326 and Facility Managers of such requirements within that Jurisdiction.

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328 For more information, please refer to the 2025 AAVSB white paper, “Regulatory Considerations
329 on the Use of Artificial Intelligence in Veterinary Medicine.”



Medical Recordkeeping Member Board Feedback and RPC Response

Line	Commenter	Feedback	RPC Response
Model Regulations – Medical Recordkeeping			
17	Ray Ramirez	While outlining what should be noted in the MR, something should be stated that these records are written for a fellow veterinary professional (not even CVT) to be able to follow. They do not need to be written so a lay person can follow.... not sure how to legalese wise, write such a phrasology. I have heard many colleagues commenting "now they want us to write in the records to clients can understand" and that is not what the record is for. Now if some corporations/ clinics are sending a copy with clients all time, that is different story, but what is required by law, seems it should be for veterinary medical professionals to follow, and that should be stated. With all the details, one can get the impression they are to write these MR for the public.	The RPC understands that many facilities use the medical record as part of their communication back to the client, and that may be the origin of this request. That being said, the RPC does not think a Board would have jurisdiction to require a specific tone of voice used to write medical records, only that it contains all required information. Thank you for the question and comment.
23	KBVE	Suggest adding additional definitions: 1) "Clinical encounter" means an interaction between a patient, client, and a healthcare provider for the purpose of providing healthcare services or assessing the health status of a patient and is the point at which decisions about diagnosis and treatment are made and during which care takes place.	1) Thank you for this definition. At this time, the phrase "clinical encounter" is not being used in this model regulation, but it will be saved for future use. 2) Thank you for this suggestion. In general, the RPC tries to avoid definitive statements like this to allow for maximum flexibility of the Board. Definitions that say "must include" run the risk of incompleteness if an item is not specifically listed. By requiring <i>any documentation</i> ,

		<p>(2) "Complete medical record" means the record contains sufficient information to:</p> <ul style="list-style-type: none"> (a) Identify the patient and the client; (b) Support the diagnosis or condition; (c) Justify the care, treatment, and services; (d) Provide options for spectrum of care, where appropriate; (e) Document the course and results of care, treatment, and services; and (f) Promote continuity of care among providers. 	<p>this allows the inclusion of all items and allows maximum flexibility of the Board in a disciplinary case.</p>
35	BOD	<p>Please consider adding the following to 2:</p> <p>Euthanasia consent must be documented. For dogs, cats and ferrets, this must include a declaration by the owner or agent that the animal has not bitten anyone in the past 10 days. For food animal populations, the responsible owner/caregiver may provide informed consent for multiple specified individuals within the population.</p> <p>Facilities providing referral services or emergency treatment must at the time of discharge provide discharge instructions in triplicate. Copies for: a. Facility medical record b. Client c. Primary care licensed veterinarian (delivered by electronic mail, facsimile, mail, courier or other appropriate means)</p> <p>Facilities providing referral services or emergency treatment must provide a written report to the primary care veterinarian in a timely fashion.</p>	<p>Thank you for this question. The RPC discussed written consent for euthanasia, including a bite history, at length and opted not to include it and created commentary explaining why.</p> <p>For referral paperwork, the RPC believes the spirit of this feedback is encompassed in Section 4.</p> <p>Section 4 requires that medical records are provided in a timely manner; what "timely" means will vary by the Patient needs and medical status.</p>

37	KBVE	<p>What about these circumstances? There should be exemption or other language:</p> <ul style="list-style-type: none"> - Relief vets - Who is responsible for records quality if the vet has no say in the software? - Rabies vaccine or wellness clinics or HVS/N operations where patients are seen in high volume? 	<p>Thank you for this comment.</p> <p>Relief vets: the RPC believes that relief veterinarians are responsible for ensuring they provide full and complete medical records, regardless of the available software.</p> <p>Rabies vaccine clinics: The RPC added commentary that Boards may wish to provide an exemption for DOH-run rabies clinics to alleviate the burden of a complete medical record.</p> <p>HVS/N: The RPC opted not to provide as exemption for these clinics but certainly respects an individual Board's decisions to do so.</p>
38	CVO	Consider replacing "computer generated" with "electronic to decrease specificity and increase agility	The RPC agrees, thank you.
39	BOD	Please consider adding more language relating to the different approaches used for herd vs individual health, such as: "Routine husbandry and preventive medical procedures (e.g., vaccinations and dewormings) performed on a group of animals may be recorded on herd-health-type records. However, individual treatment of an animal must be done in an entry specific to that animal. As long as all required information is readily available, records may be kept in any format convenient to the licensee/registrant."	Thank you for this comment, the RPC has addressed this concern in new language and in the commentary.
46	KBVE	When does a record need to be created? After every phone call or text from a client? Consider during only	Thank you for this question. To address it, the qualifier of "medically relevant" communications was added to (t).

		a "Clinical encounter" or when the treatment regime is changed.	
48	BOD	<p>Consider including:</p> <p>Alternate person(s) authorized to make medical decisions for the animal(s). Examples of alternate person(s) include spouse, co-owner, alternate caregiver, emergency contact or livestock manager.</p>	The RPC added "authorized representative," but in general tries to avoid providing examples in regulations as that may seem limited to only those entities named.
48	CVO	Email is a very common form of client communication and would be important to include. Please consider this: "Client information, including the name, address, and phone number, and email; "	The RPC agrees, thank you.
48	CVO	<p>Please consider adding as another point: "The name and contact information of an authorized representative to be contacted in the absence of the client."</p> <p>This is a suggested addition as many clients have other authorized representatives (spouses, children, trainers, boarders) who they may wish to have access to the medical records and/or ability to provide animal care directions.</p>	The RPC agrees, thank you.
48	Jessica Sieferman	May want to consider adding "and authorized representative, if applicable," since you reference authorized representative in other sections.	The RPC agrees, thank you.
58	CVO	Please consider changing to: "(2) Species, breed, age, sex, color, and distinctive markings, <u>and microchip/tattoo/ear-tag number</u> if applicable; "	The RPC agrees, thank you.

		Microchips/tattoos/ear tag numbers are common forms of animal identification. May also be beneficial to include the animal's weight.	
65	BOD	Can a Board have action against a Person or Veterinary Manager for any violation regarding the Medical Record? or just the Licensee? Section 2 (b) sounds open to any clinic staff member to create or update the Medical Record. Is this the correct understanding?	<p>The Board can take action against Veterinary Managers, as they are required to be Veterinarians licensed in that Jurisdiction per PAM definition. The Board can also take action against individuals engaging in unlicensed practice but that does not appear to be what this comment is contemplating. 2c(2) has been edited to include the use of transcribers creating a Medical Record and thus should remain open to unlicensed individuals.</p> <p>Regardless of the identity of the creator, the Licensee remains responsible for the final content, as indicated in (a). Thank you for these questions.</p>
71	CVO	May be beneficial to also include a summary of immunizations.	The RPC agrees, thank you.
77	KBVE	<p>Consider Inserting:</p> <ul style="list-style-type: none"> (#) Laboratory reports; (#) Any information received as the result of a consultation, including the date, name, and contact information of the consultant; (#) A reference notation of the existence of radiographs, sonographic images, video recordings, photographs, or other diagnostic imaging, with ready access to or copies of those images available. 	<p>Laboratory and radiographic / sonographic images are included in this list.</p> <p>Thank you for suggesting information from a consultation; that has been added.</p>
79	BOD	Please consider: "Medical records shall contain sufficient information entered into the history and physical examination findings to justify differential or tentative diagnoses, prognosis, diagnostic plan,	Thank you for this comment. The RPC carefully reviewed the subsections and determined that these elements are already present in the definition of Medical Record as "any....documentation that provides a current and

		treatment plan, current or final assessment and discharge instructions.”	accurate account of a Patient’s history and medical information” and specific lines of Section 2. The introductory paragraph of section 2 requires the Medical Record to be complete, so we believe this fulfills the BOD’s requirements.
85	KBVE	Consider inserting: (#) If a medical determination is made via telemedicine, a written statement about the digital information used to make the decision;	Thank you for this suggestion, the RPC agrees.
88	CVO	<p>Please consider changing to: “Treatments and intended treatment plan(s), including any medications or immunizations prescribed, administered, or dispensed including <u>the name</u>, dosage, strength, <u>dose</u>, frequency, quantity, route of administration, <u>name of prescribing Licensee</u>, and withdrawal times if applicable”</p> <p>Question – was the intention dosage or dose? Doses means the amount, while dosage includes frequency, amount, and the number of doses taken over a particular period of time.</p> <p>Question – Is name of prescribing licensee needed? (a) above says identity of licensees involved in the patient care.</p>	Thank you for this question, the RPC discussed this question and opted to include both dose and dosage as part of the medical record. We agree that the name of the prescribing licensee is redundant and it was removed.
113	BOD	Does this mean the time of any medication administered?	<p>Thank you for this question. This refers only to procedures. The RPC does believe that time of administration is important in those instances.</p> <p>This question triggered a discussion with the RPC and it was determined to also require a time of administration</p>

			for hospitalized patients as this may be clinically relevant in a disciplinary investigation.
115	BOD	What is minimum monitoring? Hard for those who work solo, large animal, and mobile practices to have the capability for full monitoring and extra staff help. Can the RPC clarify this please?	Thank you for this comment; the RPC discussed this at length and plans to incorporate minimum monitoring in the upcoming Minimum Standards of Practice Model Regulations and will leave this language as is. The RPC looks forward to receiving the BOD's comments on this model document when it is released for AAVSB Membership feedback.
118	BOD	Consider adding: 2(o) Medical records shall document that informed consent has been obtained (written or verbal) for veterinary procedures. As part of informed consent, the potential benefits, risks and recommendations are communicated. Informed consent may be provided by the owner or responsible party for a patient that is an individual or consists of a population of animals.	Thank you for this comment. The RPC refers the BOD to the definition of Informed Consent in the PAM, Section 104, which incorporates the concerns above.
124	KBVE	Consider "spectrum of care options" // Options offered to the client, and treatment plan agreed upon with client;	Thank you for this question. A discussion of options and treatment plan is included in the definition of Informed Consent in the PAM, section 104. While the AAVSB actively advances the idea of the Spectrum of Care, or contextualized care, the elements of it are already included in the required list. While Spectrum of Care / contextualized care is a useful idea to discuss with Licensees, the RPC does not believe that it is necessary to specifically name it in regulation.
127	KBVE	Add "in writing" to the discharge instructions. Clients, especially following surgery on their beloved pet, do not hear complete instructions. Human	Thank you for this suggestion; the RPC agrees.

		medical doctors provide instructions both verbally and in writing.	
128	KBVE	Considering adding: (s) A person shall not: (1) Intentionally create a false record; (2) Make a false statement; or (3) Alter or modify any medical record, document, or report concerning treatment of a patient.	Thank you for this question. The RPC refers the KBVE to section 401(a) Grounds for Discipline, subsection 12. In addition, the RPC recognizes that occasionally Medical Records must be altered, but require that the amendment be clearly noted in that MR when this happens.
128	KBVE	<p>Consider inserting new Section 2 and Section 3:</p> <p>Section 2. Veterinary medical records shall be:</p> <p>(1) Safeguarded against loss, tampering, or use by unauthorized persons;</p> <p>(2) Be readily available to the veterinarian, other veterinarians at the same practice, employees of the veterinarian, and other authorized persons;</p> <p>(3) Contain sufficient information to permit any veterinarian to proceed with the care and treatment of the patient by reading the medical record; and</p> <p>(4) Be completed no more than forty-eight (48) hours following the clinical encounter.</p> <p>Section 3. Maintenance of Records.</p> <p>(1) Medical records shall be maintained in accordance with PAM Article V.</p> <p>(2) Cessation from practice, either temporarily or permanently, shall not relieve the practitioner from compliance with this section.</p>	<p>The RPC thanks you for noting that the information in 1-3 was missing; it has been added back in. We are hesitant to require a completion date because Medical Records may not be completed for an unknown period of time, depending on the format or type of practice, moving written notes into electronic form for example, and the definition of “completed” is subject to interpretation.</p> <p>Regarding the new section 3 proposed language, we reviewed the current language and conclude that the requirements noted here are addressed elsewhere. Regarding point #4, the PAM requires that records are available to the Board and thus the Board should not be charged.</p>

		<p>(3) Records stored by a third party shall not relieve the veterinarian or AAHP from the responsibility of supplying records to the client upon request.</p> <p>(4) There shall not be a charge for records to the board during a board investigation.</p>	
128	KBVE	Consider: How quickly do the records have to be completed?	The KBVE asked this question in the above comment. Please see our response.
164	BOD	Please clarify if this is relating to the actual written prescription or a record of the information contained w/in the prescription? The BOD is interpreting that this is relating to the information within the Rx but would like that clarified.	Thank you for this question. This is relating to documentation of the prescription, not the label.
164	Jessica Siefertman	Written Prescriptions are typically not considered part of the Medical Record and isn't included in the definition. The statute (Section 501) does not appear to extend authority to prescription requirements.	Thank you for this question. The RPC has reviewed the current definition of Medical Record. The RPC interprets "a current and accurate account of a Patient's history and medical information" to include prescription information.
169	CVO	Require the address of the Client as well?	The RPC discussed this question and noted that in most jurisdictions, the client's address does not need to be noted. However, Section 3(a)(11) does allow for additional information as required by federal or Jurisdictional regulation. Our Member Boards are welcome to add or edit language to meet the specific requirements of that jurisdiction. Thank you for this question.
173	CVO	Change "cautionary" to "warning"	The RPC agrees, thank you.
176	CVO	Consider adding "if any": "(9) Number of refills (if any)"	The RPC agrees, thank you.
187	BOD	Who holds the legal responsibility/ownership for the Medical Record? We see where person, Licensee, and	Thank you for this question; it was an item that the RPC spent a considerable amount of time discussing. We have

		Veterinary Manager are all named in this model in regard to the managing and upkeep of the record. Can RPC clarify this confusion?	added in commentary at the end of Section 4 relaying the RPC's reasoning and approach towards medical record ownership.
193	CVO	Is the AAVSB seeking input on the number of years here?	Thank you for this question and we apologize for the confusion. The RPC inserts "X" in the model documents when it wishes to include a time requirement, but believes that specific time frame should be left up to the Board to determine.
197	BOD	<p>Please consider adding in, or replacing this language with "record of payment" or "payment history."</p> <p>As there are varying abilities for the Board to review this information across jurisdictions, please provide commentary on the RPC's decision to do so.</p>	Thank you for this comment and request for commentary. We have added commentary and will add language to the PAM Article IV that allows our hypothetical Board to request this information.
200	BOD	Can the RPC consider that "timely manner" and "reasonable request" seems too broad of terms and opens the licensee up to more scrutiny by clients to submit complaints about standard of care? In addition, "timely" may make more sense in statute whereas regulation needs to be more specific. Would the RPC consider perhaps replacing this with the standard "X days / weeks / months" instead of timely? "Should it be clarified that this needs to be a written request?	<p>Thank you for this question; the RPC noted that this was a common question asked in the feedback and discussed this at length. Ultimately, it was decided not to put a specific timeline due to variation in what may be appropriate or necessary based on each's patient's situation. For example, "timely" may mean something different in an emergency vs a routine medical record. If there was a public complaint, not having a specific time period would allow the Board to determine on a case-by-case basis whether or not a Licensee used their best professional judgement in supplying a Medical Record within a time period that was best for the Patient.</p> <p>Regarding requiring a written request, the RPC discussed this and determined not to add this additional burden to the Client.</p>

200	RPC	<p>Consider changing to: “(d) The Veterinary Manager shall ensure that copies of the Medical Record are provided in a timely manner upon reasonable request of a Client or authorized representative <u>or veterinarian</u>”</p> <p>Other veterinarians may request records on behalf of their clients.</p>	<p>Thank you for this comment, the RPC discussed this at length and considered that a veterinarian requesting records on behalf of a new client could be included under “reasonable request of a Client or authorized representative.”</p>
200	KBVE	<p>Recommend specifying a number of days to provide records, ex: seven (7) days or five (5) business days. Consider timeline for response in the event of a medical emergency for the patient, 24 hours?</p>	<p>This was also suggested by a prior commenter and was discussed. Please see the RPC’s response to this comment above. Thank you for your thoughts.</p>
217	BOD	<p>We wonder if this is too open ended. The licensee manager often is not the owner of the facility and may not have any control over the records upon closure. Perhaps require a notification to clients of the closure and how they can obtain copies of the records within a certain timeframe.</p>	<p>Thank you for this comment. The RPC agrees that it should be the Veterinary Facility Registrant and not the Veterinary Manager that is the responsible party. We have made the other changes suggested in this comment.</p>
217	KBVE	<p>What safe guards on client records upon death of the practitioner, especially the solo practitioner?</p>	<p>Thank you for this question. The RPC agrees that this is a difficult scenario to regulate because the Board does not have authority over heirs of a solo practitioner. This may be an instance where Boards may wish to perform education and outreach to their licensees, to encourage the development of a plan in the instance of their passing. The RPC is developing Facility Standards and will contemplate requiring Veterinary Facilities to have a plan for such an instance. The RPC looks forward to receiving KBVE feedback when this document is released for AAVSB Membership commentary.</p>

217	Ray Ramirez	Is there any way to put in language in regulation or statute to give the Board "teeth" over this requirement? if the vet has retired, then the board wouldn't have regulation over them.	RPC agrees that this is a difficult problem to solve. The RPC is developing Facility Standards, and will contemplate requiring Veterinary Facilities to have a plan for such an instance. We look forward to your review and suggestions to that document when it is put forward for Membership feedback, to see if we reached the end goal.
217	CVO	Should this have a time-limit? Example for two years after the permanent closure of the facility. Otherwise, it reads as indefinite.	We agree and are suggesting this time frame be the same as the record retention time as above. This is designated by X in the language, but the RPC added the suggestion that the two be the same length in commentary. Thank you for this comment, so that this could be clarified.
277	Ray Ramirez	All seems very logical and what many have strived to do. How do we as a model board help enforcement when so many of the Software now, as part of their ongoing 'help' agreement, require access to this client data? I realize beyond our scope per se, but having some guidance from a national organization may be helpful.	Thank you for this question. Ultimately, it is up to each Board to decide if using software with such an agreement is a violation of that specific jurisdiction's data security laws, and enforce those laws. This enforcement could be part of the facility inspection, if such a requirement exists in that jurisdiction. We have included a discussion on this topic in the commentary.
277	KBVE	Veterinary students also require access to medical records.	This is true. The RPC drafted a definition of Staff to be added to the PAM, to include students. Thank you for bringing this to our attention.
280	CVO	Would "released" be a better word?	The RPC agrees, thank you.
287	KBVE	Add (#) to report zoonotic or reportable diseases in accordance with state and federal law.	Thank you for this question. The RPC reviewed the drafted language and believes that this is included in (4).
291	CVO	Question: what does this mean? Does it mean a veterinarian at another clinic? This seems like it should require client consent.	Thank you for your comment, this was for scientific research purposes. One example is that this would allow data review to be performed on large subsets of Patient data without requiring Client consent, as long as that data does not contain PII or other identifiable information.

295	KBVE	Must limit verification of vaccination status of a patient is to only provided to law enforcement or local health departments, otherwise other clients or the public will call veterinary facilities to demand this information for patients.	Thank you, the RPC agrees.
300	CVO	Question: is there a reason this is only in emergencies? Is client consent needed in all other circumstances?	Yes, the RPC wrote the model language intending that client consent is needed in all other circumstances except for those lists in Section 5 (b). Thank you for the question.
312	KBVE	Add Section 6. Rabies Clinics. (1) During each public rabies vaccination clinic held, copies of medical records shall be retained for each patient clinical encounter beyond the rabies vaccination. (2) For rabies vaccinations only, a copy of the rabies certificate satisfies the requirement of this section.	This exception is not found in all jurisdictions. The RPC welcomes each Member Board to modify these model regulations as needed per the unique situation of that jurisdiction.