

	THIS POLICY APPLIES TO: <input type="checkbox"/> ALL <input checked="" type="checkbox"/> Clinic & Ancillary <input type="checkbox"/> Administration <input type="checkbox"/> FQHC-LA Clinics <input type="checkbox"/> Finance <input type="checkbox"/> IT <input type="checkbox"/> Family Planning <input type="checkbox"/> HCQS <input type="checkbox"/> Pharmacy <input type="checkbox"/> Human Resources <input type="checkbox"/> Public Health/WIC <input type="checkbox"/> Safety
POLICY TITLE/NUMBER: Screening for Domestic Violence/Intimate Partner Violence	DATE WRITTEN OR LAST REVISED/BY:
APPROVED BY/DATE:	

POLICY:

Screening to identify patients, twelve years and older, that may be at risk for Domestic Violence and/or Intimate Partner Violence. The purpose is to provide intervention and resources to at risk individuals.

PROCEDURE:

1. At every Provider visit, the MA/CHW will provide screening questions to the patient.
2. The MA/CHW will review answers.
3. If there are any yes answers the MA/CHW will query the patient to determine if it is a current or past situation.
4. The MA/CHW will notify the provider of any yes answers that are current.
5. For any situations that are identified as current, the provider will discuss interventions with the patient and provide resources as appropriate.
6. Patients that are requiring a Haven referral:
 - The Provider will order the referral
 - The MA/CHW will fill out the referral form and fax it to the Haven
 - The MA/CHW will also call the Haven to notify them of the referral.
 - Log all referrals in the designated binder