



*Mangum Regional Medical Center*

**Annual Policy/Plan and Procedure Review**

**HEALTH INFORMATION MANAGEMENT POLICIES**

The polices and/or plans and procedures of Mangum Regional Medical Center have been reviewed and are approved for use. Decisions to adopt these guidelines are made by the practitioner based on available resources and by circumstances presented by individual patients. The recommendations in the guideline may not be appropriate for use in all circumstances.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Department Manager Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Quality Manager Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Hospital Administrator Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Medical Director Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Governing Board Member Date