

[Official Institution Logo]



## Ongoing Patient Education and Distribution of Patient Education Materials

**Date Effective:** MM/DD/YYYY

**Type of Policy:** Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

In this document, please list the education materials that are typically distributed at your institution to the ACHD patients and their families. Provide details on how these materials are distributed such as who hands them out, when are they distributed to the patients, and any other details you see as important.

Please note, this is not a formal policy as with the other documents. The most important pieces of information to include are the specific education materials distributed to patients and their families. As long as the required information is included, it can be in any format that is most convenient for you.

### Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD

### Helpful Tips

Please upload any documentation or examples of the above policy to the “additional files” section of your application.

**Section J: Outpatient Services.** These documents should be labeled with “**J11**” only in the title so that each policy/plan can be easily identified.