



Texas Tech University Health Sciences Center El Paso Ambulatory Clinic Policy

Policy: Scribes in the Clinic Setting	Policy #: EP 5.19
Effective Date:	Last Revision Date: 06/2025
References: CMS Publication 100-08 Transmittal 713 dated May 5, 2017	
TTUHSC El Paso Ambulatory Clinic Policies and Procedures Website: https://ttuhscep.edu/opp/default.aspx	

Policy Statement:

It is the policy of the Texas Tech Physicians (TTP-EP) to define the use of scribes in a clinical setting and to provide a framework for proper documentation of clinical services when a physician or other practitioner (collectively referred to as “provider”) has elected to, and been authorized to utilize the services of a medical scribe.

Scribes must be certified by the AAPC (or other acceptable certifying organizations to be determined) prior to performing duties as a scribe.

Mas may perform scribe duties if the following are met:

1. The individual has successfully obtained scribe certification, and
2. The individual has been promoted to MA/Scribe. (A position description (PD) and pay structure may be developed for this new role).

Scope:

This policy applies and will be distributed to all TTP-EP ambulatory clinics

Procedure:

1. A scribe is a documentation assistant that records in “real time,” facts, data and events that occur between a patient and a provider. The scribe enters information into the electronic medical record (EMR) or chart at the direction of the provider. An individual acting as a scribe shall not, in any manner, correct, interpret, clarify or otherwise enter anything other than the exact wording or directions of the provider, or patient/guardian. The provider is ultimately responsible for all documentation and must verify that the scribed note accurately reflects the service provided. Documentation of scribed services must clearly include the following:
 - a) the name of the scribe and legible signature;
 - b) the name of the provider rendering the service;
 - c) the name of the patient for whom the service was provided;
2. The person as a scribe must make a third-party person reference in the documentation that indicates that they are scribing while the billing provider is performing the



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service and authenticate the note with their name and discipline. Notes scribed by a person other than a student must begin with the following:

- a) “I, _____, am scribing for and in the presence of, Dr. _____.”
3. The physician or non-physician practitioner (NPP) performing the service must review the information as it is scribed and notate his/her review of the information. The physician or NPP may add supplemental information if needed, then sign and date the information.
- a) “I, Dr. _____, personally performed the services described in this documentation, as scribed by _____ in the presence, and is both accurate and complete.”
 - b) The provider notes should include the following:
 - i. confirmation that the provider was present during the time the encounter was recorded;
 - ii. verification that the information was reviewed.; verification of the accuracy of the information;
 - iii. any additional information needed;
 - iv. authentication including date and time
 - c) Non-eligible Scribes.
 - i. Residents and medical students are prohibited from performing scribe services.
 - ii. Advanced Practice Providers with billing privileges that have a provider ID through TTP-EP are prohibited from performing scribed services.
4. Any documentation done as a scribe must be done under scribe or MA/scribe log in credentials.
5. The provider must append a note which contains the following:
- a) “The above service was scribed by (scribes name) on my behalf and I attest to the accuracy of the note. Signed by provider”, or



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- b) “I performed the above scribed services and the documentation accurately describes the services I performed. Signed by provider”.
6. A scribe can prepare patient instructions, letters, orders and referrals for provider review and signature only when the EHR ensures that these elements are inactive and cannot be printed or transmitted until directly reviewed and signed by the responsible provider.
7. Approval Process
- a) Departmental Chairs must maintain an up-to-date list of which providers are authorized to use the services of a scribe.
 - b) Departmental Chairs must maintain an up-to-date list individuals authorized to serve as scribes, and verify that each individual has a “scribe” user profile set up in EMR.
 - c) Both providers using scribes and persons acting as scribes must sign an acknowledgement of receipt and understanding of this policy prior to beginning use of scribes/beginning to scribe.

Review Date:

Revision Date: 10/2019, 06/2025