	EHR and Inventory Usage Policy	REVIEWED/REVISED: CREATED: 1/2020 REVIEWED AND REVISED: 11/2022
Portrait Office and Concierge Locations	Registered Nurse, Nurse Practitioner and Physician Assistants	Medical Director: Dr. Patrick Blake, MD

I. Purpose

The following policy and procedure has been developed to ensure that all providers and staff at Portrait maintain appropriate documentation of all treatments provided at Portrait in the patient's electronic health record (EHR). Inventory usage and EHR documentation are highly intertwined at Portrait; this system is designed to ensure that patients are only treated under the appropriate conditions by the appropriately credentialed providers. It also helps to ensure that safe, unexpired products are administered to patients.

Note: For broader scope of clinical practice at Portrait, please refer to Policies & Procedures *Section 1. General Guidelines*

II. Definition


For the purposes of this policy, the EHR is defined to include the patient's chart and exhaustive health record with Portrait. This is to include the key administrative clinical data relevant to each person's care.

Inventory usage is a reconciliation of products used through portrait, including controlled substances, that are in the possession of the Portrait-affiliated clinician.

III. Policy

1. Workflow

- a. The vast majority of patient information should be available at least 24 hours prior to the patient's scheduled visit, except in the case of an aesthetic event.
- b. Providers are to check their calendar on each day they treat patients and review the visits for the upcoming week.
- c. For RNs, in the event that visits show with no GFE on file (red background), an expired GFE on file (orange background), or an incomplete registration (gray background), it is the responsibility of the RN to
 - i. Open the patient chart and investigate why the patient has not had a GFE completed (typically this can be assessed by reviewing the patient messages, where a question or request for new photos has gone unanswered).
 - ii. Either directly reach out to the patient in question or request that a PCC reach out to the patient until the registration is complete.
- d. In following the above steps, Portrait is able to decrease urgent good faith exams and enhance patient safety and patient understanding of pre-care instructions.
- e. Note that "Urgent" clearances may incur a \$30 fee which is assessed on the requesting provider, but would likely be billed by the provider directly through to the patient
- f. Charting – this is to include demographics, problems, medications, and interventions, as well as relevant medical history. The following outlines expectations of the clinician's charting
 - A. All patients will have a photo taken of their face at time of visit.
 - B. Ensure appropriate pretreatment photos are taken and uploaded. These photos include all areas that will be treated, with appropriate lighting, distance, and focus. Neurotoxin photos should show animation, for example. Standing and sitting photos would be appropriate for sclerotherapy. Any photos taken outside of the EHR should be deleted or moved to an encrypted folder with specific permission.

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- C. Review and accept any Sticky Notes or Medical Acknowledgments placed on the chart by the clinician performing the patient's GFE
- D. Thoroughly review the GFE "cleared" and "uncleared" services
- E. Carefully review the patient's relevant medical history and historical photos
- F. Deliver thorough verbal consent and provide patient time to read consent. Answer any questions. Patients must sign consent before any treatment is rendered.
- G. Document all procedures provided to patients, including amount of product used (if applicable) and sites injected/treated (if applicable)

Inventory – there will be an ongoing reconciliation of the products in the possession of the Portrait clinician providing care to patients

- A. Annotations for each product made (or written documentation of product placement made)
- B. Ensure that the amount of product used is in line with standard dosing (as per Portrait's Policies and Procedures)
- C. All pharmaceutical inventory should be secured (locked) when the provider is not on site. Any lost/stolen inventory must be reported immediately. The provider is responsible for any inventory loss.
 - a. In a concierge setting, be mindful of increased risk of inventory loss.

IV. Evaluation


Evaluation of adherence to these policies for each Portrait provider will be reviewed by a qualified Physician, NP or PA

- 1. Initially and at the Medical Director's discretion.
- 2. Charts will be reviewed by the Medical Director on a weekly basis for new providers, and then monthly.
- 3. Portrait provider re-evaluation will be performed at the discretion of the Medical Director.

V. Inventory Receipt, Storage, Reconciliation, and Usage

Inventory shall be stored as per manufacturer guidelines at all times. Each Portrait provider is responsible for maintaining the integrity of the inventory in their possession.

- 1. At the time of product receipt, provider will either 1) tag product with QR-code or 2) accept inventory transfer in the EHR, as appropriate
- 2. Complete inventory reconciliation monthly as requested. Providers are to alert the inventory manager at inventory@portraitspa.com or via message when their cataloged inventory is less than 90 days from expiration and follow subsequent instructions so that inventory may be transferred to a different location.
 - a. At the same time, the Provider is to check their ancillary supplies for missing or expired pharmaceutical products or other products in their "crash kit" and alert inventory@portraitspa.com to any missing or expired product, which will be replaced.
- 3. Portrait has a goal of zero product waste, but allows for up to 3% of neurotoxin to be "lost" as spillage from the product administration process.
- 4. Neurotoxin dilution must be documented on the vial or elsewhere in writing. Dating the reconstitution is not necessary because it is captured in the EHR by default.
- 5. **Inventory that is lost, expired, or otherwise unusable will be deducted from that Provider's pay at a rate of 50% less than the regular Portrait retail charge.** Typically, damaged inventory will be replaced by

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the supplier if Portrait is able to promptly notify the supplier, hence, the Provider must notify Portrait within 24 hours after observing damaged inventory.

VI. Record Keeping

All patient interactions are documented within the patient's medical record. All Portrait providers providing care are responsible for maintaining complete, accurate, and timely records

1. The prescribing practitioner will document patient assessment and standing orders in the chart.
 - A. Assessment and standing orders for the same type of treatment will be valid for one year
 - i. unless there has been a change in the patient's medical history requiring medical intervention and oversight
 - B. The treating clinician will document the patient's specific procedure in the patient chart, and this is to include (at a minimum):
 - i. informed consent including risks, benefits and potential adverse events
 - ii. number of treatments
 - iii. treatment sites (including number/areas of injections)
 - iv. dosage, lot number and expiration number of medication administered (which should typically pre-populate at time of inventory scan for the practitioner's convenience).
 - C. Other documentation may be included at the treating practitioner's discretion in accordance with professional standards. Examples include
 - i. phone calls or Tiger messages of medical significance
 - ii. progress notes explaining communication regarding patient with PCC
 - iii. verification that a patient's medical history has not changed (but they have failed to acknowledge in their annual intake)
 - D. Note that the templates introduced into the EHR are for ease of use and are not intended to serve as complete documentation of the visit; the chart notes are to reflect the individual, unique visit that transpired.
 - E. **The service visit chart note will be closed within 96 hours after the service is rendered, though the treating practitioner should attempt to close charts sooner when feasible.**

THIS POLICY BECOMES EFFECTIVE IMMEDIATELY UPON SIGNATURE BELOW


Medical Director Signature

Date

I. Purpose

The inventory system is designed to ensure that patients are only treated with safe, unexpired products.

II. Definition

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Inventory usage is a reconciliation of products used through Portrait, including controlled substances, that are in the possession of the Portrait-affiliated clinician. The following applies to providers who are part of the PortraitLegacy model.

III. Policy


Inventory – there will be an ongoing reconciliation of the products in the possession of the Portrait Provider providing care to patients

- A. Annotations for each product made (or written documentation of product placement made)
- B. Ensure that the amount of product used is in line with standard dosing (as per Portrait’s Policies and Procedures)
- C. Product that requires refrigeration must be stored refrigerated, and sterile product must be maintained sterile.
- D. All pharmaceutical inventory should be secured (locked) when the provider is not on site. Any lost/stolen inventory must be reported immediately. The provider is responsible for any inventory loss.
 - a. In a concierge setting, be mindful of increased risk of inventory loss.

IV. Inventory Receipt, Storage, Reconciliation, and Usage

Inventory shall be stored as per manufacturer guidelines at all times. Each Portrait provider is responsible for maintaining the integrity of the inventory in their possession.

1. Providers request/order products through standard ordering protocol and are subsequently financially responsible for any product that they have ordered.
2. At the time of product receipt, provider will either 1) tag product with QR-code or 2) accept inventory transfer in the EHR, as appropriate
3. Supply receipts must be signed by the Provider within 48 hours after product delivery.
4. On delivery dates, the Provider must arrange for someone to sign for the package between 8:45am and 10:30am local time.
 - a. If the package is not delivered by 10:30am, it is the Provider's responsibility to contact the inventory team by submitting a ticket so that they can follow up with the delivery company.
5. Monthly inventory reconciliation must be completed promptly. Portrait Legacy providers will not receive their Revenue Earnings for the preceding month until a reconciliation report has been completed for that month and all supply receipts have been signed.
6. Once a product has been ordered by a provider, it is exclusively their responsibility. Under special circumstances, Portrait may allow, at its own discretion, a provider to transfer their product to a different location or return the product back to Portrait. However, this is under special circumstances as determined by Portrait on a case-by-case basis only.
7. Provider is to check their ancillary supplies for missing or expired pharmaceutical products or other products in their “crash kit” and alert the inventory team by submitting a ticket to any missing or expired product, which will be replaced.
8. Portrait has a goal of zero product waste, but allows for up to 5% of neurotoxin to be “lost” as spillage from the product administration process. Additionally, any loss of Hyaluronidase is considered exempt from product waste calculations.

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9. Neurotoxin dilution must be documented on the vial or elsewhere in writing. Dating the reconstitution is not necessary because it is captured in the EHR by default. Providers are able to set a time period prior to expiry resulting from reconstitution.
10. Other sterile products must have an opening date written on them and once expired, will be considered waste.
11. **Inventory that is lost, expired, or otherwise unusable will be charged to the provider at a rate of 50% of Portrait's floor price.** In the event that a provider is no longer exclusively practicing aesthetic medicine with Portrait, they terminate their contract with Portrait, or Portrait terminates its contract with the provider, all inventory is classified as lost and the provider is charged at a rate of 50% of Portrait's floor price. All charges will be deducted from subsequent revenue earnings, and in the event that a negative balance is created, must be paid within 10 days.
12. In the event that inventory is damaged, Provider must notify Portrait within 24 hours after observing damaged inventory, to provide the best possible chance of replacement by the pharmaceutical company and avoidance of the charge to the provider.