



Writing Health Case Notes: Recommendations for Service Providers

This information guide, created by Switchboard in partnership with the Society of Refugee Healthcare Providers, builds on Switchboard’s guide [Creating High-Quality Case Management Documentation](#). You will learn the difference between health case notes and case management notes, the elements of a health case note, and storage and privacy considerations. Note that this guide addresses case notes written by health case managers, not medical or mental health clinicians.

What’s the Difference? Health Case Management versus Case Management

Health case management, also referred to as medical case management, is a service offered throughout a range of industries. In the health care field, medical case management may be offered at hospitals and clinics. This role is usually a highly regulated position that requires a medical or clinical background.

In refugee resettlement, a **health case manager (HCM)** can be a service provider who offers case management services related to navigation of the U.S. health care system. The service provider often

does not have a clinical (medical) background but ideally has

social work and/or health (such as [public health](#)) training and experience.

Health case management goes beyond basic required health access services typical for an initial case management period. For example, Reception & Placement (R&P) services for refugees require referrals for an initial health screening and application for public benefits such as Medicaid. These are considered core services each client should receive. Health case management, however, extends further—**its goal is to ensure clients**

become self-sufficient in navigating the U.S. health care system to address their own and their families' health needs.

In general, health case management includes:

- Providing education about the U.S. health care system and important health topics
- Helping clients navigate the U.S. health care system, overcome challenges, and link to necessary services, both within and external to health care
- Coaching clients to be their own patient advocates and build their health care navigation skills
- Serving as a liaison between clients and different actors within the health care system

For some organizations, depending on funding, health case management may fall under the Office of Refugee Resettlement (ORR)'s [Preferred Communities program](#) and may also be referred to as intensive case management.

The exact scope and job responsibilities of resettlement service providers acting as health case managers (HCMs) will depend on the program, organization, and funder requirements. It is important to follow the most recent program guidelines.

**Two Levels of Health Case Notes:
General and Sensitive**

Service providers typically maintain two different levels of health case notes: general and sensitive.

General Health Case Notes

General health case notes provide minimal details about health-related meetings or appointments. They **omit details tied to sensitive, protected health information**. Health case managers should avoid naming health care providers or their specialties and the types of procedures or referrals given during appointments. Additionally, they should never list diagnoses, treatments, or medications.

General health case notes do, however, **record information that will be important for the client's other case managers to know** (e.g., the date and time of the next health care appointment). These case notes can also include when the client was

enrolled with or changed their health insurance, established care with a primary care provider, or completed the domestic medical exam.

Sample General Health Case Note

Name: Fulana Al-Fulani

Language: Arabic

Interpreter: Fatima, in-person

Date of appointment: 5 August 2025

Start and stop time: 12:00 – 2:30 p.m.

Place of appointment: Health appointment

Reason for appointment: Consultation with health care provider

Summary of appointment: Health case manager (HCM) accompanied client to her health care appointment at client's request. Client may require extensive health care follow-up. Following the visit, client reported receiving a medical bill for a previous health care appointment with a different provider.

Plan for next steps: HCM to accompany client to follow-up appointment on August 18 @ 1:30pm. HCM to schedule meeting with client to call insurance company together to investigate why client was sent a medical bill.

Health case manager name: Jane Doe

Sensitive Health Case Notes

Sensitive health case notes provide more details about health-related meetings or appointments. They may **include details about the client's health diagnosis, health care provider's name, procedures or surgeries, referrals to specialists, medications, and recommended course of treatment and/or therapy**. If the case manager is unavailable, leaves the organization, or needs guidance from their supervisor, the appropriate people with permission can access the information

and assist the client as needed. All health case notes **must be stored safely and confidentially following best practices for data protection of protected health information, relevant state privacy laws and organizational policies, along with any funder requirements**; access to these case notes must be severely restricted. Organizations should consult with their management and legal teams regarding data protection policy for health case notes to determine if their organization is considered a HIPAA "covered entity" or "business associate" that requires HIPAA compliance. Even if organizations do not meet the legal definition for HIPAA entities, the utmost care must be taken to protect health case notes and to ensure compliance with relevant state laws, and funder/organizational requirements.

Writing Sensitive Health Case Notes

What to Include

Just as with case notes for general case management, the "6Ws" are a helpful guide for creating sensitive health case notes:

- **Who** was present in the meeting or health appointment? Include the client, case worker, interpreter (specifying whether they were in-person, telephonic, or video and who provided the interpreter, e.g., the hospital, the health insurance company), and health care provider(s) if applicable. Include any additional persons, such as family members, health care staff, hospital social workers, or community health workers/navigators. **If the health case manager is present during a health care appointment, document in the case note that the client requested or gave permission for the HCM to be present for the appointment. HCMs should not assume they can be present for client's health care appointments.**
- **What** happened in the meeting or health appointment? Include all important details in chronological order. If it was a health appointment, include details about the health care provider's diagnosis of the client (including diseases or conditions), medicines prescribed for specific conditions, procedures/surgeries or

treatments ordered or completed, and referrals provided, if any.

- **When** did the meeting or health appointment take place? Include date and beginning and end times, listed precisely.
- **Where** did the meeting or health appointment take place, such as in the case manager's office, at the client's home, or at a health clinic or hospital?
- **Why** did the meeting or health appointment occur? Was it a scheduled check-in or health care appointment, or an unscheduled meeting or clinic visit to discuss an urgent need? Include whether it is the first/initial appointment or a follow-up appointment, urgent care or emergency room, and the reason for the visit.
- **What next?** What steps are the case manager and client (or client and health care provider) planning? When will they meet next? Is follow-up needed, such as scheduling a specialist appointment, completing a procedure, obtaining test results, or calling the insurance company? Who will be doing these action items—the client, the case manager, and/or the health care provider? If the dates for the next appointments have been scheduled, list this information (including time, location and provider name) in the case note.

Document all phone, text, or email communications with a client, as well as times when a client is a "no-show" to a scheduled appointment. These notes can be brief and may not contain all 6Ws.

Many clients with complex (requiring significant health care) medical or mental health conditions have granted their health case manager **written permission to assist with health care access and navigation**. This may include the case manager calling the health insurance company or health care provider on the client's behalf to resolve a billing issue or schedule an appointment. It is also important to **document these types of communications that the case manager has on behalf of the client** in the health case notes.

The "5Cs" for general case notes also provide further guidelines for health case notes:

- **Comprehensive.** As the primary way for someone other than the health case manager to follow a client’s health case management history, health case notes should include all relevant information regarding the client’s key health needs, what health-related tasks have been accomplished, and what remains to be accomplished.
- **Chronological.** Health case notes should reflect a flow of activity from first to most recent contact.
- **Consistent.** Information included in case notes, such as dates, should be consistent with information in other documentation, such as intake forms or health appointment sheets.
- **Confidential.** Health case notes must be kept confidential, except in cases where a client has completed a release of information (ROI) form granting the agency permission to disclose certain personal information. Within an agency, it is also important to maintain confidentiality across programs by limiting health case note access to relevant staff only.
- **Case management.** Health case notes should demonstrate how the health case manager has proactively managed a case, reflect goals and barriers, and describe progress or state why progress was not made as it relates to the client’s health and health care navigation.

What Not to Include

Avoid opinions or commentary, emotional reactions, value judgments, and tangential or unrelated information. Keep reports brief, accurate, objective, and neutral. Stick to the facts. To combat uncertainty, consider how the client would feel if they read the note. Would they agree with the accounting of what happened? Would they feel respected by the case note’s description of them? Quoting a client’s direct language can help avoid inserting emotional reactions or value judgments into reports of conversations.

Sample Sensitive Health Case Note

Name: Fulana Al-Fulani

Language: Arabic

Interpreter: Fatima, in-person (provided by hospital)

Date of appointment: 5 August 2025

Start and stop time: 12:00 – 2:30 p.m.

Place of appointment: [Hospital name]

Reason for appointment: Consultation with orthopedic surgeon

Summary of appointment: Health case manager (HCM) drove client and her husband to her consultation with Dr. [Name], orthopedic surgeon. Client requested HCM to be present for appointment to help coordinate any required follow-up. Doctor ordered an X-ray of her back and blood work to be completed prior to next appointment on August 18 @ 1:30pm, to inform next steps (conservative treatment vs. surgery). HCM then escorted client to complete walk-in X-ray at the hospital. Client expressed: “I’m scared about having surgery.” HCM encouraged client to discuss her concerns with the doctor at the next appointment. Client also reported receiving a bill for last medical appointment with the hematologist.

Plan for next steps: HCM to assist client with scheduling blood work appointment. HCM to drive client to follow-up appointment on August 18. HCM to schedule meeting with client to call insurance company together to investigate why client was sent a medical bill.

Health case manager name: Jane Doe

Storing Health Case Notes

Health case notes must be securely stored to maintain client confidentiality. Many service provider organizations use digitally-based case management programs. These programs provide **security features** such as password-protection, secure logins, encryption to protect stored data, and settings that allow organizations to restrict who can see which clients and what information. Often the digital program can create a restricted area within their case management system specifically designed for keeping health-related case notes. These case notes can only be accessed by users (case managers) who have been given permission, such as the health case manager and their supervisor. This allows confidential information to be stored safely and accessed only by those who have appropriate permission.

If service providers are storing health case notes physically, they must be stored in a locked filing cabinet and/or a secure, locked room. Access must be restricted to authorized staff members only.

Resources

Switchboard: Creating High-Quality Case Management Documentation. [Information Guide](#); [Archived Webinar](#).

Switchboard: [Case Note Template](#).

Society of Refugee Healthcare Providers: [Service and Health Care Provider Collaboration: Promoting Clients' Health Through Improved Coordination](#).

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