

Incident Report Form



Type: Serious Suicide Attempt: _____ Incident: _____ Death: _____

Level of Care: _____

Today's date: _____ **Date of occurrence:** _____ **Date resolved:** _____

Name of complainant: _____ **Phone #:** _____

Enrollee's name: _____ **SS#:** _____ **DOB:** _____

Health Plan: _____ **Notified:** _____

Provider name: _____ **Location:** _____

Description: _____

Completed by

Date

Instructions:

- Attach any notes or correspondence or other required forms.
- Fax directly to QM Director(if a provider is involved, send also to lead clinician or Medical Director).

<i>QI Director Use Only</i>		
Complaint # _____	Incident # _____	Other Occurrence # _____
Complaint type: __access__ benefits/UM __Provider-Quality of Care__ Service __Other__		

Incident Report Follow Up Log

Date	Action taken	Next Step

Cenpatico will ensure that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations will be enforced in the application of this policy and procedure if applicable. HIPAA is a Federal regulation established to provide protections for the privacy of an individual's individually identifiable health information. Please see Cenpatico HIPAA Policy & Procedure manual for detail.