



Incident Report Form

Type (Check One): Suicide Attempt Adverse Incident Death

Level of Care (IP, RTC, PHP, IOP, OP): _____

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

Name of Reporter: _____ Phone #: _____

Enrollee's name: _____ Medicaid #: _____ DOB: _____

Health Plan: _____ Date State Oversight Agency Notified: _____

Provider name: _____ Location: _____

Description:

Completed by _____

Date _____

Instructions:

- Attach any related notes, correspondence, or other required forms.
- Please fax the completed form to the Cenpatico QI Department at 866-704-3063.

Cenpatico Quality & Process Improvement Use Only

QOC/CI # _____ Other Occurrence # _____

Incident Report Follow Up Log

| Date | Action taken | Next Step |
|------|--------------|-----------|
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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.