

# 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:**

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**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

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.