

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

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.