

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 OI Department at 866-704-3063.

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.