

OPPORTUNITY FOR IMPROVEMENT / INCIDENT REPORT FORM

INSTRUCTIONS

-Please fill out form completely as pertains to the subject being reported. Use additional sheets if necessary. Any incomplete information may result in delays in response.

-Do not release any patient information or anything that could violate the Health Insurance Portability and Accountability Act (HIPAA) Confidentiality Guidelines.

-Attach any supplemental information available that pertains to the call(s) or incident.

-Once complete, email completed form and any supplemental information to PH_EMSA@co.slo.ca.us or mail forms with Attn: SLOEMSA to 2995 McMillan Ave Ste 178, San Luis Obispo, CA 93401.

-It is highly recommended that prior to submitting this form that you discuss this situation with your agency, if appropriate.

PERSON REGISTERING REQUEST	NAME:	PHONE:	EMAIL:
	PROVIDER LEVEL:	ORGANIZATION:	
SUBJECT OF REQUEST	TOPIC (reason for submission):		
	NAME (if applicable):		RUN NUMBER:
	PROVIDER LEVEL:	ORGANIZATION:	
	PHONE:	POLICY OR CODE VIOLATION:	

-Explain the incident in detail:

-Attach supporting documents or files and explain importance: