BEHAVIORAL HEALTH OUTPATIENT INCIDENT REPORT

FORWARD COMPLETED OUTPATIENT INCIDENT REPORTS VIA INTER-OFFICE MAIL TO: QST, HEALTH CAMPUS, 2nd FLOOR or ENCRYPTED to bh.incidentreport@co.slo.ca.us via Fax (805)788-2011	*office use*

REPORT DATE:	NAME OF STAFF COMPLETING REPORT:
CLIENT'S NAME:	CLIENT'S MEDICAL RECORD #
CLIENTS CLINIC LOCATION (site):	

☐ DRUG AND ALCOHOL	☐ MENTAL HEALTH	☐ OTHER
DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION OF INCIDENT:

TYPE OF INCIDENT:

☐	BREACH OF PROTECTED HEALTH INFORMATION (PHI) - (REQUIRES IMMEDIATE NOTIFICATION: ha_privacy@co.slo.ca.us OR 805-781-4788)				
☐	SUICIDE ATTEMPT	☐	EMS/PD CALLED	☐	CLIENT MEDICATION ERROR
☐	DEATH	☐	CRISIS/MHET	☐	ASSAULT/SAFETY ISSUES
☐	TARASOFF	☐	INJURY/ACCIDENT	☐	OTHER :

OTHER STAFF INVOLVED/WITNESS:

DESCRIPTION OF INCIDENT (USE PAGE 3 IF MORE SPACE IS NEEDED)

SIGNATURE OF STAFF COMPLETING FORM: DATE

SUPERVISOR'S COMMENTS AND RECOMMENDATIONS:	
SUPERVISOR PRINTED NAME:	
SUPERVISOR SIGNATURE:	DATE:
DIVISION MANAGER'S SIGNATURE	DATE:
DIVISION MANAGER'S INITIALS (CASES INVOLVING DEATH)	DATE:

QST INCIDENT REPORT REVIEW COMMITTEE COMMENTS AND RECOMMENDATIONS:

REFER TO:	☐	**PRIVACY OFFICE**	☐	**MEDICAL DIRECTOR**	☐	**PATIENTS' RIGHTS ADVOCATE**	
	☐	**M&M**	☐	**OTHER:**			
COPY HAS BEEN FORWARDED TO ABOVE	☐	**Y**	☐	**N**			

☐ QST INCIDENT REVIEW COMMITTEE HAS REVIEWED THIS REPORT AND FINDS THAT APPROPRIATE STEPS WERE TAKEN. NO FURTHER ACTION IS RECOMMENDED AT THIS TIME.

COMMITTEE CHAIR SIGNATURE DATE

COMPLIANCE OFFICER COMMENTS AND RECOMMENDATIONS (FOR BREACH):

☐ COMPLIANCE OFFICER COMPLETED BREACH ASSESSMENT

COMPLIANCE OFFICER SIGNATURE DATE

MEDICAL RECORD #