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| **Reporter Information** | **Reportable Event Information** |
| Date of Report: | Date of Event: |
| [ ]  Provider [ ]  Other[ ]  Beacon Staff | Level of Care at time of event: |
| Reporter Name:  | Provider Name: |
| Organization Name:  | Provider Address: |
| Reporter Phone: | Provider Contact Person: |
| Reporter Email:  | Provider Phone: |

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| **Member Information** |
| Member Name: | County of Residence: |
| MA ID#: | Self-Identified Gender: |
| Date of Birth:  | Age: |
| *ICD10* MH Diagnosis:  | Medical Diagnosis: |
| *ICD10* SUD Diagnosis: | Other Pertinent Conditions/Accommodations: |
| **Reportable Events (Select One)** |
| [ ]  1. Suicide attempt | [ ]  12. Adverse reactions to medication/treatment |
| [ ]  2. Completed or attempted homicide | [ ]  13a. Fire setting or property damage |
| [ ]  3. Death by any cause | [ ]  13b. Emergency services summoned to facility other than false alarm |
| [ ]  4. Allegations of sexual or physical abuse/neglect/exploitation | [ ]  14. Temporary closure of facility |
| [ ]  5. Assault within a facility or at a provider site | [ ]  15. Possession of a deadly weapon *with the threat of use by member* at provider site |
| [ ]  6. Absent without leave for longer than 2 hours | [ ] 16. Outbreak of serious communicable disease |
| [ ]  7. Undesirable events inconsistent with routine patient care | [ ]  17. Other Member Safety Concern (Specify): |
| [ ]  8. Breach of confidentiality | [ ]  18. Any real or threatened litigation in a case against a provider or Beacon |
| [ ]  9a. Parent/guardian taking child AMA from residential setting with child at risk | [ ]  19. Administrative Discharge |
| [ ]  9b. Adult leaving treatment voluntarily while at serious risk | [ ]  20. Restraint  |
| [ ]  10. Accidental injuries at a provider site requiring medical treatment more than first aid | [ ]  21. Self-Injurious Behavior |
| [ ]  11. Medication/treatment errors | [ ]  22. Media Contact |
| *\*Depending on the nature of the incident, a mandated report to Childline, police and/or APS may be required.* |
| Incident description, including status of member and immediate steps taken *following* event: |
| **Select actions already taken:** |
| [ ]  ChildLine contacted | [ ]  Adult Protective Services Contacted |
| [ ]  Guardian contacted | [ ]  OMHSAS/DDAP notified |
| [ ]  Police notified | [ ]  Other (Specify):  |