***Please complete and submit this form within 24 hours of learning of a Reportable Incident to*** ***Lauren.Cramer@sphp.com***

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| **Care Management Agency Information** |
| **Care Management Agency:** |  |
| **Person Completing Form:** |  |
| **Phone:** |  | **Email:** |  |

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| --- |
| **Member Information** |
| **Member Name:** |  | **Chart Number:** |  |
| **Fidelis Member:** | [ ]  Yes [ ]  No | **Special Programs?** | [ ]  AOT [ ]  SMI HH+ [ ]  HIV HH+ |

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| **Incident Information** |
| **Incident Type:** | Select Incident Type |
| **If Overdose death or suicide attempt, please select:** | [ ]  OTC Medications [ ]  Prescription Medications [ ]  Illicit Drugs [ ]  Unknown |
| **Date Incident Occurred:** |  |
| **Date Incident Discovered:** |  |
| **Incident Description:** |  |
| **Media Coverage:***If coverage, please provide links if possible* |  |