***Please complete and submit this form within 24 hours of learning of a Reportable Incident to*** [***Lauren.Cramer@sphp.com***](mailto:Lauren.Cramer@sphp.com)

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

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

|  |  |
| --- | --- |
| **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* |  |