



**Mental Health Recovery Board Serving Warren and Clinton Counties
Community MH/SUD Provider Notification of Incident**

Provider Generated Incident #	Date Submitted to MHRB	Date of Discovery	Date of Incident	Time of Incident	
Provider Name				Provider Number	
Name of Person Completing Report					
Other Notifications Made: <input type="checkbox"/> Other ADAMH Board(s) (list names): <input type="checkbox"/> Children's Services <input type="checkbox"/> Family/Guardian <input type="checkbox"/> Other Protective Agency <input type="checkbox"/> Other:					
Type of Incident (check all that apply)					
Death of a Client: <input type="checkbox"/> Homicide of Client <input type="checkbox"/> Death of Client by Drug Overdose <input type="checkbox"/> Death of Client by Natural Causes					
Medication/Drug Issues: <input type="checkbox"/> Medication Diversion <input type="checkbox"/> Sale of Drugs on Premises <input type="checkbox"/> Missing/Unaccounted for Medication <input type="checkbox"/> Theft of Medication – Specify sub-category: <input type="checkbox"/> Employee Theft <input type="checkbox"/> Client Theft <input type="checkbox"/> Other/Unknown Theft					
Seclusion/Restraint: <input type="checkbox"/> Seclusion/Restraint Related Injury to Staff – Specify sub-category: <input type="checkbox"/> Injury requiring first aid <input type="checkbox"/> Injury requiring emergency/unplanned medical intervention <input type="checkbox"/> Injury requiring hospitalization					
Client Injury/Medical Emergency when emergency/unplanned medical intervention or medical hospitalization is required: <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Self-Inflicted Injury by Client (including drug overdoses) <input type="checkbox"/> Client Injury on Provider Premises/in Vehicle operated by Provider					
Persons Involved in the Incident					
Race/Ethnicity Codes: A=Asian B=Black/African American H=Hispanic I=Alaskan Native M=Bi/Multiracial N=Native Am./Am. Indian P=Native Hawaiian/Other Pacific Islander W=White O=Other Race U=Unknown					
Client(s) Involved - Use a HIPAA/42CFR Part 2 Compliant Identifiers (NO Client Names)	Program enrollment: SPMI, SED, SUD, MHOP	Age	Gender: M=Male; F=Female; O=Other identified	Race (see codes above)	P=Perpetrator V=Victim
Other(s) Involved (Initials/Provider Identifier – No names):		S = Staff	V = Visitor	O = Other	P=Perpetrator V=Victim
Explain incident. Include what action provider staff took, if any. Note if other entities (police, fire, etc.) were involved. No names					

Please submit this form to MHRBWCC within 24 business hours of incident discovery via:
 Email: IncidentReports@mhrbwcc.org OR Fax: 513-695-1776
This information is subject to a public record request

See MHRBWCC System Policy # 1-6 for definitions