Liberty Healthcare Corporation
THE FREEDOM TO SUCCEED™

Incident Reporting/Event Form

Date of Report _____   **Program Name** _____

Date of Incident _____   **Time of Incident** _____

Location of Incident _____

Indicate general type of incident (check all that apply – detailed descriptions available on ESS website):

___ **Corporate Compliance Incident/Issue (send to corporatecompliance@libertyhealth.com)**

___ **HIPAA Privacy Incident/Issues (send to corporatecompliance@libertyhealth.com)**

___ **Legal Matters/Issues (send to legal@libertyhealth.com)**

___ **Violations of Professional and Personal Boundaries (send to hr@libertyhealth.com)**

___ **Other Incidents/Issues (send to corporatecompliance@libertyhealth.com)**

Incident/Issue Description:

If there is an immediate need for protection, describe action taken:

Name(s) and Title(s) of persons involved:

Name(s) and Title(s) of Witnesses:

Indicate any notifications already completed at the time of this report (check all that apply):

__ Supervisor   Name: _____   Method: __ Phone: __ email: __ In person: __ **Date**: _____

__ VP of Ops   Name: _____   Method: __ Phone: __ email: __ In person: __ **Date**: _____

__ Corporate Legal Name: _____   Method: __ Phone: __ email: __ In person: __ **Date**: _____

__ Other (external agencies) Name: _____   Date: _____

Injury resulting from incident? __ Yes __ No **Injury occurred to** __ Patient/Customer __ Employee __ Other **Name(s) of injured:** _____ (If injury occurred to employee, follow instructions for reporting the injury for worker's comp claim)

Name of Reporter of Incident: _____   **Title**: _____

Signature of Reporter: _____   **Date:** _____