

Sample Form for Reporting eHealth-related Clinical Incidents

The following form, reproduced with the permission of AMLA, can be used to document eHealth-related clinical incidents and for reporting them.

Incident Report Form			
Date of incident:	____ / ____ / ____	Time of incident	_____ am/pm
Location: (Include address, where applicable.)			
Name of person completing form:			
Position of person completing form:		Contact number:	
Employees, Volunteers or Directors involved in incident:			
Name:		Contact number:	
Clients or community members involved in incident:			
Name:		Contact number:	
1.			
Description of incident and background: (Include all relevant circumstances and information leading up to the incident, whether the incident was witnessed, and any other relevant issues.)			
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Incident Report Form	
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Who was informed of the incident? (For example, CEO, manager, Vendor, NEHTA DHS/Medicare and so on.)	
1.	
Actions taken to date: (Including date and time of contact, contact number, and other contact numbers of agencies or people who were informed, as well details of support provided.)	
1.	
Follow up actions planned:	
1.	
Critical Incident Report Form authorised by:	
<div></div> <div>(Signature of employee)</div>	Date: ____ / ____ / ____
<div></div> <div>(Signature of manager)</div>	Date: ____ / ____ / ____