



Allegany County Occurrence Screen

Name: _____

Date: _____

Check the appropriate incident. Write a complete narrative to describe the incident on the back of this form.

INCIDENT	✓
1. HIPAA violation (Privacy/Security)	
2. FERPA violation	
3. Violation of Corporate Compliance Plan	
4. Billing Error	
5. Procedure Error	
6. Medication Error	
7. Wrong treatment	
8. Infection Control policies/procedures not followed	
9. Injury sustained during treatment/procedure	
10. Equipment malfunction <ul style="list-style-type: none"> • Name of equipment • Location of equipment • Model/serial number • Was equipment removed from service? 	
11. Consumer/client complaint (state complaint on back of form)	
12. Inability to access services in appropriate period of time	
13. Issues regarding - Consumer/public relations	
14. Rude or inappropriate response to consumer/client	
15. Rude or inappropriate telephone response	
16. Unanticipated medical event (e.g. Cardiopulmonary arrest) (describe event)	
17. Property damage or loss	
18. Client walked out	
19. Assault/altercation (describe event)	
20. Staff dissatisfaction	
21. Miscellaneous (briefly describe)	



Open lines of communication play a key role in responding to employee concerns. Employees, third parties, service recipient's/families, contracted provider's, districts, and agencies report fraud waste and abuse or address concerns in one of several ways:

- Voice concerns directly to a supervisor/director or the Compliance Officer (listed below)
- File a Confidential occurrence screen via USPS or email:
 - <https://www.alleganyco.gov/departments/health/>

Addressing concerns with the Compliance Officer/Designee may be done by phone, email, inter-office mail, or United States Postal Service

Phone: (585)268-9259

Email: penny.chudy@alleganyco.gov

Inter-office Mail: DOH Room 333

Mail: Allegany County Office Building, 7 Court St, Room 30, Belmont, NY 14813