



## Residential Psychiatric Treatment Center (RPTC)

### Notification

#### State of Alaska

Department of Health - Division of Health Care Services  
Health Facilities Licensing and Certification

### **Instructions for Completion:**

Please complete the following fields with all relevant information regarding your concerns. All notification requirements for incidents under, AS 47.32.200 and 7 AAC 50.140 (a)&(b) and any allegations of abuse, neglect, or exploitation must be submitted within regulatory timeframes.

### **Facility Information**

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### **Form Completed By (Reporter)**

Name (First & Last): \_\_\_\_\_

Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Recipient (Youth) Information**

First and Last Name: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Admission Date: \_\_\_\_\_

### **Notifications:** Please indicate if the parties below have been notified:

Parent or Legal Representative: Yes ☐ No ☐

Office of Children's Services (OCS) Yes ☐ No ☐

Division of Juvenile Justice (DJJ) Yes ☐ No ☐

### **Incident Information:**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_



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**Type of Incident(s)**

**Incident:** \_\_\_\_\_

**Incident:** \_\_\_\_\_

**Incident:** \_\_\_\_\_

**Incident:** \_\_\_\_\_

**Incident:** \_\_\_\_\_

**Summary of Incident**

What happened (when, where)?



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What do you think was the cause of the incident?

Who was involved?

What could be changed or done to prevent future incidents?



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Was there an emergency response, and if so, who responded?

Include any additional information, attachments, photos, or evidence you may have.

Submit completed RPTC Notification Form, and any attachments or additional information you may have to the following:

**Mail:**

Health Facilities Licensing & Certification  
Attn: Complaint Coordinator  
4601 Business Park Blvd., Bldg. K  
Anchorage, AK 99503

**Phone:** (907) 334-2483

**Toll-Free:** (888) 387-9387

**Secure Fax:** (907) 334-2682

**Secure Email (for those with a Direct Secure Messaging account):** [DHCS.HFLC@hss.soa.direct.net](mailto:DHCS.HFLC@hss.soa.direct.net)