

OKLAHOMA BOARD OF NURSING

Telephone: 405/962-1800

Fax: 405/962-1819

2915 N. Classen Blvd., Suite 524

Oklahoma City, OK 73106

Website: www.ok.gov/nursing/npiform.pdf

REPORT OF NURSING PRACTICE INCIDENT

CONFIDENTIAL

Date of Report: _____ **Date of Occurrence(s):** _____

1. Name of Nurse you are reporting: _____

Oklahoma Certificate No.: _____ SSN: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: (W) _____ (H) _____ (C) _____

2. Narrative Report of What Occurred: _____

Narrative Report of Investigation of Incident and Action Taken by Agency: _____

Attach Copies of Documents to Support Allegations, including but not limited to Narcotic records, MAR, nursing notes, physician orders, treatment sheets, incident reports, drug screens and signed and dated statements from witnesses. (If necessary, attach additional pages).

The Oklahoma Board of Nursing is a health oversight agency as defined in the Health Insurance Portability & Accountability Act of 1996 (HIPAA), Public Law 104-191, [the (“Privacy Rule”)], and as such covered entities may disclose protected health information to **health oversight agencies** for the purposes of legally authorized health oversight activities, such as audits and **investigations** necessary for oversight of the health care system and government benefit programs, **without an individual’s authorization for permission.** (See the Privacy Rule [45 CFR §164.512(d)].

3. Name of Individual Making Report: _____ **Title:** _____

Agency/Hospital: _____ **Agency Phone #:** (____) _____

Address: _____
(Street) (City) (State) (Zip)

4. Witnesses: on a separate sheet of paper please provide the name, home phone number and home address of all witnesses. [Please provide this essential information].

The information included herein is true and correct to the best of my knowledge and belief.

Signature