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: Select One (Required)

Incident: Select One

Incident: Select One

Incident: Select One

Incident: Select One

Summary of Incident

What happened (when, where)?

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

Clear Form