

Adverse incident Addendum

WeCuro prioritizes safety and help of all our employees, clients, and contractors. Whenever there is an incident, medical or non-medical, please refer to the lists below and contact the appropriate party. If the number 1 contact below is not available, please go down the list until you can reach someone.

Medical emergency: Call 911 First!

1. On call Provider
2. Medical Director
3. Clinical Lead Manager
4. Admin on call

Non-medical incident:

1. Clinic Lead
2. Admin or Coordinator on call: contact office 855-946-6335

For medical emergencies, you also need to call 911 if the situation calls for it.

FOR ALL INCIDENTS – Please follow these steps at all times:

- Before you leave the client place of service, the staff/contractor must obtain client's contact information (ex. phone number/email, etc.) and confirm ALL information documented in the EMR (WeCuro Software application) is accurate. Let the client or authorized third-party know that the medical provider will be contacting them.
- Contact the medical director/provider
- Contact Clinical Lead Manager.

If it is a medical related incident:

- Contact the medical director or coordinator on staff with the client's info. This includes their or emergency contact's name, phone number, email address and the treatment they received. Also, include a description of what happened.
- The staff/contractor involved must fill out an incident form found on the WeCuro software application under forms in the patient's portal. Please email completed form to medical provider, clinical lead manager, and coordinator. All clients are to be contacted by the on call medical provider immediately after the incident.

A medical provider or in certain cases authorized third-party needs to contact client at most within 12 hours of the incident.

Medical Director, clinical lead manager, coordinator or staff is required to follow up with medical provider AND client within 24hrs to ensure satisfactory resolution and appropriate management of incident.

Printed Name : _____

Signature :

Date: _____