

Anonymous & Confidential Reporting Form for Potential Compliance Issues and/or Concerns



ANONYMOUS COMPLIANCE CONCERN REPORTING FORM

Organization: North Country Behavioral Medicine, PLLC (NCBM)

Treatment Received: _____

Location where potential incident occurred: _____

Street Address: _____

City: _____ **State:** _____

Please Identify the Person(s) Thought to Be Involved:

Name

Title or Relationship to NCBM

Person #1 _____

Person #2 _____

Person #3 _____

Please note: NCBM provides employees and members of the community the opportunity to anonymously share suspected concerns regarding compliance matters. These matters may include, but are not limited to issues related to fraud, waste, and abuse. Persons reporting compliance issues shall be protected under NCBM's policy of non-intimidation and non-retaliation.

NCBM will ensure that the confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referral to or investigation by the New York State Medicaid Fraud Control Unit, Office of the Medicaid Inspector General, law enforcement, or disclosure is required during a legal proceeding.

Written anonymous reports can be made by mailing a completed copy of this form to NCBM Compliance Officer, 8 Broad Street, Plattsburgh, NY 12901. Anonymous concerns can also be shared by phone by calling *67 (518) 825-1555.

Please describe the nature of the concern:

Please provide the specific or approximate date and time when the concern occurred:

How long do you think this issue has been going on?

How did you become aware of the concern?:

Please list any other individuals that you believe may have information about the concern:

NAME

CONTACT INFORMATION IF KNOWN

Person #1 _____

Person #2 _____

Person #3 _____

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Please provide any additional information that you would like to include:

FOR ADMINISTRATIVE USE ONLY

Date Received _____

Staff Receiving _____

On behalf of North Country Behavioral Medicine, we thank you for your assistance.