

Massachusetts Department of Public Health
Bureau of Substance Addiction Services

NOTIFICATION OF A DEATH OF A PERSON IN TREATMENT FORM

Please fax the completed form (no cover sheet is necessary) to the secure eFax: 617-887-8787

The Bureau of Substance Addiction Services requires all Licensed or Approved Providers to notify the Department per 164.035(F)(1)(a) in writing immediately upon learning of the death of any person currently admitted to the program, regardless of where the death occurs.

License(s)/ Approval(s) #:	Date of Report:
Agency Name:	Program Name:
Program Address:	
Reporter Name & Title:	Reporter Contact:

Date of Death (if known):	Unique Patient/Resident Identifier:
Date Last Seen at the Program:	Patient/Resident Age:
Patient/Resident Date of Admission:	Date Program Learned of Death:
Did the Death occur on the Program Site: <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", where (if known):	Was the patient under the care of the program: <input type="checkbox"/> Yes <input type="checkbox"/> No

Any details about the circumstances of death:	
Any police department involvement including investigations: (please identify which police department was involved)	
Any information made available through media sources:	
Additional Information:	