Massachusetts Department of Public Health
Bureau of Substance Addiction Services

REPORT OF DEATH OF PERSON IN TREATMENT

Please FAX completed form to:

BSAS / Office of Quality Assurance and Licensing
Fax #: 617-624-5395

105 CMR 164.000: Licensure of Substance Abuse Treatment Programs, specifically 164.035(G)(1), requires licensed programs and/or funded programs to notify the Department in writing within one business day of learning of the death of any person currently admitted to the program, regardless of where the death occurs.

Date of this Report: _____ Date of Death (if known): _____

Date Last Seen at Program: _____ Date Program Learned of Death: _____

Name/Title of Reporter: _____

Follow Up Contact Person: _____

Program Name & License #: _____

Program Phone #: _____ Level of Care: _____

Program Address: _____

Client Name: _____

Client Admission Date: _____ Date of Birth: _____

Client Gender: ☐ Female ☐ Male ☐ Transgender

Did the Death Occur on Program Site? ☐ Yes ☐ No If No, Where (if known): _____

Reason for Death (if known): _____

Describe any reports made to program and by whom: _____

_____

Any information made available through media sources: _____

_____

Comments: _____

_____

For OTPs & OBOTs:

Medication: _____

Amount: _____mg

Date of Last Dose **OR** Last Prescription: _____