



### Duty to Warn Guideline Form

Date/Time: \_\_\_\_\_ Patient/Client Name: \_\_\_\_\_

Type of Serious Harm: Check (✓) which type of serious harm you are reporting.

- Risk of patient/client self harm due to mental wellbeing /physical health
- Risk of patient/client harm towards another individual (group) &/or public safety

What clinical assessments assisted in determining that the patient/client is at risk of serious harm? \_\_\_\_\_

Did you consult another healthcare provider to determine the patient/ client is at risk of serious harm? If yes with whom: \_\_\_\_\_

If no provide rationale: \_\_\_\_\_

Did you disclose to the patient/client that his/her personal health information will be shared with/or without consent to other Stakeholders/RCMP?  YES  NO (if no provide rationale)

Rationale: \_\_\_\_\_

**Disclosing information without consent:** Provide the minimal amount of information necessary to address individual &/or public safety. The following 3 criteria must be met prior to reporting:

1. **Clarity-** there is a clear risk to an identifiable person or group of persons
2. **Seriousness-** there is a risk of serious bodily harm or death
3. **Imminence-** the risk must be serious and a sense of urgency must be created by the threat of danger. The risk could be a future risk but must be serious enough that a reasonable person would believe that harm to an individual or group is likely to occur.

**Notification to another stakeholder if applicable:**

Name of person contacted: _____
Relationship to Patient/Client: _____
Communicated by: <input type="checkbox"/> Phone <input type="checkbox"/> Verbally in person <input type="checkbox"/> Email <input type="checkbox"/> Text
Stakeholder Phone # _____

**Local Police/RCMP/First Nations Police Detachment: Check (v) the detachment notified and name of officer if applicable.**

<b>Local Police/RCMP/First Nations Police Detachments</b>	<b>Phone Number</b>	<b>Name of Officer</b>
<input type="checkbox"/> Altona Police Services	(204)-324-5353	
<input type="checkbox"/> Carman R.C.M.P	(204)-745-6773	
<input type="checkbox"/> Long Plain First Nation Detachment	(204)-252-4480	
<input type="checkbox"/> Manitou R.C.M.P	(204)-242-2121	
<input type="checkbox"/> Morden Police Services	(204)-822-4900	
<input type="checkbox"/> Morden R.C.M.P	(204)-822-5469	
<input type="checkbox"/> Morris R.C.M.P	(204)-746-6355	
<input type="checkbox"/> Portage R.C.M.P	(204)-857-8767	
<input type="checkbox"/> Roseau River Anishinaabe First Nation Detachment	(204)-427-3383	
<input type="checkbox"/> Sandy Bay Ojibway First Nation Detachment	(204)-843-7700	
<input type="checkbox"/> Steinbach R.C.M.P	(204)-326-1234	
<input type="checkbox"/> Swan Lake First Nation Detachment	(204)-836-2606	
<input type="checkbox"/> St.Pierre Jolys R.C.M.P	(204)-433-7433	
<input type="checkbox"/> Ste. Anne Police	(204)-422-8209	
<input type="checkbox"/> Treherne R.C.M.P	(204)-723-2345	
<input type="checkbox"/> Winkler Police Services	(204)-325-9990	

**Description of the event and what was disclosed:**

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**What is the risk mitigation plan/follow-up process post notification to other stakeholders/  
Local Police/RCMP/First Nations Police Detachments: (Describe)**

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**■ Notify your Direct Supervisor/Manager**

**Healthcare Professional Signature:** \_\_\_\_\_

**Direct Supervisor/Manager Signature:** \_\_\_\_\_

Retain form in patient/client health record