**Mandated Reporting Protocol For *Enter Clinic/Provider Name***

After assessing and interviewing a client, if a CPSP practitioner determines that s/he must file a report according to the mandated reporting law, it is strongly advised to follow this procedure for all mandated reports:

* It is recommended, but not required, that you inform the client of clinician’s duty to report. Tell her about the likely response(s) by law enforcement and what will happen.
* In all cases of reported or suspected abuse, telephone proper authorities **immediately**, or as soon as is practically possible.
	+ *Which clinic staff person will call law enforcement or the appropriate reporting agency? List this person by name and title:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* + *Which clinic staff person will file the written report? List this person by name and title:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* + *Enter the name and phone number of your local law enforcement agency here:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* Provide all the information required by law in reporting abuse.
* Include any special instructions for safely contacting the client, and address special needs, i.e. language needs, in the report.
* All health care providers involved are equally responsible to see that the report is made according to State requirements. When two or more health care providers have knowledge of a known or suspected instance of violence required to be reported, only one person is required to submit the report. By law, a supervisor or administrator CANNOT prevent a staff member from reporting abuse.
* File a copy of the report in the client’s medical record. Include written documentation of all communication with law enforcement and reporting agencies, including the name(s) of individuals you speak to, the file number, and any other critical information.
* Maximize role of client’s input; advocate for the client’s needs with authorities.
	+ *Which clinic staff member(s) will assist your client in finding resources and referrals? List this person by name and title:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* + *Which clinic staff member(s) will attend to the patient while waiting for law enforcement to arrive? List this person by name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ *Which clinic staff member(s) will provide details of the alleged abuse to law enforcement if the patient declines to do so herself? List this person by name and title:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* Keep the report confidential; it cannot be accessed by friends, family or other third parties without the client’s consent.

**Required Mandated Reporting Forms** (Available on LA County CPSP website)

* [Lethality Assessment](http://www.publichealth.lacounty.gov/mch/cpsp/forms/DomesticViolence_rev2.pdf)
* [OCJP 920: Suspicious Injury Report Form & Instructions](http://www.publichealth.lacounty.gov/mch/cpsp/forms/Suspicious%20Injury%20Report%20%26%20Instructions.pdf)
* [SS 8572: Suspected Child Abuse Report & Instructions](http://www.publichealth.lacounty.gov/mch/cpsp/forms/Suspected%20Child%20Abuse%20Report%20Form%20%26%20Instructions.pdf)
* [SOC 341: Report of Suspected Dependent Adult/Elder Abuse & Instructions](http://www.publichealth.lacounty.gov/mch/cpsp/forms/Suspected%20Dependent%20Adult%20Elder%20Abuse%20Report%20Form%20%26%20Instructions.pdf)

**Intimate Partner Violence, Domestic Violence, and/or Suspicious Injuries**

* “Any health practitioner, who provides medical services for a physical condition to a patient whom s/he knows, or reasonably suspects suffering from injuries of firearm, assaultive or abusive conduct, is required to generate a report.” (Penal Code 11160-11163.6)
* If patient reports stalking or terrorizing threats (with no evidence or report of physical abuse), encourage her to go to the law enforcement agency in the area where this abuse took place. Her statements will be documented and law enforcement will determine if a crime took place and should be further investigated.
* If a patient reports domestic violence or has marks, bruises, or injuries caused by domestic violence:
	+ Complete the “Lethality Assessment” form, which can be found in your protocols or on the LA County CPSP website. The purpose of this assessment is to determine the level of danger and severity of the situation. The provider should document physical injuries on the body map.
	+ Call your local law enforcement agency immediately. Do not allow her to bargain with you to not call the authorities. Law enforcement can offer her an Emergency Protective Order (EPO), which is an immediate, temporary restraining order so that she can be protected from batterer.
	+ Within 48 hours of making this phone call, you are required to submit OCJP 920: Suspicious Injury Report Form and send to your local law enforcement agency.
	+ Contact the LA County Domestic Violence Hotline for additional guidance: 1-800-978-3600.
	+ For additional information, refer to Steps to Take: Psychosocial - *Spousal/Intimate Partner Abuse.*
	+ Refer to your clinic protocols for a list of local shelters, counseling resources, and hotlines. Call a domestic violence shelter in your area for assistance with legal matters, housing for the patient and any other questions.

**Suspected Child Abuse**

* You are required to file a report if you suspect child abuse, including physical abuse/violence, emotional abuse, sexual abuse, or neglect against anybody under the age of 18 (California Penal Code 11164-11173.)
* If you suspect child abuse or neglect:
	+ Immediately call the LA County Child Protection Hotline: (800) 540-4000.
	+ Within 36 hours of making this phone call, you are required to submit form SS 8572: Suspected Child Abuse Report. This report can also be completed online after calling the LA County Child Protection Hotline: [www.mandreptla.org](http://www.mandreptla.org).
	+ You are required to report all instances of current and past child abuse and neglect as long as the victim is younger than 18 years of age. If the victim is now an adult and the abuse took place when the victim was younger than 18 years of age, you are not required to report the past abuse. However, if the abuser has access to other children and you reasonably suspect that these children may be currently in danger, you are required to report this to the LA County Child Protection Hotline: (800) 540-4000.
	+ For additional information, refer to Steps to Take: Psychosocial - *Child Abuse and Neglect.*

**Suspected Dependent Adult/Elder Abuse**

* You are required to file a report if you suspect physical abuse, abandonment, abduction, isolation, financial abuse, and/or neglect towards any individuals 65 or older and dependent adults (ages 18-64 who are physically or mentally impaired).
* If you suspect abuse against a dependent adult or elder:
	+ Immediately call LA County Adult Protective Services Elder Abuse Hotline at (877) 477-3646.
	+ Within 48 hours of making this phone call, you are required to complete and submit the SOC 341: Report of Suspected Dependent Adult/Elder Abuse.