

Hawaii Dietetic Association

Adverse Events and/or Potential for Harm Form

INSTRUCTIONS FOR USE

The purpose of this form is to collect data on occurrences of adverse events and/or potential for harm caused by practitioners providing inappropriate nutrition advice. This data will be used to identify issues occurring in our community as a result of unsafe practice and to determine whether there is a need to strengthen our current dietetics licensure law. It may also be used to show why the RDN is a necessary member of the healthcare team as the most qualified provider of medical nutrition therapy and nutrition services.

This form is for data collection only and individual cases will not be investigated at this time. **Please follow HIPAA guidelines in completing this form. Do not include any identifiable information. This information will be kept confidential.** Each form submitted will be stored in a password protected file.

Instructions for each question are as follows:

Question 1 & 2: Please indicate as best you can the type and source of harm done. If the choices provided are not applicable please check other and enter the most appropriate response.

Question 3: Please be as specific as possible. Include any long term effects and the credentials of the practitioner.

Question 4: Please check the immediate outcome of this event or choose **other** and enter the most appropriate response.

Question 5 & 6: This information could be helpful in the event we pursue legislation to strengthen our licensure law. Submitting testimony is completely voluntary and not required for the completion of this form.

Thank you for your willingness to report this information. The data collected from these reports will assist us in our continued efforts to protect the consumer.

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