

**Indian Country Peer ECHO**  
**Case Scenario Presentation Form**

<b>Presentation Date:</b>	
<b>Presenter(s) Name:</b>	
<b>Organization/Location:</b>	
<b>Primary Job Duties:</b>	

*\*\*disclaimer: do not use identifying client information on the form to maintain confidentiality\*\**

**Please describe/summarize the scenario you encountered in your role as a peer or while delivering peer services that you wish to discuss. Include (potential) barriers/challenges you faced during this scenario:**

Please submit completed case forms to *Casey Ward-Freeman*, email: [cward-freeman@spthb.org](mailto:cward-freeman@spthb.org)

**What are some lessons learned from this scenario? Is there anything you experienced from this scenario that you wish you knew more about?**

**What questions do you have for peer faculty?**

**Comments/Suggestions from Community Faculty & ECHO Staff:**

*PLEASE NOTE: By submitting this form, you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between an ECHO clinician and any patient whose case is being presented in a teleECHO session. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.*

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