

NOTICE TO PSYCHOTHERAPY CLIENTS FOR UNLICENSED/UNREGISTERED PRACTITIONERS

A complaint can be filed with the Los Angeles County Department of Mental Health (LACDMH), regarding the services received from the practitioner. This notice complies with AB 630, Chapter 229, Statutes of 2019 to provide this information to clients who receive psychotherapy.

HOW TO FILE A COMPLAINT

The Patient's Rights Office of LACDMH receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered practitioner providing psychotherapy services at LACDMH. To file a complaint, please contact the Patient's Rights Office at (213) 738-4888 or (800) 700-9996.

Los Angeles County Department of Mental Health
Patient's Rights Office
550 S. Vermont Ave.,
Los Angeles, CA 90010
(213) 738-4888 or (800) 700-9996

This notice should be provided to all clients who are receiving psychotherapy services by students

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ATTESTATION

I attest that I have provided the below named client the Notice to Psychotherapy Clients.

Name of Practitioner

Signature of Practitioner

Date

To learn more about the Assembly Bill No. 630, Chapter 229, Statutes of 2019, refer to
https://www.bbs.ca.gov/pdf/ab_630.pdf or
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB630

Upon providing client the Notice to Psychotherapy Clients,
Provider shall scan and file the completed attestation in IBHIS.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

DMH#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

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