

NOTICE TO PSYCHOTHERAPY CLIENTS FOR LICENSED OR REGISTERED PRACTITIONERS WITH THE BBS

A complaint can be filed with the Board of Behavioral Sciences (BBS), where the practitioner is licensed/registered, regarding the services received by 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 Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Board of Behavioral Sciences
1625 North Market Blvd., Suite S-200
Sacramento, CA 95834

To file a complaint electronically:
<https://www.breeze.ca.gov/datamart/mainMenu.do>

This notice should be provided to all clients who are receiving psychotherapy services by Licensed or Registered social workers and marriage and family therapists.

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ATTESTATION

I attest that I have provided the below named client the Notice to Psychotherapy Clients in accord with applicable BBS requirements.

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