

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

You will be or are currently receiving psychotherapy services from:

\_\_\_\_\_  
(Name of Practitioner)

\_\_\_\_\_  
(License Type & Number)

A complaint can be filed with the Board of Behavioral Sciences (BBS), where the above named 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](http://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.

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

### 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](https://www.bbs.ca.gov/pdf/ab_630.pdf) or [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB630](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**