NOTICE TO PSYCHOTHERAPY CLIENTS
FOR LICENSED PRACTITIONERS WITH THE BBS

A complaint can be filed with the Board of Behavioral Sciences (BBS), where the practitioner is licensed, regarding the services received by the practitioner. This notice complies with AB 630, Chapter 229, Statutes of 2019 and SB 1024 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

Licensee's Full Name as Filed with the BBS	Type of License (e.g., licensed marriage and family therapist, associate clinical social worker, etc.)
License Number	License Expiration Date

This notice should be provided to all clients who are receiving psychotherapy services by Licensed or Registered social workers, professional clinical counselors, 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 Board of Behavioral Sciences (BBS) requirements.

_____
Name of Licensee

_____ _____
Signature of Licensee Date

To learn more about AB 630, Chapter 229, Statutes of 2019, and SB 1024, refer to

https://www.bbs.ca.gov/pdf/ab_630.pdf or
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB630

and

https://www.bbs.ca.gov/pdf/required_notice_to_consumers_sb_1024.pdf or
Bill Text - SB-1024 Healing arts: Board of Behavioral Sciences: licensees and registrants.

Upon providing the 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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