

### **Instructions for Filing Your Complaint**

**Print or type** the full name, contact information, and license number (if known) of the person your complaint is against.

**Print or type** your information in the "Person Registering Complaint" section. Provide your complaint information and include as many specific details as possible (who, what, when, where, why). Include the date(s) of treatment and specific examples of the problem. Use extra sheets of paper, if needed. Send copies of any documents in support of your complaint, which may include patient records, photographs, correspondence, billing statements, proof of payment, etc.

Sign and date the Consumer Complaint Form at the bottom of the page.

### **Authorization for Release of Client/Patient Record Information**

The Authorization for Release of Client/Patient Record Information is a legal authorization for the Board of Psychology's (Board's) staff to obtain information about the treatment and/or facility involved in the treatment. **ANY EXTRA COMMENTS, NOTATIONS, ETC., MAKE THE FORM VOID, AND WE WILL HAVE TO ASK YOU TO FILL OUT ANOTHER RELEASE FORM.** If you wish to provide us with additional information, please use a separate piece of paper. This form, when it is filled out and signed, allows the Board of Psychology/Investigation Unit to get records from ONLY the doctors you list on this release form.

**Print or type** the patient's name and date of birth. It is essential that the form be completed legibly, completely, and correctly. If we need to contact you to clarify the information, it could cause a delay in the review process.

**Print or type** the full name and address of the person your complaint is against.

**Print or type** the names and addresses of all of the patient's health care providers you want the Board to consult regarding this complaint.

**Note:** The release form must be signed and dated by either the patient or the individual legally authorized to make medical decisions for the patient. If the patient is unable to sign the release, the form may be signed by: 1) the parent of a minor child (parent must have legal custody of the child) or 2) the person named by the patient in a signed "Power of Attorney" granting the person authority to make medical decisions for the patient (provide a copy of this document).

### **Providing Personal Information Is Voluntary**

You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help you resolve your complaint.

### **Possible Disclosure of Personal Information**

We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by State or Federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

(Revised 5/15)

# CONSUMER COMPLAINT FORM

Please Print or Type

## 1 COMPLAINT REGISTERED AGAINST

Last Name \_\_\_\_\_ First \_\_\_\_\_ M. I. \_\_\_\_\_ License no. (if known) \_\_\_\_\_  
Office/Facility Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## 2 PERSON REGISTERING COMPLAINT

Last Name \_\_\_\_\_ First \_\_\_\_\_ M. I. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Your Relationship to Patient \_\_\_\_\_ Patient's Name \_\_\_\_\_ Patient's Date of Birth \_\_\_\_\_

## 3 COMPLAINT INFORMATION

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Does this complaint concern a child custody issue?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Do you have joint <i>legal</i> custody of the child/children involved in this matter?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Was the person named in this complaint appointed by the court to prepare a custody recommendation for the court? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Reason for Treatment \_\_\_\_\_ Treatment Date(s): \_\_\_\_\_

Details of your complaint (use additional paper if necessary):

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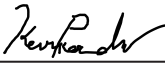
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5  Signature \_\_\_\_\_

\_\_\_\_\_ Date

# AUTHORIZATION FOR RELEASE OF CLIENT/ PATIENT RECORD INFORMATION

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

I, the undersigned, hereby authorize:

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

4. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

to disclose records made in the course of my evaluation and/or diagnosis and treatment, to include the health history, medical, psychiatric, alcohol and drug abuse records, to the **California Board of Psychology and its representatives, including, but not limit to, investigators and legal staff, upon their request.** This disclosure of records authorized herein is required for official use including investigation and possible administrative proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid until the California Board of Psychology completes its investigation and proceedings arising out of the investigations.

I further agree that the Board and its representatives may release any and all of my records and treatment information to the Board of Behavioral Sciences and/or any other government agency which requests such information as part of an investigation into other possible violations of the laws of California.

**A copy of this authorization shall be as valid as the original.** I understand that I have a right to receive a copy of this authorization if requested by me. I understand that I have the right to revoke this authorization by sending written notification to the Board of Psychology, 1625 N. Market Blvd., N-215, Sacramento, CA 95834. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Or Legal Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

NOTE: Failure by a psychologist to provide the requested records within 15 days, or a health care facility in 30 days, of receipt of this request and authorization may constitute a violation of section 2969, of the Business and Professions Code. This release is compliant with the requirements of HIPAA and Civil Code Section 56.11.

# FREQUENTLY ASKED QUESTIONS REGARDING THE COMPLAINT PROCESS

## Who May File a Complaint?

Anyone who thinks that a psychologist, psychological assistant, or registered psychologist has acted illegally, irresponsibly, or unprofessionally may file a complaint with the Board of Psychology (Board).

## What Types of Complaints Does the Board Handle?

Complaints under the Board's jurisdiction include the following behavior by a psychologist, psychological assistant, or registered psychologist:

- sexual contact with a patient
- violating the patient's confidentiality
- providing services for which the individual has not been trained or licensed
- drug abuse
- fraud or other crimes
- false advertising
- paying or accepting payment for patient referral
- unprofessional, unethical, or negligent acts
- focusing therapy on the licensee's/registrant's own problems, rather than the patient's
- serving in multiple roles; for example, having social relationships with patients, lending them money, employing them, etc.

## What Types of Complaints Are Outside the Board's Jurisdiction?

The Board has no authority over the following:

- fee or billing disputes
- general business practices
- personality conflicts
- persons who are licensed by other boards (for example, clinical social workers; marriage, family, and child counselors; educational psychologists; psychiatrists; or psychiatric technicians)

Complaint regarding a non-California licensed psychologist working in an **exempt setting** should be directed to the agency overseeing the setting:

- State mental hospitals – Department of Mental Health
- Correctional facilities – Department of Corrections
- Educational institutions – Agency overseeing the particular institution

Complaints that are not within the Board's jurisdiction will be referred to the appropriate agency, and you will be notified.

## Can I File an Anonymous Complaint?

While anonymous complaints will be reviewed, they may be impossible to pursue unless they contain documented evidence of the allegations made.

## Should I Report Unlicensed Practice to the Board?

Yes. If you have evidence that an unlicensed person is participating in activities that require a license, you should report the individual to the Board. The Board will investigate the allegations and, if sufficient evidence is found, will forward the information to the local District Attorney for criminal prosecution.

## How Will My Complaint Be Processed?

- You will be notified that we have received your complaint within 10 days of its arrival.
- An analyst will be assigned to handle your case to gather all the necessary documents needed to thoroughly review the case.
- Your case may be reviewed by a Board consultant psychologist to determine if a violation occurred.
- If the complaint file is sent for consultant review, you will be notified.
- If the review determines that the actions of the psychologist were not below the Standard of Care for psychologists, the Board has no authority to proceed, and the complaint will be closed.

## Minor Violations

If your complaint involves a *minor violation*, it may be handled in one of several ways. We may mediate an agreement between you and the licensee/registrant, issue the licensee/registrant a letter of warning, or set up an educational conference between the licensee/registrant and an expert case reviewer and/or Board staff.

## Serious Violations

If your complaint involves a more serious violation, such as an allegation of sexual abuse, gross negligence, or incompetence, it will be immediately referred for formal investigation by a trained peace officer employed by the Medical Board of California. You will be informed of this step and may be interviewed by the investigator assigned to the case.

## Referral to Attorney General

If the investigation finds evidence to support your allegations, the Board will submit the case to the Attorney General for consideration of formal disciplinary action against the psychologist's license. You will be notified of this referral and the final outcome of any action taken.

If you have questions regarding the complaint process or wish to discuss the possibility of filing a complaint, you may call the Board's Complaint Unit toll-free at (866) 503-3221.

**Note:** Everyone has the right to file a complaint without fear of harassment. If you feel you are being harassed by the licensee/registrant you've complained about, you should notify the Board immediately.

**Collection and Use of Personal Information**

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

**Access to Your Information**

You may review the records maintained by the California Board of Psychology that contain your personal information, as permitted by the Information Practices Act. See contact information below.

**Possible Disclosure of Personal Information**

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by State or Federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information**

For questions about this notice or access to your records, you may contact the California Board of Psychology, 1625 North Market Boulevard, Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by e-mail at [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov). For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834; by phone at (800) 952-5210; or by e-mail at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).