

STATE OF CALIFORNIA  
DEPARTMENT OF  
CONSUMER AFFAIRS

EDMUND G. BROWN JR.  
GOVERNOR

CALIFORNIA  
BOARD OF PSYCHOLOGY  
LAWS AND  
REGULATIONS

2015 EDITION



California Board of  
**PSYCHOLOGY**

STATE OF CALIFORNIA  
DEPARTMENT OF  
CONSUMER AFFAIRS

EDMUND G. BROWN JR.  
GOVERNOR

# CALIFORNIA BOARD OF PSYCHOLOGY LAWS AND REGULATIONS

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2015 EDITION



Statutes Include Amendments Through Chapter 931 of the 2014 Regular Session and Resolution Chapter 1 of the Second Extraordinary Session of the 2013-2014 Legislature and all Propositions approved by the Electorate in 2014.  
Regulations Include Amendments Through January 16, 2015

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## PREFACE

LexisNexis is pleased to offer to the psychology community the 2015 edition of **California Board of Psychology Laws and Regulations**. This volume is a compilation of selected laws and regulations that affect the psychology profession. It is fully up to date with statutes enacted up to and including Chapter 931 of the 2014 Regular Session and Resolution Chapter 1 of the Second Extraordinary Session of the 2013-2014 Legislature and all Propositions approved by the Electorate in 2014 and regulations through January 16, 2015.

Included herein is a Table of Sections Affected which may be utilized to facilitate research into recently enacted legislation affecting these Codes. Through the use of state-of-the-art computer software, attorney editors have updated the comprehensive descriptive word index with the enactments of the 2014 legislature.

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March 2015





# Table of Contents

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	PAGE
Table of Sections Affected by 2012 Legislation.....	ix
Table of Sections Affected by 2013 Legislation.....	xi
Table of Sections Affected by 2014 Legislation.....	xiii
Table of Regulations Affected by 2012 to 2014 Legislation.....	xv

---

<b>BUSINESS AND PROFESSIONS CODE</b>	
<b>GENERAL PROVISIONS</b> .....	1
<b>Division 1. Department of Consumer Affairs</b>	
Chapter 1. The Department .....	5
Chapter 4. Consumer Affairs	
Article 6. Information.....	10
<b>Division 1.5. Denial, Suspension and Revocation of Licenses</b>	
Chapter 1. General Provisions .....	11
Chapter 2. Denial of Licenses .....	12
Chapter 3. Suspension and Revocation of Licenses .....	15
Chapter 4. Public Reprovals.....	25
Chapter 5. Examination Security.....	26
<b>Division 2. Healing Arts</b>	
Chapter 1. General Provisions	
Article 7.5. Health Care Practitioners.....	26
Article 10.5. Unprofessional Conduct.....	29
Article 11. Professional Reporting.....	32
Article 12.5. Mental Illness or Physical Illness .....	44
Article 15. Sexual Orientation Change Efforts.....	46
Chapter 1.5. Exemption from Licensure.....	47
Chapter 5. Medicine	
Article 12. Enforcement .....	50
Chapter 6.6. Psychologists	
Article 1. General Provisions .....	51
Article 2. Administration .....	63
Article 3. License .....	66
Article 4. Denial, Suspension and Revocation.....	68
Article 5. Penalties .....	75
Article 7. Revenue.....	75
Article 9. Psychological Corporations.....	78
<b>Division 7. General Business Regulations</b>	
Part 3. Representations to the Public	
Chapter 1. Advertising	
Article 1. False Advertising in General .....	80

TABLE OF CONTENTS

	PAGE
Article 2. Particular Offenses .....	82
<b>CALIFORNIA CODE OF REGULATIONS</b>	
<b>Division 13.1. Board of Psychology</b>	
Article 1. General Provisions .....	85
Article 2. Applications .....	87
Article 3. Education and Experience .....	91
Article 4. Examination.....	106
Article 5. Registered Psychologists.....	110
Article 5.1. Psychological Assistants.....	112
Article 6. Fees.....	116
Article 7. Standards Related to Denial, Discipline, and Reinstatement of Licenses or Registrations .....	117
Article 8. Rules of Professional Conduct .....	119
Article 9. Citations and Fines .....	125
Article 10. Continuing Education .....	129
<b>PENAL CODE</b>	
Part 1. Of Crimes and Punishments	
Title 9. Of Crimes Against the Person Involving Sexual Assault, and Crimes Against Public Decency and Good Morals	
Chapter 1. Rape, Abduction, Carnal Abuse of Children, and Seduction.....	153
Chapter 5. Bigamy, Incest, and the Crime Against Nature.....	154
Chapter 5.5. Sex Offenders .....	157
Part 4. Prevention of Crimes and Apprehension of Criminals	
Title 1. Investigation and Control of Crimes and Criminals	
Chapter 2. Control of Crimes and Criminals	
Article 2. Reports of Injuries.....	158
Article 2.5. Child Abuse and Neglect Reporting Act.....	162
Article 2.6. Child Death Review Teams .....	191
<b>WELFARE AND INSTITUTIONS CODE</b>	
<b>Division 5. Community Mental Health Services</b>	
Part 1. The Lanterman-Petris-Short Act	
Chapter 2. Involuntary Treatment	
Article 1. Detention of Mentally Disordered Persons for Evaluation and Treatment.....	193
Article 4. Certification for Intensive Treatment.....	196
Article 7. Legal and Civil Rights of Persons Involuntarily Detained.....	197
Part 2. The Bronzan-McCorquodale Act	
Chapter 1. General Provisions .....	205
Chapter 4. Operation and Administration.....	206
<b>Division 9. Public Social Services</b>	
Part 3. Aid and Medical Assistance	
Chapter 11. Elder Abuse and Dependent Adult Civil Protection Act	
Article 2. Definitions.....	207

TABLE OF CONTENTS

	PAGE
Article 3. Mandatory and Nonmandatory Reports of Abuse.....	212
Article 4. Confidentiality .....	218
Article 5. Local Agency Cross-Reporting .....	220
Article 6. Investigation of Reports .....	222
Article 9. Reporting Forms.....	223
Article 10. Employee Statement.....	224
 <b>EVIDENCE CODE</b>	
<b>Division 8. Privileges</b>	
Chapter 1. Definitions.....	227
Chapter 4. Particular Privileges	
Article 7. Psychotherapist-Patient Privilege.....	227
Article 9. Official Information and Identity of Informer .....	232
 <b>CIVIL CODE</b>	
<b>Division 1. Persons</b>	
Part 2. Personal Rights .....	233
Part 2.6. Confidentiality of Medical Information	
Chapter 2. Disclosure of Medical Information by Providers .....	235
Chapter 3. Use and Disclosure of Medical Information by Employers.....	243
 <b>FAMILY CODE</b>	
<b>Division 11. Minors</b>	
Part 4. Medical Treatment	
Chapter 3. Consent by Minor .....	247
 <b>HEALTH AND SAFETY CODE</b>	
<b>Division 2. Licensing Provisions</b>	
Chapter 1. Clinics	
Article 1. Definitions and General Provisions .....	253
<b>Division 105. Communicable Disease Prevention and Control</b>	
Part 1. Administration of Communicable Disease Prevention and Control	
Chapter 3.5. Communicable Diseases Exposure Notification Act	254
Part 4. Human Immunodeficiency Virus (HIV)	
Chapter 2. California Acquired Immune Deficiency Syndrome (AIDS) Program (CAP) .....	259
Chapter 7. Mandated Blood Testing and Confidentiality to Protect Public Health .....	260
<b>Division 106. Personal Health Care (Including Maternal,         Child, and Adolescent)</b>	
Part 1. General Administration	
Chapter 1. Patient Access to Health Records .....	268
Chapter 2. Destruction of Records and Exhibits of Human Health	279



TABLE OF CONTENTS

	PAGE
<b>CORPORATIONS CODE</b>	
Title 1. Corporations	
<b>Division 3. Corporations for Specific Purposes</b>	
Part 4. Professional Corporations .....	281
<b>EDUCATION CODE</b>	
Title 3. Postsecondary Education	
<b>Division 10. Private Postsecondary and Higher Education Institutions</b>	
Part 59. Private Postsecondary and Higher Education Institutions	
Chapter 8. Private Postsecondary Institutions	
Article 3. Definitions .....	293
<b>GOVERNMENT CODE</b>	
Title 1. General	
<b>Division 7. Miscellaneous</b>	
Chapter 3.5. Inspection of Public Records	
Article 1. General Provisions .....	295
Title 2. Government of the State of California	
<b>Division 3. Executive Department</b>	
Part 1. State Departments and Agencies	
Chapter 4.5. Administrative Adjudication: General Provisions	
Article 1. Preliminary Provisions .....	304
Article 6. Administrative Adjudication Bill of Rights .....	305
Article 14. Declaratory Decision.....	305
Chapter 5. Administrative Adjudication: Formal Hearing .....	307
Part 2.8. Department of Fair Employment and Housing	
Chapter 6. Discrimination Prohibited	
Article 1. Unlawful Practices, Generally.....	307
Disciplinary Guidelines.....	311
Ethical Principles and Code of Conduct.....	336
Index .....	I-1

**2012 TABLE OF CODE SECTIONS ADDED,  
AMENDED, REPEALED, OR OTHERWISE  
AFFECTED**

**Business and Professions Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
114.3	Added	742
680	Amended	34
683	Added	154
683	Amended	154
686	Added	782
800	Amended	332
803	Amended	332
803.5	Amended	332
803.6	Amended	332
805	Amended	332
865	Added	835
865.1	Added	835
865.2	Added	835
2904.5	Amended	799
2920	Amended	332
2933	Amended	332

**Civil Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
43.92	Amended	149
56.106	Added	657

**Government Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
12944	Amended	46, 147

**Health and Safety Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
123116	Added	657
123148	Amended	698

**Penal Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
290	Amended	35
11165.7	Amended	162, 517, 519/-521
11166	Amended	517, 521, 728
11166.5	Amended	518

## 2012 TABLE OF SECTIONS AFFECTED

11169	Amended	848
11170	Amended	846, 848
11172	Amended	521

**Welfare and Institutions Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
5150	Amended	34
5325	Amended	34, 448, 457
5328	Amended	34
5751.2	Amended	34
15610.67	Added	659
15630	Amended	24, 660
15631	Amended	659
15650	Amended	440
15658	Amended	440

**2013 TABLE OF CODE SECTIONS ADDED,  
AMENDED, REPEALED, OR OTHERWISE  
AFFECTED**

**Business and Professions Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
114.5	Added	693
144.5	Added	516
494.6	Added	577
680	Amended	23
901	Amended	111

**Civil Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
56.10	Amended	341

**Corporations Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
13401.5	Amended	620

**Government Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
6254	Amended	23, 352

**Health and Safety Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
120975	Amended	445
120985	Amended	444
120990	Amended	589
120991	Added	589
121020	Amended	153
121022	Amended	445
123148	Amended	589

**Penal Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
11160	Amended	352
11165.7	Amended	76
11165.15	Added	486
11166	Amended	76

**Welfare and Institutions Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
5150	Amended	23, 567
15610.30	Amended	668
15630	Amended	76, 673
15650	Amended	76

**2014 TABLE OF CODE SECTIONS ADDED,  
AMENDED, REPEALED, OR OTHERWISE  
AFFECTED**

**Business and Professions Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
27	Amended	316
480	Amended	737
480.5	Added	410
494.6	Amended	71
2290.5	Amended	404
2930.5	Repealed	316
2936	Amended	316
2987.3	Repealed	316

**Education Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
94823.5	Ind. Amended	840

**Government Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
6254	Amended	31

**Health and Safety Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
121022	Amended	71

**Penal Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
11165.1	Amended	264
11165.7	Amended	797
11165.15	Amended	71
11170	Amended	772

**Welfare and Institutions Code**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Chapter Number</b>
5250	Amended	144
15610.55	Amended	62



**2012 TO 2014 TABLE OF REGULATION CODE  
SECTIONS ADDED, AMENDED, REPEALED, OR  
OTHERWISE AFFECTED**

**Title 16**

<b>Section Affected</b>	<b>Type of Change</b>	<b>Operative</b>
1380.1	Amended	Filed 10-20-2014
1380.4	Amended	8-22-2012
1387	Amended	Filed 10-20-2014
1387.1	Amended	Filed 10-20-2014
1393	Amended	8-22-2012
1397.2	Added	8-22-2012





**LAWS AND REGULATIONS  
RELATING TO THE PRACTICE OF  
PSYCHOLOGY**  
*EXTRACTED FROM*  
**BUSINESS & PROFESSIONS CODE**



**GENERAL PROVISIONS**

**§ 25. Training in human sexuality**

Any person applying for a license, registration, or the first renewal of a license, after the effective date of this section, as a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, or a licensed professional clinical counselor shall, in addition to any other requirements, show by evidence satisfactory to the agency regulating the business or profession, that he or she has completed training in human sexuality as a condition of licensure. The training shall be creditable toward continuing education requirements as deemed appropriate by the agency regulating the business or profession, and the course shall not exceed more than 50 contact hours.

The Board of Psychology shall exempt from the requirements of this section any persons whose field of practice is such that they are not likely to have use for this training.

“Human sexuality” as used in this section means the study of a human being as a sexual being and how he or she functions with respect thereto.

The content and length of the training shall be determined by the administrative agency regulating the business or profession and the agency shall proceed immediately upon the effective date of this section to determine what training, and the quality of staff to provide the training, is available and shall report its determination to the Legislature on or before July 1, 1977.

If a licensing board or agency proposes to establish a training program in human sexuality, the board or agency shall first consult with other licensing boards or agencies that have established or propose to establish a training program in human sexuality to ensure that the programs are compatible in scope and content.

Added Stats 1976 ch 1433 § 1, operative January 1, 1980. Amended Stats 2002 ch 1013 § 1 (SB 2026); Stats 2005 ch 658 § 1 (SB 229), effective January 1, 2006; Stats 2011 ch 381 § 1 (SB 146), effective January 1, 2012.

**§ 27. Information to be provided on Internet; Entities in Department of Consumer Affairs required to comply**

(a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the Internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798))

BOARD OF PSYCHOLOGY

of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the Internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of his or her home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as his or her address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the Internet.

(b) In providing information on the Internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs' guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(3) The Bureau of Electronic and Appliance Repair, Home Furnishings, and Thermal Insulation shall disclose information on its licensees and registrants, including major appliance repair dealers, combination dealers (electronic and appliance), electronic repair dealers, service contract sellers, and service contract administrators.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors' State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(8) The California Board of Accountancy shall disclose information on its licensees and registrants.

BUSINESS AND PROFESSIONS CODE

(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.

(10) The State Athletic Commission shall disclose information on its licensees and registrants.

(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.

(12) The State Board of Guide Dogs for the Blind shall disclose information on its licensees and registrants.

(13) The Acupuncture Board shall disclose information on its licensees.

(14) The Board of Behavioral Sciences shall disclose information on its licensees, including licensed marriage and family therapists, licensed clinical social workers, licensed educational psychologists, and licensed professional clinical counselors.

(15) The Dental Board of California shall disclose information on its licensees.

(16) The State Board of Optometry shall disclose information regarding certificates of registration to practice optometry, statements of licensure, optometric corporation registrations, branch office licenses, and fictitious name permits of its licensees.

(17) The Board of Psychology shall disclose information on its licensees, including psychologists, psychological assistants, and registered psychologists.

(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(f) "Internet" for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.

Added Stats 1997 ch 661 § 1 (SB 492), Amended Stats 1998 ch 59 § 1 (AB 969); Stats 1999 ch 655 § 1 (SB 1308); Stats 2000 ch 927 § 1 (SB 1889); Stats 2001 ch 159 § 1 (SB 662); Stats 2003 ch 849 § 1 (AB 1418); Stats 2009 ch 308 § 1 (SB 819), effective January 1, 2010, ch 310 § 1.5 (AB 48), effective January 1, 2010; Stats 2011 ch 381 § 2 (SB 146), effective January 1, 2012, ch 712 § 1 (SB 706), effective January 1, 2012; Stats 2014 ch 316 § 1 (SB 1466), effective January 1, 2015.

**§ 28. Child, elder, and dependent adult abuse assessment and reporting training**

The Legislature finds that there is a need to ensure that professionals of the healing arts who have demonstrable contact with victims and potential victims of child, elder, and dependent adult abuse, and abusers and potential abusers of children, elders, and dependent adults are provided with adequate and appropriate training regarding the assessment and reporting of child, elder, and dependent adult abuse which will ameliorate, reduce, and eliminate the trauma of abuse and neglect and ensure the reporting of abuse in a timely manner to prevent additional occurrences.

The Board of Psychology and the Board of Behavioral Sciences shall establish required training in the area of child abuse assessment and reporting for all persons applying for initial licensure and renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist. This training shall be required one time only for all persons applying for initial licensure or for licensure renewal.

BOARD OF PSYCHOLOGY

All persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist shall, in addition to all other requirements for licensure or renewal, have completed coursework or training in child abuse assessment and reporting that meets the requirements of this section, including detailed knowledge of the Child Abuse and Neglect Reporting Act (Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code). The training shall meet all of the following requirements:

- (a) Be obtained from one of the following sources:
  - (1) An accredited or approved educational institution, as defined in Sections 2902, 4980.36, 4980.37, 4996.18, and 4999.12, including extension courses offered by those institutions.
  - (2) A continuing education provider approved by the responsible board.
  - (3) A course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved by the responsible board.
- (b) Have a minimum of seven contact hours.
- (c) Include the study of the assessment and method of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.
- (d) An applicant shall provide the appropriate board with documentation of completion of the required child abuse training.

The Board of Psychology and the Board of Behavioral Sciences shall exempt an applicant who applies for an exemption from the requirements of this section and who shows to the satisfaction of the board that there would be no need for the training in his or her practice because of the nature of that practice.

It is the intent of the Legislature that a person licensed as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist have minimal but appropriate training in the areas of child, elder, and dependent adult abuse assessment and reporting. It is not intended that by solely complying with the requirements of this section, a practitioner is fully trained in the subject of treatment of child, elder, and dependent adult abuse victims and abusers.

The Board of Psychology and the Board of Behavioral Sciences are encouraged to include coursework regarding the assessment and reporting of elder and dependent adult abuse in the required training on aging and long-term care issues prior to licensure or license renewal.

Added Stats 1995 ch 758 § 2.5 (AB 446), operative January 1, 1997. Amended Stats 2002 ch 1013 § 2 (SB 2026); Stats 2004 ch 695 § 1 (SB 1913); Stats 2009 ch 26 § 1 (SB 33), effective January 1, 2010; Stats 2010 ch 552 § 1 (AB 2435), effective January 1, 2011.

**§ 29. Adoption of continuing education requirements regarding chemical dependency and alcoholism**

(a) The Board of Psychology and the Board of Behavioral Sciences shall consider adoption of continuing education requirements including training in

BUSINESS AND PROFESSIONS CODE

Bus. & Prof. Code

the area of recognizing chemical dependency and early intervention for all persons applying for renewal of a license as a psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor.

(b) Prior to the adoption of any regulations imposing continuing education relating to alcohol and other chemical dependency, the boards are urged to consider coursework to include, but not necessarily be limited to, the following topics:

- (1) Historical and contemporary perspectives on alcohol and other drug abuse.
- (2) Extent of the alcohol and drug abuse epidemic and its effects on the individual, family, and community.
- (3) Recognizing the symptoms of alcoholism and drug addiction.
- (4) Making appropriate interpretations, interventions, and referrals.
- (5) Recognizing and intervening with affected family members.
- (6) Learning about current programs of recovery, such as 12 step programs, and how therapists can effectively utilize these programs.

Added Stats 1990 ch 1005 § 2 (AB 3314). Amended Stats 2002 ch 1013 § 3 (SB 2026); Stats 2004 ch 193 § 1 (SB 111); Stats 2011 ch 381 § 3 (SB 146), effective January 1, 2012.

**§ 32. Legislative findings; AIDS training for health care professionals**

(a) The Legislature finds that there is a need to ensure that professionals of the healing arts who have or intend to have significant contact with patients who have, or are at risk to be exposed to, acquired immune deficiency syndrome (AIDS) are provided with training in the form of continuing education regarding the characteristics and methods of assessment and treatment of the condition.

(b) A board vested with the responsibility of regulating the following licensees shall consider including training regarding the characteristics and method of assessment and treatment of acquired immune deficiency syndrome (AIDS) in any continuing education or training requirements for those licensees: chiropractors, medical laboratory technicians, dentists, dental hygienists, dental assistants, physicians and surgeons, podiatrists, registered nurses, licensed vocational nurses, psychologists, physician assistants, respiratory therapists, acupuncturists, marriage and family therapists, licensed educational psychologists, clinical social workers, and professional clinical counselors.

Added Stats 1988 ch 1213 § 1. Amended Stats 1994 ch 26 § 2 (AB 1807), effective March 30, 1994; Stats 2002 ch 1013 § 4 (SB 2026); Stats 2011 ch 381 § 4 (SB 146), effective January 1, 2012.

**DIVISION 1**

**Department of Consumer Affairs**

**CHAPTER 1**

**The Department**

**§ 101.6. Purpose**

The boards, bureaus, and commissions in the department are established for the purpose of ensuring that those private businesses and professions deemed

BOARD OF PSYCHOLOGY

to engage in activities which have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California.

To this end, they establish minimum qualifications and levels of competency and license persons desiring to engage in the occupations they regulate upon determining that such persons possess the requisite skills and qualifications necessary to provide safe and effective services to the public, or register or otherwise certify persons in order to identify practitioners and ensure performance according to set and accepted professional standards. They provide a means for redress of grievances by investigating allegations of unprofessional conduct, incompetence, fraudulent action, or unlawful activity brought to their attention by members of the public and institute disciplinary action against persons licensed or registered under the provisions of this code when such action is warranted. In addition, they conduct periodic checks of licensees, registrants, or otherwise certified persons in order to ensure compliance with the relevant sections of this code.

Added Stats 1980 ch 375 § 1.

**§ 104. Display of licenses or registrations**

All boards or other regulatory entities within the department's jurisdiction that the department determines to be health-related may adopt regulations to require licensees to display their licenses or registrations in the locality in which they are treating patients, and to inform patients as to the identity of the regulatory agency they may contact if they have any questions or complaints regarding the licensee. In complying with this requirement, those boards may take into consideration the particular settings in which licensees practice, or other circumstances which may make the displaying or providing of information to the consumer extremely difficult for the licensee in their particular type of practice.

Added Stats 1998 ch 991 § 1 (SB1980).

**§ 114. Reinstatement of expired license of licensee serving in military**

(a) Notwithstanding any other provision of this code, any licensee or registrant of any board, commission, or bureau within the department whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces, may, upon application, reinstate his or her license or registration without examination or penalty, provided that all of the following requirements are satisfied:

(1) His or her license or registration was valid at the time he or she entered the California National Guard or the United States Armed Forces.

(2) The application for reinstatement is made while serving in the California National Guard or the United States Armed Forces, or not later than one year from the date of discharge from active service or return to inactive military status.

(3) The application for reinstatement is accompanied by an affidavit showing the date of entrance into the service, whether still in the service, or date of discharge, and the renewal fee for the current renewal period in which the application is filed is paid.

BUSINESS AND PROFESSIONS CODE

Bus. & Prof. Code

(b) If application for reinstatement is filed more than one year after discharge or return to inactive status, the applicant, in the discretion of the licensing agency, may be required to pass an examination.

(c) If application for reinstatement is filed and the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, then the licensing agency may require the applicant to pass an examination.

(d) Unless otherwise specifically provided in this code, any licensee or registrant who, either part time or full time, practices in this state the profession or vocation for which he or she is licensed or registered shall be required to maintain his or her license in good standing even though he or she is in military service.

For the purposes in this section, time spent by a licensee in receiving treatment or hospitalization in any veterans' facility during which he or she is prevented from practicing his or her profession or vocation shall be excluded from said period of one year.

Added Stats 1951 ch 185 § 2. Amended Stats 1953 ch 423 § 1; Stats 1961 ch 1253 § 1; Stats 2010 ch 389 § 1 (AB 2500), effective January 1, 2011; Stats 2011 ch 296 § 1 (AB 1023), effective January 1, 2012.

**§ 114.3. Waiver of fees and requirements for active duty members of armed forces and national guard**

(a) Notwithstanding any other provision of law, every board, as defined in Section 22, within the department shall waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, for any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard if all of the following requirements are met:

(1) The licensee or registrant possessed a current and valid license with the board at the time he or she was called to active duty.

(2) The renewal requirements are waived only for the period during which the licensee or registrant is on active duty service.

(3) Written documentation that substantiates the licensee or registrant's active duty service is provided to the board.

(b)(1) Except as specified in paragraph (2), the licensee or registrant shall not engage in any activities requiring a license during the period that the waivers provided by this section are in effect.

(2) If the licensee or registrant will provide services for which he or she is licensed while on active duty, the board shall convert the license status to military active and no private practice of any type shall be permitted.

(c) In order to engage in any activities for which he or she is licensed once discharged from active duty, the licensee or registrant shall meet all necessary renewal requirements as determined by the board within six months from the licensee's or registrant's date of discharge from active duty service.

(d) After a licensee or registrant receives notice of his or her discharge date, the licensee or registrant shall notify the board of his or her discharge from active duty within 60 days of receiving his or her notice of discharge.

(e) A board may adopt regulations to carry out the provisions of this section.

(f) This section shall not apply to any board that has a similar license renewal waiver process statutorily authorized for that board.

Added Stats 2012 ch 742 § 1 (AB 1588), effective January 1, 2013.



BOARD OF PSYCHOLOGY

**§ 114.5. Military status**

Commencing January 1, 2015, each board shall inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

Added Stats 2013 ch 693 § 1 (AB 1057), effective January 1, 2014.

**§ 118. Effect of withdrawal of application; Effect of suspension, forfeiture, etc., of license**

(a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.

(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

(c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

Added Stats 1961 ch 1079 § 1.

**§ 119. Misdemeanors pertaining to use of licenses**

Any person who does any of the following is guilty of a misdemeanor:

(a) Displays or causes or permits to be displayed or has in his or her possession either of the following:

(1) A canceled, revoked, suspended, or fraudulently altered license.

(2) A fictitious license or any document simulating a license or purporting to be or have been issued as a license.

(b) Lends his or her license to any other person or knowingly permits the use thereof by another.

(c) Displays or represents any license not issued to him or her as being his or her license.

(d) Fails or refuses to surrender to the issuing authority upon its lawful written demand any license, registration, permit, or certificate which has been suspended, revoked, or canceled.

(e) Knowingly permits any unlawful use of a license issued to him or her.

(f) Photographs, photostats, duplicates, manufactures, or in any way reproduces any license or facsimile thereof in a manner that it could be mistaken for a valid license, or displays or has in his or her possession any such photograph, photostat, duplicate, reproduction, or facsimile unless authorized by this code.

(g) Buys or receives a fraudulent, forged, or counterfeited license knowing that it is fraudulent, forged, or counterfeited. For purposes of this subdivision, "fraudulent" means containing any misrepresentation of fact.

BUSINESS AND PROFESSIONS CODE

As used in this section, “license” includes “certificate,” “permit,” “authority,” and “registration” or any other indicia giving authorization to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600.

Added Stats 1965 ch 1083 § 1. Amended Stats 1990 ch 350 § 1 (SB 2084) (ch 1207 prevails), ch 1207 § 1 (AB 3242); Stats 1994 ch 1206 § 1 (SB 1775); Stats 2000 ch 568 § 1 (AB 2888).

**§ 121. Practice during period between renewal and receipt of evidence of renewal**

No licensee who has complied with the provisions of this code relating to the renewal of his or her license prior to expiration of such license shall be deemed to be engaged illegally in the practice of his or her business or profession during any period between such renewal and receipt of evidence of such renewal which may occur due to delay not the fault of the applicant.

As used in this section, “license” includes “certificate,” “permit,” “authorization,” and “registration,” or any other indicia giving authorization, by any agency, board, bureau, commission, committee, or entity within the Department of Consumer Affairs, to engage in a business or profession regulated by this code or by the board referred to in the Chiropractic Act or the Osteopathic Act.

Added Stats 1979 ch 77 § 1.

**§ 136. Notification of change of address; Punishment for failure to comply**

(a) Each person holding a license, certificate, registration, permit, or other authority to engage in a profession or occupation issued by a board within the department shall notify the issuing board at its principal office of any change in his or her mailing address within 30 days after the change, unless the board has specified by regulations a shorter time period.

(b) Except as otherwise provided by law, failure of a licentiate to comply with the requirement in subdivision (a) constitutes grounds for the issuance of a citation and administrative fine, if the board has the authority to issue citations and administrative fines.

Added Stats 1994 ch 26 § 7 (AB 1807), effective March 30, 1994.

**§ 144. Requirement of fingerprints for criminal record checks; Applicability**

(a) Notwithstanding any other provision of law, an agency designated in subdivision (b) shall require an applicant to furnish to the agency a full set of fingerprints for purposes of conducting criminal history record checks. Any agency designated in subdivision (b) may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.

(b) Subdivision (a) applies to the following:

- (1) California Board of Accountancy.
- (2) State Athletic Commission.
- (3) Board of Behavioral Sciences.
- (4) Court Reporters Board of California.
- (5) State Board of Guide Dogs for the Blind.
- (6) California State Board of Pharmacy.



## BOARD OF PSYCHOLOGY

- (7) Board of Registered Nursing.
- (8) Veterinary Medical Board.
- (9) Board of Vocational Nursing and Psychiatric Technicians.
- (10) Respiratory Care Board of California.
- (11) Physical Therapy Board of California.
- (12) Physician Assistant Committee of the Medical Board of California.
- (13) Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board.
- (14) Medical Board of California.
- (15) State Board of Optometry.
- (16) Acupuncture Board.
- (17) Cemetery and Funeral Bureau.
- (18) Bureau of Security and Investigative Services.
- (19) Division of Investigation.
- (20) Board of Psychology.
- (21) California Board of Occupational Therapy.
- (22) Structural Pest Control Board.
- (23) Contractors' State License Board.
- (24) Naturopathic Medicine Committee.
- (25) Professional Fiduciaries Bureau.
- (26) Board for Professional Engineers, Land Surveyors, and Geologists.

(c) For purposes of paragraph (26) of subdivision (b), the term "applicant" shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.

Added Stats 1997 ch 758 § 2 (SB 1346). Amended Stats 2000 ch 697 § 1.2 (SB 1046), operative January 1, 2001; Stats 2001 ch 159 § 4 (SB 662), ch 687 § 2 (AB 1409) (ch 687 prevails); Stats 2002 ch 744 § 1 (SB 1953), ch 825 § 1 (SB 1952); Stats 2003 ch 485 § 2 (SB 907), ch 789 § 1 (SB 364), ch 874 § 1 (SB 363); Stats 2004 ch 909 § 1.2 (SB 136), effective September 30, 2004; Stats 2009 ch 308 § 4 (SB 819), effective January 1, 2010; Stats 2011 ch 448 § 1 (SB 543), effective January 1, 2012.

### § 144.5. Board authority

Notwithstanding any other law, a board described in Section 144 may request, and is authorized to receive, from a local or state agency certified records of all arrests and convictions, certified records regarding probation, and any and all other related documentation needed to complete an applicant or licensee investigation. A local or state agency may provide those records to the board upon request.

Added Stats 2013 ch 516 § 1 (SB 305), effective January 1, 2014.

## CHAPTER 4 Consumer Affairs ARTICLE 6 Information

### § 337. Informational brochure for victims of psychotherapist-patient sexual contact; Contents

(a) The department shall prepare and disseminate an informational brochure for victims of psychotherapist-patient sexual contact and advocates for

BUSINESS AND PROFESSIONS CODE

those victims. This brochure shall be developed by the department in consultation with members of the Sexual Assault Program of the Office of Criminal Justice Planning and the office of the Attorney General.

(b) The brochure shall include, but is not limited to, the following:

(1) A legal and an informal definition of psychotherapist-patient sexual contact.

(2) A brief description of common personal reactions and histories of victims and victim's families.

(3) A patient's bill of rights.

(4) Options for reporting psychotherapist-patient sexual relations and instructions for each reporting option.

(5) A full description of administrative, civil, and professional associations complaint procedures.

(6) A description of services available for support of victims.

(c) The brochure shall be provided to each individual contacting the Medical Board of California and affiliated health boards or the Board of Behavioral Sciences regarding a complaint involving psychotherapist-patient sexual relations.

Added Stats 1987 ch 1448 § 1. Amended Stats 1989 ch 886 § 5; Stats 2007 ch 588 § 1 (SB 1048), effective January 1, 2008.

**DIVISION 1.5**

**Denial, Suspension and Revocation of Licenses**

**CHAPTER 1**

**General Provisions**

**§ 475. Applicability of division**

(a) Notwithstanding any other provisions of this code, the provisions of this division shall govern the denial of licenses on the grounds of:

(1) Knowingly making a false statement of material fact, or knowingly omitting to state a material fact, in an application for a license.

(2) Conviction of a crime.

(3) Commission of any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or another, or substantially injure another.

(4) Commission of any act which, if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(b) Notwithstanding any other provisions of this code, the provisions of this division shall govern the suspension and revocation of licenses on grounds specified in paragraphs (1) and (2) of subdivision (a).

(c) A license shall not be denied, suspended, or revoked on the grounds of a lack of good moral character or any similar ground relating to an applicant's character, reputation, personality, or habits.

Added Stats 1972 ch 903 § 1. Amended Stats 1974 ch 1321 § 1; Stats 1992 ch 1289 § 5 (AB 2743).



## BOARD OF PSYCHOLOGY

### § 476. Exemptions

(a) Except as provided in subdivision (b), nothing in this division shall apply to the licensure or registration of persons pursuant to Chapter 4 (commencing with Section 6000) of Division 3, or pursuant to Division 9 (commencing with Section 23000) or pursuant to Chapter 5 (commencing with Section 19800) of Division 8.

(b) Section 494.5 shall apply to the licensure of persons authorized to practice law pursuant to Chapter 4 (commencing with Section 6000) of Division 3, and the licensure or registration of persons pursuant to Chapter 5 (commencing with Section 19800) of Division 8 or pursuant to Division 9 (commencing with Section 23000).

Added Stats 1972 ch 903 § 1. Amended Stats 1983 ch 721 § 1; Stats 2011 ch 455 § 2 (AB 1424), effective January 1, 2012.

### § 477. “Board”; “License”

As used in this division:

(a) “Board” includes “bureau,” “commission,” “committee,” “department,” “division,” “examining committee,” “program,” and “agency.”

(b) “License” includes certificate, registration or other means to engage in a business or profession regulated by this code.

Added Stats 1972 ch 903 § 1. Amended Stats 1974 ch 1321 § 2; Stats 1983 ch 95 § 1; Stats 1991 ch 654 § 5 (AB 1893).

### § 478. “Application”; “Material”

(a) As used in this division, “application” includes the original documents or writings filed and any other supporting documents or writings including supporting documents provided or filed contemporaneously, or later, in support of the application whether provided or filed by the applicant or by any other person in support of the application.

(b) As used in this division, “material” includes a statement or omission substantially related to the qualifications, functions, or duties of the business or profession.

Added Stats 1992 ch 1289 § 6 (AB 2743).

## CHAPTER 2

### Denial of Licenses

#### § 480. Grounds for denial; Effect of obtaining certificate of rehabilitation

(a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

BUSINESS AND PROFESSIONS CODE

(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.

(3)(A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate the rehabilitation of a person when considering the denial of a license under subdivision (a) of Section 482.

(c) Notwithstanding any other provisions of this code, a person shall not be denied a license solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof of the dismissal.

(d) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license.

Added Stats 1974 ch 1321 § 4. Amended Stats 1976 ch 947 § 1; Stats 1979 ch 876 § 2; Stats 2008 ch 179 § 2 (SB 1498), effective January 1, 2009; Stats 2014 ch 737 § 1 (AB 2396), effective January 1, 2015.

**§ 480.5. Completion of licensure requirements while incarcerated**

(a) An individual who has satisfied any of the requirements needed to obtain a license regulated under this division while incarcerated, who applies for that license upon release from incarceration, and who is otherwise eligible for the license shall not be subject to a delay in processing his or her application or a denial of the license solely on the basis that some or all of the licensure requirements were completed while the individual was incarcerated.

(b) Nothing in this section shall be construed to apply to a petition for reinstatement of a license or to limit the ability of a board to deny a license pursuant to Section 480.

(c) This section shall not apply to the licensure of individuals under the initiative act referred to in Chapter 2 (commencing with Section 1000) of Division 2.

Added Stats 2014 ch 410 § 1 (AB 1702), effective January 1, 2015.

**§ 481. Crime and job-fitness criteria**

Each board under the provisions of this code shall develop criteria to aid it, when considering the denial, suspension or revocation of a license, to determine whether a crime or act is substantially related to the qualifications, functions, or duties of the business or profession it regulates.

Added Stats 1974 ch 1321 § 6.



BOARD OF PSYCHOLOGY

**§ 482. Rehabilitation criteria**

Each board under the provisions of this code shall develop criteria to evaluate the rehabilitation of a person when:

- (a) Considering the denial of a license by the board under Section 480; or
- (b) Considering suspension or revocation of a license under Section 490.

Each board shall take into account all competent evidence of rehabilitation furnished by the applicant or licensee.

Added Stats 1972 ch 903 § 1. Amended Stats 1974 ch 1321 § 7.

**§ 484. Attestation to good moral character of applicant**

No person applying for licensure under this code shall be required to submit to any licensing board any attestation by other persons to his good moral character.

Added Stats 1972 ch 903 § 1. Amended Stats 1974 ch 1321 § 9.

**§ 485. Procedure upon denial**

Upon denial of an application for a license under this chapter or Section 496, the board shall do either of the following:

(a) File and serve a statement of issues in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(b) Notify the applicant that the application is denied, stating (1) the reason for the denial, and (2) that the applicant has the right to a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code if written request for hearing is made within 60 days after service of the notice of denial. Unless written request for hearing is made within the 60-day period, the applicant's right to a hearing is deemed waived.

Service of the notice of denial may be made in the manner authorized for service of summons in civil actions, or by registered mail addressed to the applicant at the latest address filed by the applicant in writing with the board in his or her application or otherwise. Service by mail is complete on the date of mailing.

Added Stats 1972 ch 903 § 1. Amended Stats 1997 ch 758 § 2.3 (SB 1346).

**§ 486. Contents of decision or notice**

Where the board has denied an application for a license under this chapter or Section 496, it shall, in its decision, or in its notice under subdivision (b) of Section 485, inform the applicant of the following:

(a) The earliest date on which the applicant may reapply for a license which shall be one year from the effective date of the decision, or service of the notice under subdivision (b) of Section 485, unless the board prescribes an earlier date or a later date is prescribed by another statute.

(b) That all competent evidence of rehabilitation presented will be considered upon a reapplication.

Along with the decision, or the notice under subdivision (b) of Section 485, the board shall serve a copy of the criteria relating to rehabilitation formulated under Section 482.

Added Stats 1972 ch 903 § 1. Amended Stats 1974 ch 1321 § 9.5; Stats 1997 ch 758 § 2.4 (SB 1346).

**§ 487. Hearing; Time**

If a hearing is requested by the applicant, the board shall conduct such hearing within 90 days from the date the hearing is requested unless the

BUSINESS AND PROFESSIONS CODE

applicant shall request or agree in writing to a postponement or continuance of the hearing. Notwithstanding the above, the Office of Administrative Hearings may order, or on a showing of good cause, grant a request for, up to 45 additional days within which to conduct a hearing, except in cases involving alleged examination or licensing fraud, in which cases the period may be up to 180 days. In no case shall more than two such orders be made or requests be granted.

Added Stats 1972 ch 903 § 1. Amended Stats 1974 ch 1321 § 10; Stats 1986 ch 220 § 1, effective June 30, 1986.

§ 488. Hearing request

Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the board may take any of the following actions:

- (a) Grant the license effective upon completion of all licensing requirements by the applicant.
- (b) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.
- (c) Deny the license.
- (d) Take other action in relation to denying or granting the license as the board in its discretion may deem proper.

Added Stats 2000 ch 568 § 2 (AB 2888).

§ 489. Denial of application without a hearing

Any agency in the department which is authorized by law to deny an application for a license upon the grounds specified in Section 480 or 496, may without a hearing deny an application upon any of those grounds, if within one year previously, and after proceedings conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that agency has denied an application from the same applicant upon the same ground.

Added Stats 1955 ch 1151 § 1, as B & P C § 116. Amended Stats 1978 ch 1161 § 2. Renumbered by Stats 1989 ch 1104 § 1. Amended Stats 1997 ch 758 § 2.5 (SB 1346).

CHAPTER 3

Suspension and Revocation of Licenses

§ 490. Grounds for suspension or revocation; Discipline for substantially related crimes; Conviction; Legislative findings

- (a) In addition to any other action that a board is permitted to take against a licensee, a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.
- (b) Notwithstanding any other provision of law, a board may exercise any authority to discipline a licensee for conviction of a crime that is independent of the authority granted under subdivision (a) only if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the licensee's license was issued.



BOARD OF PSYCHOLOGY

(c) A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. An action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code.

(d) The Legislature hereby finds and declares that the application of this section has been made unclear by the holding in *Petropoulos v. Department of Real Estate* (2006) 142 Cal.App.4th 554, and that the holding in that case has placed a significant number of statutes and regulations in question, resulting in potential harm to the consumers of California from licensees who have been convicted of crimes. Therefore, the Legislature finds and declares that this section establishes an independent basis for a board to impose discipline upon a licensee, and that the amendments to this section made by Chapter 33 of the Statutes of 2008 do not constitute a change to, but rather are declaratory of, existing law.

Added Stats 1974 ch 1321 § 13. Amended Stats 1979 ch 876 § 3; Stats 1980 ch 548 § 1; Stats 1992 ch 1289 § 7 (AB 2743); Stats 2008 ch 33 § 2 (SB 797) (ch 33 prevails), effective June 23, 2008, ch 179 § 3 (SB 1498), effective January 1, 2009; Stats 2010 ch 328 § 2 (SB 1330), effective January 1, 2011.

**§ 490.5. Suspension of license for failure to comply with child support order**

A board may suspend a license pursuant to Section 17520 of the Family Code if a licensee is not in compliance with a child support order or judgment.

Added Stats 1994 ch 906 § 1 (AB 923), operative January 1, 1996. Amended Stats 2010 ch 328 § 3 (SB 1330), effective January 1, 2011.

**§ 491. Procedure upon suspension or revocation**

Upon suspension or revocation of a license by a board on one or more of the grounds specified in Section 490, the board shall:

(a) Send a copy of the provisions of Section 11522 of the Government Code to the ex-licensee.

(b) Send a copy of the criteria relating to rehabilitation formulated under Section 482 to the ex-licensee.

Added Stats 1972 ch 903 § 1. Amended Stats 1974 ch 1321 § 14; Stats 1975 ch 678 § 1.

**§ 492. Effect of completion of drug diversion program on disciplinary action or denial of license**

Notwithstanding any other provision of law, successful completion of any diversion program under the Penal Code, or successful completion of an alcohol and drug problem assessment program under Article 5 (commencing with Section 23249.50) of Chapter 12 of Division 11 of the Vehicle Code, shall not prohibit any agency established under Division 2 (commencing with Section 500) of this code, or any initiative act referred to in that division, from taking disciplinary action against a licensee or from denying a license for professional misconduct, notwithstanding that evidence of that misconduct may be recorded in a record pertaining to an arrest.

This section shall not be construed to apply to any drug diversion program operated by any agency established under Division 2 (commencing with Section 500) of this code, or any initiative act referred to in that division.

Added Stats 1987 ch 1183 § 1. Amended Stats 1994 ch 26 § 15 (AB 1807), effective March 30, 1994.

**§ 493. Evidentiary effect of record of conviction of crime substantially related to licensee's qualifications, functions, and duties**

Notwithstanding any other provision of law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

As used in this section, "license" includes "certificate," "permit," "authority," and "registration."

Added Stats 1961 ch 934 § 1, as B & P C § 117. Amended Stats 1978 ch 1161 § 3. Renumbered by Stats 1989 ch 1104 § 1.3.

**§ 494. Interim suspension or restriction order**

(a) A board or an administrative law judge sitting alone, as provided in subdivision (h), may, upon petition, issue an interim order suspending any licentiate or imposing license restrictions, including, but not limited to, mandatory biological fluid testing, supervision, or remedial training. The petition shall include affidavits that demonstrate, to the satisfaction of the board, both of the following:

(1) The licentiate has engaged in acts or omissions constituting a violation of this code or has been convicted of a crime substantially related to the licensed activity.

(2) Permitting the licentiate to continue to engage in the licensed activity, or permitting the licentiate to continue in the licensed activity without restrictions, would endanger the public health, safety, or welfare.

(b) No interim order provided for in this section shall be issued without notice to the licentiate unless it appears from the petition and supporting documents that serious injury would result to the public before the matter could be heard on notice.

(c) Except as provided in subdivision (b), the licentiate shall be given at least 15 days' notice of the hearing on the petition for an interim order. The notice shall include documents submitted to the board in support of the petition. If the order was initially issued without notice as provided in subdivision (b), the licentiate shall be entitled to a hearing on the petition within 20 days of the issuance of the interim order without notice. The licentiate shall be given notice of the hearing within two days after issuance of the initial interim order, and shall receive all documents in support of the petition. The failure of the board to provide a hearing within 20 days following the issuance of the interim order without notice, unless the licentiate waives his or her right to the hearing, shall result in the dissolution of the interim order by operation of law.

(d) At the hearing on the petition for an interim order, the licentiate may:

(1) Be represented by counsel.

(2) Have a record made of the proceedings, copies of which shall be available to the licentiate upon payment of costs computed in accordance with the

## BOARD OF PSYCHOLOGY

provisions for transcript costs for judicial review contained in Section 11523 of the Government Code.

(3) Present affidavits and other documentary evidence.

(4) Present oral argument.

(e) The board, or an administrative law judge sitting alone as provided in subdivision (h), shall issue a decision on the petition for interim order within five business days following submission of the matter. The standard of proof required to obtain an interim order pursuant to this section shall be a preponderance of the evidence standard. If the interim order was previously issued without notice, the board shall determine whether the order shall remain in effect, be dissolved, or modified.

(f) The board shall file an accusation within 15 days of the issuance of an interim order. In the case of an interim order issued without notice, the time shall run from the date of the order issued after the noticed hearing. If the licentiate files a Notice of Defense, the hearing shall be held within 30 days of the agency's receipt of the Notice of Defense. A decision shall be rendered on the accusation no later than 30 days after submission of the matter. Failure to comply with any of the requirements in this subdivision shall dissolve the interim order by operation of law.

(g) Interim orders shall be subject to judicial review pursuant to Section 1094.5 of the Code of Civil Procedure and shall be heard only in the superior court in and for the Counties of Sacramento, San Francisco, Los Angeles, or San Diego. The review of an interim order shall be limited to a determination of whether the board abused its discretion in the issuance of the interim order. Abuse of discretion is established if the respondent board has not proceeded in the manner required by law, or if the court determines that the interim order is not supported by substantial evidence in light of the whole record.

(h) The board may, in its sole discretion, delegate the hearing on any petition for an interim order to an administrative law judge in the Office of Administrative Hearings. If the board hears the noticed petition itself, an administrative law judge shall preside at the hearing, rule on the admission and exclusion of evidence, and advise the board on matters of law. The board shall exercise all other powers relating to the conduct of the hearing but may delegate any or all of them to the administrative law judge. When the petition has been delegated to an administrative law judge, he or she shall sit alone and exercise all of the powers of the board relating to the conduct of the hearing. A decision issued by an administrative law judge sitting alone shall be final when it is filed with the board. If the administrative law judge issues an interim order without notice, he or she shall preside at the noticed hearing, unless unavailable, in which case another administrative law judge may hear the matter. The decision of the administrative law judge sitting alone on the petition for an interim order is final, subject only to judicial review in accordance with subdivision (g).

(i) Failure to comply with an interim order issued pursuant to subdivision (a) or (b) shall constitute a separate cause for disciplinary action against any licentiate, and may be heard at, and as a part of, the noticed hearing provided for in subdivision (f). Allegations of noncompliance with the interim order may be filed at any time prior to the rendering of a decision on the accusation. Violation of the interim order is established upon proof that the licentiate was

BUSINESS AND PROFESSIONS CODE

on notice of the interim order and its terms, and that the order was in effect at the time of the violation. The finding of a violation of an interim order made at the hearing on the accusation shall be reviewed as a part of any review of a final decision of the agency.

If the interim order issued by the agency provides for anything less than a complete suspension of the licentiate from his or her business or profession, and the licentiate violates the interim order prior to the hearing on the accusation provided for in subdivision (f), the agency may, upon notice to the licentiate and proof of violation, modify or expand the interim order.

(j) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section. A certified record of the conviction shall be conclusive evidence of the fact that the conviction occurred. A board may take action under this section notwithstanding the fact that an appeal of the conviction may be taken.

(k) The interim orders provided for by this section shall be in addition to, and not a limitation on, the authority to seek injunctive relief provided in any other provision of law.

(l) In the case of a board, a petition for an interim order may be filed by the executive officer. In the case of a bureau or program, a petition may be filed by the chief or program administrator, as the case may be.

(m) "Board," as used in this section, shall include any agency described in Section 22, and any allied health agency within the jurisdiction of the Medical Board of California. Board shall also include the Osteopathic Medical Board of California and the State Board of Chiropractic Examiners. The provisions of this section shall not be applicable to the Medical Board of California, the Board of Podiatric Medicine, or the State Athletic Commission.

Added Stats 1993 ch 840 § 1 (SB 842). Amended Stats 1994 ch 1275 § 4 (SB 2101).

**§ 494.5. Agency actions when licensee is on certified list; Definitions; Collection and distribution of certified list information; Timing; Notices; Challenges by applicants and licensees; Release forms; Interagency agreements; Fees; Remedies; Inquiries and disclosure of information; Severability**

(a)(1) Except as provided in paragraphs (2), (3), and (4), a state governmental licensing entity shall refuse to issue, reactivate, reinstate, or renew a license and shall suspend a license if a licensee's name is included on a certified list.

(2) The Department of Motor Vehicles shall suspend a license if a licensee's name is included on a certified list. Any reference in this section to the issuance, reactivation, reinstatement, renewal, or denial of a license shall not apply to the Department of Motor Vehicles.

(3) The State Bar of California may recommend to refuse to issue, reactivate, reinstate, or renew a license and may recommend to suspend a license if a licensee's name is included on a certified list. The word "may" shall be substituted for the word "shall" relating to the issuance of a temporary license, refusal to issue, reactivate, reinstate, renew, or suspend a license in this section for licenses under the jurisdiction of the California Supreme Court.

(4) The Department of Alcoholic Beverage Control may refuse to issue, reactivate, reinstate, or renew a license, and may suspend a license, if a licensee's name is included on a certified list.

BOARD OF PSYCHOLOGY

(b) For purposes of this section:

(1) "Certified list" means either the list provided by the State Board of Equalization or the list provided by the Franchise Tax Board of persons whose names appear on the lists of the 500 largest tax delinquencies pursuant to Section 7063 or 19195 of the Revenue and Taxation Code, as applicable.

(2) "License" includes a certificate, registration, or any other authorization to engage in a profession or occupation issued by a state governmental licensing entity. "License" includes a driver's license issued pursuant to Chapter 1 (commencing with Section 12500) of Division 6 of the Vehicle Code. "License" excludes a vehicle registration issued pursuant to Division 3 (commencing with Section 4000) of the Vehicle Code.

(3) "Licensee" means an individual authorized by a license to drive a motor vehicle or authorized by a license, certificate, registration, or other authorization to engage in a profession or occupation issued by a state governmental licensing entity.

(4) "State governmental licensing entity" means any entity listed in Section 101, 1000, or 19420, the office of the Attorney General, the Department of Insurance, the Department of Motor Vehicles, the State Bar of California, the Department of Real Estate, and any other state agency, board, or commission that issues a license, certificate, or registration authorizing an individual to engage in a profession or occupation, including any certificate, business or occupational license, or permit or license issued by the Department of Motor Vehicles or the Department of the California Highway Patrol. "State governmental licensing entity" shall not include the Contractors' State License Board.

(c) The State Board of Equalization and the Franchise Tax Board shall each submit its respective certified list to every state governmental licensing entity. The certified lists shall include the name, social security number or taxpayer identification number, and the last known address of the persons identified on the certified lists.

(d) Notwithstanding any other law, each state governmental licensing entity shall collect the social security number or the federal taxpayer identification number from all applicants for the purposes of matching the names of the certified lists provided by the State Board of Equalization and the Franchise Tax Board to applicants and licensees.

(e)(1) Each state governmental licensing entity shall determine whether an applicant or licensee is on the most recent certified list provided by the State Board of Equalization and the Franchise Tax Board.

(2) If an applicant or licensee is on either of the certified lists, the state governmental licensing entity shall immediately provide a preliminary notice to the applicant or licensee of the entity's intent to suspend or withhold issuance or renewal of the license. The preliminary notice shall be delivered personally or by mail to the applicant's or licensee's last known mailing address on file with the state governmental licensing entity within 30 days of receipt of the certified list. Service by mail shall be completed in accordance with Section 1013 of the Code of Civil Procedure.

(A) The state governmental licensing entity shall issue a temporary license valid for a period of 90 days to any applicant whose name is on a certified list if the applicant is otherwise eligible for a license.

BUSINESS AND PROFESSIONS CODE

(B) The 90-day time period for a temporary license shall not be extended. Only one temporary license shall be issued during a regular license term and the term of the temporary license shall coincide with the first 90 days of the regular license term. A license for the full term or the remainder of the license term may be issued or renewed only upon compliance with this section.

(C) In the event that a license is suspended or an application for a license or the renewal of a license is denied pursuant to this section, any funds paid by the applicant or licensee shall not be refunded by the state governmental licensing entity.

(f)(1) A state governmental licensing entity shall refuse to issue or shall suspend a license pursuant to this section no sooner than 90 days and no later than 120 days of the mailing of the preliminary notice described in paragraph (2) of subdivision (e), unless the state governmental licensing entity has received a release pursuant to subdivision (h). The procedures in the administrative adjudication provisions of the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code) shall not apply to the denial or suspension of, or refusal to renew, a license or the issuance of a temporary license pursuant to this section.

(2) Notwithstanding any other law, if a board, bureau, or commission listed in Section 101, other than the Contractors' State License Board, fails to take action in accordance with this section, the Department of Consumer Affairs shall issue a temporary license or suspend or refuse to issue, reactivate, reinstate, or renew a license, as appropriate.

(g) Notices shall be developed by each state governmental licensing entity. For an applicant or licensee on the State Board of Equalization's certified list, the notice shall include the address and telephone number of the State Board of Equalization, and shall emphasize the necessity of obtaining a release from the State Board of Equalization as a condition for the issuance, renewal, or continued valid status of a license or licenses. For an applicant or licensee on the Franchise Tax Board's certified list, the notice shall include the address and telephone number of the Franchise Tax Board, and shall emphasize the necessity of obtaining a release from the Franchise Tax Board as a condition for the issuance, renewal, or continued valid status of a license or licenses.

(1) The notice shall inform the applicant that the state governmental licensing entity shall issue a temporary license, as provided in subparagraph (A) of paragraph (2) of subdivision (e), for 90 calendar days if the applicant is otherwise eligible and that upon expiration of that time period, the license will be denied unless the state governmental licensing entity has received a release from the State Board of Equalization or the Franchise Tax Board, whichever is applicable.

(2) The notice shall inform the licensee that any license suspended under this section will remain suspended until the state governmental licensing entity receives a release along with applications and fees, if applicable, to reinstate the license.

(3) The notice shall also inform the applicant or licensee that if an application is denied or a license is suspended pursuant to this section, any moneys paid by the applicant or licensee shall not be refunded by the state governmental licensing entity. The state governmental licensing entity shall also

BOARD OF PSYCHOLOGY

develop a form that the applicant or licensee shall use to request a release by the State Board of Equalization or the Franchise Tax Board. A copy of this form shall be included with every notice sent pursuant to this subdivision.

(h) If the applicant or licensee wishes to challenge the submission of his or her name on a certified list, the applicant or licensee shall make a timely written request for release to the State Board of Equalization or the Franchise Tax Board, whichever is applicable. The State Board of Equalization or the Franchise Tax Board shall immediately send a release to the appropriate state governmental licensing entity and the applicant or licensee, if any of the following conditions are met:

(1) The applicant or licensee has complied with the tax obligation, either by payment of the unpaid taxes or entry into an installment payment agreement, as described in Section 6832 or 19008 of the Revenue and Taxation Code, to satisfy the unpaid taxes.

(2) The applicant or licensee has submitted a request for release not later than 45 days after the applicant's or licensee's receipt of a preliminary notice described in paragraph (2) of subdivision (e), but the State Board of Equalization or the Franchise Tax Board, whichever is applicable, will be unable to complete the release review and send notice of its findings to the applicant or licensee and state governmental licensing entity within 45 days after the State Board of Equalization's or the Franchise Tax Board's receipt of the applicant's or licensee's request for release. Whenever a release is granted under this paragraph, and, notwithstanding that release, the applicable license or licenses have been suspended erroneously, the state governmental licensing entity shall reinstate the applicable licenses with retroactive effect back to the date of the erroneous suspension and that suspension shall not be reflected on any license record.

(3) The applicant or licensee is unable to pay the outstanding tax obligation due to a current financial hardship. "Financial hardship" means financial hardship as determined by the State Board of Equalization or the Franchise Tax Board, whichever is applicable, where the applicant or licensee is unable to pay any part of the outstanding liability and the applicant or licensee is unable to qualify for an installment payment arrangement as provided for by Section 6832 or Section 19008 of the Revenue and Taxation Code. In order to establish the existence of a financial hardship, the applicant or licensee shall submit any information, including information related to reasonable business and personal expenses, requested by the State Board of Equalization or the Franchise Tax Board, whichever is applicable, for purposes of making that determination.

(i) An applicant or licensee is required to act with diligence in responding to notices from the state governmental licensing entity and the State Board of Equalization or the Franchise Tax Board with the recognition that the temporary license will lapse or the license suspension will go into effect after 90 days and that the State Board of Equalization or the Franchise Tax Board must have time to act within that period. An applicant's or licensee's delay in acting, without good cause, which directly results in the inability of the State Board of Equalization or the Franchise Tax Board, whichever is applicable, to complete a review of the applicant's or licensee's request for release shall not constitute the diligence required under this section which would justify the

BUSINESS AND PROFESSIONS CODE

issuance of a release. An applicant or licensee shall have the burden of establishing that he or she diligently responded to notices from the state governmental licensing entity or the State Board of Equalization or the Franchise Tax Board and that any delay was not without good cause.

(j) The State Board of Equalization or the Franchise Tax Board shall create release forms for use pursuant to this section. When the applicant or licensee has complied with the tax obligation by payment of the unpaid taxes, or entry into an installment payment agreement, or establishing the existence of a current financial hardship as defined in paragraph (3) of subdivision (h), the State Board of Equalization or the Franchise Tax Board, whichever is applicable, shall mail a release form to the applicant or licensee and provide a release to the appropriate state governmental licensing entity. Any state governmental licensing entity that has received a release from the State Board of Equalization and the Franchise Tax Board pursuant to this subdivision shall process the release within five business days of its receipt. If the State Board of Equalization or the Franchise Tax Board determines subsequent to the issuance of a release that the licensee has not complied with their installment payment agreement, the State Board of Equalization or the Franchise Tax Board, whichever is applicable, shall notify the state governmental licensing entity and the licensee in a format prescribed by the State Board of Equalization or the Franchise Tax Board, whichever is applicable, that the licensee is not in compliance and the release shall be rescinded. The State Board of Equalization and the Franchise Tax Board may, when it is economically feasible for the state governmental licensing entity to develop an automated process for complying with this subdivision, notify the state governmental licensing entity in a manner prescribed by the State Board of Equalization or the Franchise Tax Board, whichever is applicable, that the licensee has not complied with the installment payment agreement. Upon receipt of this notice, the state governmental licensing entity shall immediately notify the licensee on a form prescribed by the state governmental licensing entity that the licensee's license will be suspended on a specific date, and this date shall be no longer than 30 days from the date the form is mailed. The licensee shall be further notified that the license will remain suspended until a new release is issued in accordance with this subdivision.

(k) The State Board of Equalization and the Franchise Tax Board may enter into interagency agreements with the state governmental licensing entities necessary to implement this section.

(l) Notwithstanding any other law, a state governmental licensing entity, with the approval of the appropriate department director or governing body, may impose a fee on a licensee whose license has been suspended pursuant to this section. The fee shall not exceed the amount necessary for the state governmental licensing entity to cover its costs in carrying out the provisions of this section. Fees imposed pursuant to this section shall be deposited in the fund in which other fees imposed by the state governmental licensing entity are deposited and shall be available to that entity upon appropriation in the annual Budget Act.

(m) The process described in subdivision (h) shall constitute the sole administrative remedy for contesting the issuance of a temporary license or the denial or suspension of a license under this section.



BOARD OF PSYCHOLOGY

(n) Any state governmental licensing entity receiving an inquiry as to the licensed status of an applicant or licensee who has had a license denied or suspended under this section or who has been granted a temporary license under this section shall respond that the license was denied or suspended or the temporary license was issued only because the licensee appeared on a list of the 500 largest tax delinquencies pursuant to Section 7063 or 19195 of the Revenue and Taxation Code. Information collected pursuant to this section by any state agency, board, or department shall be subject to the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). Any state governmental licensing entity that discloses on its Internet Web site or other publication that the licensee has had a license denied or suspended under this section or has been granted a temporary license under this section shall prominently disclose, in bold and adjacent to the information regarding the status of the license, that the only reason the license was denied, suspended, or temporarily issued is because the licensee failed to pay taxes.

(o) Any rules and regulations issued pursuant to this section by any state agency, board, or department may be adopted as emergency regulations in accordance with the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The adoption of these regulations shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, and safety, or general welfare. The regulations shall become effective immediately upon filing with the Secretary of State.

(p) The State Board of Equalization, the Franchise Tax Board, and state governmental licensing entities, as appropriate, shall adopt regulations as necessary to implement this section.

(q)(1) Neither the state governmental licensing entity, nor any officer, employee, or agent, or former officer, employee, or agent of a state governmental licensing entity, may disclose or use any information obtained from the State Board of Equalization or the Franchise Tax Board, pursuant to this section, except to inform the public of the denial, refusal to renew, or suspension of a license or the issuance of a temporary license pursuant to this section. The release or other use of information received by a state governmental licensing entity pursuant to this section, except as authorized by this section, is punishable as a misdemeanor. This subdivision may not be interpreted to prevent the State Bar of California from filing a request with the Supreme Court of California to suspend a member of the bar pursuant to this section.

(2) A suspension of, or refusal to renew, a license or issuance of a temporary license pursuant to this section does not constitute denial or discipline of a licensee for purposes of any reporting requirements to the National Practitioner Data Bank and shall not be reported to the National Practitioner Data Bank or the Healthcare Integrity and Protection Data Bank.

(3) Upon release from the certified list, the suspension or revocation of the applicant's or licensee's license shall be purged from the state governmental licensing entity's Internet Web site or other publication within three business days. This paragraph shall not apply to the State Bar of California.

(r) If any provision of this section or the application thereof to any person or circumstance is held invalid, that invalidity shall not affect other provisions or

BUSINESS AND PROFESSIONS CODE

Bus. & Prof. Code

applications of this section that can be given effect without the invalid provision or application, and to this end the provisions of this section are severable.

(s) All rights to review afforded by this section to an applicant shall also be afforded to a licensee.

(t) Unless otherwise provided in this section, the policies, practices, and procedures of a state governmental licensing entity with respect to license suspensions under this section shall be the same as those applicable with respect to suspensions pursuant to Section 17520 of the Family Code.

(u) No provision of this section shall be interpreted to allow a court to review and prevent the collection of taxes prior to the payment of those taxes in violation of the California Constitution.

(v) This section shall apply to any licensee whose name appears on a list of the 500 largest tax delinquencies pursuant to Section 7063 or 19195 of the Revenue and Taxation Code on or after July 1, 2012.

Added Stats 2011 ch 455 § 3 (AB 1424), effective January 1, 2012. Amended Stats 2012 ch 327 § 1 (SB 937), effective January 1, 2013.

§ 494.6. Suspension under Labor Code Section 244

(a) A business license regulated by this code may be subject to suspension or revocation if the licensee has been determined by the Labor Commissioner or the court to have violated subdivision (b) of Section 244 of the Labor Code and the court or Labor Commissioner has taken into consideration any harm such a suspension or revocation would cause to employees of the licensee, as well as the good faith efforts of the licensee to resolve any alleged violations after receiving notice.

(b) Notwithstanding subdivision (a), a licensee of an agency within the Department of Consumer Affairs who has been found by the Labor Commissioner or the court to have violated subdivision (b) of Section 244 of the Labor Code may be subject to disciplinary action by his or her respective licensing agency.

(c) An employer shall not be subject to suspension or revocation under this section for requiring a prospective or current employee to submit, within three business days of the first day of work for pay, an I-9 Employment Eligibility Verification form.

Added Stats 2013 ch 577 § 1 (SB 666), effective January 1, 2014. Amended Stats 2014 ch 71 § 1 (SB 1304), effective January 1, 2015.

CHAPTER 4

Public Reprovals

§ 495. Public reproof of licentiate or certificate holder for act constituting grounds for suspension or revocation of license or certificate; Proceedings

Notwithstanding any other provision of law, any entity authorized to issue a license or certificate pursuant to this code may publicly reprove a licentiate or certificate holder thereof, for any act that would constitute grounds to suspend or revoke a license or certificate. Any proceedings for public reproof, public reproof and suspension, or public reproof and revocation shall be conducted



## BOARD OF PSYCHOLOGY

in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, or, in the case of a licensee or certificate holder under the jurisdiction of the State Department of Health Services, in accordance with Section 100171 of the Health and Safety Code.

Added Stats 1977 ch 886 § 1. Amended Stats 1997 ch 220 § 2 (SB 68), effective August 4, 1997.

### **CHAPTER 5** **Examination Security**

#### **§ 496. Grounds for denial, suspension, or revocation of license**

A board may deny, suspend, revoke, or otherwise restrict a license on the ground that an applicant or licensee has violated Section 123 pertaining to subversion of licensing examinations.

Added Stats 1989 ch 1022 § 3.

#### **§ 498. Fraud, deceit or misrepresentation as grounds for action against license**

A board may revoke, suspend, or otherwise restrict a license on the ground that the licensee secured the license by fraud, deceit, or knowing misrepresentation of a material fact or by knowingly omitting to state a material fact.

Added Stats 1992 ch 1289 § 8 (AB 2743).

#### **§ 499. Action against license based on licentiate's actions regarding application of another**

A board may revoke, suspend, or otherwise restrict a license on the ground that the licensee, in support of another person's application for license, knowingly made a false statement of a material fact or knowingly omitted to state a material fact to the board regarding the application.

Added Stats 1992 ch 1289 § 9 (AB 2743).

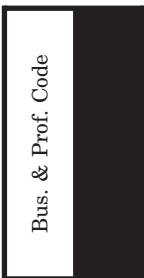
## **DIVISION 2** **Healing Arts** **CHAPTER 1** **General Provisions**

### **ARTICLE 7.5** **Health Care Practitioners**

#### **§ 680. Health care practitioner's disclosure of name and license status**

(a) Except as otherwise provided in this section, a health care practitioner shall disclose, while working, his or her name and practitioner's license status, as granted by this state, on a name tag in at least 18-point type. A health care practitioner in a practice or an office, whose license is prominently displayed, may opt to not wear a name tag. If a health care practitioner or a licensed clinical social worker is working in a psychiatric setting or in a setting that is

BUSINESS AND PROFESSIONS CODE



not licensed by the state, the employing entity or agency shall have the discretion to make an exception from the name tag requirement for individual safety or therapeutic concerns. In the interest of public safety and consumer awareness, it shall be unlawful for any person to use the title "nurse" in reference to himself or herself and in any capacity, except for an individual who is a registered nurse or a licensed vocational nurse, or as otherwise provided in Section 2800. Nothing in this section shall prohibit a certified nurse assistant from using his or her title.

(b) Facilities licensed by the State Department of Social Services, the State Department of Public Health, or the State Department of Health Care Services shall develop and implement policies to ensure that health care practitioners providing care in those facilities are in compliance with subdivision (a). The State Department of Social Services, the State Department of Public Health, and the State Department of Health Care Services shall verify through periodic inspections that the policies required pursuant to subdivision (a) have been developed and implemented by the respective licensed facilities.

(c) For purposes of this article, "health care practitioner" means any person who engages in acts that are the subject of licensure or regulation under this division or under any initiative act referred to in this division.

Added Stats 1998 ch 1013 § 1 (AB 1439). Amended Stats 1999 ch 411 § 1 (AB 1433); Stats 2000 ch 135 § 2 (AB 2539); Stats 2012 ch 34 § 2 (SB 1009), effective June 27, 2012; Stats 2013 ch 23 § 1 (AB 82), effective June 27, 2013.

**§ 680.5. Additional disclosures of specified information; Applicability**

(a)(1) A health care practitioner licensed under Division 2 (commencing with Section 500) shall communicate to a patient his or her name, state-granted practitioner license type, and highest level of academic degree, by one or both of the following methods:

- (A) In writing at the patient's initial office visit.
- (B) In a prominent display in an area visible to patients in his or her office.

(2) An individual licensed under Chapter 6 (commencing with Section 2700) or Chapter 9 (commencing with Section 4000) is not required to disclose the highest level of academic degree he or she holds.

(b) A person licensed under Chapter 5 (commencing with Section 2000) or under the Osteopathic Act, who is certified by (1) an American Board of Medical Specialties member board, (2) a board or association with requirements equivalent to a board described in paragraph (1) approved by that person's medical licensing authority, or (3) a board or association with an Accreditation Council for Graduate Medical Education approved postgraduate training program that provides complete training in the person's specialty or subspecialty, shall disclose the name of the board or association by either method described in subdivision (a).

(c) A health care practitioner who chooses to disclose the information required by subdivisions (a) and (b) pursuant to subparagraph (A) of paragraph (1) of subdivision (a) shall present that information in at least 24-point type in the following format:

**HEALTH CARE PRACTITIONER INFORMATION**

1. Name and license .....



BOARD OF PSYCHOLOGY

- 2. Highest level of academic degree .....
- 3. Board certification (ABMS/MBC) .....

(d) This section shall not apply to the following health care practitioners:

(1) A person who provides professional medical services to enrollees of a health care service plan that exclusively contracts with a single medical group in a specific geographic area to provide or arrange for professional medical services for the enrollees of the plan.

(2) A person who works in a facility licensed under Section 1250 of the Health and Safety Code or in a clinical laboratory licensed under Section 1265.

(3) A person licensed under Chapter 3 (commencing with Section 1200), Chapter 7.5 (commencing with Section 3300), Chapter 8.3 (commencing with Section 3700), Chapter 11 (commencing with Section 4800), Chapter 13 (commencing with Section 4980), Chapter 14 (commencing with Section 4990.1), or Chapter 16 (commencing with Section 4999.10).

(e) A health care practitioner, who provides information regarding health care services on an Internet Web site that is directly controlled or administered by that health care practitioner or his or her office personnel, shall prominently display on that Internet Web site the information required by this section.

Added Stats 2010 ch 436 § 1 (AB 583), effective January 1, 2011. Amended Stats 2011 ch 381 § 5 (SB 146), effective January 1, 2012.

**§ 683. Reporting name and license number of licensee prohibited from practicing**

(a) A board shall report, within 10 working days, to the State Department of Health Care Services the name and license number of a person whose license has been revoked, suspended, surrendered, made inactive by the licensee, or placed in another category that prohibits the licensee from practicing his or her profession. The purpose of the reporting requirement is to prevent reimbursement by the state for Medi-Cal and Denti-Cal services provided after the cancellation of a provider’s professional license.

(b) “Board,” as used in this section, means the Dental Board of California, the Medical Board of California, the Board of Psychology, the State Board of Optometry, the California State Board of Pharmacy, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Behavioral Sciences, and the California Board of Occupational Therapy.

(c) This section shall become operative on January 1, 2015.

Added Stats 2012 ch 154 § 2 (AB 367), effective January 1, 2013, operative January 1, 2015.

**§ 686. Providing services via telehealth**

A health care practitioner licensed under Division 2 (commencing with Section 500) providing services via telehealth shall be subject to the requirements and definitions set forth in Section 2290.5, to the practice act relating to his or her licensed profession, and to the regulations adopted by a board pursuant to that practice act.

Added Stats 2012 ch 782 § 1 (AB 1733), effective January 1, 2013.

**ARTICLE 10.5**  
**Unprofessional Conduct**

**§ 725. Excessive prescribing or treatment; Treatment for intractable pain**

(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.

Added Stats 1979 ch 348 § 2. Amended Stats 1984 ch 769 § 1; Stats 1998 ch 984 § 1 (AB 2305); Stats 2006 ch 350 § 2 (AB 2198), ch 659 § 1.5 (SB 1475), effective January 1, 2007; Stats 2007 ch 130 § 2 (AB 299), effective January 1, 2008.

**§ 726. Commission of act of sexual abuse or misconduct with patient or client**

The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division, under any initiative act referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3.

This section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.

Added Stats 1979 ch 955 § 1, as B & P C § 730. Renumbered by Stats 1981 ch 714 § 3. Amended Stats 1983 ch 928 § 1; Stats 1993 ch 1072 § 1 (SB 743).

**§ 727. Applicability of Evidence Code provisions**

The provisions of subdivision (2) of Section 1103 of the Evidence Code shall apply in disciplinary proceedings brought against a licensee for acts in violation of Section 726.

Added Stats 1979 ch 955 § 1, as B & P C § 731. Amended and Renumbered by Stats 1981 ch 714 § 4.

## BOARD OF PSYCHOLOGY

**§ 728. Provision of brochure by psychotherapist to patient alleging sexual intercourse or contact with previous psychotherapist during course of prior treatment**

(a) Any psychotherapist or employer of a psychotherapist who becomes aware through a patient that the patient had alleged sexual intercourse or alleged sexual contact with a previous psychotherapist during the course of a prior treatment shall provide to the patient a brochure promulgated by the department that delineates the rights of, and remedies for, patients who have been involved sexually with their psychotherapists. Further, the psychotherapist or employer shall discuss with the patient the brochure prepared by the department.

(b) Failure to comply with this section constitutes unprofessional conduct.

(c) For the purpose of this section, the following definitions apply:

(1) "Psychotherapist" means a physician and surgeon specializing in the practice of psychiatry or practicing psychotherapy, a psychologist, a clinical social worker, a marriage and family therapist, a licensed professional clinical counselor, a psychological assistant, a marriage and family therapist registered intern or trainee, an intern or clinical counselor trainee, as specified in Chapter 16 (commencing with Section 4999.10), or an associate clinical social worker.

(2) "Sexual contact" means the touching of an intimate part of another person.

(3) "Intimate part" and "touching" have the same meaning as defined in subdivisions (g) and (e), respectively, of Section 243.4 of the Penal Code.

(4) "The course of a prior treatment" means the period of time during which a patient first commences treatment for services that a psychotherapist is authorized to provide under his or her scope of practice, or that the psychotherapist represents to the patient as being within his or her scope of practice, until the psychotherapist-patient relationship is terminated.

Added Stats 1987 ch 1448 § 2. Amended Stats 1989 ch 1104 § 1.5; Stats 1992 ch 890 § 1 (SB 1394); Stats 2002 ch 1013 § 6 (SB 2026); Stats 2009 ch 619 § 1 (SB 788), effective January 1, 2010; Stats 2010 ch 328 § 5 (SB 1330), effective January 1, 2011.

**§ 729. Sexual exploitation of patient or client by physician and surgeon, or psychotherapist**

(a) Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(b) Sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor is a public offense:

(1) An act in violation of subdivision (a) shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not

BUSINESS AND PROFESSIONS CODE

exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(2) Multiple acts in violation of subdivision (a) with a single victim, when the offender has no prior conviction for sexual exploitation, shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(3) An act or acts in violation of subdivision (a) with two or more victims shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars (\$10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(4) Two or more acts in violation of subdivision (a) with a single victim, when the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars (\$10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(5) An act or acts in violation of subdivision (a) with two or more victims, and the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars (\$10,000).

For purposes of subdivision (a), in no instance shall consent of the patient or client be a defense. However, physicians and surgeons shall not be guilty of sexual exploitation for touching any intimate part of a patient or client unless the touching is outside the scope of medical examination and treatment, or the touching is done for sexual gratification.

(c) For purposes of this section:

(1) "Psychotherapist" has the same meaning as defined in Section 728.

(2) "Alcohol and drug abuse counselor" means an individual who holds himself or herself out to be an alcohol or drug abuse professional or paraprofessional.

(3) "Sexual contact" means sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual arousal, gratification, or abuse.

(4) "Intimate part" and "touching" have the same meanings as defined in Section 243.4 of the Penal Code.

(d) In the investigation and prosecution of a violation of this section, no person shall seek to obtain disclosure of any confidential files of other patients, clients, or former patients or clients of the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(e) This section does not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.





## BOARD OF PSYCHOLOGY

(f) If a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in a professional partnership or similar group has sexual contact with a patient in violation of this section, another physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in the partnership or group shall not be subject to action under this section solely because of the occurrence of that sexual contact.

Added Stats 1989 ch 795 § 1. Amended Stats 1993 ch 1072 § 2 (SB 743); Stats 1994 ch 146 § 2 (AB 3601); Stats 1995 ch 444 § 1 (SB 685); Stats 2011 ch 15 § 6 (AB 109), effective April 4, 2011, operative October 1, 2011.

### § 731. Violations at work as unprofessional conduct

(a) Any person licensed, certified, registered, or otherwise subject to regulation pursuant to this division who engages in, or who aids or abets in, a violation of Section 266h, 266i, 315, 316, or 318 of, or subdivision (a) or (b) of Section 647 of, the Penal Code occurring in the work premises of, or work area under the direct professional supervision or control of, that person, shall be guilty of unprofessional conduct. The license, certification, or registration of that person shall be subject to denial, suspension, or revocation by the appropriate regulatory entity under this division.

(b) In addition to any penalty provided under any other provision of law, a violation of subdivision (a) shall subject the person to a civil penalty in an amount not to exceed two thousand five hundred dollars (\$2,500) for the first offense, and not to exceed five thousand dollars (\$5,000) for each subsequent offense, which may be assessed and recovered in a civil action brought by any district attorney. If the action is brought by a district attorney, the penalty recovered shall be paid to the treasurer of the county in which the judgment was entered.

Added Stats 1998 ch 971 § 2 (AB 2721).

## ARTICLE 11

### Professional Reporting

#### § 800. Central files of licensees' individual historical records

(a) The Medical Board of California, the Board of Psychology, the Dental Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, and the Physician Assistant Board shall each separately create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority from that board. Each central file shall be created and maintained to provide an individual historical record for each licensee with respect to the following information:

(1) Any conviction of a crime in this or any other state that constitutes unprofessional conduct pursuant to the reporting requirements of Section 803.

(2) Any judgment or settlement requiring the licensee or his or her insurer to pay any amount of damages in excess of three thousand dollars (\$3,000) for

BUSINESS AND PROFESSIONS CODE

any claim that injury or death was proximately caused by the licensee's negligence, error or omission in practice, or by rendering unauthorized professional services, pursuant to the reporting requirements of Section 801 or 802.

(3) Any public complaints for which provision is made pursuant to subdivision (b).

(4) Disciplinary information reported pursuant to Section 805, including any additional exculpatory or explanatory statements submitted by the licensee pursuant to subdivision (f) of Section 805. If a court finds, in a final judgment, that the peer review resulting in the 805 report was conducted in bad faith and the licensee who is the subject of the report notifies the board of that finding, the board shall include that finding in the central file. For purposes of this paragraph, "peer review" has the same meaning as defined in Section 805.

(5) Information reported pursuant to Section 805.01, including any explanatory or exculpatory information submitted by the licensee pursuant to subdivision (b) of that section.

(b) Each board shall prescribe and promulgate forms on which members of the public and other licensees or certificate holders may file written complaints to the board alleging any act of misconduct in, or connected with, the performance of professional services by the licensee.

If a board, or division thereof, a committee, or a panel has failed to act upon a complaint or report within five years, or has found that the complaint or report is without merit, the central file shall be purged of information relating to the complaint or report.

Notwithstanding this subdivision, the Board of Psychology, the Board of Behavioral Sciences, and the Respiratory Care Board of California shall maintain complaints or reports as long as each board deems necessary.

(c) The contents of any central file that are not public records under any other provision of law shall be confidential except that the licensee involved, or his or her counsel or representative, shall have the right to inspect and have copies made of his or her complete file except for the provision that may disclose the identity of an information source. For the purposes of this section, a board may protect an information source by providing a copy of the material with only those deletions necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material. Whichever method is used, the board shall ensure that full disclosure is made to the subject of any personal information that could reasonably in any way reflect or convey anything detrimental, disparaging, or threatening to a licensee's reputation, rights, benefits, privileges, or qualifications, or be used by a board to make a determination that would affect a licensee's rights, benefits, privileges, or qualifications. The information required to be disclosed pursuant to Section 803.1 shall not be considered among the contents of a central file for the purposes of this subdivision.

The licensee may, but is not required to, submit any additional exculpatory or explanatory statement or other information that the board shall include in the central file.

Each board may permit any law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification,



## BOARD OF PSYCHOLOGY

or regulatory purposes to inspect and have copies made of that licensee's file, unless the disclosure is otherwise prohibited by law.

These disclosures shall effect no change in the confidential status of these records.

Added Stats 2d Ex Sess 1975 ch 1 § 2.3. Amended Stats 2d Ex Sess 1975 ch 2 § 1.005, effective September 24, 1975, operative December 12, 1975; Stats 1976 ch 1185 § 1; Stats 1980 ch 1313 § 1; Stats 1987 ch 721 § 1; Stats 1989 ch 354 § 1, ch 886 § 10 (ch 354 prevails); Stats 1991 ch 359 § 5 (AB 1332), ch 1091 § 1 (AB 1487) (ch 359 prevails); Stats 1994 ch 26 § 15.5 (AB 1807), effective March 30, 1994; Stats 1995 ch 5 § 1 (SB 158), ch 60 § 6 (SB 42), effective July 6, 1995, ch 708 § 1.5 (SB 609); Stats 1997 ch 759 § 9 (SB 827); Stats 1999 ch 252 § 1 (AB 352), ch 655 § 2 (SB 1308); Stats 2002 ch 1085 § 1 (SB 1950), ch 1150 § 2.5 (SB 1955); Stats 2006 ch 659 § 2 (SB 1475), effective January 1, 2007; Stats 2009 ch 308 § 9 (SB 819), effective January 1, 2010; Stats 2010 ch 505 § 1 (SB 700), effective January 1, 2011; Stats 2012 ch 332 § 1 (SB 1236), effective January 1, 2013.

### **§ 801. Insurers' reports of malpractice settlements or arbitration awards; Insured's written consent to settlement**

(a) Except as provided in Section 801.01 and subdivisions (b), (c), and (d) of this section, every insurer providing professional liability insurance to a person who holds a license, certificate, or similar authority from or under any agency specified in subdivision (a) of Section 800 shall send a complete report to that agency as to any settlement or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(b) Every insurer providing professional liability insurance to a person licensed pursuant to Chapter 13 (commencing with Section 4980), Chapter 14 (commencing with Section 4990), or Chapter 16 (commencing with Section 4999.10) shall send a complete report to the Board of Behavioral Sciences as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(c) Every insurer providing professional liability insurance to a dentist licensed pursuant to Chapter 4 (commencing with Section 1600) shall send a complete report to the Dental Board of California as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(d) Every insurer providing liability insurance to a veterinarian licensed pursuant to Chapter 11 (commencing with Section 4800) shall send a complete report to the Veterinary Medical Board of any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death

BUSINESS AND PROFESSIONS CODE

or injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional service. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(e) The insurer shall notify the claimant, or if the claimant is represented by counsel, the insurer shall notify the claimant's attorney, that the report required by subdivision (a), (b), or (c) has been sent to the agency. If the attorney has not received this notice within 45 days after the settlement was reduced to writing and signed by all of the parties, the arbitration award was served on the parties, or the date of entry of the civil judgment, the attorney shall make the report to the agency.

(f) Notwithstanding any other provision of law, no insurer shall enter into a settlement without the written consent of the insured, except that this prohibition shall not void any settlement entered into without that written consent. The requirement of written consent shall only be waived by both the insured and the insurer. This section shall only apply to a settlement on a policy of insurance executed or renewed on or after January 1, 1971.

Added Stats 2d Ex Sess 1975 ch 1 § 2.3. Amended Stats 1979 ch 923 § 1; Stats 1989 ch 398 § 1, ch 886 § 11 (ch 398 prevails); Stats 1991 ch 359 § 6 (AB 1332), ch 1091 § 2 (AB 1487) (ch 359 prevails); Stats 1994 ch 468 § 1 (AB 559), ch 1206 § 8 (SB 1775); Stats 1995 ch 5 § 2 (SB 158); Stats 1997 ch 359 § 1 (AB 103); Stats 2002 ch 1085 § 2 (SB 1950); Stats 2004 ch 467 § 1 (SB 1548); Stats 2006 ch 223 § 3 (SB 1438) (ch 223 prevails), effective January 1, 2007, ch 538 § 2 (SB 1852); Stats 2009 ch 308 § 10 (SB 819), effective January 1, 2010; Stats 2011 ch 381 § 6 (SB 146), effective January 1, 2012.

**§ 801.1. Report of settlement or arbitration award where state or local government acts as self-insurer in cases of negligence, error, omission in practice, or rendering of unauthorized services resulting in death or personal injury**

(a) Every state or local governmental agency that self-insures a person who holds a license, certificate, or similar authority from or under any agency specified in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200) or Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act) shall send a complete report to that agency as to any settlement or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(b) Every state or local governmental agency that self-insures a person licensed pursuant to Chapter 13 (commencing with Section 4980), Chapter 14 (commencing with Section 4990), or Chapter 16 (commencing with Section 4999.10) shall send a complete report to the Board of Behavioral Science Examiners as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed

## BOARD OF PSYCHOLOGY

by all parties thereto or within 30 days after service of the arbitration award on the parties.

Added Stats 1995 ch 708 § 2 (SB 609). Amended Stats 2002 ch 1085 § 3 (SB 1950); Stats 2006 ch 223 § 5 (SB 1438), effective January 1, 2007; Stats 2011 ch 381 § 7 (SB 146), effective January 1, 2012.

**§ 802. Reports of malpractice settlements or arbitration awards involving uninsured licensees; Penalties for noncompliance**

(a) Every settlement, judgment, or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar authority from an agency specified in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200) or Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act) who does not possess professional liability insurance as to that claim shall, within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the judgment or arbitration award on the parties, be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if the person is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the judgment or arbitration award on the parties, counsel for the claimant (or if the claimant is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make the complete report. Failure of the licensee or claimant (or, if represented by counsel, their counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars (\$50) or more than five hundred dollars (\$500). Knowing and intentional failure to comply with this section or conspiracy or collusion not to comply with this section, or to hinder or impede any other person in the compliance, is a public offense punishable by a fine of not less than five thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).

(b) Every settlement, judgment, or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a marriage and family therapist, a clinical social worker, or a professional clinical counselor licensed pursuant to Chapter 13 (commencing with Section 4980), Chapter 14 (commencing with Section 4990), or Chapter 16 (commencing with Section 4999.10), respectively, who does not possess professional liability insurance as to that claim shall within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the judgment or arbitration award on the parties be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if he or she is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the judgment or

arbitration award on the parties, counsel for the claimant (or if he or she is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make a complete report. Failure of the marriage and family therapist, clinical social worker, or professional clinical counselor or claimant (or, if represented by counsel, his or her counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars (\$50) nor more than five hundred dollars (\$500). Knowing and intentional failure to comply with this section, or conspiracy or collusion not to comply with this section or to hinder or impede any other person in that compliance, is a public offense punishable by a fine of not less than five thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).

Added Stats 2d Ex Sess 1975 ch 1 § 2.3. Amended Stats 1979 ch 923 § 2; Stats 1989 ch 398 § 2; Stats 1997 ch 359 § 2 (AB 103); Stats 2001 ch 728 § 1.5 (SB 724); Stats 2002 ch 1085 § 4 (SB 1950); Stats 2005 ch 674 § 4 (SB 231), effective January 1, 2006; Stats 2006 ch 223 § 6 (SB 1438), effective January 1, 2007; Stats 2011 ch 381 § 8 (SB 146), effective January 1, 2012.

**§ 803. Report of crime or liability for death or injury on part of specified licensees to licensing agency**

(a) Except as provided in subdivision (b), within 10 days after a judgment by a court of this state that a person who holds a license, certificate, or other similar authority from the Board of Behavioral Sciences or from an agency mentioned in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200)) has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount in excess of thirty thousand dollars (\$30,000) caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the agency that issued the license, certificate, or other similar authority.

(b) For purposes of a physician and surgeon, osteopathic physician and surgeon, doctor of podiatric medicine, or physician assistant, who is liable for any death or personal injury resulting in a judgment of any amount caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the agency that issued the license.

Added Stats 1993 ch 1267 § 4 (SB 916). Amended Stats 1995 ch 708 § 4 (SB 609); Stats 1997 ch 359 § 3 (AB 103); Stats 2001 ch 728 § 2 (SB 724); Stats 2005 ch 216 § 3 (AB 268), effective January 1, 2006; Stats 2006 ch 223 § 9 (SB 1438), effective January 1, 2007; Stats 2009 ch 308 § 11 (SB 819), effective January 1, 2010; Stats 2012 ch 332 § 5 (SB 1236), effective January 1, 2013.

**§ 803.5. Notice to board of filing charging licensee with felony; Transmittal of copy of conviction**

(a) The district attorney, city attorney, or other prosecuting agency shall notify the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, the State Board of Chiropractic Examiners, the Physician Assistant Board, or other appropriate allied health board, and the clerk of the court in which the charges have been filed, of any filings against a licensee of that board charging a felony immediately upon obtaining information that the defendant is a licensee of the board. The notice shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting agency shall also notify the clerk of the court in which the action is pending that the defendant is a licensee, and the

## BOARD OF PSYCHOLOGY

clerk shall record prominently in the file that the defendant holds a license from one of the boards described above.

(b) The clerk of the court in which a licensee of one of the boards is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the applicable board.

Added Stats 1990 ch 1597 § 3 (SB 2375). Amended Stats 1993 ch 1267 § 6 (SB 916); Stats 1994 ch 1206 § 12 (SB 1775); Stats 1995 ch 708 § 6 (SB 609); Stats 2000 ch 867 § 4 (SB 1988); Stats 2005 ch 216 § 4 (AB 268), effective January 1, 2006; Stats 2006 ch 223 § 13 (SB 1438), effective January 1, 2007; Stats 2012 ch 332 § 7 (SB 1236), effective January 1, 2013.

**§ 803.6. Transmittal of felony preliminary hearing transcript concerning licensee to board; Transmittal of probation report**

(a) The clerk of the court shall transmit any felony preliminary hearing transcript concerning a defendant licensee to the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, the Physician Assistant Board, or other appropriate allied health board, as applicable, where the total length of the transcript is under 800 pages and shall notify the appropriate board of any proceeding where the transcript exceeds that length.

(b) In any case where a probation report on a licensee is prepared for a court pursuant to Section 1203 of the Penal Code, a copy of that report shall be transmitted by the probation officer to the board.

Added Stats 1990 ch 1597 § 4 (SB 2375). Amended Stats 1993 ch 1267 § 7 (SB 916); Stats 2005 ch 216 § 5 (AB 268), effective January 1, 2006; Stats 2012 ch 332 § 8 (SB 1236), effective January 1, 2013.

**§ 804. Form and content of reports**

(a) Any agency to whom reports are to be sent under Section 801, 801.1, 802, or 803, may develop a prescribed form for the making of the reports, usage of which it may, but need not, by regulation, require in all cases.

(b) A report required to be made by Sections 801, 801.1, or 802 shall be deemed complete only if it includes the following information: (1) the name and last known business and residential addresses of every plaintiff or claimant involved in the matter, whether or not each plaintiff or claimant recovered anything; (2) the name and last known business and residential addresses of every physician or provider of health care services who was claimed or alleged to have acted improperly, whether or not that person was a named defendant and whether or not any recovery or judgment was had against that person; (3) the name, address, and principal place of business of every insurer providing professional liability insurance as to any person named in (2), and the insured's policy number; (4) the name of the court in which the action or any part of the action was filed along with the date of filing and docket number of each action; (5) a brief description or summary of the facts upon which each claim, charge or judgment rested including the date of occurrence; (6) the names and last known business and residential addresses of every person who acted as counsel for any party in the litigation or negotiations, along with an identification of the party whom said person represented; (7) the date and amount of final judgment or settlement; and (8) any other information the agency to whom the reports are to be sent may, by regulation, require.

(c) Every person named in the report, who is notified by the board within 60 days of the filing of the report, shall maintain for the period of three years from

BUSINESS AND PROFESSIONS CODE

the filing of the report any records he or she has as to the matter in question and shall make those available upon request to the agency with which the report was filed.

Added Stats 2d Ex Sess 1975 ch 1 § 2.3. Amended Stats 2d Ex Sess 1975 ch 2 § 1.01, effective September 24, 1975, operative December 12, 1975; Stats 1994 ch 1206 § 13 (SB 1775); Stats 1995 ch 708 § 7 (SB 609); Stats 2006 ch 223 § 14 (SB 1438), effective January 1, 2007.

**§ 805. Peer review; Reports**

(a) As used in this section, the following terms have the following definitions:

(1)(A) “Peer review” means both of the following:

(i) A process in which a peer review body reviews the basic qualifications, staff privileges, employment, medical outcomes, or professional conduct of licentiates to make recommendations for quality improvement and education, if necessary, in order to do either or both of the following:

(I) Determine whether a licentiate may practice or continue to practice in a health care facility, clinic, or other setting providing medical services, and, if so, to determine the parameters of that practice.

(II) Assess and improve the quality of care rendered in a health care facility, clinic, or other setting providing medical services.

(ii) Any other activities of a peer review body as specified in subparagraph (B).

(B) “Peer review body” includes:

(i) A medical or professional staff of any health care facility or clinic licensed under Division 2 (commencing with Section 1200) of the Health and Safety Code or of a facility certified to participate in the federal Medicare program as an ambulatory surgical center.

(ii) A health care service plan licensed under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that contracts with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code.

(iii) Any medical, psychological, marriage and family therapy, social work, professional clinical counselor, dental, or podiatric professional society having as members at least 25 percent of the eligible licentiates in the area in which it functions (which must include at least one county), which is not organized for profit and which has been determined to be exempt from taxes pursuant to Section 23701 of the Revenue and Taxation Code.

(iv) A committee organized by any entity consisting of or employing more than 25 licentiates of the same class that functions for the purpose of reviewing the quality of professional care provided by members or employees of that entity.

(2) “Licentiate” means a physician and surgeon, doctor of podiatric medicine, clinical psychologist, marriage and family therapist, clinical social worker, professional clinical counselor, dentist, or physician assistant. “Licentiate” also includes a person authorized to practice medicine pursuant to Section 2113 or 2168.

(3) “Agency” means the relevant state licensing agency having regulatory jurisdiction over the licentiates listed in paragraph (2).

(4) “Staff privileges” means any arrangement under which a licentiate is allowed to practice in or provide care for patients in a health facility. Those





## BOARD OF PSYCHOLOGY

arrangements shall include, but are not limited to, full staff privileges, active staff privileges, limited staff privileges, auxiliary staff privileges, provisional staff privileges, temporary staff privileges, courtesy staff privileges, locum tenens arrangements, and contractual arrangements to provide professional services, including, but not limited to, arrangements to provide outpatient services.

(5) "Denial or termination of staff privileges, membership, or employment" includes failure or refusal to renew a contract or to renew, extend, or reestablish any staff privileges, if the action is based on medical disciplinary cause or reason.

(6) "Medical disciplinary cause or reason" means that aspect of a licentiate's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

(7) "805 report" means the written report required under subdivision (b).

(b) The chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic shall file an 805 report with the relevant agency within 15 days after the effective date on which any of the following occur as a result of an action of a peer review body:

(1) A licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.

(2) A licentiate's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.

(3) Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary cause or reason.

(c) If a licentiate takes any action listed in paragraph (1), (2), or (3) after receiving notice of a pending investigation initiated for a medical disciplinary cause or reason or after receiving notice that his or her application for membership or staff privileges is denied or will be denied for a medical disciplinary cause or reason, the chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic where the licentiate is employed or has staff privileges or membership or where the licentiate applied for staff privileges or membership, or sought the renewal thereof, shall file an 805 report with the relevant agency within 15 days after the licentiate takes the action.

(1) Resigns or takes a leave of absence from membership, staff privileges, or employment.

(2) Withdraws or abandons his or her application for staff privileges or membership.

(3) Withdraws or abandons his or her request for renewal of staff privileges or membership.

(d) For purposes of filing an 805 report, the signature of at least one of the individuals indicated in subdivision (b) or (c) on the completed form shall constitute compliance with the requirement to file the report.

(e) An 805 report shall also be filed within 15 days following the imposition of summary suspension of staff privileges, membership, or employment, if the summary suspension remains in effect for a period in excess of 14 days.

BUSINESS AND PROFESSIONS CODE

(f) A copy of the 805 report, and a notice advising the licentiate of his or her right to submit additional statements or other information, electronically or otherwise, pursuant to Section 800, shall be sent by the peer review body to the licentiate named in the report. The notice shall also advise the licentiate that information submitted electronically will be publicly disclosed to those who request the information.

The information to be reported in an 805 report shall include the name and license number of the licentiate involved, a description of the facts and circumstances of the medical disciplinary cause or reason, and any other relevant information deemed appropriate by the reporter.

A supplemental report shall also be made within 30 days following the date the licentiate is deemed to have satisfied any terms, conditions, or sanctions imposed as disciplinary action by the reporting peer review body. In performing its dissemination functions required by Section 805.5, the agency shall include a copy of a supplemental report, if any, whenever it furnishes a copy of the original 805 report.

If another peer review body is required to file an 805 report, a health care service plan is not required to file a separate report with respect to action attributable to the same medical disciplinary cause or reason. If the Medical Board of California or a licensing agency of another state revokes or suspends, without a stay, the license of a physician and surgeon, a peer review body is not required to file an 805 report when it takes an action as a result of the revocation or suspension.

(g) The reporting required by this section shall not act as a waiver of confidentiality of medical records and committee reports. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of Section 800 and Sections 803.1 and 2027, provided that a copy of the report containing the information required by this section may be disclosed as required by Section 805.5 with respect to reports received on or after January 1, 1976.

(h) The Medical Board of California, the Osteopathic Medical Board of California, and the Dental Board of California shall disclose reports as required by Section 805.5.

(i) An 805 report shall be maintained electronically by an agency for dissemination purposes for a period of three years after receipt.

(j) No person shall incur any civil or criminal liability as the result of making any report required by this section.

(k) A willful failure to file an 805 report by any person who is designated or otherwise required by law to file an 805 report is punishable by a fine not to exceed one hundred thousand dollars (\$100,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. A violation of this subdivision may constitute unprofessional conduct by the licentiate. A person who is alleged to have violated this subdivision may assert any defense available at law. As used in this subdivi-

## BOARD OF PSYCHOLOGY

sion, "willful" means a voluntary and intentional violation of a known legal duty.

(l) Except as otherwise provided in subdivision (k), any failure by the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report, shall be punishable by a fine that under no circumstances shall exceed fifty thousand dollars (\$50,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. The amount of the fine imposed, not exceeding fifty thousand dollars (\$50,000) per violation, shall be proportional to the severity of the failure to report and shall differ based upon written findings, including whether the failure to file caused harm to a patient or created a risk to patient safety; whether the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report exercised due diligence despite the failure to file or whether they knew or should have known that an 805 report would not be filed; and whether there has been a prior failure to file an 805 report. The amount of the fine imposed may also differ based on whether a health care facility is a small or rural hospital as defined in Section 124840 of the Health and Safety Code.

(m) A health care service plan licensed under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that negotiates and enters into a contract with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code, when determining participation with the plan or insurer, shall evaluate, on a case-by-case basis, licentiates who are the subject of an 805 report, and not automatically exclude or deselect these licentiates.

Added Stats 1987 ch 1044 § 3. Amended Stats 1988 ch 419 § 1; Stats 1989 ch 886 § 12 (ch 1070 prevails), ch 1070 § 1; Stats 1990 ch 196 § 1 (AB 1565), ch 1597 § 5 (SB 2375); Stats 1991 ch 359 § 7 (AB 1332); Stats 1993 ch 1267 § 8 (SB 916); Stats 1995 ch 279 § 1 (AB 1471); Stats 1997 ch 359 § 6 (AB 103); Stats 1999 ch 252 § 2 (AB 352); Stats 2001 ch 614 § 2 (SB 16); Stats 2002 ch 1012 § 3 (SB 2025), effective September 27, 2002; Stats 2006 ch 223 § 16 (SB 1438), effective January 1, 2007; Stats 2009 ch 307 § 2 (SB 821), effective January 1, 2010; Stats 2010 ch 505 § 3 (SB 700), effective January 1, 2011; Stats 2011 ch 381 § 9 (SB 146), effective January 1, 2012; Stats 2012 ch 332 § 9 (SB 1236), effective January 1, 2013.

**§ 805.5. Request for report prior to grant or renewal of staff privileges; Penalties for violation**

(a) Prior to granting or renewing staff privileges for any physician and surgeon, psychologist, podiatrist, or dentist, any health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code, or any health care service plan or medical care foundation, or the medical staff of the institution shall request a report from the Medical Board of California, the Board of Psychology, the Osteopathic Medical Board of California, or the Dental Board of California to determine if any report has been made pursuant to Section 805 indicating that the applying physician and

BUSINESS AND PROFESSIONS CODE

Bus. & Prof. Code

surgeon, psychologist, podiatrist, or dentist has been denied staff privileges, been removed from a medical staff, or had his or her staff privileges restricted as provided in Section 805. The request shall include the name and California license number of the physician and surgeon, psychologist, podiatrist, or dentist. Furnishing of a copy of the 805 report shall not cause the 805 report to be a public record.

(b) Upon a request made by, or on behalf of, an institution described in subdivision (a) or its medical staff the board shall furnish a copy of any report made pursuant to Section 805 as well as any additional exculpatory or explanatory information submitted electronically to the board by the licensee pursuant to subdivision (f) of that section. However, the board shall not send a copy of a report (1) if the denial, removal, or restriction was imposed solely because of the failure to complete medical records, (2) if the board has found the information reported is without merit, (3) if a court finds, in a final judgment, that the peer review, as defined in Section 805, resulting in the report was conducted in bad faith and the licensee who is the subject of the report notifies the board of that finding, or (4) if a period of three years has elapsed since the report was submitted. This three-year period shall be tolled during any period the licensee has obtained a judicial order precluding disclosure of the report, unless the board is finally and permanently precluded by judicial order from disclosing the report. If a request is received by the board while the board is subject to a judicial order limiting or precluding disclosure, the board shall provide a disclosure to any qualified requesting party as soon as practicable after the judicial order is no longer in force.

If the board fails to advise the institution within 30 working days following its request for a report required by this section, the institution may grant or renew staff privileges for the physician and surgeon, psychologist, podiatrist, or dentist.

(c) Any institution described in subdivision (a) or its medical staff that violates subdivision (a) is guilty of a misdemeanor and shall be punished by a fine of not less than two hundred dollars (\$200) nor more than one thousand two hundred dollars (\$1,200).

Added Stats 1979 ch 602 § 2. Amended Stats 1983 ch 1092 § 4, effective September 27, 1983, operative January 1, 1984; Stats 1987 ch 721 § 2; Stats 1989 ch 886 § 14; Stats 1991 ch 359 § 9 (AB 1332); Stats 1999 ch 655 § 3 (SB 1308); Stats 2001 ch 614 § 5 (SB 16); Stats 2010 ch 505 § 6 (SB 700), effective January 1, 2011.

**§ 806. Statistical reports and recommendations to Legislature**

Each agency in the department receiving reports pursuant to the preceding sections shall prepare a statistical report based upon these records for presentation to the Legislature not later than 30 days after the commencement of each regular session of the Legislature, including by the type of peer review body, and, where applicable, type of health care facility, the number of reports received and a summary of administrative and disciplinary action taken with respect to these reports and any recommendations for corrective legislation if the agency considers legislation to be necessary.

Added Stats 2d Ex Sess 1975 ch 1 § 2.3. Amended Stats 2001 ch 614 § 8 (SB 16).

**§ 808.5. Filing of reports**

For purposes of this article, reports affecting psychologists required to be filed under Sections 801, 801.1, 802, 803, 803.5, and 803.6 shall be filed with the Board of Psychology of the Department of Consumer Affairs.

Added Stats 1999 ch 655 § 4 (SB 1308).



BOARD OF PSYCHOLOGY

**ARTICLE 12.5**  
**Mental Illness or Physical Illness**

**§ 820. Examination of licentiate for mental illness or physical illness affecting competency**

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

Added Stats 1982 ch 1183 § 1. Amended Stats 1989 ch 1104 § 1.7.

**§ 821. Effect of licentiate's failure to comply with order for examination**

The licentiate's failure to comply with an order issued under Section 820 shall constitute grounds for the suspension or revocation of the licentiate's certificate or license.

Added Stats 1982 ch 1183 § 1.

**§ 822. Action by licensing agency**

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

- (a) Revoking the licentiate's certificate or license.
- (b) Suspending the licentiate's right to practice.
- (c) Placing the licentiate on probation.

(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

Added Stats 1982 ch 1183 § 1.

**§ 823. Reinstatement of licentiate**

Notwithstanding any other provisions of law, reinstatement of a licentiate against whom action has been taken pursuant to Section 822 shall be governed by the procedures in this article. In reinstating a certificate or license which has been revoked or suspended under Section 822, the licensing agency may impose terms and conditions to be complied with by the licentiate after the certificate or license has been reinstated. The authority of the licensing agency to impose terms and conditions includes, but is not limited to, the following:

- (a) Requiring the licentiate to obtain additional professional training and to pass an examination upon the completion of the training.

BUSINESS AND PROFESSIONS CODE

(b) Requiring the licentiate to pass an oral, written, practical, or clinical examination, or any combination thereof to determine his or her present fitness to engage in the practice of his or her profession.

(c) Requiring the licentiate to submit to a complete diagnostic examination by one or more physicians and surgeons or psychologists appointed by the licensing agency. If the licensing agency requires the licentiate to submit to such an examination, the licensing agency shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons or psychologists of the licentiate's choice.

(d) Requiring the licentiate to undergo continuing treatment.

(e) Restricting or limiting the extent, scope or type of practice of the licentiate.

Added Stats 1982 ch 1183 § 1.

**§ 824. Options open to licensing agency when proceeding against licentiate**

The licensing agency may proceed against a licentiate under either Section 820, or 822, or under both sections.

Added Stats 1982 ch 1183 § 1.

**§ 826. Format of proceedings under Sections 821 and 822; Rights and powers**

The proceedings under Sections 821 and 822 shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the licensing agency and the licentiate shall have all the rights and powers granted therein.

Added Stats 1982 ch 1183 § 1.

**§ 827. Authority of licensing agency to convene in closed session**

Notwithstanding the provisions of Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, relating to public meetings, the licensing agency may convene in closed session to consider any evidence relating to the licentiate's mental or physical illness obtained pursuant to the proceedings under Section 820. The licensing agency shall only convene in closed session to the extent that it is necessary to protect the privacy of a licentiate.

Added Stats 1982 ch 1183 § 1.

**§ 828. Determination of insufficient evidence to bring action against licentiate; Effect on records of proceedings**

If the licensing agency determines, pursuant to proceedings conducted under Section 820, that there is insufficient evidence to bring an action against the licentiate pursuant to Section 822, then all licensing agency records of the proceedings, including the order for the examination, investigative reports, if any, and the report of the physicians and surgeons or psychologists, shall be kept confidential and are not subject to discovery or subpoena. If no further proceedings are conducted to determine the licentiates fitness to practice during a period of five years from the date of the determination by the licensing agency of the proceeding pursuant to Section 820, then the licensing agency shall purge and destroy all records pertaining to the proceedings. If new



BOARD OF PSYCHOLOGY

proceedings are instituted during the five-year period against the licentiate by the licensing agency, the records, including the report of the physicians and surgeons or psychologists, may be used in the proceedings and shall be available to the respondent pursuant to the provisions of Section 11507.6 of the Government Code.

Added Stats 1982 ch 1183 § 1.

ARTICLE 15

Sexual Orientation Change Efforts

§ 865. Definitions

For the purposes of this article, the following terms shall have the following meanings:

(a) "Mental health provider" means a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, intern, or trainee, a licensed marriage and family therapist, a registered marriage and family therapist, intern, or trainee, a licensed educational psychologist, a credentialed school psychologist, a licensed clinical social worker, an associate clinical social worker, a licensed professional clinical counselor, a registered clinical counselor, intern, or trainee, or any other person designated as a mental health professional under California law or regulation.

(b)(1) "Sexual orientation change efforts" means any practices by mental health providers that seek to change an individual's sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.

(2) "Sexual orientation change efforts" does not include psychotherapies that: (A) provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices; and (B) do not seek to change sexual orientation.

Added Stats 2012 ch 835 § 2 (SB 1172), effective January 1, 2013.

§ 865.1. Prohibited sexual orientation change efforts with patient under specified age

Under no circumstances shall a mental health provider engage in sexual orientation change efforts with a patient under 18 years of age.

Added Stats 2012 ch 835 § 2 (SB 1172), effective January 1, 2013.

§ 865.2. Unprofessional conduct

Any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject a mental health provider to discipline by the licensing entity for that mental health provider.

Added Stats 2012 ch 835 § 2 (SB 1172), effective January 1, 2013.

## CHAPTER 1.5

### Exemption from Licensure

#### § 900. Requirements for exemption; Immunity from liability

(a) Nothing in this division applies to a health care practitioner licensed in another state or territory of the United States who offers or provides health care for which he or she is licensed, if the health care is provided only during a state of emergency as defined in subdivision (b) of Section 8558 of the Government Code, which emergency overwhelms the response capabilities of California health care practitioners and only upon the request of the Director of the Emergency Medical Services Authority.

(b) The director shall be the medical control and shall designate the licensure and specialty health care practitioners required for the specific emergency and shall designate the areas to which they may be deployed.

(c) Health care practitioners shall provide, upon request, a valid copy of a professional license and a photograph identification issued by the state in which the practitioner holds licensure before being deployed by the director.

(d) Health care practitioners deployed pursuant to this chapter shall provide the appropriate California licensing authority with verification of licensure upon request.

(e) Health care practitioners providing health care pursuant to this chapter shall have immunity from liability for services rendered as specified in Section 8659 of the Government Code.

(f) For the purposes of this section, “health care practitioner” means any person who engages in acts which are the subject of licensure or regulation under this division or under any initiative act referred to in this division.

(g) For purposes of this section, “director” means the Director of the Emergency Medical Services Authority who shall have the powers specified in Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

Added Stats 1989 ch 97 § 2, effective July 7, 1989. Amended Stats 2010 ch 270 § 1 (AB 2699), effective January 1, 2011.

#### § 901. (Repealed January 1, 2018) Exemption from licensure requirements for services provided under enumerated circumstances; Prior authorization; Steps necessary for sponsoring entity; Report; List of health care practitioners providing health care services under this section; Compliance

(a) For purposes of this section, the following provisions apply:

(1) “Board” means the applicable healing arts board, under this division or an initiative act referred to in this division, responsible for the licensure or regulation in this state of the respective health care practitioners.

(2) “Health care practitioner” means any person who engages in acts that are subject to licensure or regulation under this division or under any initiative act referred to in this division.

(3) “Sponsored event” means an event, not to exceed 10 calendar days, administered by either a sponsoring entity or a local government, or both, through which health care is provided to the public without compensation to the health care practitioner.



## BOARD OF PSYCHOLOGY

(4) "Sponsoring entity" means a nonprofit organization organized pursuant to Section 501(c)(3) of the Internal Revenue Code or a community-based organization.

(5) "Uninsured or underinsured person" means a person who does not have health care coverage, including private coverage or coverage through a program funded in whole or in part by a governmental entity, or a person who has health care coverage, but the coverage is not adequate to obtain those health care services offered by the health care practitioner under this section.

(b) A health care practitioner licensed or certified in good standing in another state, district, or territory of the United States who offers or provides health care services for which he or she is licensed or certified is exempt from the requirement for licensure if all of the following requirements are met:

(1) Prior to providing those services, he or she does all of the following:

(A) Obtains authorization from the board to participate in the sponsored event after submitting to the board a copy of his or her valid license or certificate from each state in which he or she holds licensure or certification and a photographic identification issued by one of the states in which he or she holds licensure or certification. The board shall notify the sponsoring entity, within 20 calendar days of receiving a request for authorization, whether that request is approved or denied, provided that, if the board receives a request for authorization less than 20 days prior to the date of the sponsored event, the board shall make reasonable efforts to notify the sponsoring entity whether that request is approved or denied prior to the date of that sponsored event.

(B) Satisfies the following requirements:

(i) The health care practitioner has not committed any act or been convicted of a crime constituting grounds for denial of licensure or registration under Section 480 and is in good standing in each state in which he or she holds licensure or certification.

(ii) The health care practitioner has the appropriate education and experience to participate in a sponsored event, as determined by the board.

(iii) The health care practitioner shall agree to comply with all applicable practice requirements set forth in this division and the regulations adopted pursuant to this division.

(C) Submits to the board, on a form prescribed by the board, a request for authorization to practice without a license, and pays a fee, in an amount determined by the board by regulation, which shall be available, upon appropriation, to cover the cost of developing the authorization process and processing the request.

(2) The services are provided under all of the following circumstances:

(A) To uninsured or underinsured persons.

(B) On a short-term voluntary basis, not to exceed a 10-calendar-day period per sponsored event.

(C) In association with a sponsoring entity that complies with subdivision (d).

(D) Without charge to the recipient or to a third party on behalf of the recipient.

(c) The board may deny a health care practitioner authorization to practice without a license if the health care practitioner fails to comply with this section or for any act that would be grounds for denial of an application for licensure.

BUSINESS AND PROFESSIONS CODE

(d) A sponsoring entity seeking to provide, or arrange for the provision of, health care services under this section shall do both of the following:

(1) Register with each applicable board under this division for which an out-of-state health care practitioner is participating in the sponsored event by completing a registration form that shall include all of the following:

(A) The name of the sponsoring entity.

(B) The name of the principal individual or individuals who are the officers or organizational officials responsible for the operation of the sponsoring entity.

(C) The address, including street, city, ZIP Code, and county, of the sponsoring entity's principal office and each individual listed pursuant to subparagraph (B).

(D) The telephone number for the principal office of the sponsoring entity and each individual listed pursuant to subparagraph (B).

(E) Any additional information required by the board.

(2) Provide the information listed in paragraph (1) to the county health department of the county in which the health care services will be provided, along with any additional information that may be required by that department.

(e) The sponsoring entity shall notify the board and the county health department described in paragraph (2) of subdivision (d) in writing of any change to the information required under subdivision (d) within 30 calendar days of the change.

(f) Within 15 calendar days of the provision of health care services pursuant to this section, the sponsoring entity shall file a report with the board and the county health department of the county in which the health care services were provided. This report shall contain the date, place, type, and general description of the care provided, along with a listing of the health care practitioners who participated in providing that care.

(g) The sponsoring entity shall maintain a list of health care practitioners associated with the provision of health care services under this section. The sponsoring entity shall maintain a copy of each health care practitioner's current license or certification and shall require each health care practitioner to attest in writing that his or her license or certificate is not suspended or revoked pursuant to disciplinary proceedings in any jurisdiction. The sponsoring entity shall maintain these records for a period of at least five years following the provision of health care services under this section and shall, upon request, furnish those records to the board or any county health department.

(h) A contract of liability insurance issued, amended, or renewed in this state on or after January 1, 2011, shall not exclude coverage of a health care practitioner or a sponsoring entity that provides, or arranges for the provision of, health care services under this section, provided that the practitioner or entity complies with this section.

(i) Subdivision (b) shall not be construed to authorize a health care practitioner to render care outside the scope of practice authorized by his or her license or certificate or this division.

(j)(1) The board may terminate authorization for a health care practitioner to provide health care services pursuant to this section for failure to comply with this section, any applicable practice requirement set forth in this division,

BOARD OF PSYCHOLOGY

any regulations adopted pursuant to this division, or for any act that would be grounds for discipline if done by a licensee of that board.

(2) The board shall provide both the sponsoring entity and the health care practitioner with a written notice of termination including the basis for that termination. The health care practitioner may, within 30 days after the date of the receipt of notice of termination, file a written appeal to the board. The appeal shall include any documentation the health care practitioner wishes to present to the board.

(3) A health care practitioner whose authorization to provide health care services pursuant to this section has been terminated shall not provide health care services pursuant to this section unless and until a subsequent request for authorization has been approved by the board. A health care practitioner who provides health care services in violation of this paragraph shall be deemed to be practicing health care in violation of the applicable provisions of this division, and be subject to any applicable administrative, civil, or criminal fines, penalties, and other sanctions provided in this division.

(k) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(l) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

Added Stats 2010 ch 270 § 2 (AB 2699), effective January 1, 2011, repealed January 1, 2014. Amended Stats 2011 ch 296 § 3 (AB 1023), effective January 1, 2012, repealed January 1, 2014; Stats 2013 ch 111 § 1 (AB 512), effective January 1, 2014, repealed January 1, 2018.

**CHAPTER 5**

**Medicine**

**ARTICLE 12**

**Enforcement**

**§ 2290.5. Telehealth; Patient consent; Hospital privileges and approval of credentials for providers of telehealth services**

(a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a person who is licensed under this division.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

BUSINESS AND PROFESSIONS CODE

Bus. & Prof. Code

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h)(1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

Added Stats 2011 ch 547 § 4 (AB 415), effective January 1, 2012. Amended Stats 2014 ch 404 § 1 (AB 809), effective September 18, 2014.

**CHAPTER 6.6**

**Psychologists**

**ARTICLE 1**

**General Provisions**

**§ 2900. Legislative findings**

The Legislature finds and declares that practice of psychology in California affects the public health, safety, and welfare and is to be subject to regulation

## BOARD OF PSYCHOLOGY

and control in the public interest to protect the public from the unauthorized and unqualified practice of psychology and from unprofessional conduct by persons licensed to practice psychology.

Added Stats 1967 ch 1677 § 2.

**§ 2901. Citation**

This chapter shall be known and may be cited as the “Psychology Licensing Law.”

Added Stats 1967 ch 1677 § 2.

**§ 2902. Definitions**

As used in this chapter, unless the context clearly requires otherwise and except as in this chapter expressly otherwise provided the following definitions apply:

(a) “Licensed psychologist” means an individual to whom a license has been issued pursuant to the provisions of this chapter, which license is in force and has not been suspended or revoked.

(b) “Board” means the Board of Psychology.

(c) A person represents himself or herself to be a psychologist when the person holds himself or herself out to the public by any title or description of services incorporating the words “psychology,” “psychological,” “psychologist,” “psychology consultation,” “psychology consultant,” “psychometry,” “psychometrics” or “psychometrist,” “psychotherapy,” “psychotherapist,” “psychoanalysis,” or “psychoanalyst,” or when the person holds himself or herself out to be trained, experienced, or an expert in the field of psychology.

(d) “Accredited,” as used with reference to academic institutions, means the University of California, the California State University, or an institution that is accredited by a national or an applicable regional accrediting agency recognized by the United States Department of Education.

(e) “Approved,” as used with reference to academic institutions, means an institution having “approval to operate”, as defined in Section 94718 of the Education Code.

Added Stats 1995 ch 708 § 12 (SB 609), operative January 1, 1997. Amended Stats 1997 ch 758 § 34 (SB 1346); Stats 2004 ch 695 § 19 (SB 1913).

**§ 2903. Licensure requirement; Practice of psychology; Psychotherapy; Fee**

No person may engage in the practice of psychology, or represent himself or herself to be a psychologist, without a license granted under this chapter, except as otherwise provided in this chapter. The practice of psychology is defined as rendering or offering to render for a fee to individuals, groups, organizations or the public any psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.

The application of these principles and methods includes, but is not restricted to: diagnosis, prevention, treatment, and amelioration of psychological problems and emotional and mental disorders of individuals and groups.

BUSINESS AND PROFESSIONS CODE

Psychotherapy within the meaning of this chapter means the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffectual or maladjustive.

As used in this chapter, "fee" means any charge, monetary or otherwise, whether paid directly or paid on a prepaid or capitation basis by a third party, or a charge assessed by a facility, for services rendered.

Added Stats 1967 ch 1677 § 2. Amended Stats 1973 ch 658 § 1; Stats 1978 ch 1208 § 2; Stats 2001 ch 728 § 24.2 (SB 724).

**§ 2903.1. Biofeedback instruments**

A psychologist licensed under this chapter may use biofeedback instruments which do not pierce or cut the skin to measure physical and mental functioning.

Added Stats 1976 ch 734 § 1.

**§ 2904. Excluded services**

The practice of psychology shall not include prescribing drugs, performing surgery or administering electroconvulsive therapy.

Added Stats 1967 ch 1677 § 2.

**§ 2904.5. Applicability of telemedicine provisions of § 2290.5**

A psychologist licensed under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care provider subject to the provisions of Section 2290.5.

Added Stats 2003 ch 20 § 3 (AB 116). Amended Stats 2012 ch 799 § 17 (SB 1575), effective January 1, 2013.

**§ 2905. Construction of other definitional statutes**

The practice of psychology shall be defined as in Section 2903, any existing statute in the State of California to the contrary notwithstanding.

Added Stats 1967 ch 1677 § 2.

**§ 2907. Rights of corporations**

Corporations shall have no professional rights, privileges, or powers, and shall not be permitted to practice psychology, nor shall the liability of any licensed psychologist be limited by a corporation.

Added Stats 1967 ch 1677 § 2.

**§ 2907.5. Right of psychological corporation to practice**

Nothing in Section 2907 shall be deemed to apply to the acts of a psychological corporation practicing pursuant to the Moscone-Knox Professional Corporation Act, as contained in Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code and Article 9 (commencing with Section 2995) when the psychological corporation is in compliance with (a) the Moscone-Knox Professional Corporation Act; (b) Article 9 (commencing with Section 2995); and (c) all other statutes now or hereafter enacted or adopted pertaining to such corporation and the conduct of its affairs.

Added Stats 1969 ch 1436 § 2. Amended Stats 1973 ch 77 § 4; Stats 1980 ch 1314 § 11.

## BOARD OF PSYCHOLOGY

**§ 2908. Exemption of other professions**

Nothing in this chapter shall be construed to prevent qualified members of other recognized professional groups licensed to practice in the State of California, such as, but not limited to, physicians, clinical social workers, educational psychologists, marriage and family therapists, optometrists, psychiatric technicians, or registered nurses, or attorneys admitted to the California State Bar, or persons utilizing hypnotic techniques by referral from persons licensed to practice medicine, dentistry or psychology, or persons utilizing hypnotic techniques which offer avocational or vocational self-improvement and do not offer therapy for emotional or mental disorders, or duly ordained members of the recognized clergy, or duly ordained religious practitioners from doing work of a psychological nature consistent with the laws governing their respective professions, provided they do not hold themselves out to the public by any title or description of services incorporating the words "psychological," "psychologist," "psychology," "psychometrist," "psychometrics," or "psychometry," or that they do not state or imply that they are licensed to practice psychology; except that persons licensed under Article 5 (commencing with Section 4986) of Chapter 13 of Division 2 may hold themselves out to the public as licensed educational psychologists.

Added Stats 1967 ch 1677 § 2. Amended Stats 1973 ch 758 § 3; Stats 1978 ch 1208 § 4; Stats 1980 ch 324 § 1; Stats 1983 ch 928 § 2; Stats 2002 ch 1013 § 10 (SB 2026).

**§ 2909. Applicability to school and public employees**

Nothing in this chapter shall be construed as restricting or preventing activities of a psychological nature or the use of the official title of the position for which they were employed on the part of the following persons, provided those persons are performing those activities as part of the duties for which they were employed, are performing those activities solely within the confines of or under the jurisdiction of the organization in which they are employed and do not offer to render or render psychological services as defined in Section 2903 to the public for a fee, monetary or otherwise, over and above the salary they receive for the performance of their official duties with the organization in which they are employed:

(a) Persons who hold a valid and current credential as a school psychologist issued by the California Department of Education.

(b) Persons who hold a valid and current credential as a psychometrist issued by the California Department of Education.

(c) Persons employed in positions as psychologists or psychological assistants, or in a student counseling service, by accredited or approved colleges, junior colleges or universities; federal, state, county or municipal governmental organizations which are not primarily involved in the provision of direct health or mental health services. However, those persons may, without obtaining a license under this act, consult or disseminate their research findings and scientific information to other such accredited or approved academic institutions or governmental agencies. They may also offer lectures to the public for a fee, monetary or otherwise, without being licensed under this chapter.

(d) Persons who meet the educational requirements of subdivision (b) of Section 2914 and who have one year or more of the supervised professional experience referenced in subdivision (c) of Section 2914, if they are employed

BUSINESS AND PROFESSIONS CODE

by nonprofit community agencies that receive a minimum of 25 percent of their financial support from any federal, state, county, or municipal governmental organizations for the purpose of training and providing services. Those persons shall be registered by the agency with the board at the time of employment and shall be identified in the setting as a “registered psychologist.” Those persons shall be exempt from this chapter for a maximum period of 30 months from the date of registration.

Added Stats 1981 ch 412 § 2, effective September 11, 1981, operative January 1, 1984. Amended Stats 1989 ch 888 § 2; Stats 1990 ch 1207 § 3 (AB 3242); Stats 2005 ch 658 § 2 (SB 229), effective January 1, 2006.

**§ 2910. Applicability of chapter to school and public employees**

Nothing in this chapter shall be construed to restrict or prevent activities of a psychological nature on the part of persons who are salaried employees of accredited or approved academic institutions, public schools or governmental agencies, provided:

- (a) Such employees are performing such psychological activities as part of the duties for which they were hired;
- (b) Such employees are performing those activities solely within the jurisdiction or confines of such organizations;
- (c) Such persons do not hold themselves out to the public by any title or description of activities incorporating the words “psychology,” “psychological,” “psychologist,” “psychometry,” “psychometrics” or “psychometrist”;
- (d) Such persons do not offer their services to the public for a fee, monetary or otherwise;
- (e) Such persons do not provide direct health or mental health services.

Added Stats 1967 ch 1677 § 2. Amended Stats 1979 ch 996 § 3.

**§ 2911. Applicability of chapter to students and interns**

Nothing in this chapter shall be construed as restricting the activities and services of a graduate student or psychological intern in psychology pursuing a course of study leading to a graduate degree in psychology at an accredited or approved college or university and working in a training program, or a postdoctoral trainee working in a postdoctoral placement overseen by the American Psychological Association (APA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), or the California Psychology Internship Council (CAPIC), provided that these activities and services constitute a part of his or her supervised course of study and that those persons are designated by the title “psychological intern,” “psychological trainee,” “postdoctoral intern,” or another title clearly indicating the training status appropriate to his or her level of training. The aforementioned terms shall be reserved for persons enrolled in the doctoral program leading to one of the degrees listed in subdivision (b) of Section 2914 at an accredited or approved college or university or in a formal postdoctoral internship overseen by APA, APPIC, or CAPIC.

Added Stats 1967 ch 1677 § 2. Amended Stats 2005 ch 658 § 3 (SB 229), effective January 1, 2006.

**§ 2912. Temporary practice by licensees of other state or foreign country**

Nothing in this chapter shall be construed to restrict or prevent a person who is licensed as a psychologist at the doctoral level in another state or



## BOARD OF PSYCHOLOGY

territory of the United States or in Canada from offering psychological services in this state for a period not to exceed 30 days in any calendar year.

Added Stats 1973 ch 757 § 2. Amended Stats 1978 ch 1161 § 196; Stats 2005 ch 658 § 4 (SB 229), effective January 1, 2006.

**§ 2913. Services by psychological assistants**

A person other than a licensed psychologist may be employed by a licensed psychologist, by a licensed physician and surgeon who is board certified in psychiatry by the American Board of Psychiatry and Neurology, by a clinic which provides mental health services under contract pursuant to Section 5614 of the Welfare and Institutions Code, by a psychological corporation, by a licensed psychology clinic as defined in Section 1204.1 of the Health and Safety Code, or by a medical corporation to perform limited psychological functions provided that all of the following apply:

(a) The person is termed a “psychological assistant.”

(b) The person (1) has completed a master’s degree in psychology or education with the field of specialization in psychology or counseling psychology, or (2) has been admitted to candidacy for a doctoral degree in psychology or education with the field of specialization in psychology or counseling psychology, after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations, or (3) has completed a doctoral degree which qualifies for licensure under Section 2914, in an accredited or approved university, college, or professional school located in the United States or Canada.

(c) The person is at all times under the immediate supervision, as defined in regulations adopted by the board, of a licensed psychologist, or board certified psychiatrist, who shall be responsible for insuring that the extent, kind, and quality of the psychological services he or she performs are consistent with his or her training and experience and be responsible for his or her compliance with this chapter and regulations duly adopted hereunder, including those provisions set forth in Section 2960.

(d) The licensed psychologist, board certified psychiatrist, contract clinic, psychological corporation, or medical corporation, has registered the psychological assistant with the board. The registration shall be renewed annually in accordance with regulations adopted by the board.

No licensed psychologist may register, employ, or supervise more than three psychological assistants at any given time unless specifically authorized to do so by the board. No board certified psychiatrist may register, employ, or supervise more than one psychological assistant at any given time. No contract clinic, psychological corporation, or medical corporation may employ more than 10 assistants at any one time. No contract clinic may register, employ, or provide supervision for more than one psychological assistant for each designated full-time staff psychiatrist who is qualified and supervises the psychological assistants. No psychological assistant may provide psychological services to the public for a fee, monetary or otherwise, except as an employee of a licensed psychologist, licensed physician, contract clinic, psychological corporation, or medical corporation.

(e) The psychological assistant shall comply with regulations that the board may, from time to time, duly adopt relating to the fulfillment of requirements in continuing education.

BUSINESS AND PROFESSIONS CODE

(f) No person shall practice as a psychological assistant who is found by the board to be in violation of Section 2960 and the rules and regulations duly adopted thereunder.

Added Stats 1967 ch 1677 § 2. Amended Stats 1970 ch 470 § 1, effective July 21, 1970; Stats 1973 ch 949 § 1; Stats 1978 ch 1208 § 5; Stats 1980 ch 1314 § 12, ch 1315 § 1; Stats 1981 ch 714 § 8; Stats 1982 ch 462 § 1, ch 1172 § 1; Stats 1983 ch 207 § 1, effective July 13, 1983; Stats 1989 ch 888 § 3.

**§ 2914. Applicant's requirements**

Each applicant for licensure shall comply with all of the following requirements:

(a) Is not subject to denial of licensure under Division 1.5.

(b) Possess an earned doctorate degree (1) in psychology, (2) in educational psychology, or (3) in education with the field of specialization in counseling psychology or educational psychology. Except as provided in subdivision (g), this degree or training shall be obtained from an accredited university, college, or professional school. The board shall make the final determination as to whether a degree meets the requirements of this section.

No educational institution shall be denied recognition as an accredited academic institution solely because its program is not accredited by any professional organization of psychologists, and nothing in this chapter or in the administration of this chapter shall require the registration with the board by educational institutions of their departments of psychology or their doctoral programs in psychology.

An applicant for licensure trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that he or she possesses a doctorate degree in psychology that is equivalent to a degree earned from a regionally accredited university in the United States or Canada. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and any other documentation the board deems necessary.

(c) Have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, the specific requirements of which shall be defined by the board in its regulations, or under suitable alternative supervision as determined by the board in regulations duly adopted under this chapter, at least one year of which shall be after being awarded the doctorate in psychology. If the supervising licensed psychologist fails to provide verification to the board of the experience required by this subdivision within 30 days after being so requested by the applicant, the applicant may provide written verification directly to the board.

If the applicant sends verification directly to the board, the applicant shall file with the board a declaration of proof of service, under penalty of perjury, of the request for verification. A copy of the completed verification forms shall be provided to the supervising psychologist and the applicant shall prove to the board that a copy has been sent to the supervising psychologist by filing a declaration of proof of service under penalty of perjury, and shall file this declaration with the board when the verification forms are submitted.

Upon receipt by the board of the applicant's verification and declarations, a rebuttable presumption affecting the burden of producing evidence is created that the supervised, professional experience requirements of this subdivision

## BOARD OF PSYCHOLOGY

have been satisfied. The supervising psychologist shall have 20 days from the day the board receives the verification and declaration to file a rebuttal with the board.

The authority provided by this subdivision for an applicant to file written verification directly shall apply only to an applicant who has acquired the experience required by this subdivision in the United States.

The board shall establish qualifications by regulation for supervising psychologists and shall review and approve applicants for this position on a case-by-case basis.

(d) Take and pass the examination required by Section 2941 unless otherwise exempted by the board under this chapter.

(e) Show by evidence satisfactory to the board that he or she has completed training in the detection and treatment of alcohol and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after September 1, 1985.

(f)(1) Show by evidence satisfactory to the board that he or she has completed coursework in spousal or partner abuse assessment, detection, and intervention. This requirement applies to applicants who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003.

(2) An applicant who began graduate training on or after January 1, 2004, shall show by evidence satisfactory to the board that he or she has completed a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. An applicant may request an exemption from this requirement if he or she intends to practice in an area that does not include the direct provision of mental health services.

(3) Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. This requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(g) An applicant holding a doctoral degree in psychology from an approved institution is deemed to meet the requirements of this section if all of the following are true:

(1) The approved institution offered a doctoral degree in psychology designed to prepare students for a license to practice psychology and was approved by the Bureau for Private Postsecondary and Vocational Education on or before July 1, 1999.

(2) The approved institution has not, since July 1, 1999, had a new location, as described in Section 94721 of the Education Code.

(3) The approved institution is not a franchise institution, as defined in Section 94729.3 of the Education Code.

Added Stats 2000 ch 625 § 2 (AB 400). Amended Stats 2001 ch 728 § 24.4 (SB 724); Stats 2002 ch 481 § 1 (SB 564); Stats 2005 ch 658 § 5 (SB 229), effective January 1, 2006.

BUSINESS AND PROFESSIONS CODE



**§ 2914.1. Recommended courses in geriatric pharmacology**

The board shall encourage every licensed psychologist to take a continuing education course in geriatric pharmacology as a part of his or her continuing education.

Added Stats 1990 ch 1539 § 3 (SB 2827).

**§ 2914.2. Psychopharmacology and biological basis of behavior courses**

The board shall encourage licensed psychologists to take continuing education courses in psychopharmacology and biological basis of behavior as part of their continuing education.

Added Stats 1998 ch 822 § 1 (SB 983).

**§ 2914.3. Guidelines for training**

(a) The board shall encourage institutions that offer a doctorate degree program in psychology to include in their biobehavioral curriculum, education and training in psychopharmacology and related topics including pharmacology and clinical pharmacology.

(b) The board shall develop guidelines for the basic education and training of psychologists whose practices include patients with medical conditions and patients with mental and emotional disorders, who may require psychopharmacological treatment and whose management may require collaboration with physicians and other licensed prescribers. In developing these guidelines for training, the board shall consider, but not be limited to, all of the following:

(1) The American Psychological Association's guidelines for training in the biological bases of mental and emotional disorders.

(2) The necessary educational foundation for understanding the biochemical and physiological bases for mental disorders.

(3) Evaluation of the response to psychotropic compounds, including the effects and side effects.

(4) Competent basic practical and theoretical knowledge of neuroanatomy, neurochemistry, and neurophysiology relevant to research and clinical practice.

(5) Knowledge of the biological bases of psychopharmacology.

(6) The locus of action of psychoactive substances and mechanisms by which these substances affect brain function and other systems of the body.

(7) Knowledge of the psychopharmacology of classes of drugs commonly used to treat mental disorders.

(8) Drugs that are commonly abused that may or may not have therapeutic uses.

(9) Education of patients and significant support persons in the risks, benefits, and treatment alternatives to medication.

(10) Appropriate collaboration or consultation with physicians or other prescribers to include the assessment of the need for additional treatment that may include medication or other medical evaluation and treatment and the patient's mental capacity to consent to additional treatment to enhance both the physical and the mental status of the persons being treated.

(11) Knowledge of signs that warrant consideration for referral to a physician.

## BOARD OF PSYCHOLOGY

(c) This section is intended to provide for training of clinical psychologists to improve the ability of clinical psychologists to collaborate with physicians. It is not intended to provide for training psychologists to prescribe medication. Nothing in this section is intended to expand the scope of licensure of psychologists.

Added Stats 1998 ch 822 § 2 (SB 983).

**§ 2915. Continuing education requirements; Practice outside fields of competence**

(a) Except as provided in this section, on or after January 1, 1996, the board shall not issue any renewal license unless the applicant submits proof that he or she has completed no less than 18 hours of approved continuing education in the preceding year. On or after January 1, 1997, except as provided in this section, the board shall issue renewal licenses only to those applicants who have completed 36 hours of approved continuing education in the preceding two years.

(b) Each person renewing his or her license issued pursuant to this chapter shall submit proof of compliance with this section to the board. False statements submitted pursuant to this section shall be a violation of Section 2970.

(c) A person applying for relicensure or for reinstatement to an active license status shall certify under penalty of perjury that he or she is in compliance with this section.

(d)(1) The continuing education requirement shall include, but shall not be limited to, courses required pursuant to Sections 25 and 28. The requirement may include courses pursuant to Sections 32 and 2914.1.

(2)(A) The board shall require a licensed psychologist who began graduate study prior to January 1, 2004, to take a continuing education course during his or her first renewal period after the operative date of this section in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement.

(B) Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under subdivision (a).

(C) A licensed psychologist whose practice does not include the direct provision of mental health services may apply to the board for an exemption from the requirements of this paragraph.

(3) Continuing education instruction approved to meet the requirements of this section shall be completed within the State of California, or shall be approved for continuing education credit by the American Psychological Association or its equivalent as approved by the board.

(e) The board may establish a policy for exceptions from the continuing education requirement of this section.

(f) The board may recognize continuing education courses that have been approved by one or more private nonprofit organizations that have at least 10

BUSINESS AND PROFESSIONS CODE

years' experience managing continuing education programs for psychologists on a statewide basis, including, but not limited to:

- (1) Maintaining and managing related records and data.
- (2) Monitoring and approving courses.

(g) The board shall adopt regulations as necessary for implementation of this section.

(h) A licensed psychologist shall choose continuing education instruction that is related to the assessment, diagnosis, and intervention for the client population being served or to the fields of psychology in which the psychologist intends to provide services, that may include new theoretical approaches, research, and applied techniques. Continuing education instruction shall include required courses specified in subdivision (d).

(i) A psychologist shall not practice outside his or her particular field or fields of competence as established by his or her education, training, continuing education, and experience.

(j) The administration of this section may be funded through professional license fees and continuing education provider and course approval fees, or both. The fees related to the administration of this section shall not exceed the costs of administering the corresponding provisions of this section.

(k) Continuing education credit may be approved for those licensees who serve as commissioners on any examination pursuant to Section 2947, subject to limitations established by the board.

(l) This section shall become operative on January 1, 2004.

Added Stats 2002 ch 481 § 3 (SB 564), operative January 1, 2004.

**§ 2915.5. Coursework in aging and long-term care required for licensure of new applicant; Instruction on assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect**

(a) Any applicant for licensure as a psychologist who began graduate study on or after January 1, 2004, shall complete, as a condition of licensure, a minimum of 10 contact hours of coursework in aging and long-term care, which may include, but need not be limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(b) Coursework taken in fulfillment of other educational requirements for licensure pursuant to this chapter, or in a separate course of study, may, at the discretion of the board, fulfill the requirements of this section.

(c) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a certification from the chief academic officer of the educational institution from which the applicant graduated stating that the coursework required by this section is included within the institution's required curriculum for graduation, or within the coursework, that was completed by the applicant.

(d) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

Added Stats 2002 ch 541 § 4 (SB 953). Amended Stats 2010 ch 552 § 2 (AB 2435), effective January 1, 2011.

## BOARD OF PSYCHOLOGY

**§ 2915.7. Continuing education course in aging and long-term care required for first license renewal; Instruction on assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect**

(a) A licensee who began graduate study prior to January 1, 2004, shall complete a three-hour continuing education course in aging and long-term care during his or her first renewal period after the operative date of this section, and shall submit to the board evidence acceptable to the board of the person's satisfactory completion of that course.

(b) The course should include, but is not limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(c) Any person seeking to meet the requirements of subdivision (a) of this section may submit to the board a certificate evidencing completion of equivalent courses in aging and long-term care taken prior to the operative date of this section, or proof of equivalent teaching or practice experience. The board, in its discretion, may accept that certification as meeting the requirements of this section.

(d) The board may not renew an applicant's license until the applicant has met the requirements of this section.

(e) A licensee whose practice does not include the direct provision of mental health services may apply to the board for an exception to the requirements of this section.

Added Stats 2002 ch 541 § 5 (SB 953). Amended Stats 2004 ch 695 § 20 (SB 1913); Stats 2010 ch 552 § 3 (AB 2435), effective January 1, 2011.

**§ 2916. Separability clause**

If any provision of this chapter or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect any of the provisions or applications of this chapter which can be given effect without such invalid provisions or application, and to this end the provisions of this chapter are declared to be severable.

Added Stats 1967 ch 1677 § 2.

**§ 2918. Privileged communications**

The confidential relations and communications between psychologist and client shall be privileged as provided by Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code.

Added Stats 1973 ch 757 § 4.

**§ 2919. Retention of health service records**

A licensed psychologist shall retain a patient's health service records for a minimum of seven years from the patient's discharge date. If the patient is a minor, the patient's health service records shall be retained for a minimum of seven years from the date the patient reaches 18 years of age.

Added Stats 2006 ch 89 § 1 (AB 2257), effective January 1, 2007.

## ARTICLE 2 Administration

### § 2920. (Repealed January 1, 2017) Board of Psychology

(a) The Board of Psychology shall enforce and administer this chapter. The board shall consist of nine members, four of whom shall be public members.

(b) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

(c) Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

Added Stats 1967 ch 1677 § 2. Amended Stats 1971 ch 716 § 45; Stats 1976 ch 1188 § 16; Stats 1978 ch 1208 § 7; Stats 1982 ch 676 § 12; Stats 1989 ch 886 § 56 (ch 888 prevails), ch 888 § 5; Stats 1990 ch 622 § 1 (SB 2720); Stats 1994 ch 908 § 19 (SB 2036); Stat 1998 ch 589 § 1 (SB 1983); Stats 2002 ch 1012 § 6 (SB 2025), effective September 27, 2002; Stats 2005 ch 658 § 6 (SB 229), effective January 1, 2006; Stats 2006 ch 658 § 50 (SB 1476), effective January 1, 2007; Stats 2008 ch 385 § 1 (SB 963), effective January 1, 2009, repealed January 1, 2011; Stats 2010 ch 695 § 10 (SB 294), effective January 1, 2011, repealed January 1, 2013; Stats 2012 ch 332 § 24 (SB 1236), effective January 1, 2013, repealed January 1, 2017.

### § 2920.1. Priority of board; Protection of the public

Protection of the public shall be the highest priority for the Board of Psychology in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

Added Stats 2002 ch 107 § 12 (AB 269).

### § 2921. Tenure of committee members

Each member of the board shall hold office for a term of four years, and shall serve until the appointment and qualification of his or her successor or until one year shall have elapsed since the expiration of the term for which he or she was appointed, whichever first occurs. No member may serve for more than two consecutive terms.

Added Stats 1967 ch 1677 § 2. Amended Stats 1968 ch 455 § 1; Stats 1973 ch 757 § 5; Stats 1989 ch 888 § 6.

### § 2922. Appointment of members

In appointing the members of the board, except the public members, the Governor shall use his or her judgment to select psychologists who represent, as widely as possible, the varied professional interests of psychologists in California.

The Governor shall appoint two of the public members and the five licensed members of the board qualified as provided in Section 2923. The Senate Rules Committee and the Speaker of the Assembly shall each appoint a public member, and their initial appointment shall be made to fill, respectively, the first and second public member vacancies which occur on or after January 1, 1983.

Added Stats 1967 ch 1677 § 2. Amended Stats 1976 ch 1188 § 17; Stats 1982 ch 676 § 13; Stats 1989 ch 888 § 7; Stats 1998 ch 589 § 2 (SB 1983).



## BOARD OF PSYCHOLOGY

**§ 2923. Qualifications**

Each member of the board shall have all of the following qualifications:

(a) He or she shall be a resident of this state.

(b) Each member appointed, except the public members shall be a licensed psychologist.

The public members shall not be licentiates of the board or of any board under this division or of any board referred to in the Chiropractic Act or the Osteopathic Act.

Added Stats 1967 ch 1677 § 2. Amended Stats 1976 ch 1188 § 18; Stats 1989 ch 888 § 8.

**§ 2924. Removal from office**

The Governor has power to remove from office any member of the board for neglect of any duty required by this chapter, for incompetency, or for unprofessional conduct.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 9.

**§ 2925. Officers**

The board shall elect annually a president and vice president from among its members.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 8; Stats 1989 ch 888 § 10; Stats 1998 ch 589 § 3 (SB 1983).

**§ 2926. Meetings**

The board shall hold at least one regular meeting each year. Additional meetings may be held upon call of the chairman or at the written request of any two members of the board.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 11.

**§ 2927. Quorum**

Five members of the board shall at all times constitute a quorum.

Added Stats 1967 ch 1677 § 2, as B & P C § 2932. Amended Stats 1989 ch 888 § 16. Renumbered by Stats 1994 ch 26 § 69 (AB 1807), effective March 30, 1994.

**§ 2927.5. Notice of meetings**

Notice of each regular meeting of the board shall be given in accordance with the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

Added Stats 1973 ch 757 § 6. Amended Stats 1994 ch 26 § 66 (AB 1807), effective March 30, 1994.

**§ 2928. Enforcement**

The board shall administer and enforce this chapter.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 12; Stats 1997 ch 758 § 35 (SB 1346).

**§ 2929. Seal**

The board shall adopt a seal, which shall be affixed to all licenses issued by the board.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 13; Stats 1997 ch 758 § 36 (SB 1346).

**§ 2930. Rule-making authority**

The board shall from time to time adopt rules and regulations as may be necessary to effectuate this chapter. In adopting rules and regulations the

BUSINESS AND PROFESSIONS CODE

board shall comply with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

Added Stats 1967 ch 1677 § 2. Amended Stats 1984 ch 144 § 12; Stats 1989 ch 888 § 14.

**§ 2931. Examining applicants**

The board shall examine and pass upon the qualifications of the applicants for a license as provided by this chapter.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 15.

**§ 2933. (Repealed January 1, 2017) Employees; Executive officer**

Except as provided by Section 159.5, the board shall employ and shall make available to the board within the limits of the funds received by the board all personnel necessary to carry out this chapter. The board may employ, exempt from the State Civil Service Act, an executive officer to the Board of Psychology. The board shall make all expenditures to carry out this chapter. The board may accept contributions to effectuate the purposes of this chapter.

This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

Added Stats 1967 ch 1677 § 2. Amended Stats 1971 ch 716 § 46; Stats 1974 ch 1044 § 32.6, effective September 23, 1974; Stats 1984 ch 47 § 18, effective March 21, 1984; Stats 1989 ch 888 § 17; Stats 1994 ch 908 § 20 (SB 2036); Stats 1997 ch 758 § 37 (SB 1346); Stats 1998 ch 589 § 4 (SB 1983); Stats 2002 ch 1012 § 7 (SB 2025), effective September 27, 2002; Stats 2005 ch 658 § 7 (SB 229), effective January 1, 2006; Stats 2006 ch 658 § 51 (SB 1476), effective January 1, 2007; Stats 2008 ch 385 § 2 (SB 963), effective January 1, 2009, repealed January 1, 2011; Stats 2010 ch 695 § 11 (SB 294), effective January 1, 2011, repealed January 1, 2013; Stats 2012 ch 332 § 25 (SB 1236), effective January 1, 2013, repealed January 1, 2017.

**§ 2934. Geographical directory of licensees**

Notwithstanding Section 112, the board may issue, biennially, a current geographical directory of licensed psychologists. The directory may be sent to licensees and to other interested parties at cost.

Added Stats 1982 ch 462 § 2. Amended Stats 1989 ch 888 § 18.

**§ 2935. Compensation and expenses**

Each member of the board shall receive a per diem and expenses as provided in Section 103.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 19.

**§ 2936. Consumer and professional education in matters relevant to ethical practice; Standards of ethical conduct; Notice**

The board shall adopt a program of consumer and professional education in matters relevant to the ethical practice of psychology. The board shall establish as its standards of ethical conduct relating to the practice of psychology, the "Ethical Principles of Psychologists and Code of Conduct" published by the American Psychological Association (APA). Those standards shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.

To facilitate consumers in receiving appropriate psychological services, all licensees and registrants shall be required to post, in a conspicuous location in their principal psychological business office, a notice which reads as follows:



## BOARD OF PSYCHOLOGY

“NOTICE TO CONSUMERS: The Department of Consumer Affairs Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the board by email at [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov), on the Internet at [www.psychology.ca.gov](http://www.psychology.ca.gov), by calling 1-866-503-3221, or by writing to the following address:

Board of Psychology

1625 North Market Boulevard, Suite –215

Sacramento, California 95834”

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 10.3; Stats 1989 ch 886 § 57 (ch 888 prevails), ch 888 § 20; Stats 1991 ch 1091 § 4 (AB 1487); Stats 1998 ch 589 § 5 (SB 1983); Stats 2004 ch 695 § 21 (SB 1913); Stats 2005 ch 658 § 8 (SB 229), effective January 1, 2006; Stats 2011 ch 350 § 21 (SB 943), effective January 1, 2012; Stats 2014 ch 316 § 10 (SB 1466), effective January 1, 2015.

## ARTICLE 3

### License

#### § 2940. Application and fee

Each person desiring to obtain a license from the board shall make application to the board. The application shall be made upon a form and shall be made in a manner as the board prescribes in regulations duly adopted under this chapter.

The application shall be accompanied by the application fee prescribed by Section 2949. This fee shall not be refunded by the board.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 21; Stats 1997 ch 758 § 38 (SB 1346).

#### § 2941. Examination and fee

Each applicant for a psychology license shall be examined by the board, and shall pay to the board, at least 30 days prior to the date of examination, the examination fee prescribed by Section 2987, which fee shall not be refunded by the board.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 10.5; Stats 1989 ch 888 § 22; Stats 1997 ch 758 § 39 (SB 1346).

#### § 2942. Time for examinations; Passing grades

The board may examine by written or computer-assisted examination or by both. All aspects of the examination shall be in compliance with Section 139. The examination shall be available for administration at least twice a year at the time and place and under supervision as the board may determine. The passing grades for the examinations shall be established by the board in regulations and shall be based on psychometrically sound principles of establishing minimum qualifications and levels of competency.

Examinations for a psychologist’s license may be conducted by the board under a uniform examination system, and for that purpose the board may make arrangements with organizations furnishing examination material as may in its discretion be desirable.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 12; Stats 1989 ch 888 § 23; Stats 1998 ch 589 § 6 (SB 1983); Stats 2005 ch 658 § 9 (SB 229), effective January 1, 2006.

BUSINESS AND PROFESSIONS CODE

**§ 2943. Examination subjects**

The board may examine for knowledge in whatever theoretical or applied fields in psychology as it deems appropriate. It may examine the candidate with regard to his or her professional skills and his or her judgment in the utilization of psychological techniques and methods.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 24.

**§ 2944. Written examinations**

The board shall grade the written examination and keep the written examination papers for at least one year, unless a uniform examination is conducted pursuant to Section 2942.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 13; Stats 1989 ch 888 § 25.

**§ 2946. Reciprocity licenses; Temporary practice by out-of-state licensees; Waiver of examination requirement**

The board shall grant a license to any person who passes the board's supplemental licensing examination and, at the time of application, has been licensed for at least five years by a psychology licensing authority in another state or Canadian province if the requirements for obtaining a certificate or license in that state or province were substantially equivalent to the requirements of this chapter.

A psychologist certified or licensed in another state or province and who has made application to the board for a license in this state may perform activities and services of a psychological nature without a valid license for a period not to exceed 180 calendar days from the time of submitting his or her application or from the commencement of residency in this state, whichever first occurs.

The board at its discretion may waive the examinations, when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examinations. The board at its discretion may waive the examinations for diplomates of the American Board of Professional Psychology.

Added Stats 1967 ch 1677 § 2. Amended Stats 1979 ch 955 § 3; Stats 1989 ch 888 § 27; Stats 1990 ch 622 § 2 (SB 2720); Stats 1998 ch 589 § 7 (SB 1983); Stats 2000 ch 836 § 19 (SB 1554); Stats 2005 ch 658 § 11 (SB 229), effective January 1, 2006.

**§ 2947. Appointment of commissioners on examination; Qualifications**

The board may appoint qualified persons to give the whole or any portion of any examination provided for in this chapter, who shall be designated as commissioners on examination. A commissioner on examination need not be a member of the board but he or she shall have the same qualifications as a member of the board, including those set forth in Chapter 6 (commencing with Section 450) of Division 1. The board may also appoint occasional professional commissioners for short-term specified periods to assist in its nonpolicy workload.

Public commissioners may examine and evaluate candidates in areas of knowledge such as the law, ethics, and awareness of community resources.

Added Stats 1978 ch 1208 § 13.2. Amended Stats 1982 ch 462 § 3; Stats 1989 ch 888 § 28.

**§ 2948. Issuance of license**

The board shall issue a license to all applicants who meet the requirements of this chapter and who pay to the board the initial license fee provided in Section 2987.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 29; Stats 1990 ch 622 § 3 (SB 2720); Stats 1997 ch 758 § 40 (SB 1346).

## BOARD OF PSYCHOLOGY

**ARTICLE 4****Denial, Suspension and Revocation****§ 2960. Grounds for action**

The board may refuse to issue any registration or license, or may issue a registration or license with terms and conditions, or may suspend or revoke the registration or license of any registrant or licensee if the applicant, registrant, or licensee has been guilty of unprofessional conduct. Unprofessional conduct shall include, but not be limited to:

- (a) Conviction of a crime substantially related to the qualifications, functions or duties of a psychologist or psychological assistant.
- (b) Use of any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or dangerous drug, or any alcoholic beverage to an extent or in a manner dangerous to himself or herself, any other person, or the public, or to an extent that this use impairs his or her ability to perform the work of a psychologist with safety to the public.
- (c) Fraudulently or neglectfully misrepresenting the type or status of license or registration actually held.
- (d) Impersonating another person holding a psychology license or allowing another person to use his or her license or registration.
- (e) Using fraud or deception in applying for a license or registration or in passing the examination provided for in this chapter.
- (f) Paying, or offering to pay, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of clients.
- (g) Violating Section 17500.
- (h) Willful, unauthorized communication of information received in professional confidence.
- (i) Violating any rule of professional conduct promulgated by the board and set forth in regulations duly adopted under this chapter.
- (j) Being grossly negligent in the practice of his or her profession.
- (k) Violating any of the provisions of this chapter or regulations duly adopted thereunder.
- (l) The aiding or abetting of any person to engage in the unlawful practice of psychology.
- (m) The suspension, revocation or imposition of probationary conditions by another state or country of a license or certificate to practice psychology or as a psychological assistant issued by that state or country to a person also holding a license or registration issued under this chapter if the act for which the disciplinary action was taken constitutes a violation of this section.
- (n) The commission of any dishonest, corrupt, or fraudulent act.
- (o) Any act of sexual abuse, or sexual relations with a patient or former patient within two years following termination of therapy, or sexual misconduct that is substantially related to the qualifications, functions or duties of a psychologist or psychological assistant or registered psychologist.
- (p) Functioning outside of his or her particular field or fields of competence as established by his or her education, training, and experience.
- (q) Willful failure to submit, on behalf of an applicant for licensure, verification of supervised experience to the board.

BUSINESS AND PROFESSIONS CODE



(r) Repeated acts of negligence.

Added Stats 1967 ch 1677 § 2. Amended Stats 1970 ch 1318 § 3; Stats 1973 ch 757 § 9; Stats 1977 ch 509 § 5; Stats 1978 ch 1208 § 15; Stats 1979 ch 955 § 4; Stats 1982 ch 462 § 4; Stats 1984 ch 1635 § 6; Stats 1985 ch 990 § 2, effective September 26, 1985; Stats 1988 ch 800 § 2; Stats 1989 ch 888 § 30; Stats 1992 ch 1099 § 2 (AB 3034); Stats 1994 ch 26 § 76 (AB 1807), effective March 30, 1994; Stats 1994 ch 1275 § 21 (SB 2101); Stats 1998 ch 879 § 2 (SB 2238); Stats 1999 ch 655 § 43 (SB 1308); Stats 2000 ch 836 § 20 (SB 1554).

**§ 2960.05. Limitations period for filing accusation against licensee**

(a) Except as provided in subdivisions (b), (c), and (e), any accusation filed against a licensee pursuant to Section 11503 of the Government Code shall be filed within three years from the date the board discovers the alleged act or omission that is the basis for disciplinary action, or within seven years from the date the alleged act or omission that is the basis for disciplinary action occurred, whichever occurs first.

(b) An accusation filed against a licensee pursuant to Section 11503 of the Government Code alleging the procurement of a license by fraud or misrepresentation is not subject to the limitations set forth in subdivision (a).

(c) The limitation provided for by subdivision (a) shall be tolled for the length of time required to obtain compliance when a report required to be filed by the licensee or registrant with the board pursuant to Article 11 (commencing with Section 800) of Chapter 1 is not filed in a timely fashion.

(d) If an alleged act or omission involves a minor, the seven-year limitations period provided for by subdivision (a) and the 10-year limitations period provided for by subdivision (e) shall be tolled until the minor reaches the age of majority.

(e) An accusation filed against a licensee pursuant to Section 11503 of the Government Code alleging sexual misconduct shall be filed within three years after the board discovers the act or omission alleged as the ground for disciplinary action, or within 10 years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first. This subdivision shall apply to a complaint alleging sexual misconduct received by the board on and after January 1, 2002.

(f) The limitations period provided by subdivision (a) shall be tolled during any period if material evidence necessary for prosecuting or determining whether a disciplinary action would be appropriate is unavailable to the board due to an ongoing criminal investigation.

Added Stats 1999 ch 459 § 1 (SB 809). Amended Stats 2001 ch 617 § 2 (AB 1616).

**§ 2960.1. Sexual contact with patient; Revocation**

Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact, as defined in Section 728, when that act is with a patient, or with a former patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.

Added Stats 1994 ch 1274 § 1.8 (SB 2039). Amended Stats 1998 ch 879 § 3 (SB 2238).

## BOARD OF PSYCHOLOGY

**§ 2960.2. Licensee's physical, emotional and mental condition evaluated**

(a) A licensee shall meet the requirements set forth in subdivision (f) of Section 1031 of the Government Code prior to performing either of the following:

(1) An evaluation of a peace officer applicant's emotional and mental condition.

(2) An evaluation of a peace officer's fitness for duty.

(b) This section shall become operative on January 1, 2005.

Added Stats 2003 ch 777 § 2 (AB 1669), operative January 1, 2005.

**§ 2960.5. Mental illness or chemical dependency**

The board may refuse to issue any registration or license whenever it appears that an applicant may be unable to practice his or her profession safely due to mental illness or chemical dependency. The procedures set forth in Article 12.5 (commencing with Section 820) of Chapter 1 shall apply to any denial of a license or registration pursuant to this section.

Added Stats 1992 ch 384 § 1 (SB 1773).

**§ 2960.6. Actions by other states**

The board may deny any application for, or may suspend or revoke a license or registration issued under this chapter for, any of the following:

(a) The revocation, suspension, or other disciplinary action imposed by another state or country on a license, certificate, or registration issued by that state or country to practice psychology shall constitute grounds for disciplinary action for unprofessional conduct against that licensee or registrant in this state. A certified copy of the decision or judgment of the other state or country shall be conclusive evidence of that action.

(b) The revocation, suspension, or other disciplinary action by any board established in this division, or the equivalent action of another state's or country's licensing agency, of the license of a healing arts practitioner shall constitute grounds for disciplinary action against that licensee or registrant under this chapter. The grounds for the action shall be substantially related to the qualifications, functions, or duties of a psychologist or psychological assistant. A certified copy of the decision or judgment shall be conclusive evidence of that action.

Added Stats 1992 ch 384 § 2 (SB 1773). Amended Stats 1994 ch 1275 § 22 (SB 2101).

**§ 2961. Scope of action**

The board may deny an application for, or issue subject to terms and conditions, or suspend or revoke, or impose probationary conditions upon, a license or registration after a hearing as provided in Section 2965.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 16; Stats 1986 ch 1163 § 1; Stats 1989 ch 888 § 31.

**§ 2962. Petition for reinstatement or modification of penalty**

(a) A person whose license or registration has been revoked, suspended, or surrendered, or who has been placed on probation, may petition the board for reinstatement or modification of the penalty, including modification or termination of probation, after a period of not less than the following minimum

BUSINESS AND PROFESSIONS CODE

Bus. & Prof. Code

periods has elapsed from the effective date of the decision ordering that disciplinary action:

- (1) At least three years for reinstatement of a license revoked or surrendered.
- (2) At least two years for early termination of probation of three years or more.
- (3) At least two years for modification of a condition of probation.
- (4) At least one year for early termination of probation of less than three years.

(b) The board may require an examination for that reinstatement.

(c) Notwithstanding Section 489, a person whose application for a license or registration has been denied by the board, for violations of Division 1.5 (commencing with Section 475) of this chapter, may reapply to the board for a license or registration only after a period of three years has elapsed from the date of the denial.

Added Stats 1994 ch 1275 § 24 (SB 2101). Amended Stats 2000 ch 836 § 21 (SB 1554).

**§ 2963. Matters deemed conviction**

A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge which is substantially related to the qualifications, functions and duties of a psychologist or psychological assistant is deemed to be a conviction within the meaning of this article. The board may order the license suspended or revoked, or may decline to issue a license when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information or indictment.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 17; Stats 1986 ch 1163 § 2; Stats 1989 ch 888 § 33.

**§ 2964. Report of license revocation or restoration**

Whenever the board orders a license revoked for cause, with the exception of nonpayment of fees, or restores a license, these facts shall be reported to all other state psychology licensing boards.

Added Stats 1982 ch 462 § 5. Amended Stats 1989 ch 888 § 34.

**§ 2964.3. Persons required to register as sex offenders**

Any person required to register as a sex offender pursuant to Section 290 of the Penal Code, is not eligible for licensure or registration by the board.

Added Stats 1998 ch 589 § 8 (SB 1983).

**§ 2964.5. Conditions of probation or suspension**

The board at its discretion may require any licensee placed on probation or whose license is suspended, to obtain additional professional training, to pass an examination upon the completion of that training, and to pay the necessary examination fee. The examination may be written or oral or both, and may include a practical or clinical examination.

Added Stats 1982 ch 462 § 6. Amended Stats 1991 ch 1091 § 5 (AB 1487).



## BOARD OF PSYCHOLOGY

**§ 2964.6. Payment of probationary costs**

An administrative disciplinary decision that imposes terms of probation may include, among other things, a requirement that the licensee who is being placed on probation pay the monetary costs associated with monitoring the probation.

Added Stats 1995 ch 708 § 12 (SB 609).

**§ 2965. Conduct of proceedings**

The proceedings under this article shall be conducted by the board in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

Added Stats 1967 ch 1677 § 2. Amended Stats 1989 ch 888 § 35.

**§ 2966. Suspension during incarceration for felony conviction; Determination of substantial relationship of felony to functions of psychologist; Discipline or denial of license**

(a) A psychologist's license shall be suspended automatically during any time that the holder of the license is incarcerated after conviction of a felony, regardless of whether the conviction has been appealed. The board shall, immediately upon receipt of the certified copy of the record of conviction, determine whether the license of the psychologist has been automatically suspended by virtue of his or her incarceration, and if so, the duration of that suspension. The board shall notify the psychologist of the license suspension and of his or her right to elect to have the issue of penalty heard as provided in this section.

(b) Upon receipt of the certified copy of the record of conviction, if after a hearing it is determined therefrom that the felony of which the licensee was convicted was substantially related to the qualifications, functions, or duties of a psychologist, the board shall suspend the license until the time for appeal has elapsed, if no appeal has been taken, or until the judgment of conviction has been affirmed on appeal or has otherwise become final, and until further order of the board. The issue of substantial relationship shall be heard by an administrative law judge sitting alone or with a panel of the board, in the discretion of the board.

(c) Notwithstanding subdivision (b), a conviction of any crime referred to in Section 187, 261, 262, or 288 of the Penal Code, shall be conclusively presumed to be substantially related to the qualifications, functions, or duties of a psychologist and no hearing shall be held on this issue. Upon its own motion or for good cause shown, the board may decline to impose or may set aside the suspension when it appears to be in the interest of justice to do so, with due regard to maintaining the integrity of and confidence in the psychology profession.

(d)(1) Discipline or the denial of the license may be ordered in accordance with Section 2961, or the board may order the denial of the license when the time for appeal has elapsed, the judgment of conviction has been affirmed on appeal, or an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

BUSINESS AND PROFESSIONS CODE

(2) The issue of penalty shall be heard by an administrative law judge sitting alone or with a panel of the board, in the discretion of the board. The hearing shall not be commenced until the judgment of conviction has become final or, irrespective of a subsequent order under Section 1203.4 of the Penal Code, an order granting probation has been made suspending the imposition of sentence; except that a licensee may, at his or her option, elect to have the issue of penalty decided before those time periods have elapsed. Where the licensee so elects, the issue of penalty shall be heard in the manner described in this section at the hearing to determine whether the conviction was substantially related to the qualifications, functions, or duties of a psychologist. If the conviction of a licensee who has made this election is overturned on appeal, any discipline ordered pursuant to this section shall automatically cease. Nothing in this subdivision shall prohibit the board from pursuing disciplinary action based on any cause other than the overturned conviction.

(e) The record of the proceedings resulting in the conviction, including a transcript of the testimony therein, may be received in evidence.

Added Stats 1998 ch 589 § 9 (SB 1983).

**§ 2969. Penalties for failure to provide medical records; Failure to comply with court order; Multiple acts**

(a)(1) A licensee who fails or refuses to comply with a request for the medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the 15th day, unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the medical records of a patient that is accompanied by that patient's written authorization for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient's medical records to the board within 30 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the 30th day, up to ten thousand dollars (\$10,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the board in obtaining the patient's authorization. The board shall pay the reasonable costs of copying the medical records.

(b)(1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

## BOARD OF PSYCHOLOGY

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board, shall be subject to a civil penalty, payable to the board, of not to exceed five thousand dollars (\$5,000). The amount of the penalty shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced, up to ten thousand dollars (\$10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board, shall be subject to a civil penalty, payable to the board, of not to exceed five thousand dollars (\$5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be a misdemeanor punishable by a fine not to exceed five thousand dollars (\$5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be a misdemeanor punishable by a fine not to exceed five thousand dollars (\$5,000) and shall be reported to the State Department of Health Services and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal of a licensee to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of his or her license.

(e) The imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For purposes of this section, "health care facility" means a clinic or health facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

Added Stats 2000 ch 836 § 22 (SB 1554).

## ARTICLE 5

### Penalties

#### § 2970. Violation of chapter as misdemeanor

Any person who violates any of the provisions of this chapter shall be guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding two thousand dollars (\$2,000), or by both.

Added Stats 1967 ch 1677 § 2. Amended Stats 1982 ch 462 § 7; Stats 1983 ch 1092 § 12, effective September 27, 1983, operative January 1, 1984.

#### § 2971. Injunctions

Whenever any person other than a licensed psychologist has engaged in any act or practice that constitutes an offense against this chapter, the superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining that conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7, Part 2 of the Code of Civil Procedure, except that it shall be presumed that there is no adequate remedy at law, and that irreparable damage will occur if the continued violation is not restrained or enjoined. On the written request of the board, or on its own motion, the board may commence action in the superior court under this section.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1161 § 206; Stats 1982 ch 517 § 10 (ch 462 prevails), ch 462 § 8; Stats 1989 ch 888 § 36; Stats 1995 ch 279 § 17 (AB 1471); Stats 1997 ch 758 § 41 (SB 1346).

## ARTICLE 7

### Revenue

#### § 2980. Psychology Fund

There is in the State Treasury the Psychology Fund. The board shall report to the Controller at the beginning of each calendar month, for the month preceding, the amount and source of all revenue received by it, pursuant to this chapter, and shall pay the entire amount thereof to the Treasurer for deposit into that fund. All revenue received by the board from fees authorized to be charged relating to the practice of psychology shall be deposited into that fund as provided in this section.

Added Stats 1980 ch 1313 § 9.2, operative July 1, 1981. Amended Stats 1989 ch 886 § 58 (ch 888 prevails), ch 888 § 37; Stats 1990 ch 622 § 4 (SB 2720); Stats 1997 ch 758 § 42 (SB 1346).

#### § 2981. Funding

The money in the Psychology Fund shall be used for the administration of this chapter.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 23; Stats 1980 ch 1313 § 9.3, operative July 1, 1981; Stats 2005 ch 74 § 9 (AB 139), effective July 19, 2005.

#### § 2982. Expiration of licenses; Renewal of unexpired licenses

All licenses expire and become invalid at 12 midnight on the last day of February, 1980, and thereafter shall expire at 12 midnight of the legal birth date of the licensee during the second year of a two-year term, if not renewed.

BOARD OF PSYCHOLOGY

The board shall establish by regulation procedures for the administration of the birth date renewal program, including but not limited to, the establishment of a pro rata formula for the payments of fees by licentiates affected by the implementation of that program and the establishment of a system of staggered license application dates such that a relatively equal number of licenses expire annually.

To renew an unexpired license, the licensee shall, on or before the date on which it would otherwise expire, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

Added Stats 1967 ch 1677 § 1. Amended Stats 1968 ch 455 § 2; Stats 1969 ch 53 § 2; Stats 1973 ch 757 § 10; Stats 1978 ch 1208 § 23.3; Stats 1989 ch 888 § 38.

**§ 2983. Initial license fee**

Every person to whom a license is issued shall, as a condition precedent to its issuance, and in addition to any application, examination or other fee, pay the prescribed initial license fee.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 23.4; Stats 1989 ch 888 § 39; Stats 2005 ch 658 § 12 (SB 229), effective January 1, 2006.

**§ 2984. Renewal of expired licenses**

Except as provided in Section 2985, a license that has expired may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board and payment of all accrued and unpaid renewal fees. If the license is renewed after its expiration, the licensee, as a condition precedent to renewal, shall also pay the prescribed delinquency fee, if any. Renewal under this section shall be effective on the date on which the application is filed, on the date on which all renewal fees are paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date provided in Section 2982 which next occurs after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

Added Stats 1967 ch 1677 § 2. Amended Stats 1978 ch 1208 § 24; Stats 1989 ch 888 § 40; Stats 1994 ch 26 § 80 (AB 1807), effective March 30, 1994; Stats 1997 ch 758 § 43 (SB 1346); Stats 1998 ch 970 § 12.5 (AB 2802); Stats 2001 ch 435 § 8 (SB 349).

**§ 2985. Renewal of suspended licenses; Reinstatement of revoked licenses**

A suspended license is subject to expiration and shall be renewed as provided in this article, but such renewal does not entitle the licensee, while the license remains suspended, and until it is reinstated, to engage in the licensed activity, or in any other activity or conduct in violation of the order or judgment by which the license was suspended.

A license revoked on disciplinary grounds is subject to expiration as provided in this article, but it may not be renewed. If it is reinstated after its expiration, the licensee, as a condition to reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last preceding regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

Added Stats 1967 ch 1677 § 2.

**§ 2986. Effect of failure to renew within prescribed time**

A person who fails to renew his or her license within the three years after its expiration may not renew it, and it may not be restored, reissued, or reinstated

BUSINESS AND PROFESSIONS CODE

thereafter, but that person may apply for and obtain a new license if he or she meets the requirements of this chapter provided that he or she:

(a) Has not committed any acts or crimes constituting grounds for denial of licensure.

(b) Establishes to the satisfaction of the board that with due regard for the public interest, he or she is qualified to practice psychology.

(c) Pays all of the fees that would be required if application for licensure was being made for the first time.

The board may provide for the waiver or refund of all or any part of an examination fee in those cases in which a license is issued without examination pursuant to this section.

Added Stats 1967 ch 1677 § 2. Amended Stats 1982 ch 462 § 9; Stats 1989 ch 888 § 41; Stats 1994 ch 26 § 81 (AB 1807), effective March 30, 1994.

**§ 2987. Fee schedule**

The amount of the fees prescribed by this chapter shall be determined by the board, and shall be as follows:

(a) The application fee for a psychologist shall not be more than fifty dollars (\$50).

(b) The examination and reexamination fees for the examinations shall be the actual cost to the board of developing, purchasing, and grading of each examination, plus the actual cost to the board of administering each examination.

(c) The initial license fee is an amount equal to the renewal fee in effect on the last regular renewal date before the date on which the license is issued.

(d) The biennial renewal fee for a psychologist shall be four hundred dollars (\$400). The board may increase the renewal fee to an amount not to exceed five hundred dollars (\$500).

(e) The application fee for registration and supervision of a psychological assistant by a supervisor under Section 2913, which is payable by that supervisor, shall not be more than seventy-five dollars (\$75).

(f) The annual renewal fee for registration of a psychological assistant shall not be more than seventy-five dollars (\$75).

(g) The duplicate license or registration fee is five dollars (\$5).

(h) The delinquency fee is twenty-five dollars (\$25).

(i) The endorsement fee is five dollars (\$5).

Notwithstanding any other provision of law, the board may reduce any fee prescribed by this section, when, in its discretion, the board deems it administratively appropriate.

Added Stats 1967 ch 1677 § 2, as B & P C § 2949. Amended Stats 1973 ch 659 § 1. Amended and Renumbered by Stats 1978 ch 1208 § 13.4. Amended Stats 1988 ch 929 § 1; Stats 1989 ch 886 § 59 (ch 888 prevails), ch 888 § 42; Stats 1990 ch 622 § 5 (SB 2720); Stats 1992 ch 1289 § 25 (AB 2743); Stats 1994 ch 26 § 82 (AB 1807), effective March 30, 1994; Stats 2005 ch 658 § 13 (SB 229), effective January 1, 2006.

**§ 2987.2. Additional fee at time of renewal**

In addition to the fees charged pursuant to Section 2987 for the biennial renewal of a license, the board shall collect an additional fee of ten dollars (\$10) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund.

Added Stats 2003 ch 437 § 2 (AB 938).



## BOARD OF PSYCHOLOGY

### § 2987.5. Exemption from payment of renewal fee

Every person licensed under this chapter is exempt from the payment of the renewal fee in any one of the following instances:

While engaged in full-time active service in the Army, Navy, Air Force or Marines, or in the United States Public Health Service, or while a volunteer in the Peace Corps or Vista.

Every person exempted from the payment of the renewal fee by this section shall not engage in any private practice and shall become liable for the fee for the current renewal period upon the completion of his or her period of full-time active service and shall have a period of 60 days after becoming liable within which to pay the fee before the delinquency fee becomes applicable. Any person who completes his or her period of full-time active service within 60 days of the end of a renewal period is exempt from the payment of the renewal fee for that period.

The time spent in that full-time active service or full-time training and active service shall not be included in the computation of the three-year period for renewal of a license provided in Section 2986.

The exemption provided by this section shall not be applicable if the person engages in any practice for compensation other than full-time service in the Army, Navy, Air Force or Marines or in the United States Public Health Service or the Peace Corps or Vista.

Added Stats 1978 ch 1208 § 24.3. Amended Stats 1996 ch 829 § 71 (AB 3473).

### § 2988. Inactive licenses

A licensed psychologist who for reasons, including, but not limited to, retirement, ill health, or absence from the state, is not engaged in the practice of psychology, may apply to the board to request that his or her license be placed on an inactive status. A licensed psychologist who holds an inactive license shall pay a biennial renewal fee, fixed by the board, of no more than forty dollars (\$40). A psychologist holding an inactive license shall be exempt from continuing education requirements specified in Section 2915, but shall otherwise be subject to this chapter and shall not engage in the practice of psychology in this state. Licensees on inactive status who have not committed any acts or crimes constituting grounds for denial of licensure and have completed the continuing education requirements specified in Section 2915 may, upon their request have their license to practice psychology placed on active status.

Added Stats 1982 ch 462 § 10. Amended Stats 1989 ch 888 § 43; Stats 1992 ch 260 § 3 (SB 774); Stats 2005 ch 658 § 14 (SB 229), effective January 1, 2006.

### § 2989. Determination of fees

The fees in this article shall be fixed by the board and shall be set forth with the regulations which are duly adopted under this chapter.

Added Stats 1967 ch 1677 § 2, as B & P C § 2950; Renumbered by Stats 1978 ch 1208 § 14. Amended Stats 1989 ch 888 § 44.

## ARTICLE 9

### Psychological Corporations

#### § 2995. Psychological corporation

A psychological corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so

BUSINESS AND PROFESSIONS CODE

long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are psychologists, podiatrists, registered nurses, optometrists, marriage and family therapists, licensed clinical social workers, chiropractors, acupuncturists, or physicians are in compliance with the Moscone-Knox Professional Corporation Act, this article, and all other statutes and regulations now or hereafter enacted or adopted pertaining to that corporation and the conduct of its affairs.

Added Stats 1980 ch 1314 § 15. Amended Stats 1981 ch 621 § 3; Stats 1989 ch 886 § 60 (ch 888 prevails), ch 888 § 45; Stats 1990 ch 622 § 6 (SB 2720); Stats 2000 ch 836 § 23 (SB 1554); Stats 2001 ch 159 § 10 (SB 662).

**§ 2996. Violation as unprofessional conduct**

It shall constitute unprofessional conduct and a violation of this chapter for any person licensed under this chapter to violate, attempt to violate, directly or indirectly, or assist in or abet the violation of, or conspire to violate, any provision or term of this article, the Moscone-Knox Professional Corporation Act, or any regulations duly adopted under those laws.

Added Stats 1980 ch 1314 § 15.

**§ 2996.1. Conduct of practice**

A psychological corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute or regulation now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by such statutes and regulations to the same extent as a person licensed under this chapter.

Added Stats 1980 ch 1314 § 15.

**§ 2996.2. Accrual of income to shareholder while disqualified prohibited**

The income of a psychological corporation attributable to professional services rendered while a shareholder is a disqualified person, as defined in Section 13401 of the Corporations Code, shall not in any manner accrue to the benefit of such shareholder or his or her shares in the psychological corporation.

Added Stats 1980 ch 1314 § 15.

**§ 2997. Shareholders, directors and officers to be licensees**

Except as provided in Sections 13401.5 and 13403 of the Corporations Code, each shareholder, director and officer of a psychological corporation, except an assistant secretary and an assistant treasurer, shall be a licensed person as defined in Section 13401 of the Corporations Code.

Added Stats 1980 ch 1314 § 15.

**§ 2998. Name**

The name of a psychological corporation and any name or names under which it may render professional services shall contain one of the words specified in subdivision (c) of Section 2902, and wording or abbreviations denoting corporate existence.

Added Stats 1980 ch 1314 § 15.

**§ 2999. Regulation by committee**

The board may adopt and enforce regulations to carry out the purposes and objectives of this article, including regulations requiring (a) that the bylaws of





BOARD OF PSYCHOLOGY

a psychological corporation shall include a provision whereby the capital stock of that corporation owned by a disqualified person, as defined in Section 13401 of the Corporations Code, or a deceased person, shall be sold to the corporation or to the remaining shareholders of that corporation within any time as those regulations may provide, and (b) that a psychological corporation shall provide adequate security by insurance or otherwise for claims against it by its patients or clients arising out of the rendering of professional services.

Added Stats 1980 ch 1314 § 15. Amended Stats 1989 ch 888 § 46.

**DIVISION 7**  
**General Business Regulations**  
**PART 3**  
**Representations to the Public**  
**CHAPTER 1**  
**Advertising**  
**ARTICLE 1**  
**False Advertising in General**

**§ 17500. False or misleading statements generally**

It is unlawful for any person, firm, corporation or association, or any employee thereof with intent directly or indirectly to dispose of real or personal property or to perform services, professional or otherwise, or anything of any nature whatsoever or to induce the public to enter into any obligation relating thereto, to make or disseminate or cause to be made or disseminated before the public in this state, or to make or disseminate or cause to be made or disseminated from this state before the public in any state, in any newspaper or other publication, or any advertising device, or by public outcry or proclamation, or in any other manner or means whatever, including over the Internet, any statement, concerning that real or personal property or those services, professional or otherwise, or concerning any circumstance or matter of fact connected with the proposed performance or disposition thereof, which is untrue or misleading, and which is known, or which by the exercise of reasonable care should be known, to be untrue or misleading, or for any person, firm, or corporation to so make or disseminate or cause to be so made or disseminated any such statement as part of a plan or scheme with the intent not to sell that personal property or those services, professional or otherwise, so advertised at the price stated therein, or as so advertised. Any violation of the provisions of this section is a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding two thousand five hundred dollars (\$2,500), or by both that imprisonment and fine.

Added Stats 1941 ch 63 § 1. Amended Stats 1955 ch 1358 § 1; Stats 1976 ch 1125 § 4; Stats 1979 ch 492 § 1; Stats 1998 ch 599 § 2.5 (SB 597).

**§ 17500.1. Prohibition against enactment of rule, regulation, or code of ethics restricting or prohibiting advertising not violative of law**

Notwithstanding any other provision of law, no trade or professional association, or state agency, state board, or state commission within the Department of Consumer Affairs shall enact any rule, regulation, or code of professional ethics which shall restrict or prohibit advertising by any commercial or professional person, firm, partnership or corporation which does not violate the provisions of Section 17500 of the Business and Professions Code, or which is not prohibited by other provisions of law.

The provisions of this section shall not apply to any rules or regulations heretofore or hereafter formulated pursuant to Section 6076.

Added Stats 1949 ch 186 § 1. Amended Stats 1971 ch 716 § 180; Stats 1979 ch 653 § 12.

**§ 17506.5. “Board within the Department of Consumer Affairs”; “Local consumer affairs agency”**

As used in this chapter:

(a) “Board within the Department of Consumer Affairs” includes any commission, bureau, division, or other similarly constituted agency within the Department of Consumer Affairs.

(b) “Local consumer affairs agency” means and includes any city or county body which primarily provides consumer protection services.

Added Stats 1979 ch 897 § 4.

**§ 17507. Disclosure of price differentials respecting more than one article of merchandise or type of service within same class**

It is unlawful for any person, firm, corporation or association to make an advertising claim or representation pertaining to more than one article of merchandise or type of service, within the same class of merchandise or service, if any price is set forth in such claim or representation does not clearly and conspicuously identify the article of merchandise or type of service to which it relates. Disclosure of the relationship between the price and particular article of merchandise or type of service by means of an asterisk or other symbol, and corresponding footnote, does not meet the requirement of clear and conspicuous identification when the particular article of merchandise or type of service is not represented pictorially.

Added Stats 1971 ch 682 § 1.

**§ 17508. Purportedly fact-based or brand-comparison advertisements**

(a) It shall be unlawful for any person doing business in California and advertising to consumers in California to make any false or misleading advertising claim, including claims that (1) purport to be based on factual, objective, or clinical evidence, (2) compare the product’s effectiveness or safety to that of other brands or products, or (3) purport to be based on any fact.

(b) Upon written request of the Director of Consumer Affairs, the Attorney General, any city attorney, or any district attorney, any person doing business in California and in whose behalf advertising claims are made to consumers in California, including claims that (1) purport to be based on factual, objective, or clinical evidence, (2) compare the product’s effectiveness or safety to that of other brands or products, or (3) purport to be based on any fact, shall provide

BOARD OF PSYCHOLOGY

to the department or official making the request evidence of the facts on which the advertising claims are based. The request shall be made within one year of the last day on which the advertising claims were made.

Any city attorney or district attorney who makes a request pursuant to this subdivision shall give prior notice of the request to the Attorney General.

(c) The Director of Consumer Affairs, Attorney General, any city attorney, or any district attorney may, upon failure of an advertiser to respond by adequately substantiating the claim within a reasonable time, or if the Director of Consumer Affairs, Attorney General, city attorney, or district attorney shall have reason to believe that the advertising claim is false or misleading, do either or both of the following:

(1) Seek an immediate termination or modification of the claim by the person in accordance with Section 17535.

(2) Disseminate information, taking due care to protect legitimate trade secrets, concerning the veracity of the claims or why the claims are misleading to the consumers of this state.

(d) The relief provided for in subdivision (c) is in addition to any other relief that may be sought for a violation of this chapter. Section 17534 shall not apply to violations of this section.

(e) Nothing in this section shall be construed to hold any newspaper publisher or radio or television broadcaster liable for publishing or broadcasting any advertising claims referred to in subdivision (a), unless the publisher or broadcaster is the person making the claims.

(f) The plaintiff shall have the burden of proof in establishing any violation of this section.

(g) If an advertisement is in violation of subdivision (a) and Section 17500, the court shall not impose a separate civil penalty pursuant to Section 17536 for the violation of subdivision (a) and the violation of Section 17500 but shall impose a civil penalty for the violation of either subdivision (a) or Section 17500.

Added Stats 1972 ch 1417 § 1. Amended Stats 1974 ch 23 § 1; Stats 1976 ch 1002 § 1; Stats 1989 ch 947 § 1; Stats 2006 ch 538 § 24 (SB 1852), effective January 1, 2007.

**ARTICLE 2**

**Particular Offenses**

**§ 17535. Obtaining injunctive relief**

Any person, corporation, firm, partnership, joint stock company, or any other association or organization which violates or proposes to violate this chapter may be enjoined by any court of competent jurisdiction. The court may make such orders or judgments, including the appointment of a receiver, as may be necessary to prevent the use or employment by any person, corporation, firm, partnership, joint stock company, or any other association or organization of any practices which violate this chapter, or which may be necessary to restore to any person in interest any money or property, real or personal, which may have been acquired by means of any practice in this chapter declared to be unlawful.

Actions for injunction under this section may be prosecuted by the Attorney General or any district attorney, county counsel, city attorney, or city prosecu-

tor in this state in the name of the people of the State of California upon their own complaint or upon the complaint of any board, officer, person, corporation or association or by any person who has suffered injury in fact and has lost money or property as a result of a violation of this chapter. Any person may pursue representative claims or relief on behalf of others only if the claimant meets the standing requirements of this section and complies with Section 382 of the Code of Civil Procedure, but these limitations do not apply to claims brought under this chapter by the Attorney General, or any district attorney, county counsel, city attorney, or city prosecutor in this state.

Added Stats 1941 ch 63 § 1. Amended Stats 1972 ch 244 § 1, ch 711 § 3; amendment approved by voters, Prop. 64 § 5, effective November 3, 2004.

**§ 17535.5. Penalty for violating injunction; Proceedings; Disposition of proceeds**

(a) Any person who intentionally violates any injunction issued pursuant to Section 17535 shall be liable for a civil penalty not to exceed six thousand dollars (\$6,000) for each violation. Where the conduct constituting a violation is of a continuing nature, each day of such conduct is a separate and distinct violation. In determining the amount of the civil penalty, the court shall consider all relevant circumstances, including, but not limited to, the extent of harm caused by the conduct constituting a violation, the nature and persistence of such conduct, the length of time over which the conduct occurred, the assets, liabilities and net worth of the person, whether corporate or individual, and any corrective action taken by the defendant.

(b) The civil penalty prescribed by this section shall be assessed and recovered in a civil action brought in any county in which the violation occurs or where the injunction was issued in the name of the people of the State of California by the Attorney General or by any district attorney, county counsel, or city attorney in any court of competent jurisdiction within his jurisdiction without regard to the county from which the original injunction was issued. An action brought pursuant to this section to recover such civil penalties shall take special precedence over all civil matters on the calendar of the court except those matters to which equal precedence on the calendar is granted by law.

(c) If such an action is brought by the Attorney General, one-half of the penalty collected pursuant to this section shall be paid to the treasurer of the county in which the judgment was entered, and one-half to the State Treasurer. If brought by a district attorney or county counsel, the entire amount of the penalty collected shall be paid to the treasurer of the county in which the judgment is entered. If brought by a city attorney or city prosecutor, one-half of the penalty shall be paid to the treasurer of the county in which the judgment was entered and one-half to the city.

(d) If the action is brought at the request of a board within the Department of Consumer Affairs or a local consumer affairs agency, the court shall determine the reasonable expenses incurred by the board or local agency in the investigation and prosecution of the action.

Before any penalty collected is paid out pursuant to subdivision (c), the amount of such reasonable expenses incurred by the board shall be paid to the State Treasurer for deposit in the special fund of the board described in Section 205. If the board has no such special fund, the moneys shall be paid to the State



BOARD OF PSYCHOLOGY

Treasurer. The amount of such reasonable expenses incurred by a local consumer affairs agency shall be paid to the general fund of the municipality or county which funds the local agency.

Added Stats 1973 ch 1042 § 1. Amended Stats 1974 ch 712 § 1; Stats 1979 ch 897 § 5.

**EXTRACTED FROM  
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REGULATIONS**

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**TITLE 16  
Professional and Vocational Regulations**

**DIVISION 13.1  
Board of Psychology**

**ARTICLE 1  
General Provisions**



**§ 1380. Citation and Authority.**

This chapter may be cited and referred to as the “Psychology Regulations.”

**NOTE: Authority and reference cited:** Section 2930, Business and Professions Code.

**History**

1. Renumbering of Section 1380 to Section 1380.1 and new Section 1380 filed 11-21-77; effective thirtieth day thereafter (Register 77, No. 48). For prior history, see Register 76, No. 52.
2. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).

**§ 1380.1. Location of Principal Office.**

The principal office of the Board of Psychology is located at 1625 North Market Boulevard, Suite N-215, Sacramento, California 95834.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2930, Business and Professions Code.

**History**

1. Renumbering of section 1380 to section 1380.1 filed 11-21-77; effective thirtieth day thereafter (Register 77, No. 48). For prior history, see Register 76, No. 52.
2. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
3. Amendment filed 2-29-2000; operative 3-30-2000 (Register 2000, No. 9).
4. Change without regulatory effect amending section filed 4-14-2008 pursuant to section 100, title 1, California Code of Regulations (Register 2008, No. 16).
5. Change without regulatory effect amending section filed 5-8-2013 pursuant to section 100, title 1, California Code of Regulations (Register 2013, No. 19).

**§ 1380.3. Definitions.**

For the purpose of the regulations contained in this chapter, the term “board” means the Board of Psychology, and the term “code” means the Business and Professions Code.

## BOARD OF PSYCHOLOGY

**NOTE: Authority and reference cited:** Section 2930, Business and Professions Code.

### **History**

1. Amendment filed 12-22-76; effective thirtieth day thereafter (Register 76, No. 52).
2. Renumbering of section 1380.2 to section 1380.3 filed 11-21-77; effective thirtieth day thereafter (Register 77, No. 48).
3. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
4. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).

### **§ 1380.4. Delegation of Functions.**

Except for those powers reserved exclusively to the “agency itself” under the Administrative Procedure Act (section 11500 et seq. of the Government Code), the Board delegates and confers upon the executive officer for the Board, or in his or her absence, his or her designee, all functions necessary to the dispatch of business of the Board in connection with investigative and administrative proceedings under the jurisdiction of the Board, including the authority to order an examination pursuant to section 820 of the Code or section 1381, or to approve a settlement agreement for the revocation, surrender, or interim suspension of a license or registration.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2928 and 2965, Business and Professions Code; and Sections 11415.60 and 11500, Government Code.

### **History**

1. Renumbering and amendment of section 1380.3 to section 1380.4 filed 11-21-77; effective thirtieth day thereafter (Register 77, No. 48).
2. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
3. Change without regulatory effect pursuant to section 100, title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
4. Amendment filed 6-14-93; operative 7-1-93 pursuant to Government Code section 11346.2(d) (Register 93, No. 25).
5. Amendment of section and Note filed 7-23-2012; operative 8-22-2012 (Register 2012, No. 30).

### **§ 1380.5. Filing of Address.**

Each person holding a license as a psychologist shall file with the board his proper and current mailing address, and shall report immediately to the board at its Sacramento office any and all changes of address, giving both his old and new address.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2982, Business and Professions Code.

### **History**

1. Renumbering of section 1380.4 to section 1380.5 filed 11-21-77; effective thirtieth day thereafter (Register 77, No. 48).
2. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
3. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).

### **§ 1380.6. Display of License Number.**

Pursuant to Section 137 of the code, every licensed psychologist shall include his or her number in any advertising, public directory or solicitation, regardless of whether such a presentment is made under the licensee’s own

## CALIFORNIA CODE OF REGULATIONS

name, a fictitious business or group name or a corporate name.

This requirement shall not apply to psychologists practicing in governmental organizations, nonprofit organizations which are engaged in research, education or services which services are defined by a board composed of community representatives and professionals.

**NOTE: Authority cited:** Sections 137 and 2930, Business and Professions Code. Reference: Section 137, Business and Professions Code.

### **History**

1. New section filed 4-26-79; effective thirtieth day thereafter (Register 79, No. 17).

### **§ 1380.7. Declaratory Decisions.**

No decision or opinion issued by the Board of Psychology is a declaratory decision under Government Code Sections 11465.10-11456.70 unless the decision or opinion specifically states that it is a “Declaratory Decision”.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 11465.10-11465.70, Government Code.

### **History**

1. New section filed 7-2-99; operative 8-1-99 (Register 99, No. 27).

Regulations

## **ARTICLE 2. Applications**

### **§ 1381. Applications.**

All applications shall be accompanied by such evidence, statements or documents as therein required to establish that the applicant meets all of the requirements for licensing or registration as set forth in the code.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2940 and 2941, Business and Professions Code.

### **History**

1. Amendment filed 7-14-76; effective thirtieth day thereafter (Register 76, No. 29).
2. Amendment filed 12-22-76; effective thirtieth day thereafter (Register 76, No. 52).
3. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
4. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
5. Amendment filed 9-23-2004; operative 10-23-2004 (Register 2004, No. 39).

### **§ 1381.1. Abandonment of Applications.**

An application shall be denied without prejudice when, in the discretion of the board, an applicant does not exercise due diligence in the completion of his or her application, in furnishing additional information or documents requested or in the payment of any required fees.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2940, Business and Professions Code.

### **History**

1. Amendment filed 12-22-76, effective thirtieth day thereafter (Register 76, No. 52).
2. Editorial correction to add section erroneously omitted (Register 78, No. 12).
3. Amendment filed 3-31-78; effective thirtieth day thereafter (Register 78, No. 13).
4. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations



## BOARD OF PSYCHOLOGY

filed 3-5-90 (Register 90, No. 20).

### § 1381.2. Petition for Hearing.

An applicant for examination or licensure whose credentials indicate ineligibility shall be notified of the deficiency. The applicant may correct the deficiency indicated or in the alternative file a request for hearing before the appropriate committee.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2940, Business and Professions Code.

#### History

1. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
2. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).

### § 1381.4. Failure to Appear for Examination—Withdrawal of Application.

Any applicant approved to take or retake a board licensing examination who fails to appear for such examination in any twelve month period shall have his or her application withdrawn. An applicant who subsequently decides to take the examination shall be required to file a new application and pay the current application and examination fees.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2914, 2931, 2940, 2941, and 2942, Business and Professions Code.

#### History

1. New section filed 3-31-78; effective thirtieth day thereafter (Register 78, No.13).
2. Amendment of NOTE filed 4-26-79; effective thirtieth day thereafter (Register 79, No. 17).
3. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
4. Amendment filed 3-13-97; operative 4-12-97 (Register 97, No. 11).
5. Repealer and new section filed 7-11-2001; operative 8-10-2001 (Register 2001, No. 28).

### § 1381.5. Failure to Pay Initial License Fee.

An application shall be deemed to have been abandoned if an applicant fails to pay the initial license fee within three years after notification by the board. An applicant whose application has been deemed abandoned may again be eligible for licensure upon the filing of a new application and meeting all current licensing requirements, including payment of any fees. Such applicant shall not be required to take the Examination for Professional Practice in Psychology (EPPP) but shall take and pass the California Psychology Supplemental Examination (CPSE).

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2940 and 2983, Business and Professions Code.

#### History

1. New section filed 3-31-78; effective thirtieth day thereafter (Register 78, No.13).
2. Renumbering from section 1382 to section 1381. 5 filed 9-28-78; effective thirtieth day thereafter (Register 78, No. 39).
3. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
4. Amendment filed 3-13-97; operative 4-12-97 (Register 97, No. 11).

## CALIFORNIA CODE OF REGULATIONS

5. Change without regulatory effect amending section filed 8-11-2004 pursuant to section 100, title 1, California Code of Regulations (Register 2004, No. 33).

6. Amendment filed 4-9-2007; operative 5-9-2007 (Register 2007, No. 15).

7. Amendment filed 4-1-2008; operative 4-1-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 14).

### § 1381.6. Permit Processing Times.

“Permit” as defined by the Permit Reform Act of 1981 means any license, certificate, registration permit or any other form of authorization required by a state agency to engage in a particular activity or act. Processing times for the board’s various programs are set forth below. The actual processing times apply to those applicants who have passed all appropriate examinations.

<i>Program</i>	<i>Maximum time for notifying the applicant, in writing, that the application is complete and accepted for filing, or that the application is deficient and what specific information is required</i>	<i>Maximum time after receipt of a complete application to issue or deny license</i>	ACTUAL PROCESSING TIMES FOR ISSUANCE OF A LICENSE BASED ON PRIOR TWO YEARS		
			<i>Minimum</i>	<i>Median</i>	<i>Maximum</i>
Psychological Assistants	60	60	31	69	202
Psychologists	60	180	102	403	1,832
Registered Psychologists	180	-0-	1	15	216
		(Retroactive approval to date of completion)			



**NOTE: Authority cited:** Section 2930, Business and Professions Code. **Reference:** Section 15736, Government Code.

#### **History**

1. New section filed 5-14-91; operative 6-13-91 (Register 91, No. 27).

### § 1381.7. Renewal of License.

(a) A renewal application shall be accompanied by the fee or fees specified

## BOARD OF PSYCHOLOGY

in section 1392 or 1392.1.

(b) For a license or registration that expires after December 31, 2010, as a condition of renewal, an applicant for renewal not previously fingerprinted by the board, or for whom an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender record identification database, is required to furnish to the Department of Justice, as directed by the board, a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice. Failure to submit a full set of fingerprints to the Department of Justice on or before the date required for renewal of a license or registration is grounds for discipline by the board. The licensee or registrant shall certify on the renewal application whether the fingerprints have been submitted. This requirement is waived if the licensee or registrant renews in an inactive status, or is actively serving in the military outside the country.

(c) As a condition of renewal, an applicant for renewal shall disclose on the renewal application whether, since he or she last renewed his or her license or registration, he or she has been convicted of any violation of the law in this or any other state, the United States or its territories, military court, or other country, omitting traffic infractions under \$500.00 not involving alcohol, a dangerous drug, or a controlled substance.

(d) As a condition of renewal, an applicant for renewal shall disclose on the renewal application whether, since he or she last renewed his or her license or registration, he or she has had a license disciplined by a government agency or other disciplinary body. Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held.

(e) Failure to provide all of the information required by this section renders any application for renewal incomplete and the license or registration ineligible for renewal.

**NOTE: Authority cited:** Sections 144, 2930 and 2982, Business and Professions Code. Reference: Sections 2960, 2960.6, 2963, 2982, 2984, 2986 and 2988, Business and Professions Code; and Sections 11105(b)(10) and 11105(e), Penal Code.

### **History**

1. New section filed 2-2-2011; operative 3-4-2011 (Register 2011, No. 5).

### **§ 1381.8. Inactive License.**

A license may be maintained in an inactive status by providing the renewal application and fee specified in section 1392.

In addition to any other requirements, a licensee activating a license pursuant to section 2988 of the Code shall furnish a full set of fingerprints as required by and set out in section 1381.7(b) as a condition of activation.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2988, Business and Professions Code; and Section 11105(b)(10), Penal Code.

### **History**

1. New section filed 2-2-2011; operative 3-4-2011 (Register 2011, No. 5).

### **§ 1381.9. Renewal of Expired License.**

In the event a licensee does not renew his or her license as provided in section

## CALIFORNIA CODE OF REGULATIONS

2982 of the Code, the license expires. In addition to any other requirements, a licensee renewing pursuant to section 2984 of the Code shall furnish a full set of fingerprints as required by and set out in section 1381.7(b) as a condition of renewal.

**NOTE: Authority cited:** Sections 2930 and 2982, Business and Professions Code. Reference: Sections 2984 and 2986, Business and Professions Code; and Section 11105(b)(10), Penal Code.

### **History**

1. New section filed 2-2-2011; operative 3-4-2011 (Register 2011, No. 5).

## **ARTICLE 3. Education and Experience**

### **§ 1382. Human Sexuality Training.**

Unless otherwise exempted, all persons applying for a license as a psychologist shall, in addition to all other requirements for licensure, have completed coursework or training in human sexuality which meets the requirements of this section. Such training shall:

- (a) Be completed after January 1, 1970.
- (b) Be obtained
  - (1) In an accredited or approved educational institution, as defined in section 2901 of the Code, including extension courses offered by such institutions, or
  - (2) In an educational institution approved by the Department of Education pursuant to section 94310 of the Education Code, or
  - (3) From a continuing education provider approved by a professional association, or
  - (4) In a course sponsored or offered by a professional association, or
  - (5) In a course sponsored, offered or approved by a local, county or state department of health or mental health or by health agencies of the Federal Government.
- (c) Have a minimum length of ten (10) contact hours.
- (d) Include the study of physiological-psychological and social-cultural variables associated with sexual identity, sexual behavior or sexual disorders.

All applicants shall provide the board with documentation of completion of the required human sexuality training.

It is the intent of the board that all persons licensed to practice psychology have minimal training in human sexuality. It is not intended that by complying with the requirements of this section only, a practitioner is fully trained in the subject of sex therapy.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 25, Business and Professions Code.

### **History**

1. Renumbering of section 1382 to section 1381.5 and new section 1382 filed 9-28-78; effective thirtieth day thereafter (Register 78, No. 39). For history of former Section 1382, see Register 78, No. 13.
2. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
3. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).

## BOARD OF PSYCHOLOGY

### § 1382.3. Training in Alcoholism/Chemical Dependency Detection and Treatment.

The requirements set forth in Section 2914 (e) of the code shall be satisfied by completion of a graduate level course which meets the following criteria:

(a) The course shall be devoted solely to the topic of alcoholism and chemical dependency detection and treatment and shall not be less than a semester or a quarter term in length.

(b) The course must be obtained at an educational institution, or in an extension course offered by an institution, which is either credited under Education Code Section 94310.1, or approved under Education Code Section 94310.2, by the State Department of Education.

(c) An original transcript indicating successful completion of the course shall be deemed sufficient evidence for purposes of satisfying this requirement.

(d) The course shall include training in each of the following subjects as they relate to alcoholism and chemical dependency:

(1) The definition of alcoholism and other chemical dependency, and the evaluation of the user.

(2) Current theories of, and research on, the etiology of substance abuse.

(3) Physiological and medical aspects and effects of alcoholism and other chemical dependency.

(4) Psychopharmacology and the interaction of various classes of drugs, including alcohol.

(5) Diagnosing and differentiating alcoholism and substance abuse in patients referred for other clinical symptoms, such as depression, anxiety, psychosis, and impotence.

(6) Populations at risk with regard to substance abuse.

(7) Cultural and ethnic considerations.

(8) Prenatal effects.

(9) Adolescent substance abuse.

(10) Implications for the geriatric population.

(11) Iatrogenic dependency.

(12) Major treatment approaches to alcoholism and chemical dependency, including research and application.

(13) The role of persons and systems which support or compound abuse.

(14) Family issues which include treatment approaches with families of alcoholics and/or substance abusers.

(15) The process of referring affected persons.

(16) Community resources offering assessment, treatment and follow up for the abuser and family.

(17) Ethical and Legal issues for clinical practice.

(18) Prevention of substance abuse.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2914(e), Business and Professions Code.

#### History

1. Change without regulatory effect renumbering former section 1387.6 to section 1382.3 filed 2-19-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 8).

2. Change without regulatory effect amending first paragraph and subsection (d)(1) and adding

## CALIFORNIA CODE OF REGULATIONS

subsection (d)(5) designator filed 8-20-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 34).

### § 1382.4. Child Abuse Assessment Training Requirements.

All persons applying for a license or renewal of a license as a psychologist shall in addition to all other requirements for licensure, have completed coursework or training in child abuse assessment and reporting and shall submit documentation thereof to the board. The coursework or training in child abuse assessment and reporting shall consist of not less than 7 instructional hours and shall include training in each of the subject areas described in section 28 of the Code. The coursework or training shall be:

(a) Obtained at an educational institution, or in an extension course offered by an institution which is accredited by the Western Association of Schools and Colleges, the Northwest Association of Secondary and Higher Schools, or an essentially equivalent accrediting agency as determined by the board or approved by the State Department of Education pursuant to section 94310.2 of the Education Code; or

(b) Obtained from a statewide professional association representing the professions of psychology, social work, or marriage, family and child counseling; or

(c) Obtained from or sponsored by a local county, state or federal governmental entity.

(d) Completed after January 1, 1983.

**Note: Authority cited:** Sections 28 and 2930, Business and Professions Code. Reference: Section 28, Business and Professions Code.

#### History

1. Change without regulatory effect renumbering former section 1387.7 to section 1382.4 filed 2-19-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 8).

### § 1382.5. Spousal or Partner Abuse Assessment, Detection, and Intervention Strategies Training Requirements.

All persons applying for a license as a psychologist who began their graduate training on or after January 1, 1995 shall, in addition to all other requirements for licensure, have completed coursework in spousal or partner abuse assessment, detection, and intervention strategies and shall submit documentation thereof to the board. The coursework in spousal or partner abuse assessment, detection, and intervention strategies shall consist of not less than a combined total of two (2) hours focused on this topic. All persons applying for a license as a psychologist who began their graduate training on or after January 1, 2004 shall also meet the above requirement, however, such course shall consist of at least fifteen (15) contact hours.

The coursework shall be:

(a) taken in fulfillment of other educational requirements in the applicant's graduate and/or doctoral training, or

(b) taken in a separate course approved by the board's recognized continuing education accrediting agency, or

(c) taken in a separate course provided by a sponsor approved by the American Psychological Association.

Regulations

## BOARD OF PSYCHOLOGY

(d) completed after January 1, 1995.

An applicant may request an exemption from this requirement if he or she intends to practice in an area that does not include the direct provision of mental health services.

**Note: Authority cited:** Sections 2914(f) and 2930, Business and Professions Code. Reference: Section 2914(f), Business and Professions Code.

### History

1. Change without regulatory effect renumbering former section 1387.8 to section 1382.5 filed 2-19-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 8).

2. Amendment of section heading, first paragraph and subsection (d) filed 10-22-2004; operative 11-21-2004 (Register 2004, No. 43).

### § 1382.6. Aging and Long-Term Care Training Requirements.

All persons applying for a license as a psychologist who began their graduate training on or after January 1, 2004, shall, in addition to all other requirements for licensure, have completed coursework in aging and long-term care which shall include but not be limited to the biological, social, and psychological aspects of aging, and shall submit documentation thereof of the board. The coursework in aging and long-term care shall consist of not less than a combined total of ten (10) contact hours focused on this topic.

The coursework shall be:

(a) taken in fulfillment of other educational requirements in the applicant's graduate and/or doctoral training, or

(b) taken in a separate course approved by the board's recognized continuing education accrediting agency, or

(c) taken in a separate course provided by a sponsor approved by the American Psychological Association.

(d) completed after January 1, 2004.

**Note: Authority cited:** Section 2915.5 and 2930, Business and Professions Code. Reference: Section 2915.5, Business and Professions Code.

### History

1. New section filed 10-22-2004; operative 11-21-2004 (Register 2004, No. 43).

### § 1386. Revised Criteria for Evaluation of Education.

(a) Only those doctorate degrees which are designated as being earned in a department or school of psychology, educational psychology or education with the field of specialization in counseling psychology or educational psychology shall be accepted as an earned doctorate degree as specified in section 2914, subdivisions (b)(1) through (3), of the code. If it is not evident on the official transcript, the board may require that any doctorate degree earned in education with the field of specialization in counseling psychology or educational psychology be certified by the registrar as such a degree.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

### History

1. Renumbering and amendment of former section 1386 to section 1387.5, and renumbering of former section 1384.6 to section 1386 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Registers 80, No. 9; 79, No. 17; and 78, No. 39.

2. Amendment filed 7-31-84; effective thirtieth day thereafter (Register 84, No. 31).

## CALIFORNIA CODE OF REGULATIONS

3. Change without regulatory effect pursuant to section 100, title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).

4. Amendment of subsections (a) and (b) filed 5-24-91; operative 6-23-91 (Register 91, No. 27).

5. Amendment of subsection (c) filed 8-18-93; operative 9-17-93 (Register 93, No. 34).

6. Change without regulatory effect amending subsection (a) and repealing subsections (b)-(f) filed 8-24-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 34).

### § 1387. Supervised Professional Experience.

This section applies to all trainees, pre-or post-doctoral, who intend for hours of supervised professional experience (SPE) to count toward meeting the licensing requirement stated in section 2914(c) of the Business and Professions Code. Those trainees accruing hours of supervised experience in areas of psychology that do not include direct mental health services should refer to section 1387.3 for information on establishing an alternate plan for SPE.

SPE is defined as an organized program that consists of a planned, structured and administered sequence of professionally supervised comprehensive clinical training experiences. SPE shall have a logical training sequence that builds upon the skills and competencies of trainees to prepare them for the independent practice of psychology once they become licensed.

SPE shall include socialization into the profession of psychology and shall be augmented by integrated modalities including mentoring, didactic exposure, role-modeling, enactment, observational/ vicarious learning, and consultative guidance.

SPE shall include activities which address the integration of psychological concepts and current and evolving scientific knowledge, principles, and theories to the professional delivery of psychological services to the consumer public.

SPE shall include only the time spent by the trainee engaged in psychological activities that directly serve to prepare the trainee for the independent practice of psychology once licensed. SPE shall not include custodial tasks such as filing, transcribing or other clerical duties.

The term "trainee" as used in these regulations means a psychology trainee working under one of the conditions listed in subsections (a)(1) and (a)(2) of this section.

(a) Pursuant to section 2914(c) of the code, two years of qualifying SPE shall be completed and documented prior to licensure. One year of SPE shall be defined as 1500 hours. At least one year of SPE shall be completed postdoctorally. Each year of SPE shall be completed within a thirty (30) consecutive month period. If both years of SPE (3000 hours) are completed postdoctorally, they shall be completed within a sixty (60) month period. Upon showing of good cause as determined by the board, these specified time limitations may be reasonably modified.

(1) Predoctoral SPE: Up to 1500 hours of SPE may be accrued predoctorally but only after completion of 48 semester/trimester or 72 quarter units of graduate coursework in psychology not including thesis, internship or dissertation. Predoctoral SPE may be accrued only as follows:

(A) In a formal internship placement pursuant to section 2911 of the code, which is accredited by the American Psychological Association (APA), or which is a member of the Association of Psychology Postdoctoral and Internship



## BOARD OF PSYCHOLOGY

Centers (APPIC) or the California Psychology Internship Council (CAPIC) and registration with the board is not required. A formal internship placement that actually began prior to January 1, 2007 that meets the membership requirements of, but is not a member of, APPIC or CAPIC will satisfy the requirements of this section; or

(B) As an employee of an exempt setting pursuant to section 2910 of the code and registration with the board is not required; or

(C) As a psychological assistant pursuant to section 2913 of the code and registration with the board prior to commencing work is required; or

(D) Pursuant to a Department of Mental Health Waiver (5751.2 Welfare and Institutions Code) for which registration with the board is not required.

(2) Postdoctoral SPE: At least 1500 hours of SPE shall be accrued postdoctorally. "Postdoctorally" means after the date certified as "meeting all the requirements for the doctoral degree" by the Registrar or Dean of the educational institution, or by the Director of Training of the doctoral program. Postdoctoral SPE may be accrued only as follows:

(A) For postdoctoral SPE accrued on or after January 1, 2006, in a formal postdoctoral training program pursuant to section 2911 of the code, which is accredited by the American Psychological Association (APA), or which is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) or the California Psychology Internship Council (CAPIC) and registration with the board is not required; or

(B) As a registered psychologist pursuant to section 2909(d) of the code and registration with the board prior to commencing work is required; or

(C) As an employee of an exempt setting pursuant to section 2910 of the code and registration with the board is not required; or

(D) As a psychological assistant pursuant to section 2913 of the code and registration with the board prior to commencing work is required; or

(E) Pursuant to a Department of Mental Health Waiver (5751.2 Welfare and Institutions Code) for which registration with the board is not required.

(b) Supervision Requirements:

(1) Primary supervisors shall meet the requirements set forth in section 1387.1.

(2) Delegated supervisors shall meet the requirements set forth in section 1387.2.

(3) Trainees shall have no proprietary interest in the business of the primary or delegated supervisor(s) and shall not serve in any capacity which would hold influence over the primary or delegated supervisor(s)' judgment in providing supervision.

(4) Trainees shall be provided with supervision for 10% of the total time worked each week. At least one hour per week shall be face-to-face, direct, individual supervision with the primary supervisor.

(5) A maximum of forty four (44) hours per week will be credited toward meeting the SPE requirement. This shall include the required 10% supervision.

(6) The primary supervisor shall be employed by the same work setting as the trainee and be available to the trainee 100% of the time the trainee is accruing SPE. This availability may be in-person, by telephone, by pager or by other appropriate technology.

## CALIFORNIA CODE OF REGULATIONS

(7) Primary supervisors shall ensure that a plan is in place to protect the patient/client in the event a patient/client crisis or emergency occurs during any time the supervisor is not physically present at the established site at which the trainee is working. The primary supervisor shall ensure that the trainee thoroughly understands the plan in the event of a crisis/emergency.

(8) SPE shall not be obtained from supervisors who have received payment, monetary or otherwise, from the trainee for the purpose of providing such supervision.

(9) SPE gained while the trainee is functioning in under another mental health license shall not be credited toward meeting the requirements for the psychologist's license.

(10) Except for the accrual of SPE by a psychological assistant in a private practice setting as provided for in section 1387(b)(11), prior to the start of the experience, the primary supervisor and the supervisee shall together prepare a document that identifies at least the following:

- Name, license number and signature of primary supervisor;
- Name and signature of supervisee;
- Statutory authority under which the supervisee will function;
- Start date of the experience and the anticipated completion date;
- Duties to be performed in a sequential structured plan as defined in this section;
- Address of the locations at which the duties will be performed; and
- Goals and objectives of the plan for SPE, including how socialization into the profession will be achieved.

Additionally, the document shall reflect that both supervisor and supervisee have discussed and understand each term of SPE as required by the California Code of Regulations. The primary supervisor shall maintain the document until the hours of supervised experience are completed. Once the supervised experience outlined in the document has been completed, the primary supervisor shall submit directly to the Board both the document and a verification of the experience signed by the primary supervisor under penalty of perjury. The verification shall certify to completion of the hours consistent with the terms of the supervision agreement document. The supervisor must indicate, in his/her best professional judgment, whether the supervisee demonstrated an overall performance at or above the level of minimal competence expected for the supervisee's level of education, training and experience. When SPE is accrued in a formal predoctoral internship or postdoctoral training program, the program's training director shall be authorized to perform the verification and rating duties of the primary supervisor provided that the internship training director is a licensed psychologist who possesses a valid, active license free of any disciplinary action.

(11) Due to lack of standardization in training, a psychological assistant in a private practice setting shall submit the plan as described in subsection (b) (10) for supervised professional experience to the Board for prior approval as provided for in section 2914(c) of the Code prior to the accrual of SPE. A private practice setting is defined as those settings allowed pursuant to section 1387(a) (1)(C) and 1387(a)(2)(D), except a Welfare and Institutions Code section 5614 clinic or a Health and Safety Code section 1204.1 clinic. SPE that is accrued

## BOARD OF PSYCHOLOGY

prior to the approval of the plan will not count toward qualifying the applicant for licensure.

(c) Delegated Supervision Requirements:

(1) Except as provided in 1391.5, which regulates the supervision of psychological assistants, primary supervisors may delegate supervision to other qualified psychologists or to other qualified mental health professionals including licensed marriage and family therapists, licensed educational psychologists, licensed clinical social workers and board certified psychiatrists.

(2) The primary supervisor remains responsible for providing the minimum one hour per week of direct, individual face-to-face supervision.

(3) The primary supervisor remains responsible for ensuring compliance with this section.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2911 and 2914, Business and Professions Code.

### History

1. New section filed 7-6-2000; operative 8-5-2000 (Register 2000, No. 27). For prior history see Register 93, No. 34.

2. Editorial correction deleting former section 1387 "Revised Criteria for Evaluation of Experience" which expired by its own term effective 12-31-2000 (Register 2003, No. 1).

3. Amendment filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

4. New fifth and seventh paragraphs and amendment of subsection (b)(10) filed 7-28-2005; operative 8-27-2005 (Register 2005, No. 30).

5. Repealer of sixth paragraph, amendment of subsection (a)(1)(A), new subsection (a)(2)(A), subsection relettering, amendment of subsections (b)(9)-(10) and amendment of Note filed 4-27-2007; operative 5-27-2007 (Register 2007, No. 17).

6. Amendment of subsection (a)(2)(A) filed 12-30-2008; operative 12-30-2008 pursuant to Government Code section 11343.4 (Register 2009, No. 1).

7. Amendment of subsection (b)(10) and new subsection (b)(11) filed 7-24-2009; operative 8-23-2009 (Register 2009, No. 30).

8. Change without regulatory effect amending subsection (b)(11) filed 10-20-2014 pursuant to section 100, title 1, California Code of Regulations (Register 2014, No. 43).

### **§ 1387.1. Qualifications and Responsibilities of Primary Supervisors.**

All primary supervisors shall be licensed psychologists, except that board certified psychiatrists may be primary supervisors of their own registered psychological assistants. In this regard, a maximum of 750 hours of experience out of the required 3000, can be supervised by a board certified psychiatrist and can be counted toward meeting the SPE licensing requirements.

(a) Primary supervisors shall possess and maintain a valid, active license free of any formal disciplinary action, and shall immediately notify the supervisee of any disciplinary action, including revocation, surrender, suspension, probation terms, or changes in licensure status including inactive license, delinquent license or any other license status change that affects the primary supervisor's ability or qualifications to supervise.

(b) Primary supervisors who are licensed by the board shall complete a minimum of six (6) hours of supervision coursework every two years.

## CALIFORNIA CODE OF REGULATIONS

(1) Primary supervisors shall certify under penalty of perjury to completion of this coursework requirement each time the supervisor completes a verification form as referenced in section 1387(b)(10).

(c) Primary supervisors shall be in compliance at all times with the provisions of the Psychology Licensing Law and the Medical Practice Act, whichever is applicable, and the regulations adopted pursuant to these laws.

(d) Primary supervisors shall be responsible for ensuring compliance at all times by the trainee with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to these laws.

(e) Primary supervisors shall be responsible for ensuring that all SPE including record keeping is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.

(f) Primary supervisors shall be responsible for monitoring the welfare of the trainee's clients.

(g) Primary supervisors shall ensure that each client or patient is informed, prior to the rendering of services by the trainee (1) that the trainee is unlicensed and is functioning under the direction and supervision of the supervisor; (2) that the primary supervisor shall have full access to the treatment records in order to perform supervision responsibilities and (3) that any fees paid for the services of the trainee must be paid directly to the primary supervisor or employer.

(h) Primary supervisors shall be responsible for monitoring the performance and professional development of the trainee.

(i) Primary supervisors shall ensure that they have the education, training, and experience in the area(s) of psychological practice they will supervise.

(j) Primary supervisors shall have no familial, intimate, business or other relationship with the trainee which would compromise the supervisor's effectiveness, and/or which would violate the Ethical Principles and Code of Conduct of the American Psychological Association.

(k) Primary supervisors shall not supervise a trainee who is now or has ever been a psychotherapy client of the supervisor.

(l) Primary supervisors shall not exploit trainees or engage in sexual relationships or any other sexual contact with trainees.

(m) Primary supervisors shall require trainees to review the pamphlet "Professional Therapy Never Includes Sex."

(n) Primary supervisors shall monitor the supervision performance of all delegated supervisors.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

### History

1. New section filed 7-6-2000; operative 8-5-2000 (Register 2000, No. 27).
2. Repealer of first paragraph, amendment of subsection (b), new subsections (c)-(c)(3) and subsection relettering filed 7-17-2002; operative 1-1-2003 (Register 2002, No. 29).
3. Amendment filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).
4. Amendment of subsection (m) filed 7-28-2005; operative 8-27-2005 (Register 2005, No. 30).
5. Change without regulatory effect amending subsection (g) filed 10-20-2014 pursuant to section 100, title 1, California Code of Regulations (Register 2014, No. 43).

Regulations

## BOARD OF PSYCHOLOGY

### § 1387.2. Qualifications and Responsibilities of Delegated Supervisors.

Delegated supervisors shall be qualified psychologists or those other qualified mental health professionals listed in section 1387(c). The delegated supervisor(s) shall be employed in the same work setting as the trainee.

(a) Delegated supervisors shall have and shall maintain a valid, active license free of any formal disciplinary action, shall immediately notify the trainee and the primary supervisor of any disciplinary action, including revocation, surrender, suspension, probation terms, or changes in licensure status including inactive license, or any other license status change that affects the supervisor's ability or qualifications to supervise.

(b) Delegated supervisors shall be in compliance at all times with the provisions of the Psychology Licensing Law, and the regulations adopted pursuant to these laws.

(c) Delegated supervisors shall be responsible for ensuring compliance by the trainee with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to these laws.

(d) Delegated supervisors shall be responsible for ensuring that all SPE and record keeping performed under the supervision delegated to them is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.

(e) Delegated supervisors shall be responsible for monitoring the welfare of the trainee's clients while under their delegated supervision.

(f) Delegated supervisors shall be responsible for monitoring the performance and professional development of the trainee and for reporting this performance and development to the primary supervisor.

(g) Delegated supervisors shall ensure that they have the education, training, and experience in the area(s) of psychological practice to be supervised.

(h) Delegated supervisors shall have no familial, intimate, business or other relationship with the trainee which would compromise the supervisor's effectiveness and/or which would violate the Ethical Principles and Code of Conduct of the American Psychological Association.

(i) Delegated supervisors shall not supervise a trainee who is now or has ever been a psychotherapy client of the supervisor.

(j) Delegated supervisors shall not exploit trainees or engage in sexual relationships, or any other sexual contact with trainees.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

#### **History**

1. New section filed 7-6-2000; operative 8-5-2000 (Register 2000, No. 27).
2. Amendment filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).
3. Amendment of first paragraph filed 7-28-2005; operative 8-27-2005 (Register 2005, No. 30).

### § 1387.3. Alternate Plan for Supervised Professional Experience in Non-Mental Health Services.

This section pertains only to those trainees who are preparing for practice, once licensed, in the non-mental health areas of the profession of psychology.

## CALIFORNIA CODE OF REGULATIONS

Due to lack of training sites and qualified supervisors, typically in the area of applied psychological research, industrial-organizational psychology, media and social-experimental psychology, but not including those involving direct mental health services, trainees in these areas of psychology shall submit a plan for supervised professional experience to the board for approval on a case-by-case basis as provided for in section 2914(c) of the code. In all such cases, the proposed plan must be submitted by the supervisee and approved by the board prior to commencement of supervision. Supervised professional experience (SPE) which is accrued prior to the approval of the plan will not count towards licensure.

### (a) Supervision Plan Required

The proposed supervision plan (“plan”) submitted by the trainee for approval shall be signed by all participants involved. It shall describe the qualifications and responsibilities of the supervisor (and co-supervisor, if appropriate) for supervision. The plan shall be developed for and shall demonstrate appropriate preparation of the trainee to practice effectively in non-mental health services, and within the specific non-mental health setting. The plan shall address how the quality of work done by the trainee working in a non-mental health role will be monitored and assure protection of the client. As used in this section, “trainee” means a psychology trainee working under the provisions of this section.

### (b) Hours and Setting Requirements

(1) Pursuant to section 2914(c) of the code, two years of qualifying SPE shall be completed and documented prior to licensure. One year of SPE shall be defined as 1500 hours. At least one year of SPE shall be completed postdoctorally. Each year of SPE shall be completed within a thirty (30) consecutive month period. If both years of SPE (3000 hours) are completed postdoctorally, they shall be completed within a sixty (60) month period. Upon showing of good cause as determined by the board, these specified time limitations may be reasonably modified.

(2) Predoctoral SPE under this section may be accrued only as follows:

(A) In a formal internship placement pursuant to section 2911 of the code and registration with the board is not required; or

(B) As an employee of an exempt setting pursuant to section 2910 of the code and registration with the board is not required; or

(C) As a psychological assistant pursuant to section 2913 of the code and registration with the board prior to commencing work is required.

(3) Postdoctoral SPE may be accrued only as follows:

(A) As a psychological assistant pursuant to section 2913 of the code and registration with the board prior to commencing work is required; or

(B) As a registered psychologist pursuant to section 2909(d) of the code and registration with the board prior to commencing work is required; or

(C) As an employee of an exempt setting pursuant to section 2910 of the code and registration with the board is not required.

### (c) Supervision Requirements

(1) The trainee shall be provided with supervision for 10% of the total time worked each month. At least four hours per month shall be face-to-face, direct, individual supervision with the primary supervisor. The plan shall address how

Regulations

## BOARD OF PSYCHOLOGY

the supervision will be provided. The remainder of the 10% may be provided by the delegated supervisor or co-supervisor and may include supervision via electronic means.

(2) A maximum of forty-four (44) hours per week, including the required 10% supervision, may be credited toward meeting the supervised professional experience requirement.

(3) The trainee shall have no proprietary interest in the business of the primary, delegated or co-supervisor and shall not serve in any capacity that would hold influence over the primary, delegated or co-supervisor's judgment in providing supervision.

(4) Neither the primary supervisor nor any delegated or co-supervisor shall receive payment, monetary or otherwise, from the trainee for the purpose of providing supervision.

(5) The trainee will not function under any other license with the same client or in the same setting during the supervised experience accrued pursuant to the plan.

(6) A clear and accurate record of the trainee's supervision shall be maintained. The trainee shall maintain this record in an SPE log pursuant to section 1387.5 but shall also include information relevant to the co-supervisor;

(7) Except as provided in section 1391.5(c), a primary supervisor who is a licensed psychologist may delegate supervision pursuant to section 1387.2.

(8) If the primary supervisor is unlicensed, the trainee shall also obtain a co-supervisor who meets the requirements of subsection (f).

### (d) Qualifications and Responsibilities of Primary Supervisors

The primary supervisor shall:

(1) possess a degree that meets the requirements of section 2914(b) of the code;

(2) meet the requirements of section 2913 of the code if supervising a psychological assistant;

(3) if licensed, possess and maintain a valid, active license issued by the board free of any formal disciplinary action during the period of supervision covered by the plan. The primary supervisor shall notify the trainee of any disciplinary action that disqualifies him or her from providing supervision. If not licensed, the primary supervisor shall never have been denied, or possessed a professional license for providing psychological or other mental health services issued by any jurisdiction that was subject to discipline, or surrendered with charges pending;

(4) be employed or contracted by the same organization as the trainee;

(5) be available to the trainee 100% of the time the trainee is accruing SPE pursuant to the plan. This availability may be in person, through telephone, pager or other appropriate technology(ies);

(6) if licensed, complete a minimum of six hours of supervision coursework every two years as described in section 1387.1(b);

(7) ensure that all parties work together throughout the training experience to ensure that the trainee will be engaged in duties that are considered doctoral level;

(8) maintain ongoing communication between all parties regarding supervisory needs and experiences;

## CALIFORNIA CODE OF REGULATIONS

(9) ensure that all parties to the plan comply at all times with the provisions of the Psychology Licensing Law or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws;

(10) ensure that all SPE accrued under the plan complies with the Ethical Principles and Code of Conduct of the American Psychological Association;

(11) monitor the welfare of the trainee's clients;

(12) ensure that each client of the trainee is informed prior to rendering of services by the trainee that the trainee is unlicensed and is functioning under the direction and supervision of the primary supervisor;

(13) monitor the performance and professional development of the trainee which shall include socialization into the practice of psychology;

(14) have the education, training, and experience in the area(s) of psychological practice for which they are providing supervision;

(15) have or have had no familial, intimate, sexual, social, or professional relationship with the trainee which could compromise the supervisor's effectiveness, or would violate the Ethical Principles and Code of Conduct of the American Psychological Association;

(16) not supervise a trainee who is a current or former client of psychological services provided by the supervisor; and

(17) monitor the supervision performance of all delegated supervisors and co-supervisors.

### (e) Qualifications and Responsibilities of Delegated Supervisors

Except as provided in section 1391.5, which regulates the supervision of psychological assistants, primary supervisors may delegate supervision to other qualified psychologists or to other qualified mental health professionals including licensed marriage and family therapists, licensed educational psychologists, licensed clinical social workers and board certified psychiatrists.

The delegated supervisor shall:

(1) possess and maintain a valid, active license free of any formal disciplinary action during the period covered by the plan. The supervisor shall notify the trainee of any disciplinary action that disqualifies him or her from providing supervision;

(2) be employed or contracted by the same organization as the trainee;

(3) be responsible for ensuring compliance by the trainee with the provisions of the Psychology Licensing Law, the licensing laws of the Board of Behavioral Sciences, or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws.

(4) ensure that all SPE accrued under the supervision delegated to them complies with the Ethical Principles and Code of Conduct of the American Psychological Association;

(5) monitor the welfare of the trainee's clients while under their delegated supervision;

(6) monitor the performance and professional development of the trainee and is responsible for reporting this performance and development to the primary supervisor;

(7) have the education, training, and experience in the area(s) of psychological practice to be supervised;

(8) have or have had no familial, intimate, social, sexual or professional

Regulations



## BOARD OF PSYCHOLOGY

relationship with the trainee which could compromise the supervisor's effectiveness, or would violate the Ethical Principles and Code of Conduct of the American Psychological Association; and

(9) not supervise a trainee who is now or has ever been a psychotherapy client of the supervisor.

(f) Qualifications and Responsibilities of the Co-Supervisor (This section only applies when the primary supervisor is not licensed)

The co-supervisor shall:

(1) possess and maintain a valid, active license issued by the board free of any formal disciplinary action during the period covered by the plan. The co-supervisor shall notify the trainee of any disciplinary action that disqualifies him or her from providing supervision;

(2) complete a minimum of six hours of supervision coursework every two years as described in section 1387.1(b);

(3) monitor the performance and professional development of the trainee and is responsible for reporting this performance and development to the primary supervisor;

(4) not supervise a trainee who is a current or former client of psychological services provided by the supervisor;

(5) have or have had no familial, intimate, social, sexual or professional relationship with the trainee which could compromise the supervisor's effectiveness, or would violate the Ethical Principles and Code of Conduct of the American Psychological Association;

(6) ensure that all parties work together throughout the training experience to ensure that the trainee will be engaged in duties that are considered doctoral level;

(7) maintain ongoing communication between all parties regarding supervisory needs and experiences; and

(8) not supervise more than five trainees under any section at any given time.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

### History

1. New section filed 7-6-2000; operative 8-5-2000 (Register 2000, No. 27). For prior history see Register 93, No. 34.

2. Editorial correction deleting former section 1387.3 "Qualifications of Supervisors" which expired by its own term effective 12-31-2000 (Register 2003, No. 1).

3. Amendment of section heading and section filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

4. New first paragraph and amendment of subsection (a) filed 7-28-2005; operative 8-27-2005 (Register 2005, No. 30).

5. Amendment of section heading and section filed 4-24-2008; operative 5-24-2008 (Register 2008, No. 17).

### § 1387.4. Out of State Experience.

(a) All out of state SPE must be (1) supervised by a primary supervisor who is a psychologist licensed at the doctoral level in the state, U.S. territory or Canadian province in which the SPE is taking place, (2) in compliance with all

## CALIFORNIA CODE OF REGULATIONS

laws and regulations of the jurisdiction in which the experience was accrued and (3) in substantial compliance with all the supervision requirements of section 1387.

(b) Supervised professional experience can be accrued at a U.S. military installation so long as the experience is supervised by a qualified psychologist licensed at the doctoral level in the U.S. or Canada.

(c) SPE can be accrued in countries outside the U.S. or Canada which regulate the profession of psychology pursuant to the same requirements as set forth in section 2914 of the code. SPE accrued in countries outside the U.S., its Territories or Canada must comply with all the supervision requirements of section 1387. The burden shall be upon the applicant to provide the necessary documentation and translation that the board may require to verify the qualification of the SPE.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

### History

1. New section filed 7-6-2000; operative 8-5-2000 (Register 2000, No. 27).
2. Amendment filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

### § 1387.5. SPE Log.

(a) The trainee shall maintain a written weekly log of all hours of SPE earned toward licensure. The log shall contain a weekly accounting of the following information and shall be made available to the board upon request:

- (1) The specific work setting in which the SPE took place.
  - (2) The specific dates for which the log is being completed.
  - (3) The number of hours worked during the week.
  - (4) The number of hours of supervision received during the week.
  - (5) An indication of whether the supervision was direct, individual, face-to-face, group, or other (specifically listing each activity).
  - (6) An indication of whether the SPE performed that week was satisfactory.
- (b) This log must also contain the following information:
- (1) The trainee's legibly printed name, signature and date signed.
  - (2) The primary supervisor's legibly printed name, signature, license type and number, and date signed.
  - (3) Any delegated supervisors' legibly printed name, license type and number, and date signed.
  - (4) A description of the psychological duties performed during the period of supervised professional experience.
  - (5) A statement signed by the primary supervisor attesting to the accuracy of the information.

(c) When SPE is accrued as part of a formal internship, the internship training director shall be authorized to provide all information required in section 1387.5(b).

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

### History

1. New section filed 7-6-2000; operative 8-5-2000 (Register 2000, No. 27). For prior history, see

Regulations

## BOARD OF PSYCHOLOGY

Register 83, No. 25.

2. Editorial correction deleting former section 1387.5 "Pre-Doctoral Experience" which expired by its own term effective 12-31-2000 (Register 2003, No. 1).

3. Repealer of first paragraph and amendment of subsections (a) and (b)(1) filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

4. New subsection (a)(6) filed 7-28-2005; operative 8-27-2005 (Register 2005, No. 30).

### § 1387.6. Psychological Assistants.

In order to accrue hours of SPE, a psychological assistant shall at all times be in compliance with the supervision requirements of section 1387 and with the requirements for psychological assistants set forth in Article 5.1 of this chapter. A psychological assistant accruing SPE in a private setting shall submit a plan for SPE to the Board for approval as provided for in section 1387(b)(11). The proposed supervision plan submitted by the psychological assistant for approval shall be signed by all participants involved. It shall describe the qualifications and responsibilities of the supervisor and/or the delegated supervisor. The plan shall be developed for, and shall demonstrate appropriate preparation of, the psychological assistant to practice effectively, and within the specific private practice setting. The plan shall address how the quality of work done by the psychological assistant will be monitored and assure protection of the client.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2913 and 2914, Business and Professions Code.

#### History

1. New section filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51). For prior history, see Register 2002, No. 8.

2. Amendment filed 7-28-2005; operative 8-27-2005 (Register 2005, No. 30).

3. Amendment of section and Note filed 7-24-2009; operative 8-23-2009 (Register 2009, No. 30).

### § 1387.7. Registered Psychologists.

Persons working as registered psychologists pursuant to section 2909 of the code in order to accrue postdoctoral hours of SPE shall at all times be in compliance with the supervision requirements of section 1387 and with the requirements for registered psychologists set forth in Article 5 of this chapter.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2909, Business and Professions Code.

#### History

1. New section filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51). For prior history, see Register 2002, No. 8.

## ARTICLE 4. Examination

### § 1388. Examinations.

(a) The board recognizes the expertise of the Department of Consumer Affairs' (DCA) Office of Examination Resources (OER). The board shall utilize the services of the OER in licensing examination development and validation through an interagency agreement.

## CALIFORNIA CODE OF REGULATIONS

(b) An applicant shall successfully take and pass the licensing examinations prior to being licensed. The licensing examination shall consist of the Association of State and Provincial Psychology Boards' (ASPPB) Examination for Professional Practice in Psychology (EPPP), and the California Psychology Supplemental Examination (CPSE), except that the EPPP and the CPSE shall be waived for those applicants who meet the criteria in section 1388.6 of this chapter. Such applicants shall be required to take and pass the California Psychology Law and Ethics Examination (CPLÉE).

(c) An applicant is eligible to take the EPPP upon completion of a qualifying doctorate degree and 1500 hours of qualifying professional experience. An applicant shall pass the EPPP and complete all 3000 hours of supervised professional experience prior to being eligible for the CPSE or the CPLÉE, whichever is applicable, pursuant to section 1388.6.

(d) Upon application, the board will notify applicants of their eligibility to take the EPPP. Applicants are responsible for completing any administrative requirements for taking the EPPP established by ASPPB or its agent, including paying any fees. This subsection applies to those re-taking the EPPP as well as to those taking it for the first time.

(e) For forms of the EPPP taken prior to September 1, 2001, the passing score is the score that was recognized by the board at that time. For computer administered forms of the EPPP, the board shall apply a scaled score of 500 as recommended by ASPPB.

(f) Qualified applicants desiring to take the CPSE or the CPLÉE, for those applications who qualify for a waiver of the CPSE pursuant to section 1388.6, shall submit to the board the fee set forth in section 1392 of this chapter. Applicants shall comply with all instructions established by the DCA examination vendor for taking the CPSE or the CPLÉE.

(g) The passing score on the CPSE and the CPLÉE shall be determined for each form of the examination by a criterion referenced procedure performed by OER.

**NOTE: Authority cited:** Sections 2930 and 2942, Business and Professions Code. Reference: Sections 123, 496, 2941, 2942, 2943 and 2960, Business and Professions Code.

### History

1. Amendment filed 12-22-76; effective thirtieth day thereafter (Register 76, No. 52).
  2. Amendment of subsection (b) filed 2-14-77; effective thirtieth day thereafter (Register 77, No. 8).
  3. Repealer and new section filed 11-21-77; effective thirtieth day thereafter (Register 77, No. 48).
  4. Amendment of subsection (b) filed 4-26-79; effective thirtieth day thereafter (Register 79, No. 17).
  5. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
  6. Change without regulatory effect pursuant to section 100, title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
  7. Amendment of subsection (b) and Note filed 6-14-93; operative 7-1-93 pursuant to Government Code section 11346.2(d) (Register 93, No. 25).
  8. Amendment of subsection (c) and Note filed 8-11-95; operative 9-10-95 (Register 95, No. 32).
  9. Amendment of subsection (b) filed 1-8-99 as an emergency; operative 1-8-99 (Register 99, No. 2).
- A Certificate of Compliance must be transmitted to OAL by 5-10-99 or emergency language will be repealed by operation of law on the following day.

Regulations

## BOARD OF PSYCHOLOGY

10. Certificate of Compliance as to 1-8-99 order transmitted to OAL 5-7-99 and filed 6-15-99 (Register 99, No. 25).

11. Amendment of subsections (a)-(c) and new subsections (d)-(g) filed 7-11-2001; operative 8-10-2001 (Register 2001, No. 28).

12. Change without regulatory effect amending subsection (f) filed 8-13-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 33).

13. Amendment of subsections (a)-(c) and (e) and new subsections (h)-(i) filed 12-19-2001 as an emergency; operative 1-1-2002 (Register 2001, No. 51). A Certificate of Compliance must be transmitted to OAL by 5-1-2002 or emergency language will be repealed by operation of law on the following day.

14. Certificate of Compliance as to 12-19-2001 order transmitted to OAL 1-8-2002 and filed 2-20-2002 (Register 2002, No. 8).

15. Amendment filed 2-11-2003; operative 3-1-2003 pursuant to Government Code section 11343.4 (Register 2003, No. 7).

16. Amendment of subsections (b), (c), (f) and (g) filed 5-12-2006; operative 5-12-2006 pursuant to Government Code section 11343.4 (Register 2006, No. 19).

17. Amendment of subsections (b), (c), (f) and (g) filed 4-1-2008; operative 4-1-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 14).

Regulations

### § 1388.6. License Requirements and Waiver of Examination.

(a) When a California-licensed psychologist has been licensed for at least five years and has allowed his/her license to expire by not renewing the license for at least three years, the psychologist shall not be required to take the EPPP or the CPSE.

(b) If an applicant for licensure as a psychologist has been licensed in another state, Canadian province, or U.S. territory, for at least five years the applicant shall not be required to take the EPPP or the CPSE.

(c) An applicant for licensure as a psychologist who holds a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB), shall not be required to take the EPPP or the CPSE. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b) and (c) of Code section 2914.

(d) An applicant for licensure as a psychologist who is credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and has been licensed based on a doctoral degree in another state, Canadian province, or U.S. territory for a minimum of five years shall not be required to take the EPPP or the CPSE. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b) and (c) of Code section 2914.

(e) An applicant for licensure as a psychologist who is certified by the American Board of Professional Psychology (ABPP) and has been licensed based on a doctoral degree in another state, Canadian province, or U.S. territory for a minimum of five years shall not be required to take the EPPP or the CPSE. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b) and (c) of Code section 2914.

(f) Although the EPPP and the CPSE are waived under this section, an applicant must file a complete application and meet all current licensing requirements not addressed above, including payment of any fees, take and

## CALIFORNIA CODE OF REGULATIONS

pass the California Psychology Law and Ethics Examination (CPLÉE), and not been subject to discipline.

**NOTE: Authority cited:** Sections 2930 and 2946, Business and Professions Code. Reference: Section 2946, Business and Professions Code.

### History

1. New section filed 3-13-97; operative 4-12-97 (Register 97, No. 11).
2. Amendment of subsections (a)-(c), new subsection (d), subsection relettering, and amendment of newly designated subsection (e) filed 12-1-98; operative 12-31-98 (Register 98, No. 49).
3. Amendment filed 4-5-2001; operative 5-5-2001 (Register 2001, No. 14).
4. Amendment filed 12-19-2001 as an emergency; operative 1-1-2002 (Register 2001, No. 51). A Certificate of Compliance must be transmitted to OAL by 5-1-2002 or emergency language will be repealed by operation of law on the following day.
5. Certificate of Compliance as to 12-19-2001 order transmitted to OAL 1-8-2002 and filed 2-20-2002 (Register 2002, No. 8).
6. Amendment of section heading and section filed 8-7-2003; operative 9-6-2003 (Register 2003, No. 32).
7. Amendment of subsection (f) filed 5-12-2006; operative 5-12-2006 pursuant to Government Code section 11343.4 (Register 2006, No. 19).
8. New subsection (e) and subsection relettering filed 4-9-2007; operative 5-9-2007 (Register 2007, No. 15).
9. Amendment filed 4-1-2008; operative 4-1-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 14).

### § 1389. Reconsideration of Examinations.

(a) There shall be no reconsideration of the grade received on the EPPP or on the CPSE.

(b) Nothing in this section shall be construed to deprive an applicant of his or her rights of appeal as afforded by other provisions of law.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2942 and 2944, Business and Professions Code.

### History

1. Repealer and new section filed 2-14-77; effective thirtieth day thereafter (Register 77, No. 8).
2. Amendment filed 11-21-77; effective thirtieth day thereafter (Register 77, No. 48).
3. Amendment of subsection (c) filed 4-26-79; effective thirtieth day thereafter (Register 79, No. 17).
4. Amendment of subsections (b) and (c) filed 2-28-80; effective thirtieth day thereafter (Register 80, No. 9).
5. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
6. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
7. Amendment of subsection (a), repealer of subsection (b), subsection relettering, and amendment of newly designated subsection (c) filed 8-11-95; operative 9-10-95 (Register 95, No. 32).
8. Repealer of subsections (a)-(b), subsection relettering, and amendment of newly designated subsection (a) filed 12-19-2001 as an emergency; operative 1-1-2002 (Register 2001, No. 51). A Certificate of Compliance must be transmitted to OAL by 5-1-2002 or emergency language will be repealed by operation of law on the following day.
9. Certificate of Compliance as to 12-19-2001 order transmitted to OAL 1-8-2002 and filed 2-20-2002 (Register 2002, No. 8).

Regulations

## BOARD OF PSYCHOLOGY

10. Amendment of subsection (a) filed 5-12-2006; operative 5-12-2006 pursuant to Government Code section 11343.4 (Register 2006, No. 19).

### § 1389.1. Inspection of Examinations.

(a) All examination materials, except those owned by an examination service, shall be retained by the board at the board's office in Sacramento for a period of two (2) years after the date of the examination.

(b) No inspection is allowed of the written examination administered by the board.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2942 and 2944, Business and Professions Code; and Section 12944, Government Code.

#### History

1. Renumbering of former section 1390 to new section 1389.1 filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

## ARTICLE 5. Registered Psychologists

### § 1390. Citation.

This article may be cited and referred to as the "Registered Psychologist Regulations."

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2909, Business and Professions Code.

#### History

1. Amendment filed 12-22-76; effective thirtieth day thereafter (Register 76, No. 52).
2. Editorial correction (Register 77, No. 15).
3. Amendment filed 11-21-77; effective thirtieth day thereafter (Register 77, No. 48).
4. New subsection (c) filed 4-26-79; effective thirtieth day thereafter (Register 79, No. 17).
5. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
6. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
7. Amendment of subsections (a)-(b) filed 8-11-95; operative 9-10-95 (Register 95, No. 32).
8. Change without regulatory effect repealing subsection (b) and relettering former subsection (c) to new subsection (b) filed 4-7-2003 pursuant to section 100, title 1, California Code of Regulations (Register 2003, No. 15).
9. Relocation and amendment of article 5 heading from preceding section 1391 to preceding section 1390, renumbering of former section 1390 to section 1389.1 and renumbering of former section 1391 to section 1390 filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).
10. Amendment of article heading, section and Note filed 7-28-2005; operative 8-27-2005 (Register 2005, No. 30).

### § 1390.1. Registration.

Any person desiring to register at a qualifying agency as a registered psychologist shall submit an application on a form provided by the board.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2909, Business and Professions Code.

#### History

## CALIFORNIA CODE OF REGULATIONS

1. New section filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

### § 1390.2. Withdrawal of Applications.

Applications for registration which have not been completed within ninety (90) days after additional information has been requested shall be deemed to be withdrawn.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2909, Business and Professions Code.

#### History

1. New section filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

### § 1390.3. Statement of Purpose.

A person meeting the requirements set forth in section 2909(d) of the code, may provide psychological services under supervision at a non-profit community agency that receives at least 25% of its funding from a governmental source for the purpose of training and providing services so long as that person registers with the board as a registered psychologist. The employing agency must provide the board with evidence of the requisite level of government funding.

(a) The registered psychologist is authorized to function only in the agency to which he or she is registered and only after a registration number has been issued by the board;

(b) The registration shall be in effect for a period of 30 months from the date of issuance and cannot be renewed and the registrant cannot re-register as a registered psychologist to the same agency;

(c) The registered psychologist shall at all times be under the primary supervision of a qualified licensed psychologist who is employed by the same agency. The primary supervisor shall be available to the trainee 100% of the time that the trainee is working in such a capacity. This availability can be in-person, by telephone, by pager or by other appropriate technology.

(1) The primary supervisor shall comply with the coursework requirements set forth in section 1387.1(b) of the code.

(2) The primary supervisor shall ensure that a plan is in place in the event a patient/client crisis or emergency occurs during any time the supervisor is not physically present at the established site at which the trainee is working. The primary supervisor shall ensure that the trainee thoroughly understands the plan in the event of such an emergency.

(d) In order to qualify as "supervised professional experience" pursuant to section 2914(c) of the code, experience gained as a registered psychologist must comply with section 1387.

(e) Each patient or client of a registered psychologist shall be informed, prior to the rendering of services, that the registrant is unlicensed and under the supervision of a qualified licensed psychologist as an employee of the agency and that the supervisor shall have access to the patient's chart in fulfilling his/her supervisorial duties.

(f) No supervisor or employing agency of a registered psychologist may charge a fee or otherwise require monetary payment in consideration for the employment or supervision of a registered psychologist.

Regulations



## BOARD OF PSYCHOLOGY

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2909, Business and Professions Code.

### **History**

1. New section filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).
2. Amendment of subsection (c)(1) filed 7-28-2005; operative 8-27-2005 (Register 2005, No. 30).
3. Amendment of subsection (b) filed 4-27-2007; operative 5-27-2007 (Register 2007, No. 17).

Regulations

## ARTICLE 5.1. Psychological Assistants

### **§ 1391. Citation.**

This article may be cited and referred to as the “Psychological Assistant Regulations.”

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

### **History**

1. New Article 4.5 (Sections 1391-1391.14) filed 11-21-77; effective thirtieth day thereafter (Register 77, No. 48).
2. Renumbering of Article 4.5 to Article 5 filed 4-26-79; effective thirtieth day thereafter (Register 79, No. 17).
3. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
4. Relocation and amendment of article 5 heading from preceding section 1391 to preceding section 1390 and renumbering of former section 1391 to section 1390 filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).
5. New article 5.1 and new section filed 7-28-2005; operative 8-27-2005 (Register 2005, No. 30).

### **§ 1391.1. Registration; Limitation of Registration Period.**

(a) Any person desiring to supervise a psychological assistant shall submit an application on a form provided by the Board.

(b) Registration as a psychological assistant shall be limited to a cumulative total of six years (72 months). Each registration shall be subject to annual renewal pursuant to section 1391.12.

For any psychological assistant registered prior to the effective date of this subdivision, subsequent renewals or registrations shall be limited to a cumulative total of six years (72 months) from the date of the psychological assistant’s next registration or renewal, whichever occurs first.

Upon showing of good cause as determined by the Board, these specified time limitations may be reasonably modified.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

### **History**

1. Amendment filed 4-26-79; effective thirtieth day thereafter (Register 79, No. 17).
2. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
3. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
4. Amendment of section heading and section filed 9-23-2010; operative 10-23-2010 (Register

## CALIFORNIA CODE OF REGULATIONS

2010, No. 39).

### § 1391.2. Withdrawal of Applications.

Applications for registration which have not been completed within ninety (90) days after additional information has been requested shall be deemed to be withdrawn.

### § 1391.3. Required Training.

Any person who possesses a doctorate degree which will qualify for licensure as a psychologist pursuant to Section 2914 of the code, shall be deemed to have completed “one fully matriculated year of graduate training in psychology” and will be eligible for registration as a psychological assistant upon compliance with other provisions of Section 2913 of the code.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

#### History

1. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
2. Amendment filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

### § 1391.4. Limited Psychological Functions.

As used in Section 2913 of the code, the phrase “limited psychological functions” means those functions which are performed under the direction and supervision of the qualified supervisor pursuant to the American Psychological Association’s (APA) January 1, 1997 version of the Guidelines and Principles for Accreditation of Programs in Professional Psychology and the APA Code of Conduct and Ethical Principles.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

#### History

1. Amendment of section and new Note filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

### § 1391.5. Statement of Purpose; Supervision Required.

(a) A psychological assistant shall be under the direction and supervision of a licensed psychologist or board-certified psychiatrist who is employed in the same setting in which the psychological assistant is employed. A licensed psychologist who is supervising psychological assistants must comply with the supervision course requirements set forth in section 1387.1.

(b) The supervisor shall provide a minimum of one (1) hour per week of individual supervision to the psychological assistant, unless more such supervision is required under Section 1387 or by the nature of the psychological functions performed by the psychological assistant.

(c) A registered psychological assistant employed by one of the organizations specified in section 2913 of the code may receive delegated supervision pursuant to section 1387(c) from a qualified psychologist or a board certified psychiatrist other than the supervisor to whom he/she is registered if the delegated supervisor is also employed within the same organization. Otherwise, supervision may not be delegated under a psychological assistant registration.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913,

Regulations

## BOARD OF PSYCHOLOGY

Business and Professions Code.

### **History**

1. Amendment filed 12-29-88; operative 12-29-88 (Register 89, No. 2).
2. Amendment filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

### **§ 1391.6. Supervisor's Responsibility.**

(a) Every supervisor of a psychological assistant shall be responsible for supervising the psychological functions performed by the psychological assistant and ensuring that the extent, kind and quality of the psychological functions performed by the assistant are consistent with the supervisor's training and experience, and that the assistant complies with the provisions of the code, the board's regulations, and the standards established by the American Psychological Association.

(b) The supervisor shall inform each client or patient prior to the rendering of services by the psychological assistant that the assistant is unlicensed and is under the direction and supervision of the supervisor as an employee and that the supervisor shall have access to the patient's chart in fulfilling his/her supervision duties.

(c) The supervisor shall be available to the assistant 100% of the time the assistant is performing psychological functions. The availability can be in-person, by telephone, by pager or by other appropriate technology.

(d) The supervisor shall ensure that a plan is in place to protect the patient or client in the event a patient/client crisis or emergency occurs during any time the supervisor is not physically present at the established site at which the supervisee is working. The supervisor shall ensure that the supervisee thoroughly understands the plan in the event a patient crisis or emergency occurs.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

### **History**

1. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
2. Amendment filed 12-29-88; operative 12-29-88 (Register 89, No. 2).
3. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
4. Amendment filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

### **§ 1391.7. Supervised Professional Experience.**

In order to qualify as "supervised professional experience" pursuant to Section 2914(c) of the code, experience gained as a psychological assistant must comply with Section 1387.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

### **History**

1. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
2. Change without regulatory effect amending section filed 1-18-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 3).

Regulations

## CALIFORNIA CODE OF REGULATIONS

### § 1391.8. Employer-Employee Business Relationship.

(a) No supervisor or employer of a psychological assistant may charge a fee or otherwise require monetary payment in consideration for the employment or supervision of a psychological assistant. The supervisor or employer shall supply all provisions necessary to function as a psychological assistant.

(b) The psychological assistant shall have no proprietary interest in the business of the supervisor or the employer.

(c) The psychological assistant shall not rent, lease, sublease, or lease-purchase office space from any entity for purposes of functioning as a psychological assistant.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

#### History

1. Amendment filed 12-29-88; operative 12-29-88 (Register 89, No. 2).
2. Amendment filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).

### § 1391.10. Annual Reports.

On or before the expiration of a registration, every supervisor of a psychological assistant shall submit to the Board on a form provided by the Board a report for the registration period showing:

(a) The nature of the psychological functions performed by the psychological assistant being supervised.

(b) Certification of employment.

(c) The locations at which the psychological assistant provided the psychological functions and the type, extent and amount of supervision.

(d) A certification that the psychological functions performed by the psychological assistant were performed at a level satisfactory to ensure safety to the public.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

#### History

1. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
2. Amendment filed 12-29-88; operative 12-29-88 (Register 89, No. 2).
3. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
4. Amendment filed 12-16-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).
5. Amendment of first paragraph and subsection (a) filed 7-24-2009; operative 8-23-2009 (Register 2009, No. 30).

### § 1391.11. Notification of Termination.

Within thirty (30) days after the termination of the employment of a psychological assistant, the employer shall notify the board in writing of such termination, setting forth the date thereof.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

#### History



## BOARD OF PSYCHOLOGY

1. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).

### § 1391.12. Psychological Assistant Renewals.

(a) A new registration shall expire one year after issuance. The registration of a psychological assistant shall be renewed by the employer annually, on or before its expiration.

(b) A registration renewed 30 days after its expiration must be accompanied by the delinquency fee required in section 1392.1 in order to be renewed.

(c) A psychological assistant who has been registered with the Board but whose registration has expired and has not been renewed by the employer shall not function as a psychological assistant.

(d) A psychological assistant employed and registered by more than one employer shall have his or her registration renewed by each employer.

(e) A registration not renewed within 60 days after its expiration shall become void and a new application for registration shall be submitted by the employer.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

#### History

1. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
2. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).
3. Change without regulatory effect amending subsection (b) filed 10-16-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 42).
4. Amendment filed 7-24-2009; operative 8-23-2009 (Register 2009, No. 30).

## ARTICLE 6.

### Fees

#### § 1392. Psychologist Fees.

(a) The application fee for a psychologist is \$40.00.

(b) The fee for the California Psychology Supplemental Examination (CPSE) is \$129.00.

(c) The fee for the California Psychology Law and Ethics Examination (CPLEE) is \$129.00.

(d) An applicant taking or repeating either licensing examination shall pay the full fee for that examination.

(e) The initial license fee and the biennial renewal fee for a psychologist are \$400.00, except that if an initial license will expire less than one year after its issuance, then the initial license fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the license is issued.

(f) The biennial renewal fee for an inactive license is \$40.00.

**NOTE: Authority cited:** Sections 2930, 2987 and 2989, Business and Professions Code. Reference: Sections 2987, 2988 and 2989, Business and Professions Code.

#### History

## CALIFORNIA CODE OF REGULATIONS

1. Amendment of subsections (a) and (b) filed 7-10-89; operative 8-9-89 (Register 89, No. 49). For prior history, see Register 83, No. 25.
2. New subsection (d) filed 12-1-89; operative 12-31-89 (Register 89, No. 49).
3. Amendment of subsection (c) filed 5-17-90; operative 6-16-90 (Register 90, No. 26).
4. Amendment of subsection (c) filed 5-24-91; operative 6-23-91 (Register 91, No. 27).
5. Amendment of subsections (b) and (c) and Note filed 6-14-93; operative 7-1-93 pursuant to Government Code section 113462(d) (Register 93, No. 25).
6. Amendment of subsection (c) filed 3-8-95; operative 4-7-95 (Register 95, No. 10).
7. Amendment of subsection (b) and Note filed 3-24-97; operative 4-23-97 (Register 97, No. 13).
8. Amendment of subsection (b) filed 10-22-98; operative 11-21-98 (Register 98, No. 43).
9. Amendment of subsections (b) and (c) filed 2-14-2000; operative 3-15-2000 (Register 2000, No. 7).
10. Amendment of subsection (b) filed 4-5-2001; operative 5-5-2001 (Register 2001, No. 14).
11. Repealer of subsections (b)-(c), new subsections (b)-(e) and subsection relettering filed 12-19-2001 as an emergency; operative 1-1-2002 (Register 2001, No. 51). A Certificate of Compliance must be transmitted to OAL by 5-1-2002 or emergency language will be repealed by operation of law on the following day.
12. Certificate of Compliance as to 12-19-2001 order transmitted to OAL 1-8-2002 and filed 2-20-2002 (Register 2002, No. 8).
13. Repealer of subsection (b) and subsection relettering filed 2-11-2003; operative 3-1-2003 pursuant to Government Code section 11343.4 (Register 2003, No. 7).
14. Amendment of subsection (b) filed 5-12-2006; operative 5-12-2006 pursuant to Government Code section 11343.4 (Register 2006, No. 19).
15. New subsection (c), subsection relettering and amendment of newly designated subsection (e) filed 4-1-2008; operative 4-1-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 14).

### § 1392.1. Psychological Assistant Fees.

- (a) The application fee for registration of a psychological assistant which is payable by the supervisor is \$40.00.
- (b) The annual renewal fee for registration of a psychological assistant is \$40.00.
- (c) The delinquency fee for a psychological assistant is \$20.00.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2688 and 2689, Business and Professions Code.

#### History

1. New section filed 1-22-79 as an emergency; effective upon filing (Register 79, No. 4).
2. Certificate of Compliance filed 3-7-79 (Register 79, No. 10).
3. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).

## ARTICLE 7.

### Standards Related to Denial, Discipline, and Reinstatement of Licenses or Registrations

#### § 1393. Requirements for Psychologists on Probation.

Each psychologist who has been placed on probation by the board shall be subject to the board's probation program and shall be required to fully

## BOARD OF PSYCHOLOGY

cooperate with the assigned probation monitor.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2960 and 2961, Business and Professions Code.

### **History**

1. Repealer of former section 1393, and renumbering and amendment of former section 1395 to section 1393 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Register 79, No. 17.

2. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).

3. Amendment filed 3-6-2003; operative 4-5-2003 (Register 2003, No. 10).

4. Amendment of article heading filed 7-23-2012; operative 8-22-2012 (Register 2012, No. 30).

### **§ 1394. Substantial Relationship Criteria.**

For the purposes of denial, suspension, or revocation of a license or registration pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license or registration under the Psychology Licensing Law (Chapter 6.6 of Division 2 of the Code), if to a substantial degree it evidences present or potential unfitness of a person holding a license or registration to perform the functions authorized by his or her license or registration or in a manner consistent with the public health, safety, or welfare. Such crimes or acts shall include but not be limited to those involving the following:

(a) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of that law.

(b) Conviction of a crime involving fiscal dishonesty.

**NOTE: Authority cited:** Sections 481 and 2930, Business and Professions Code. Reference: Sections 481, 490, 2960 and 2963, Business and Professions Code.

1. Repealer of former Section 1394, and renumbering and amendment of former Section 1396 to Section 1394 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Registers 79, No. 17; 76, No. 52; 75, Nos. 24 and 8; and 74, No. 8.

### **§ 1395. Rehabilitation Criteria for Denials and Reinstatements.**

When considering the denial of a license or registration under section 480 of the code, or a petition for reinstatement under section 11522 of the Government Code, the board in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration, will consider the following criteria:

(1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.

(2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under section 480 of the Code.

(3) The time that has elapsed since commission of the act(s) or crime(s) referred

## CALIFORNIA CODE OF REGULATIONS

to in subdivision (1) or (2).

(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.

(5) Evidence, if any, of rehabilitation submitted by the applicant.

**NOTE: Authority cited:** Sections 482 and 2930, Business and Professions Code. Reference: Sections 480, 482, 2960, 2962 and 2963, Business and Professions Code.

### History

1. Renumbering and amendment of former section 1395 to section 1393, and renumbering and amendment of former section 1396.1 to section 1395 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Registers 79, No. 17; 76, No. 52; and 75, Nos. 24 and 18.

2. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).

### § 1395.1. Rehabilitation Criteria for Suspensions or Revocations.

When considering the suspension or revocation of a license or registration on the ground that a person holding a license or registration under the Psychology Licensing Law (chapter 6.6 of division 2 of the code) has been convicted of a crime the board in evaluating the rehabilitation of such person and his or her eligibility for a license or registration will consider the following criteria:

(1) Nature and severity of the act(s) or offense(s).

(2) Total criminal record.

(3) The time that has elapsed since commission of the act(s) or offense(s).

(4) Whether the licensee or registration holder has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.

(5) If applicable, evidence of expungement proceedings pursuant to section 1203.4 of the Penal Code.

(6) Evidence, if any, of rehabilitation submitted by the licensee or registration holder.

**NOTE: Authority cited:** Sections 482 and 2930, Business and Professions Code. Reference: Sections 482, 2960 and 2963, Business and Professions Code.

### History

1. Renumbering and amendment of former section 1396.2 to section 1395.1 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Registers 79, No. 17; 76, No. 52; and 75, Nos. 24 and 18.

2. Change without regulatory effect pursuant to section 100, Title 1, California Code of Regulations filed 3-5-90 (Register 90, No. 20).

## ARTICLE 8.

### Rules of Professional Conduct

#### § 1396. Competence.

A psychologist shall not function outside his or her particular field or fields of competence as established by his or her education, training and experience.

**NOTE: Authority cited:** Sections 2930 and 2936, Business and Professions Code. Reference:



## BOARD OF PSYCHOLOGY

Section 2936, Business and Professions Code.

### History

1. Repealer of Article 8 heading, renumbering of Article 9 to Article 8 (Sections 1396-1397.40, not consecutive), renumbering and amendment of former Section 1396 to Section 1394, and renumbering and amendment of former Section 1397.3 to Section 1396 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Register 76, No. 52.

### § 1396.1. Interpersonal Relations.

It is recognized that a psychologist's effectiveness depends upon his or her ability to maintain sound interpersonal relations, and that temporary or more enduring problems in a psychologist's own personality may interfere with this ability and distort his or her appraisals of others. A psychologist shall not knowingly undertake any activity in which temporary or more enduring personal problems in the psychologist's personality integration may result in inferior professional services or harm to a patient or client. If a psychologist is already engaged in such activity when becoming aware of such personal problems, he or she shall seek competent professional assistance to determine whether services to the patient or client should be continued or terminated.

**NOTE: Authority cited:** Sections 2930 and 2936, Business and Professions Code. Reference: Section 2936, Business and Professions Code.

### History

1. Renumbering and amendment of former Section 1396.1 to Section 1395, and renumbering of former Section 1397.4 to Section 1396.1 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Register 76, No. 52.

### § 1396.2. Misrepresentation.

A psychologist shall not misrepresent nor permit the misrepresentation of his or her professional qualifications, affiliations, or purposes, or those of the institutions, organizations, products and/or services with which he or she is associated.

**NOTE: Authority cited:** Sections 2930 and 2936, Business and Professions Code. Reference: Section 2936, Business and Professions Code.

### History

1. Renumbering and amendment of former Section 1396.2 to Section 1395.1, and renumbering of former Section 1397.5 to Section 1396.2 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Registers 76, No. 52; and 68, No. 9.

### § 1396.3. Test Security.

A psychologist shall not reproduce or describe in public or in publications subject to general public distribution any psychological tests or other assessment devices, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the techniques; and shall limit access to such tests or devices to persons with professional interests who will safeguard their use.

**NOTE: Authority cited:** Sections 2930 and 2936, Business and Professions Code. Reference: Section 2936, Business and Professions Code.

### History

1. Renumbering and amendment of former Section 1397.7 to Section 1396.3 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Register 68, No. 42.

## CALIFORNIA CODE OF REGULATIONS

### § 1396.4. Professional Identification.

(a) When engaged in any professional psychological activity, whether for a fee or otherwise, a psychologist shall at all times and under all circumstances identify himself or herself as a psychologist.

(b) A psychological assistant shall at all times and under all circumstances identify himself or herself to patients or clients as a psychological assistant to his or her employer or responsible supervisor when engaged in any psychological activity in connection with that employment.

**NOTE: Authority cited:** Sections 2930 and 2936, Business and Professions Code. Reference: Sections 2913 and 2936, Business and Professions Code.

#### History

1. Renumbering of former Section 1397.8 to Section 1396.3 filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25). For prior history, see Registers 76, No. 52; and 73, No. 4.

### § 1396.5. Consumer Information.

Licensed psychologists who provide services to a client in a language other than English shall:

(a) provide to the client as appropriate the translations of required or approved notices or publications made available by the board in that language;

(b) discuss with the client as appropriate the content of any required or approved notice or publication for those notices or publications not available in the language in which services are provided;

(3) post the Notice to Consumers pursuant to section 2936 of the Code, if made available by the board in that language.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 728, 2930 and 2936, Business and Professions Code.

#### History

1. New section filed 2-28-2007; operative 3-30-2007 (Register 2007, No. 9).

### § 1397. Advertising.

A licensed psychologist may advertise the provision of any services authorized to be provided by such license within the psychologist's field of competence in a manner authorized under Section 651 of the code, so long as such advertising does not promote the excessive or unnecessary use of such services.

**NOTE: Authority cited:** Sections 651, 2930 and 2936, Business and Professions Code. Reference: Sections 651, 2936 and 2960, Business and Professions Code.

#### History

1. Renumbering and amendment of former Section 1397.11 to Section 1397 filed 7-31-84; effective thirtieth day thereafter (Register 84, No. 31). For history of former Section 1397, see Register 83, No. 25.

### § 1397.1. Child Abuse Reporting Requirements.

Failure to comply with the reporting requirements contained in Penal Code Section 11166 shall constitute unprofessional conduct.

**NOTE: Authority cited:** Sections 2930 and 2936, Business and Professions Code. Reference: Sections 2936 and 2960 (i), Business and Professions Code.

#### History

1. New section filed 4-6-88; operative 5-6-88 (Register 88, No. 17).

Regulations

BOARD OF PSYCHOLOGY

**§ 1397.2. Other Actions Constituting Unprofessional Conduct.**

In addition to the conduct described in Section 2960 of the Code, “unprofessional conduct” also includes but is not limited to the following:

(a) Including or permitting to be included any of the following provisions in an agreement to settle a civil dispute arising from the licensee’s or registrant’s practice to which the licensee or registrant is or expects to be named as a party, whether the agreement is made before or after the filing of an action:

(1) A provision that prohibits another party to the dispute from contacting, cooperating with, or filing a complaint with the Board.

(2) A provision that requires another party to the dispute to attempt to withdraw a complaint the party has filed with the Board.

(b) Failure to provide to the Board, as directed, lawfully requested certified copies of documents within 15 days of receipt of the request or within the time specified in the request, whichever is later, unless the licensee or registrant is unable to provide the certified documents with this time period for good cause, including but not limited to, physical inability to access the records in the time allowed due to illness or travel. This subsection shall not apply to a licensee or registrant who does not have access to, and control over, medical records.

(c) Failure to cooperate and participate in any Board investigation pending against the licensee or registrant. This subsection shall not be construed to deprive a licensee or registrant of any privilege guaranteed by the Fifth Amendment to the Constitution of the United States, or any other constitutional or statutory privilege. This subsection shall not be construed to require a licensee or registrant to cooperate with a request that would require the licensee or registrant to waive any constitutional or statutory privilege or to comply with a request for information or other matters within an unreasonable period of time in light of the time constraints of the licensee’s or registrant’s practice. Any exercise by a licensee or registrant of any constitutional or statutory privilege shall not be used against the licensee or registrant in a regulatory or disciplinary proceeding against the licensee or registrant.

(d) Failure to report to the Board within 30 days any of the following:

(1) The conviction of the licensee or registrant, including any verdict of guilty, or pleas of guilty or no contest, of any felony or misdemeanor.

(2) Any disciplinary action taken by another licensing entity or authority of this state or of another state or an agency of the federal government or the United States military.

**NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2960, 2963 and 2969, Business and Professions Code.

**History**

1. New section filed 7-23-2012; operative 8-22-2012 (Register 2012, No. 30). For prior history, see Register 83, No. 25.

**§ 1397.12. Disciplinary Guidelines.**

In reaching a decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board of Psychology shall consider the disciplinary guidelines entitled “Disciplinary Guidelines,” as amended 2/07” which are hereby incorporated by reference. Deviation from these guidelines and orders,



## CALIFORNIA CODE OF REGULATIONS

including the standard terms of probation is appropriate where the Board of Psychology in its sole discretion determines that the facts of the particular case warrant such a deviation—for example: the presence of mitigating factors; the age of the case; evidentiary problems.

**Note: Authority cited:** Section 2930, Business and Professions Code. Reference: Sections 2960, 2960.05, 2960.1, 2960.5, 2960.6, 2961, 2962, 2963, 2964, 2964.3, 2964.5, 2964.6, 2965, 2966 and 2969, Business and Professions Code; and Section 11425.50(e), Government Code.

### History

1. New section filed 3-7-97; operative 4-6-97 (Register 97, No. 10).
2. Amendment filed 3-1-2000; operative 3-31-2000 (Register 2000, No. 9).
3. Amendment of “Disciplinary Guidelines” (incorporated by reference) and amendment of section and Note filed 3-3-2003; operative 4-2-2003 (Register 2003, No. 10).
4. Amendment filed 12-5-2006 as an emergency; operative 1-4-2006 (Register 2006, No. 49).
5. Change without regulatory effect amending Disciplinary Guidelines (incorporated by reference) and amending section filed 2-8-2007 pursuant to section 100, title 1, California Code of Regulations (Register 2007, No. 6).

### § 1397.30. Citation.

These regulations may be cited and referred to as the “Psychology Corporation Regulations.”

**NOTE: Authority and reference cited:** Sections 2930 and 2999, Business and Professions Code.

### History

1. New Article 10 (Sections 1397.30-1397.41) filed 4-26-79; effective thirtieth day thereafter (Register 79, No. 17).
2. Repealer of Article 10 heading and amendment of section filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).

### § 1397.35. Requirements for Professional Corporations.

A professional corporation shall comply with the following provisions:

(a) The corporation is organized and exists pursuant to the general corporation law and is a professional corporation within the meaning of the Moscone-Knox Professional Corporation Act (Part 4, Division 3, Title 1 of the Corporations Code).

(b) Each shareholder, director and officer (except as provided in Section 13403 of the Corporations Code and Section 2997 of the code) holds a valid psychology license; provided that, a licensed physician, podiatrist, marriage, family, and child counselor, licensed clinical social worker, chiropractor, optometrist or registered nurse may be a shareholder, director or officer of a psychology corporation so long as such licensees own no more than 49% of the total shares issued by the psychology corporation and the number of licensed physicians, podiatrists, marriage, family, and child counselors, licensed clinical social workers, chiropractors, optometrists or registered nurses owning shares in the psychology corporation does not exceed the number of psychologists owning shares in such a corporation. A psychologist may be a shareholder in more than one psychology corporation.

(c) Each professional employee of the applicant who will practice psychology, podiatry, medicine, marriage, family and child counseling, clinical social work, chiropractic, optometry or professional nursing, whether or not a shareholder,

## BOARD OF PSYCHOLOGY

director or officer, holds a valid license.

**NOTE: Authority cited:** Sections 2930 and 2999, Business and Professions Code. Reference: Section 2995, Business and Professions Code; and Sections 13401, 13401.5, 13403, 13406 and 13407, Corporations Code.

### **History**

1. Amendment of subsections (b) and (d) filed 2-28-80; effective thirtieth day thereafter (Register 80, No. 9).
2. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).
3. Amendment of subsections (b) and (c) filed 3-13-97; operative 4-12-97 (Register 97, No. 11).

### **§ 1397.37. Shares: Ownership and Transfer.**

(a) Where there are two or more shareholders in a psychology corporation and one of the shareholders:

- (1) Dies; or
- (2) Becomes a disqualified person as defined in Section 13401(d) of the Corporations Code, his or her shares shall be sold and transferred to the corporation, its shareholders or other eligible licensed persons on such terms as are agreed upon. Such sale or transfer shall not be later than six (6) months after any such death and ninety (90) days after the shareholder becomes a disqualified person. The requirements of this subsection shall be set forth in the psychology corporation's articles of incorporation or bylaws.

(b) A corporation and its shareholders may, but need not, agree that shares sold to it by a person who becomes a disqualified person may be resold to such person if and when he or she again becomes an eligible shareholder.

(c) The share certificates of a psychology corporation shall contain an appropriate legend setting forth the restrictions of subsection (a).

(d) Nothing in these regulations shall be construed to prohibit a psychology corporation from owning shares in a nonprofessional corporation.

**NOTE: Authority cited:** Sections 2930 and 2999, Business and Professions Code. Reference: Section 2999, Business and Professions Code; and Sections 13401, 13403, 13406 and 13407, Corporations Code.

### **History**

1. Amendment of subsections (e) and (f) filed 2-28-80; effective thirtieth day thereafter (Register 80, No. 9).
2. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).

### **§ 1397.39. Corporate Activities.**

(a) A psychology corporation may perform any act authorized in its articles of incorporation or bylaws so long as that act is not in conflict with or prohibited by these rules, the Psychology Licensing Law, the Medical Practice Act, the Optometry Law or the Nursing Practice Act or the regulations adopted pursuant thereto.

(b) A psychology corporation may enter into partnership agreements with other psychologists practicing individually or in a group or with other psychology corporations.

**NOTE: Authority cited:** Sections 2930 and 2999, Business and Professions Code. Reference: Section 2996.6, Business and Professions Code; and Sections 13403, 13408 and 13410, Corporations Code.

### **History**

## CALIFORNIA CODE OF REGULATIONS

1. Amendment of subsection (a) filed 2-28-80; effective thirtieth day thereafter (Register 80, No. 9).
2. Amendment filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).

### § 1397.40. Trusts.

The restrictions on the ownership of the shares of psychology corporations shall apply to both the legal and equitable title to such shares.

**NOTE: Authority cited:** Sections 2930 and 2999, Business and Professions Code. Reference: Sections 13406 and 13407, Corporations Code.

#### History

1. Repealer of subsection (b) filed 6-15-83; effective thirtieth day thereafter (Register 83, No. 25).

## ARTICLE 9. Citations and Fines

### § 1397.50. Citations and Fines.

(a) For purposes of this article, “board official” shall mean the executive officer of the board or his or her representative.

(b) A board official is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines for violations by a licensed psychologist of the statutes referred to in section 1397.51.

(c) A citation shall be issued whenever any fine is levied or any order of abatement is issued. Each citation shall be in writing and shall describe with particularity the nature and facts of the violation, including a reference to the statute or regulations alleged to have been violated. The citation shall be served upon the individual personally or by certified mail, return receipt requested.

**NOTE: Authority cited:** Sections 125.9, 148 and 2930, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

#### History

1. New article 9 (sections 1397.50-1397.55) and section filed 4-26-96; operative 5-26-96 (Register 96, No. 17).

### § 1397.51. Amount of Fines.

The amount of any fine to be levied by a board official shall take into consideration the factors listed in subdivision (b)(3) of section 125.9 of the code and shall be within the range set forth below.

(a) A board official may issue a citation under section 1397.50 for a violation of the provisions listed in this section. The fine for a violation of the following code sections shall be from \$100 to \$2500:

- (1) Business and Professions Code section 125
- (2) Business and Professions Code section 125.6
- (3) Business and Professions Code section 475(a)(1)
- (4) Business and Professions Code section 490
- (5) Business and Professions Code section 496
- (6) Business and Professions Code section 580
- (7) Business and Professions Code section 581

## BOARD OF PSYCHOLOGY



- (8) Business and Professions Code section 582
- (9) Business and Professions Code section 583
- (10) Business and Professions Code section 584
- (11) Business and Professions Code section 650
- (12) Business and Professions Code section 651
- (13) Business and Professions Code section 654.2
- (14) Business and Professions Code section 702
- (15) Business and Professions Code section 810
- (16) Business and Professions Code section 2903
- (17) Business and Professions Code section 2960(a)
- (18) Business and Professions Code section 2960(c)
- (19) Business and Professions Code section 2960(d)
- (20) Business and Professions Code section 2960(f)
- (21) Business and Professions Code section 2960(g)
- (22) Business and Professions Code section 2960(h)
- (23) Business and Professions Code section 2960(i)
- (24) Business and Professions Code section 2960(k)
- (25) Business and Professions Code section 2960(l)
- (26) Business and Professions Code section 2960(m)
- (27) Business and Professions Code section 2960(n)
- (28) Business and Professions Code section 2960(p)
- (29) Business and Professions Code section 2960(q)
- (30) Business and Professions Code section 2960(r)
- (31) Business and Professions Code section 2960.6
- (32) Business and Professions Code section 17500
- (33) Penal Code section 11166.5
- (34) Business and Professions Code section 2913(c)
- (35) Business and Professions Code section 2914(c)
- (36) Business and Professions Code section 2915

(b) At his or her discretion, a board official may issue a citation with an order of abatement without levying a fine for the first violation of any provision set forth above.

(c) Notwithstanding the administrative fine amounts specified in this section, a citation may include a fine between \$2,501 and \$5,000 if one or more of the following circumstances apply:

- (1) The citation involves a violation that has an immediate relationship to the health and safety of another person;
- (2) The cited person has a history of two or more prior citations of the same or similar violations;
- (3) The citation involves multiple violations that demonstrate a willful disregard of the law;
- (4) The citation involves a violation or violations perpetrated against a child, elderly person or person with a disability.

**Note: Authority cited:** Sections 125.9, 148 and 2930, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

### **History**

1. New section filed 4-26-96; operative 5-26-96 (Register 96, No. 17).
2. New subsections (a)(34)-(36) filed 7-2-99; operative 8-1-99 (Register 99, No. 27).

## CALIFORNIA CODE OF REGULATIONS

3. New subsections (c)-(c)(4) filed 7-11-2005; operative 8-10-2005 (Register 2005, No. 28).

### § 1397.52. Compliance with Orders of Abatement.

(a) If a cited person who has been issued an order of abatement is unable to complete the correction with the time set forth in the citation because of conditions beyond his or her control after the exercise of reasonable diligence, the person cited may request an extension of time in which to complete the correction from the board official who issued the citation. Such a request shall be in writing and shall be made within the time set forth for abatement.

(b) When an order of abatement is not contested or if the order is appealed and the person cited does not prevail, failure to abate the violation charged within the time allowed shall constitute a violation and failure to comply with the order of abatement. An order of abatement shall either be personally served or mailed by certified mail, return receipt requested. The time allowed for the abatement of a violation shall begin when the order of abatement is final and has been served or received. Such failure may result in disciplinary action being taken by the Board of Psychology or other appropriate judicial relief being taken against the person cited.

**NOTE: Authority cited:** Sections 125.9, 148 and 2930, Business and Professions Code.  
**Reference:** Sections 125.9 and 148, Business and Professions Code.

#### History

1. New section filed 4-26-96; operative 5-26-96 (Register 96, No. 17).

### § 1397.53. Citations for Unlicensed Practice.

A board official is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines against persons, partnerships, corporations or associations who are performing or who have performed services for which licensure as a psychologist is required under the laws and regulations relating to the practice of psychology. Each citation issued shall contain an order of abatement. Where appropriate, a board official shall levy a fine for such unlicensed activity in accordance with subdivision (b)(3) of section 125.9 of the code. The provisions of section 1397.50 and 1397.52 shall apply to the issuance of citations for unlicensed activity under this subsection. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

**NOTE: Authority cited:** Sections 125.9, 148 and 2930, Business and Professions Code.  
**Reference:** Sections 125.9 and 148, Business and Professions Code.

#### History

1. New section filed 4-26-96; operative 5-26-96 (Register 96, No. 17).

### § 1397.54. Contest of Citations.

(a) In addition to requesting a hearing as provided for in subdivision (b) (4) of section 125.9 of the code, the person cited may, within ten (10) days after service or receipt of the citation, notify the board official who issued the citation in writing of his or her request for an informal conference with the board official regarding the acts charged in the citation. The time allowed for the request shall begin the first day after the citation has been served or received.

Regulations



## BOARD OF PSYCHOLOGY

(b) The board official who issued the citation shall, within 30 days from the receipt of the request, hold an informal conference with the person cited and/or his or her legal counsel or authorized representative. At the conclusion of the informal conference the board official may affirm, modify or dismiss the citation, including any fine levied or order of abatement issued. The board official shall state in writing the reasons for his or her action and serve or mail a copy of his or her findings and decision to the person cited within ten (10) days from the date of the informal conference, as provided in subsection (b) of section 1397.52. This decision shall be deemed to be a final order with regard to the citation issued, including the fine levied and the order of abatement.

(c) The person cited does not waive his or her request for a hearing to contest a citation by requesting an informal conference after which the citation is affirmed by a board official. If the citation is dismissed after the informal conference, the request for a hearing on the matter of the citation shall be deemed to be withdrawn. If the citation, including any fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and new citation issued. If a hearing is requested for the subsequent citation it shall be requested within 30 days in accordance with subdivision (b) (4) of section 125.9 of the code.

**NOTE: Authority cited:** Sections 125.9, 148 and 2930, Business and Professions Code.  
**Reference:** Sections 125.9 and 148, Business and Professions Code.

### **History**

1. New section filed 4-26-96; operative 5-26-96 (Register 96, No. 17).

### **§ 1397.55. Disconnection of Telephone Service.**

(a) If, upon investigation, the board official has probable cause to believe that an unlicensed person, who is not otherwise exempt from licensure, has advertised to provide psychological services in an alphabetical or classified directory in violation of section 2903 of the code, the board official may issue a citation containing an order of abatement pursuant to section 1397.50 of these regulations. The order of abatement shall require the unlicensed person to cease the unlawful advertising and to notify the telephone company furnishing services to the cited person to (1) disconnect the telephone services furnished to any telephone number contained in the unlawful advertising, and (2) that subsequent calls to that number shall not be referred by the telephone company to any new number obtained by that person. The cited person shall provide written evidence of compliance to the board official.

(b) If the person to whom a citation is issued under subdivision (a) submits a written request to the board official to appeal the citation, the board official shall afford an opportunity for a hearing, as provided in section 1397.54 of these regulations.

(c) If the person to whom the citation and order of abatement is issued fails to comply with the order of abatement after the order is final as provided in section 1398.54(b) of these regulations, the board official shall inform the Public Utilities Commission of the violation in accordance with Business and Professions Code section 149.

**NOTE: Authority cited:** Sections 125.9, 148 and 2930, Business and Professions Code.

## CALIFORNIA CODE OF REGULATIONS

Reference: Sections 125.9, 148 and 149, Business and Professions Code.

### History

1. New section filed 4-26-96; operative 5-26-96 (Register 96, No. 17).

## ARTICLE 10. Continuing Education

### § 1397.60. Definitions. [Effective until January 1, 2013.]

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

As used in this article:

(a) An “accreditation agency” means an organization recognized by the board which evaluates and approves each provider of continuing education, evaluates and approves each course offering, and monitors the quality of the approved continuing education courses.

(b) A “provider” means an organization, institution, association, university, or other person or entity assuming full responsibility for the course offered, whose qualifications as a continuing education provider have been approved by a board recognized accreditation agency.

(c) A “course” or “presentation” means an approved systematic learning experience of at least one hour in length. One hour shall consist of 60 minutes of actual instruction. Courses or presentations less than one hour in duration shall not be approved.

(d) “Continuing education” means the variety of forms of learning experiences, including, but not limited to, lectures, conferences, seminars, workshops, grand rounds, in-service training programs, video conferencing, and independent learning technologies.

(e) A “conference” means a course consisting of multiple concurrent or sequential free-standing presentations. Approved presentations must meet all standards of an approved continuing education course.

(f) “Grand rounds” or “in-service training program” means a course consisting of sequential, free-standing presentations designed to meet the internal educational needs of the staff or members of an organization and is not marketed, advertised or promoted to professionals outside of the organization. Approved presentations must meet all standards of an approved continuing education course.

(g) “Independent learning” means the variety of forms of organized and directed learning experiences that occur when the instructor and the student are not in direct visual or auditory contact. These include, but are not limited to, courses delivered via the Internet, CD-ROM, satellite downlink, correspondence and home study. Self-initiated, independent study programs without an approved CE sponsor are not acceptable for continuing education. Except for qualified individuals with a disability who apply to and are approved by the board pursuant to section 1397.62(c), independent learning can be used to meet no more than 75% (27 hours) of the continuing education required in each renewal cycle. Independent learning courses must meet all standards of an approved continuing education course.

Regulations

## BOARD OF PSYCHOLOGY

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29 and 2915, Business and Professions Code.

### History

1. New Article 10 (sections 1397.60-1397.69) and section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).
2. Amendment of subsections (c) and (d) filed 4-9-96; operative 5-9-96 (Register 96, No. 15).
3. Amendment of subsection (d), new subsections (e)-(g) and amendment of Note filed 11-24-99; operative 12-24-99 (Register 99, No. 48).
4. Amendment of subsection (g) filed 12-17-2004; operative 1-1-2005 pursuant to Government Code section 11343.4 (Register 2004, No. 51).
5. Amendment of subsections (d) and (g) filed 11-16-2006; operative 12-16-2006 (Register 2006, No. 46).
6. Amendment of section heading and new first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).
7. Editorial correction of History 6 (Register 2012, No. 10).

### § 1397.60. Definitions. [Effective January 1, 2013.]

This section shall be applicable to a license that expires on or after, or is reinstated or issued on or after, January 1, 2013.

As used in this article:

(a) "Conference" means a course consisting of multiple concurrent or sequential free-standing presentations. Acceptable presentations must meet the requirements of section 1397.61(c).

(b) "Continuing education" means the variety of forms of learning experiences, including, but not limited to, lectures, conferences, seminars, workshops, grand rounds, in-service training programs, video conferencing, and independent learning technologies.

(c) "Course" or "presentation" means an approved systematic learning experience of at least one hour in length. One hour shall consist of 60 minutes of actual instruction. Courses or presentations less than one hour in duration shall not be acceptable.

(d) "Grand rounds" or "in-service training program" means a course consisting of sequential, free-standing presentations designed to meet the internal educational needs of the staff or members of an organization and is not marketed, advertised or promoted to professionals outside of the organization. Acceptable presentations must meet the requirements of section 1397.61(c).

(e) "Independent learning" means the variety of forms of organized and directed learning experiences that occur when the instructor and the student are not in direct visual or auditory contact. These include, but are not limited to, courses delivered via the Internet, CD-ROM, satellite downlink, correspondence and home study. Self-initiated, independent study programs that do not meet the requirements of section 1397.61(c) are not acceptable for continuing education. Except for qualified individuals with a disability who apply to and are approved by the Board pursuant to section 1397.62(c), independent learning can be used to meet no more than 75% (27 hours) of the continuing education required in each renewal cycle. Independent learning courses must meet the requirements of section 1397.61(c).

(f) "Provider" means an organization, institution, association, university,

## CALIFORNIA CODE OF REGULATIONS

or other person or entity assuming full responsibility for the course offered, whose courses are accepted for credit pursuant to section 1397.61(c)(1).

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29 and 2915, Business and Professions Code.

### History

1. New section filed 2-16-2012; operative 1-1-2013, at which time the previous version of section 1397.60 is inoperative (Register 2012, No. 7).

### **§ 1397.61. Continuing Education Requirements. [Effective until January 1, 2013.]**

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

(a) Except as provided in section 2915(e) of the Business and Professions Code and section 1397.62 of these regulations, each licensed psychologist shall submit with the application for license renewal proof satisfactory to the board that he or she has completed the continuing education requirements set forth in section 2915 of the code. A licensee who renews his or her license for the first time after the initial issuance of the license is only required to accrue continuing education for the number of months that the license was in effect, including the month the license was issued, at the rate of 1.5 hours of approved continuing education per month. Continuing education earned via independent learning pursuant to section 1397.60(g) shall be accrued at no more than 75% of the continuing education required for the first time renewal. The required hours of continuing education may not be accrued prior to the effective date of the initial issuance of the license. A licensee who falsifies or makes a material misrepresentation of fact on a renewal application or who cannot verify completion of continuing education by producing verification of attendance certificates, whenever requested to do so by the board, is subject to disciplinary action under section 2960 of the code.

(b) Any person renewing or reactivating his or her license shall certify under penalty of perjury to the Board of Psychology as requested on the application for license renewal, that he or she has obtained training in the subject of laws and ethics as they apply to the practice of psychology in California. The training shall include recent changes/updates on the laws and regulations related to the practice of psychology; recent changes/updates in the Ethical Principles of Psychologists and Code of Conduct published by the American Psychological Association; accepted standards of practice; and other applications of laws and ethics as they affect the licensee's ability to practice psychology with safety to the public. Training pursuant to this section may be obtained in one or more of the following ways:

- (1) Formal coursework in laws and ethics taken from an accredited educational institution;
- (2) Approved continuing education course in laws and ethics;
- (3) Workshops in laws and ethics;
- (4) Other experience which provide direction and education in laws and ethics including, but not limited to, grand rounds or professional association presentation.

If the licensee chooses to apply a specific continuing education course on

Regulations

## BOARD OF PSYCHOLOGY

the topic of laws and ethics to meet the foregoing requirement, such a course must meet the content requirements named above, must comply with section 1397.60(c) of this Article, and may be applied to the 36 hours of approved continuing education required in Business and Professions Code section 2915(a).

(c) Those licensees who began graduate training prior to January 1, 2004, shall, prior to his or her first license renewal after January 1, 2004, take continuing education instruction in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. Such course shall be taken within the two years prior to the licensee's renewal date and shall be no less than one (1) hour in length. This is a one-time only continuing education requirement.

(d) Those licensees who began graduate training prior to January 1, 2004, shall, prior to his or her first license renewal after January 1, 2005, take continuing education instruction in the biological, social, and psychological aspects of aging and long-term care. Such course shall be taken within the two years prior to the licensee's renewal date and shall be no less than three (3) hours in length. This is a one-time only continuing education requirement.

(e) Licensees are encouraged to participate in periodic training in subject matter for which the Legislature or the board finds cause, including but not limited to: geriatric pharmacology; the characteristics and methods of assessment and treatment of HIV disease; and issues of human diversity.

(f) This subsection shall become effective on January 1, 2006.

(1) The Board of Psychology recognizes and accepts for continuing education credit courses that are:

(A) provided by American Psychological Association (APA) approved sponsors;

(B) Continuing Medical Education (CME) courses specifically applicable and pertinent to the practice of psychology and that are accredited by the California Medical Association (CMA) or the Accreditation Council for Continuing Medical Education (ACCME);

(C) sponsored by the Academies of the specialty boards of the American Board of Professional Psychology (ABPP).

(2) The board may recognize other entities to perform an accrediting function if the entity:

(A) Has had at least 10 years experience managing continuing education programs for psychologists on a statewide basis, including, but not limited to:

(i) Maintaining and managing records and data related to continuing education programs.

(ii) Monitoring and approving courses.

(B) Has a means to avoid a conflict of interest between any provider and accreditation functions.

(C) Submits a detailed plan of procedures for monitoring and approving the provider functions. The plan must demonstrate that it has the capacity to evaluate each course, including provisions requiring the following:

(i) Topics and subject matter shall be pertinent to the practice of psychology. Courses predominantly focused on business issues, marketing, or exploring opportunities for personal growth are not eligible for credit. Course material

## CALIFORNIA CODE OF REGULATIONS

must have a relevance or direct application to a consumer of psychological services.

(ii) Each continuing education course shall have written educational goals and specific learning objectives which are measurable and which serve as a basis for an evaluation of the effectiveness of the course.

(iii) Instructors shall be competent in the subject matter of the course and shall be qualified by education, training, experience, scope of practice and licensure.

(iv) Each continuing education course shall have a syllabus which provides a general outline of the course.

(v) When an approved provider works with others on the development, distribution and/or presentation of a continuing education course (joint sponsorship), there shall be procedures to identify and document the functions of each participating party.

(vi) An evaluation mechanism shall be completed by each participant to evaluate the continuing education course.

(vii) Respond to complaints from the board concerning its activities.

(viii) The entity agency shall provide services to all licensees without discrimination.

(D) An entity must submit, in writing, evidence that it meets the qualifications in this subdivision.

(E) Upon written confirmation from the board that the entity has been recognized, the entity may advertise that it has been recognized by the board.

(3) Any licensee who receives approved continuing education course credit hours pursuant to this section shall submit verification of course completion and the participant report recording fee specified in section 1397.69 to a board recognized accrediting agency.

(g) Failure of the entity to substantially comply with the provisions as set forth in subsection (f) shall constitute cause for revocation of recognition by the board. Recognition can be revoked only by a formal board action, after notice and hearing, and for good cause.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29, 2915 and 2915.7, Business and Professions Code.

### History

1. New section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).

2. Amendment of subsections (b) and (d), new subsections (e)-(f) and amendment of Note filed 4-9-96; operative 5-9-96 (Register 96, No. 15).

3. Amendment of subsection (b), new subsection (c), subsection relettering, and amendment of newly designated subsections (e) and (g) filed 4-30-98; operative 5-30-98 (Register 98, No. 18).

4. Repealer of subsection (g) filed 11-24-99; operative 12-24-99 (Register 99, No. 48).

5. Amendment of subsection (a), repealer of subsections (b) and (e), subsection relettering and new subsections (d)-(e) filed 12-18-2001; operative 1-1-2002 pursuant to Government Code section 11343.4 (Register 2001, No. 51).

6. Amendment of subsections (d)-(f) and new subsections (g)-(h) filed 9-2-2003; operative 10-2-2003 (Register 2003, No. 36).

7. Amendment of section and Note filed 9-24-2004; operative 10-24-2004 (Register 2004, No. 39).

8. Amendment of subsection (a) filed 11-21-2005; operative 12-21-2005 (Register 2005, No. 47).

## BOARD OF PSYCHOLOGY

9. Amendment of subsections (f)-(f)(3) filed 11-29-2005; operative 1-1-2006 (Register 2005, No. 48).
10. Amendment of subsection (a) filed 11-16-2006; operative 12-16-2006 (Register 2006, No. 46).
11. Amendment of subsection (b) and new subsections (b)(1)-(4) filed 12-20-2006; operative 1-19-2007 (Register 2006, No. 51).
12. Amendment of section heading and new first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).
13. Editorial correction of History 12 (Register 2012, No. 10).

### **§ 1397.61. Continuing Education Requirements. [Effective January 1, 2013.]**

This section shall be applicable to a license that expires on or after, or is reinstated or issued on or after, January 1, 2013.

(a) Except as provided in section 2915(e) of the Business and Professions Code and section 1397.62 of these regulations, each licensed psychologist shall certify on the application for license renewal that he or she has completed the continuing education requirements set forth in section 2915 of the Code. A licensee who renews his or her license for the first time after the initial issuance of the license is only required to accrue continuing education for the number of months that the license was in effect, including the month the license was issued, at the rate of 1.5 hours of approved continuing education per month. Continuing education earned via independent learning pursuant to section 1397.60(e) shall be accrued at no more than 75% of the continuing education required for the first time renewal. The required hours of continuing education may not be accrued prior to the effective date of the initial issuance of the license. A licensee who falsifies or makes a material misrepresentation of fact on a renewal application or who cannot verify completion of continuing education by producing verification of attendance certificates, whenever requested to do so by the Board, is subject to disciplinary action under section 2960 of the Code.

(b) Any person renewing or reactivating his or her license shall certify under penalty of perjury to the Board of Psychology as requested on the application for license renewal, that he or she has obtained training in the subject of laws and ethics as they apply to the practice of psychology in California. The training shall include recent changes/updates on the laws and regulations related to the practice of psychology; recent changes/updates in the Ethical Principles of Psychologists and Code of Conduct published by the American Psychological Association; accepted standards of practice; and other applications of laws and ethics as they affect the licensee's ability to practice psychology with safety to the public. Training pursuant to this section may be obtained in one or more of the following ways:

- (1) Formal coursework in laws and ethics taken from an accredited educational institution;
- (2) Approved continuing education course in laws and ethics;
- (3) Workshops in laws and ethics;
- (4) Other experience which provide direction and education in laws and ethics including, but not limited to, grand rounds or professional association presentation.

## CALIFORNIA CODE OF REGULATIONS

If the licensee chooses to apply a specific continuing education course on the topic of laws and ethics to meet the foregoing requirement, such a course must meet the content requirements named above, must comply with section 1397.60(c), and may be applied to the 36 hours of approved continuing education required in Business and Professions Code section 2915(a).

(c) The Board recognizes and accepts for continuing education credit courses pursuant to this section. A licensee will earn one hour continuing education credit for each hour of approved instruction.

(1) Continuing education courses shall be:

(A) provided by American Psychological Association (APA), or its approved sponsors;

(B) Continuing Medical Education (CME) courses specifically applicable and pertinent to the practice of psychology and that are accredited by the California Medical Association (CMA) or the Accreditation Council for Continuing Medical Education (ACCME); or

(C) provided by the California Psychological Association, or its approved sponsors.

(D) approved by an accrediting agency for continuing education courses taken prior to January 1, 2013, pursuant to this section as it existed prior to January 1, 2013.

(2) Topics and subject matter for all continuing education shall be pertinent to the practice of psychology. Course or learning material must have a relevance or direct application to a consumer of psychological services.

(3) No course may be taken and claimed more than once during a renewal period, nor during any twelve (12) month period, for continuing education credit.

(4) An instructor may claim the course for his/her own credit only one time that he/she teaches the acceptable course during a renewal cycle, or during any twelve (12) month period, receiving the same credit hours as the participant.

(d) Examination Functions. A licensee who serves the Board as a selected participant in any examination development related function will receive one hour of continuing education credit for each hour served. Selected Board experts will receive one hour of continuing education credit for each hour attending Board sponsored Expert Training Seminars. A licensee who receives approved continuing education credit as set forth in this paragraph shall maintain a record of hours served for submission to the Board pursuant to section 1397.61(e).

(e) A licensee shall maintain documentation of completion of continuing education requirements for four (4) years following the renewal period, and shall submit verification of completion to the Board upon request. Documentation shall contain the minimum information for review by the Board: name of provider and evidence that provider meets the requirements of section 1397.61(c)(1); topic and subject matter; number of hours or units; and a syllabus or course description. The Board shall make the final determination as to whether the continuing education submitted for credit meets the requirements of this article.

(f) Failure to provide all of the information required by this section renders any application for renewal incomplete and not eligible for renewal.

Regulations



## BOARD OF PSYCHOLOGY

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29, 32, 2915 and 2915.7, Business and Professions Code.

### **History**

1. New section filed 2-16-2012; operative 1-1-2013, at which time the previous version of section 1397.61 is inoperative (Register 2012, No. 7).

### **§ 1397.62. Continuing Education Exemptions and Exceptions. [Effective until January 1, 2013.]**

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

At the time of making application for renewal of a license, a psychologist may as provided in this section request an exemption or an exception from all or part of the continuing education requirements.

(a) The board shall grant an exemption only if the psychologist verifies in writing that, during the two year period immediately prior to the expiration date of the license, he or she:

(1) Has been residing in another country or state for at least one year reasonably preventing completion of the continuing education requirements; or

(2) Has been engaged in active military service; or

(3) Has been prevented from completing the continuing education requirements for reasons of health or other good cause which includes:

(A) Total physical and/or mental disability of the psychologist for at least one year; or

(B) Total physical and/or mental disability of an immediate family member for at least one year where the psychologist has total responsibility for the care of that family member.

Verification of a physical disability under subsection (a)(3) shall be by a licensed physician and surgeon or, in the case of a mental disability, by a licensed psychologist or a board certified or board eligible psychiatrist.

(b) An exception to the requirements of Business and Professions Code section 2915(d) may be granted to licensed psychologists who are not engaged in the direct delivery of mental health services for whom there is an absence of available continuing education courses relevant to their specific area of practice.

(1) An exception granted pursuant to this subsection means that the board will accept continuing education courses that are not approved pursuant to sections 1397.61(d), (e), (f) provided that they are directly related to the licensee's specific area of practice and offered by recognized professional organizations. The board will review the licensee's area of practice, the subject matter of the course, and the provider on a case-by-case basis. This exception does not mean the licensee is exempt from completing the continuing education required by Business and Professions Code section 2915 and this article.

(2) Licensees seeking this exception shall provide all necessary information to enable the board to determine the lack of available approved continuing education and the relevance of each course to the continuing competence of the licensee. Such a request shall be submitted in writing and must include a clear statement as to the relevance of the course to the practice of psychology and

## CALIFORNIA CODE OF REGULATIONS

the following information:

(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course), particularly as it relates to the practice of psychology.

(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held and length of experience and expertise in the relevant subject matter), particularly as it relates to the practice of psychology.

(C) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience and similar courses previously offered by the provider), particularly as it relates to the practice of psychology.

(3) This subsection does not apply to licensees engaged in the direct delivery of mental health services.

(c) Psychologists requiring reasonable accommodation according to the Americans with Disabilities Act may be granted an exemption from the on-site participation requirement and may substitute all or part of their continuing education requirement with an American Psychological Association or accreditation agency approved independent learning continuing education program. A qualified individual with a disability must apply to the board to receive this exemption.

(d) Any licensee who submits a request for an exemption or exception which is denied by the board shall complete any continuing education requirements within 120 days of the notification that the request was denied.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

### History

1. New section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).
2. Amendment of subsection (a) filed 4-30-98; operative 5-30-98 (Register 98, No. 18).
3. Amendment of subsection (e) filed 11-24-99; operative 12-24-99 (Register 99, No. 48).
4. Amendment of section heading and section filed 7-21-2003; operative 8-20-2003 (Register 2003, No. 30).
5. Amendment of subsection (a)(2) filed 12-10-2004; operative 1-9-2005 (Register 2004, No. 50).
6. Amendment of subsection (c) filed 11-16-2006; operative 12-16-2006 (Register 2006, No. 46).
7. Amendment of section heading and new first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).
8. Editorial correction of History 7 (Register 2012, No. 10).

### **§ 1397.62. Continuing Education Exemptions and Exceptions. [Effective January 1, 2013.]**

This section shall be applicable to a license that expires on or after, or is reinstated or issued on or after, January 1, 2013.

At the time of making application for renewal of a license, a psychologist may as provided in this section request an exemption or an exception from all or part of the continuing education requirements.

(a) The Board shall grant an exemption only if the psychologist verifies in writing that, during the two year period immediately prior to the expiration

## BOARD OF PSYCHOLOGY

date of the license, he or she:

(1) Has been engaged in active military service reasonably preventing completion of the continuing education requirements, except that a licensee granted an exemption pursuant to this section shall still be required to fulfill the laws and ethics requirement set forth in section 1397.61(b); or

(2) Has been prevented from completing the continuing education requirements for reasons of health or other good cause which includes:

(A) Total physical and/or mental disability of the psychologist for at least one year; or

(B) Total physical and/or mental disability of an immediate family member for at least one year where the psychologist has total responsibility for the care of that family member.

Verification of a physical disability under subsection (a)(2) shall be by a licensed physician and surgeon or, in the case of a mental disability, by a licensed psychologist or a board certified or board eligible psychiatrist.

(b) An exception to the requirements of Business and Professions Code section 2915(d) may be granted to licensed psychologists who are not engaged in the direct delivery of mental health services for whom there is an absence of available continuing education courses relevant to their specific area of practice.

(1) An exception granted pursuant to this subsection means that the Board will accept continuing education courses that are not acceptable pursuant to section 1397.61(c) provided that they are directly related to the licensee's specific area of practice and offered by recognized professional organizations. The Board will review the licensee's area of practice, the subject matter of the course, and the provider on a case-by-case basis. This exception does not mean the licensee is exempt from completing the continuing education required by Business and Professions Code section 2915 and this article.

(2) Licensees seeking this exception shall provide all necessary information to enable the Board to determine the lack of available approved continuing education and the relevance of each course to the continuing competence of the licensee. Such a request shall be submitted in writing and must include a clear statement as to the relevance of the course to the practice of psychology and the following information:

(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course), particularly as it relates to the practice of psychology.

(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held and length of experience and expertise in the relevant subject matter), particularly as it relates to the practice of psychology.

(C) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience and similar courses previously offered by the provider), particularly as it relates to the practice of psychology.

(3) This subsection does not apply to licensees engaged in the direct delivery of mental health services.

(c) Psychologists requiring reasonable accommodation according to the

## CALIFORNIA CODE OF REGULATIONS

Americans with Disabilities Act may be granted an exemption from the on-site participation requirement and may substitute all or part of their continuing education requirement with an American Psychological Association or accreditation agency approved independent learning continuing education program. A qualified individual with a disability must apply to the Board to receive this exemption.

(d) Any licensee who submits a request for an exemption or exception that is denied by the Board shall complete any continuing education requirements within 120 days of the notification that the request was denied.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

### History

1. New section filed 2-16-2012; operative 1-1-2013, at which time the previous version of section 1397.62 is inoperative (Register 2012, No. 7).

### § 1397.63. Hour Value System.

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

(a) Licensees will earn one hour continuing education credit for each hour of approved instruction. One 3-unit academic quarter is equal to 10 hours of continuing education credit and one 3-unit academic semester is equal to 15 hours of continuing education credit.

(1) Licensees who serve the Board of Psychology as selected participants in any examination development related function will receive one hour of continuing education credit for each hour served. Selected board experts will receive one hour of continuing education credit for each hour attending Board of Psychology sponsored Expert Training Seminars. Any licensee who receives approved continuing education credit as set forth in subsection (b)(1) shall have his/her credit reported by the board to the board recognized accrediting agency.

(2) Licensees who serve as examiners for the Academies of the specialty boards of the American Board of Professional Psychology (ABPP) will receive one hour of continuing education credit for each hour served, not to exceed four hours each two year renewal period. Any licensee who receives continuing education credit as set forth in subsection (b)(2) shall submit verification and the course attendee fee specified in section 1397.68 to the board recognized accreditation agency.

(c) An approved instructor may claim the course for his/her own credit only one time that he/she teaches the approved course during a renewal cycle, receiving the same credit hours as the participant.

(d) No course may be taken and claimed more than once during a renewal period for continuing education credit.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

### History

1. New section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).

2. Amendment of subsection (b) filed 4-9-96; operative 5-9-96 (Register 96, No. 15).

Regulations

## BOARD OF PSYCHOLOGY

3. Redesignation and amendment of former subsection (b) as new subsection (b)(1) and new subsection (b)(2) filed 4-30-98; operative 5-30-98 (Register 98, No. 18).

4. Amendment of subsection (c) filed 11-24-99; operative 12-24-99 (Register 99, No. 48).

5. Amendment of subsection (b)(1) filed 4-5-2001; operative 5-5-2001 (Register 2001, No. 14).

6. Amendment of subsection (b)(1) filed 12-19-2001 as an emergency; operative 1-1-2002 (Register 2001, No. 51). A Certificate of Compliance must be transmitted to OAL by 5-1-2002 or emergency language will be repealed by operation of law on the following day.

7. Certificate of Compliance as to 12-19-2001 order transmitted to OAL 1-8-2002 and filed 2-20-2002 (Register 2002, No. 8).

8. New first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).

Regulations

### § 1397.64. Accreditation Agencies.

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

(a) Upon written application to the board, continuing education accreditation agencies will be recognized if the board determines that the organization meets the criteria set forth in section 2915(f) of the code and:

(1) the organization submits a plan demonstrating that it has the capacity to evaluate each continuing education provider's course in accordance with the following criteria:

(A) Topics and subject matter shall be pertinent to the practice of psychology. Courses predominantly focused on business issues, or marketing, or that are predominantly designed to explore opportunities for personal growth are not eligible for credit. Course material must have a relevance or direct application to a consumer of psychological services.

(B) Each continuing education course shall have written educational goals and specific learning objectives which are measurable and which serve as a basis for an evaluation of the effectiveness of the course.

(C) Instructors shall be competent in the subject matter of the course and shall be qualified by education, training, experience, scope of practice and licensure.

(D) Each continuing education course shall have a syllabus which provides a general outline of the course.

(E) When an approved provider works with others on the development, distribution and/or presentation of a continuing education course (joint sponsorship), there shall be procedures to identify and document the functions of each participating party.

(F) An evaluation mechanism shall be completed by each participant to evaluate the continuing education course.

(2) The accreditation agency agrees to perform the following:

(A) Maintain a list of the names and addresses of the persons designated as responsible for the provider's continuing education courses and records. The accreditation agency shall require that any change in the designated responsible person's identity shall be reported to the agency within 30 days of the effective date of such change.

(B) Notify the board of names, addresses and responsible party of each provider and each course on a quarterly basis. Provide without charge to any

## CALIFORNIA CODE OF REGULATIONS

licensee who makes a request, a current list of providers and approved courses.

(C) Verify attendance of licentiates at specific courses by maintaining a record of approved continuing education courses completed by licensees. The record must include the licensee's name and license number, and all agency approved continuing education courses successfully completed by each licensee. In addition, and for an activity reporting fee paid by the licensee and on forms acceptable to the agency (see form No. 07M-BOP-15(New 10/94)), incorporate into licensee's record all non-agency approved continuing education courses as defined in sections 1397.61 and 1397.63 of these regulations. The accreditation agency shall provide a copy of this combined record to the board upon request. The records must be retrievable by license number.

(D) Respond to complaints from the board concerning activities of any of its approved providers or their course(s). Respond to complaints and inquiries regarding providers, courses, and general continuing education questions presented by any licensee. The accreditation agency shall provide services to all licensees without discrimination.

(E) Audit at least 10% of the continuing education courses approved by the agency, for compliance with the agency's requirements and requirements of the board, and on request, report the findings of such audits to the board.

(F) Take such action as is necessary to assure that the continuing education course material offered by its providers meets the continuing education requirements of the board as defined in sections 1397.64(a)(1) and 1397.65 of these regulations.

(G) Establish a procedure for reconsideration of its decision that a provider or a provider's course does not meet statutory or regulatory criteria.

(b) Failure of a recognized accreditation agency to substantially comply with the provisions as set forth in this article shall constitute cause for revocation of recognition by the board. Recognition can be revoked only by a formal board action, after notice and hearing, and for good cause.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

### History

1. New section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).

2. Amendment of subsections (a)(2)(B) and (a)(2)(D) filed 4-9-96; operative 5-9-96 (Register 96, No. 15).

3. Amendment of subsection (a)(1)(A) filed 11-24-99; operative 12-24-99 (Register 99, No. 48).

4. Amendment of subsection (a)(1)(A) filed 12-18-2001; operative 1-1-2002 pursuant to Government Code section 11343.4 (Register 2001, No. 51).

5. Change without regulatory effect amending subsection (a)(2)(F) filed 4-7-2003 pursuant to section 100, title 1, California Code of Regulations (Register 2003, No. 15).

6. New first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).

### § 1397.65. Requirements for Approved Providers.

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

(a) Providers of continuing education courses in psychology shall apply to

## BOARD OF PSYCHOLOGY

a board recognized accreditation agency for approval as a provider, and for approval of each course, prior to offering any such courses.

(b) (1) Upon satisfactory completion of the provider requirements of the accreditation agency, including payment of the appropriate fees and receipt of written approval therefrom, a continuing education provider may represent itself as a California approved provider of continuing education courses for psychologists for one year.

(2) Upon presentation of satisfactory evidence, organizations approved by the American Psychological Association (APA) as Sponsors of Continuing Education for Psychologists will be recognized as California approved providers of continuing education courses for psychologists during the duration of their APA approval, and shall be exempt from the annual continuing education provider fee described in section 1397.68. Such APA providers shall be held to all other requirements of California approved providers of continuing education for psychologists except for the individual course review requirement.

(c) The provider is responsible for assuring the educational quality of its course material. All continuing education course material shall meet the standards set forth in section 1397.64(a)(1) of these regulations and shall be:

(1) approved in advance by an accreditation agency (except for those courses offered by providers defined in section 1397.61(d), (e) and (f));

(2) specifically applicable and pertinent to the practice of psychology;

(3) accurate and timely;

(4) presented in an organized manner conducive to the learning process;

(5) complete and objective, and not reflecting predominantly any commercial views of the provider or presenter or of anyone giving financial assistance to the provider or presenter;

(6) based on stated educational goals and objectives; and

(7) accompanied by a syllabus which contains, at a minimum, the instructional objectives for each course and a summary containing the main points of each topic.

(d) All providers shall furnish a list of course participants, with the accompanying course attendee fee as required in section 1397.68, to the accreditation agency, and verification of attendance certificates to all participants within 45 days of course completion. The list and the certificate shall contain the name of the licensee and license number, name and number of the provider, title of the course, number of completed hours, date of completion, course number, if applicable, and the name of the accreditation agency.

(e) Every approved provider shall apply to the accreditation agency, on forms approved by the board (see form No. 07M-BOP-14(New 10/94)), at least 30 days in advance, for each continuing education course offered or presented, whether for the first time or repeated.

(f) The approved provider shall be required to maintain attendance records for three (3) years for each continuing education course. Acceptable documentation of participation shall include attendance rosters, sign-in and sign-out sheets, and completed course evaluation forms.

(g) The approved provider's course shall be valid for up to one year following the initial approval provided a notification and activity registration fee is submitted to the accreditation agency at least 30 days in advance for each time

## CALIFORNIA CODE OF REGULATIONS

the course is offered or presented.

(h) The approved provider's advertisements for approved courses shall clearly indicate the provider's name, course title, course approval number, the number of credit hours, and the name of the accrediting agency.

(i) The approved provider shall have a written policy, available upon request, which provides information on:

1. refunds in case of non-attendance
2. time period for return of fees
3. notification if course is canceled.

(j) Providers may not grant partial credit for continuing education courses. However, conferences, in-service training programs and grand rounds consisting of a series of presentations may obtain approval for the entire conference, in-service training program or grand round as one course wherein credit may be granted to participants separately for each individual presentation in such courses.

(k) Provider approval is non-transferable. Approved providers shall inform the accrediting agency in writing within 30 days of any changes in organizational structure and/or person(s) responsible for continuing education program, including name and address changes.

(l) Providers are responsible for meeting all applicable local, state and federal standards which include, but are not limited to, the Americans with Disabilities Act.

(m) Providers may obtain approval for grand rounds activities for an entire year with one application provided the staff person responsible for grand rounds submits to the accreditation agency a general descriptive outline of grand rounds activities for the year. This outline shall be of sufficient detail regarding content to be covered in the weekly grand rounds activities to allow the accreditation agency to determine whether the activities are appropriate for continuing education credit for licensed psychologists.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

### History

1. New section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).
2. Amendment of subsections (d) and (j) and new subsection (m) filed 4-9-96; operative 5-9-96 (Register 96, No. 15).
3. Redesignation and amendment of former subsection (b) as new subsection (b)(1), new subsection (b)(2) and amendment of subsection (h) filed 4-30-98; operative 5-30-98 (Register 98, No. 18).
4. Amendment of subsection (c)(8) filed 11-24-99; operative 12-24-99 (Register 99, No. 48).
5. Amendment of subsections (b)(2), (c)(1) and (c)(6)-(7) and repealer of subsection (c)(8) filed 12-18-2001; operative 1-1-2002 pursuant to Government Code section 11343.4 (Register 2001, No. 51).
6. New first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).

### § 1397.66. Provider Audit Requirements.

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

Upon written request from the accreditation agency or the board, relating



## BOARD OF PSYCHOLOGY

to an audit of course material, each approved provider shall submit such materials as are required by the accreditation agency or the board.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

### **History**

1. New section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).
2. Amendment filed 4-9-96; operative 5-9-96 (Register 96, No. 15).
3. New first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).

### **§ 1397.67. Renewal After Inactive or Delinquent Status. [Effective until January 1, 2013.]**

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

(a) To activate licenses which have been placed on inactive status pursuant to section 2988 of the code, the licensee must submit evidence of completion of the requisite 36 hours of qualifying continuing education courses for the two-year period prior to establishing the license as active.

(b) For the renewal of a delinquent psychologist license within three years of the date of expiration, the applicant for renewal shall provide documentation of completion of the required hours of continuing education.

After a license has been delinquent for three years, the license is automatically cancelled and the applicant must submit a complete licensing application, meet all current licensing requirements, and successfully pass the licensing examination just as for the initial licensing application unless the board grants a waiver of the examination pursuant to section 2946 of the code.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, 2984, 2986, and 2988, Business and Professions Code.

### **History**

1. New section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).
2. Amendment of section and Note filed 4-9-96; operative 5-9-96 (Register 96, No. 15).
3. Amendment of section heading and new first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).
4. Editorial correction of History 3 (Register 2012, No. 10).

### **§ 1397.67. Renewal After Inactive or Delinquent Status. [Effective January 1, 2013.]**

This section shall be applicable to a license that expires on or after, or is reinstated or issued on or after, January 1, 2013.

(a) To activate a license which has been placed on inactive status pursuant to section 2988 of the Code, the licensee must submit evidence of completion of the requisite 36 hours of qualifying continuing education courses for the two-year period prior to establishing the license as active.

(b) For the renewal of a delinquent psychologist license within three years of the date of expiration, the applicant for renewal shall provide evidence of completion of 36 hours of qualifying continuing education courses for the two-

## CALIFORNIA CODE OF REGULATIONS

year period prior to renewing the license.

After a license has been delinquent for three years, the license is automatically cancelled and the applicant must submit a complete licensing application, meet all current licensing requirements, and successfully pass the licensing examination just as for the initial licensing application unless the board grants a waiver of the examination pursuant to section 2946 of the Code.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, 2984 and 2988, Business and Professions Code.

### History

1. New section filed 2-16-2012; operative 1-1-2013, at which time the previous version of section 1397.67 is inoperative (Register 2012, No. 7).

### § 1397.68. Provider Fees.

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

(a) The following fees are established to be paid to an accreditation agency by the course provider:

- (1) Continuing education annual provider approval fee .....\$200
- (2) Continuing education course registration fee .....\$35
- (3) Continuing education conference fee .....\$100
- (4) Continuing education course attendee fee ..... \$7 per licensee

These fees are to be paid by the provider to an accreditation agency as defined in section 1397.65(b), (d), and (g).

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

### History

1. New section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).

2. Amendment of subsection (a)(3) and new subsection (a)(4) filed 11-24-99; operative 12-24-99 (Register 99, No. 48).

3. New first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).

### § 1397.69. Participant Fees. [Effective until January 1, 2013.]

This section shall be applicable to a license that expires on or after, or is reinstated or issued on or after, January 1, 2013.

The following fees are established to be paid by the course participant:

- (a) Participant report recording fee .....\$35

This fee is to be paid to an accreditation agency to report non-accrediting agency approved courses taken by the participant as defined in section 1397.61(d), 1397.63(b) and 1397.64(a)(2)(C).

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

### History

1. New section filed 12-29-94; operative 12-29-94 pursuant to Government Code Section 11346.2(d) (Register 94, No. 52).

2. Amendment of Form No. 07M-BOP-14 filed 4-30-98; operative 5-30-98 (Register 98, No. 18).

3. Amendment of section heading and new first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).

Regulations

BOARD OF PSYCHOLOGY

4. Editorial correction of History 3 (Register 2012, No. 10).

APPENDIX Form 07M-BOP-15. Non-Accrediting Agency MCEP Credit Reporting Form.

ACCREDITING AGENCY Mandatory Continuing Education for Psychologists (MCEP)

LOGO W/ADDRESS AND PHONE NON-ACCREDITING AGENCY MCEP CREDIT REPORTING FORM



This form is used to report courses that are directly authorized for MCEP credit by law or BOP regulation rather than by a recognized accrediting agency. The purpose of this report is to integrate MCEP credit from all sources into one complete record for each psychologist. If you need further assistance with this report, call the accrediting agency at the number above.

DATE: \_\_\_\_\_ Psychology License #: \_\_\_\_\_
Last Name: \_\_\_\_\_
First Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
Address: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Table with 4 columns: Course/Date, Provider Name, Course Title, # of Credit Hrs. The table contains several rows of dashed lines for data entry.

Verification must be submitted for each course listed. Licensee must retain proof of attendance in the event the Board of Psychology requests verification. If more room is needed to list courses, please attach additional copies of this form. In order for this report to be processed, the regulated \$35 filing fee must be enclosed.

07M-BOP-15 (New 10/94)

CALIFORNIA CODE OF REGULATIONS

APPENDIX Form 07M-BOP-14. Course Application.

Accrediting Agency

Course Application

TEL:  
FAX:

Failure to complete this cover sheet and application will result in the return of the course application without further review. A separate course form is required for each course. Some of the information supplied may be published. Responses must be typed in the spaces provided.

**Cover Sheet**

**A. Provider Information:**

Provider Name:	
MCEP Provider #:	Phone:
MCEP Program Administrator:	MCEP Program Developer:

**B. Course Information:**

Course Title:	
Standard Course Fee:	Discounts available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Course Description (limit to 50 words):	
Course Date(s):	Course Time(s):
Course Site Address	Phone:
	City State Zip
Course Level (choose one):	Target Audience
<input type="checkbox"/> Introductory (useful for psychologists new to this field)	<input type="checkbox"/> Licensed Psychologists
<input type="checkbox"/> Intermediate (useful for psychologists with limited experience in this field)	<input type="checkbox"/> Other Non-Mental Health Professionals
<input type="checkbox"/> Advanced (useful for psychologists with extensive experience in this field)	<input type="checkbox"/> MFCC/LCSW/LED's
	<input type="checkbox"/> General Public <input type="checkbox"/> MD/RN's
Total Instructional Time:	

**C. Co-Sponsorship Information:**

Is this course co-sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of co-sponsoring organization:
Contact Name:	Phone:
Address:	
City State Zip	

**D. Primary Instructor Information:**

Name:	Daytime Phone:	Fax:
Address:		
City State Zip		

07M-BOP-14 (Revised 11/97)



# BOARD OF PSYCHOLOGY

MCEP Course Application  
California Psychological Association Accrediting Agency

page 1 of 2

## Section I – Course Material

*Standard: Course material will be pertinent, accurate and will clearly contribute in the area of practice, theory or methodology at a post-doctorate level.*

Please enclose the following documents:

- √ Course syllabus containing:
  - Course Outline
  - Description of Content
  - Course Goals and Objectives
- √ Primary Instructor vita.

## Section II – Evaluation Process

*Standard: Every course shall include an evaluation process that assesses both the effectiveness of the course and participant achievement in accordance to the course's goals and objectives.*

Are the course evaluations part of a larger evaluation or needs assessment process? If yes, please describe their use.

Please enclose the following documents:

- √ Course evaluation form
- √ Describe the evaluation mechanism you will use for participants to assess their achievement in accordance with course objectives.

## Section III – Administration

*Standard: Course monitoring procedures (attendance list, credit assignment) and record keeping is in accordance with state regulations and policy.*

### A. Course Monitoring

1. Describe your procedures for monitoring course attendance.
  
  
  
  
  
  
  
  
  
  
2. How do you plan to identify psychology licensees who attend your programs?

Regulations



## BOARD OF PSYCHOLOGY

### § 1397.69. Licensee Fees. [Effective January 1, 2013.]

This section shall be applicable to a license that expires on or after, or is reinstated or issued on or after, January 1, 2013.

For the administration of this article, in addition to any other fees due the Board and as a condition of renewal or reinstatement, a \$10 fee is to be paid to the Board by a licensee renewing in an active status or after inactive or delinquent status.

**NOTE: Authority cited:** Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915(j), Business and Professions Code.

#### History

1. New section filed 2-16-2012; operative 1-1-2013, at which time the previous version of section 1397.69 is inoperative (Register 2012, No. 7).

### § 1397.70. Sanctions for Noncompliance. [Effective until January 1, 2013.]

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

(a) If documentation of the CE requirement is improper or inadequate, the license becomes invalid for renewal. The continued practice of psychology is prohibited while the license is invalid for renewal, and the renewal is forfeited. Notwithstanding section 2984, the licensee shall correct the deficiency within six months. If the deficiency is not corrected within six months, the license remains invalid for renewal. Continued practice without a valid license shall constitute grounds for appropriate disciplinary action pursuant to sections 148 and/or 2960 of the code.

(b) Misrepresentation of compliance shall constitute grounds for disciplinary action.

**NOTE: Authority cited:** Sections 2915 and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

#### History

1. New section filed 4-9-96; operative 5-9-96 (Register 96, No. 15).
2. Amendment of subsection (a) filed 3-13-97; operative 4-12-97 (Register 97, No. 11).
3. Amendment of section heading and new first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).
4. Editorial correction of History 3 (Register 2012, No. 10).

### § 1397.70. Sanctions for Noncompliance. [Effective January 1, 2013.]

This section shall be applicable to a license that expires on or after, or is reinstated or issued on or after, January 1, 2013.

(a) If documentation of the continuing education requirement is improper or inadequate, the license is ineligible for renewal until any deficiency is corrected, and is subject to citation or discipline. Continued practice without a valid license shall constitute grounds for appropriate disciplinary action pursuant to sections 148 and/or 2960 of the Code.

(b) Misrepresentation of compliance shall constitute grounds for disciplinary action or denial.

**NOTE: Authority cited:** Sections 2915 and 2930, Business and Professions Code. Reference:

## CALIFORNIA CODE OF REGULATIONS

Section 2915, Business and Professions Code.

### History

1. New section filed 2-16-2012; operative 1-1-2013, at which time the previous version of section 1397.70 is inoperative (Register 2012, No. 7).

### § 1397.71. Denial, Suspension and Revocation of CE Provider Status.

This section applies to a license that expires on or before December 31, 2012, and becomes inoperative on January 1, 2013.

(a) A board recognized accreditation agency may deny, suspend, place on probation with terms and conditions, or revoke its approval of an applicant or provider of continuing education for good cause. Good cause includes, but is not limited to, one or more of the following:

(1) Conviction of a felony or misdemeanor substantially related to the activities of an accreditation agency approved provider.

(2) Failure of an applicant or provider who is a psychologist, psychological assistant, psychological intern or registered psychologist to comply with any provisions of the Psychology License Law (Business and Professions Code Section 2900 et seq.) or the regulations adopted pursuant thereto in Division 13.1 of Title 16 (commencing with section 1380) of the California Code of Regulations.

(3) Failure of an applicant or provider, who is a licensee of another healing arts board, to comply with the statutes and regulations governing that license.

(4) Making a material misrepresentation of fact in information submitted to the board recognized accreditation agency or to the board.

(5) Failure to comply with provisions of the Psychology License Law (Business and Professions Code Section 2900 et seq.), or the regulations adopted pursuant thereto in Division 13.1 of Title 16 (commencing with section 1380) of the California Code of Regulations, applicable to continuing education providers.

(b) After a thorough case review, if the board recognized accreditation agency denies, suspends, places on probation with terms or conditions, or revokes its approval of a provider, it shall give the applicant or provider written notice setting forth its reasons for the denial, suspension, placing on probation with terms and conditions, or revocation. The applicant or provider may appeal the action in writing within fifteen (15) days after receipt of the notice, and request a hearing before a panel appointed by the recognized accreditation agency. A suspension or revocation of approval shall be stayed upon the filing of an appeal. A denial of approval shall not be stayed.

The panel shall consist of three persons who have not been involved in the determination to deny, suspend or revoke the approval of the applicant or provider. The panel shall hear the appeal within 60 days of the receipt of the appeal, and maintain a record of the proceedings. A decision in writing shall be issued within 30 days of the date of the hearing.

If the appointed panel sustains the denial, placing on probation with terms and conditions, suspension or revocation, the applicant or provider may appeal the decision of the panel to a Continuing Education Appeals Committee (CE Appeals Committee) of the board. The CE Appeals Committee shall be

Regulations



## BOARD OF PSYCHOLOGY

appointed by the board's president and consist of two board members, one public member and one licensed psychologist member. The appeal must be filed with the board within seven (7) days after receipt of the panel's decision. Upon filing of the appeal, the CE Appeals Committee chairperson shall have discretion to extend the stay of the suspension or revocation. The hearing of the CE Appeals Committee shall take place at a date and location established by the Committee chairperson, the date not to exceed 60 days from the date of the filing of the appeal. The record of the panel's hearing shall be made available to the CE Appeals Committee. The Committee shall issue a written decision within 30 days of the date of the hearing.

The decision of the CE Appeals Committee is final. An applicant or provider who has had his or her application or provider status denied or revoked may not reapply for provider status for a period of one year from the date of the CE Appeals Committee's decision.

**NOTE: Authority cited:** Sections 2915 and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

### **History**

1. New section filed 7-6-2001; operative 8-5-2001 (Register 2001, No. 27).
2. New first paragraph adding sunset provisions filed 2-16-2012; operative 3-17-2012 (Register 2012, No. 7).

Regulations

***EXTRACTED FROM***  
**PENAL CODE**

**PART 1**

**Of Crimes and Punishments**

**TITLE 9**

**Of Crimes Against the Person Involving Sexual  
Assault, and Crimes Against Public Decency and  
Good Morals**

**CHAPTER 1**

**Rape, Abduction, Carnal Abuse of Children, and  
Seduction**

**§ 261.5. Unlawful sexual intercourse with a minor; Misdemeanor or felony violation; Civil penalties**

(a) Unlawful sexual intercourse is an act of sexual intercourse accomplished with a person who is not the spouse of the perpetrator, if the person is a minor. For the purposes of this section, a “minor” is a person under the age of 18 years and an “adult” is a person who is at least 18 years of age.

(b) Any person who engages in an act of unlawful sexual intercourse with a minor who is not more than three years older or three years younger than the perpetrator, is guilty of a misdemeanor.

(c) Any person who engages in an act of unlawful sexual intercourse with a minor who is more than three years younger than the perpetrator is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment pursuant to subdivision (h) of Section 1170.

(d) Any person 21 years of age or older who engages in an act of unlawful sexual intercourse with a minor who is under 16 years of age is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment pursuant to subdivision (h) of Section 1170 for two, three, or four years.

(e)(1) Notwithstanding any other provision of this section, an adult who engages in an act of sexual intercourse with a minor in violation of this section may be liable for civil penalties in the following amounts:

(A) An adult who engages in an act of unlawful sexual intercourse with a minor less than two years younger than the adult is liable for a civil penalty not to exceed two thousand dollars (\$2,000).

(B) An adult who engages in an act of unlawful sexual intercourse with a minor at least two years younger than the adult is liable for a civil penalty not to exceed five thousand dollars (\$5,000).

BOARD OF PSYCHOLOGY

(C) An adult who engages in an act of unlawful sexual intercourse with a minor at least three years younger than the adult is liable for a civil penalty not to exceed ten thousand dollars (\$10,000).

(D) An adult over the age of 21 years who engages in an act of unlawful sexual intercourse with a minor under 16 years of age is liable for a civil penalty not to exceed twenty-five thousand dollars (\$25,000).

(2) The district attorney may bring actions to recover civil penalties pursuant to this subdivision. From the amounts collected for each case, an amount equal to the costs of pursuing the action shall be deposited with the treasurer of the county in which the judgment was entered, and the remainder shall be deposited in the Underage Pregnancy Prevention Fund, which is hereby created in the State Treasury. Amounts deposited in the Underage Pregnancy Prevention Fund may be used only for the purpose of preventing underage pregnancy upon appropriation by the Legislature.

(3) In addition to any punishment imposed under this section, the judge may assess a fine not to exceed seventy dollars (\$70) against any person who violates this section with the proceeds of this fine to be used in accordance with Section 1463.23. The court shall, however, take into consideration the defendant's ability to pay, and no defendant shall be denied probation because of his or her inability to pay the fine permitted under this subdivision.

Added Stats 1970 ch 1301 § 2. Amended Stats 1993 ch 596 § 1 (SB 22); Stats 1996 ch 789 § 3 (AB 1490); Stats 1998 ch 925 § 1 (AB 1290); Stats 1999 ch 853 § 10 (SB 832); Stats 2011 ch 15 § 302 (AB 109), effective April 4, 2011, operative October 1, 2011.



**CHAPTER 5**

**Bigamy, Incest, and the Crime Against Nature**

**§ 288. Lewd or lascivious acts involving children**

(a) Except as provided in subdivision (i), any person who willfully and lewdly commits any lewd or lascivious act, including any of the acts constituting other crimes provided for in Part 1, upon or with the body, or any part or member thereof, of a child who is under the age of 14 years, with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of that person or the child, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

(b)(1) Any person who commits an act described in subdivision (a) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for 5, 8, or 10 years.

(2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent person by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, with the intent described in subdivision (a), is guilty of a felony and shall be punished by imprisonment in the state prison for 5, 8, or 10 years.

(c)(1) Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year.

## PENAL CODE

In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

(2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent person, with the intent described in subdivision (a), is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year.

(d) In any arrest or prosecution under this section or Section 288.5, the peace officer, district attorney, and the court shall consider the needs of the child victim or dependent person and shall do whatever is necessary, within existing budgetary resources, and constitutionally permissible to prevent psychological harm to the child victim or to prevent psychological harm to the dependent person victim resulting from participation in the court process.

(e) Upon the conviction of any person for a violation of subdivision (a) or (b), the court may, in addition to any other penalty or fine imposed, order the defendant to pay an additional fine not to exceed ten thousand dollars (\$10,000). In setting the amount of the fine, the court shall consider any relevant factors, including, but not limited to, the seriousness and gravity of the offense, the circumstances of its commission, whether the defendant derived any economic gain as a result of the crime, and the extent to which the victim suffered economic losses as a result of the crime. Every fine imposed and collected under this section shall be deposited in the Victim-Witness Assistance Fund to be available for appropriation to fund child sexual exploitation and child sexual abuse victim counseling centers and prevention programs pursuant to Section 13837.

If the court orders a fine imposed pursuant to this subdivision, the actual administrative cost of collecting that fine, not to exceed 2 percent of the total amount paid, may be paid into the general fund of the county treasury for the use and benefit of the county.

(f) For purposes of paragraph (2) of subdivision (b) and paragraph (2) of subdivision (c), the following definitions apply:

(1) "Caretaker" means an owner, operator, administrator, employee, independent contractor, agent, or volunteer of any of the following public or private facilities when the facilities provide care for elder or dependent persons:

(A) Twenty-four hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

(B) Clinics.

(C) Home health agencies.

(D) Adult day health care centers.

(E) Secondary schools that serve dependent persons and postsecondary educational institutions that serve dependent persons or elders.

(F) Sheltered workshops.

(G) Camps.

(H) Community care facilities, as defined by Section 1402 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code.

(I) Respite care facilities.

(J) Foster homes.

BOARD OF PSYCHOLOGY

- (K) Regional centers for persons with developmental disabilities.
- (L) A home health agency licensed in accordance with Chapter 8 (commencing with Section 1725) of Division 2 of the Health and Safety Code.
- (M) An agency that supplies in-home supportive services.
- (N) Board and care facilities.
- (O) Any other protective or public assistance agency that provides health services or social services to elder or dependent persons, including, but not limited to, in-home supportive services, as defined in Section 14005.14 of the Welfare and Institutions Code.
- (P) Private residences.
- (2) "Board and care facilities" means licensed or unlicensed facilities that provide assistance with one or more of the following activities:
  - (A) Bathing.
  - (B) Dressing.
  - (C) Grooming.
  - (D) Medication storage.
  - (E) Medical dispensation.
  - (F) Money management.



(3) "Dependent person" means any person who has a physical or mental impairment that substantially restricts his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have significantly diminished because of age. "Dependent person" includes any person who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

(g) Paragraph (2) of subdivision (b) and paragraph (2) of subdivision (c) apply to the owners, operators, administrators, employees, independent contractors, agents, or volunteers working at these public or private facilities and only to the extent that the individuals personally commit, conspire, aid, abet, or facilitate any act prohibited by paragraph (2) of subdivision (b) and paragraph (2) of subdivision (c).

(h) Paragraph (2) of subdivision (b) and paragraph (2) of subdivision (c) do not apply to a caretaker who is a spouse of, or who is in an equivalent domestic relationship with, the dependent person under care.

(i)(1) Any person convicted of a violation of subdivision (a) shall be imprisoned in the state prison for life with the possibility of parole if the defendant personally inflicted bodily harm upon the victim.

(2) The penalty provided in this subdivision shall only apply if the fact that the defendant personally inflicted bodily harm upon the victim is pled and proved.

(3) As used in this subdivision, "bodily harm" means any substantial physical injury resulting from the use of force that is more than the force necessary to commit the offense.

Added Stats 1901 ch 204 § 1. Amended Stats 1933 ch 405 § 1; Stats 1937 ch 545 § 1; Stats 1976 ch 1139 § 177, operative July 1, 1977; Stats 1978 ch 579 § 17; Stats 1979 ch 944 § 6.5; Stats 1981 ch 1064 § 1. Amended Stats 1986 ch 1299 § 4; Stats 1987 ch 1068 § 3; Stats 1988 ch 1398 § 1; Stats 1989 ch 1402 § 3; Stats 1st Ex Sess 1993-94 ch 60 § 1 (AB 29 X), effective November 30, 1994; Stats 1995 ch 890 § 1 (SB 1161); Stats 1998 ch 925 § 2 (AB 1290); Stats 2004 ch 823 § 7 (AB 20); Stats 2010 ch 219 § 7 (AB 1844), effective September 9, 2010.

PENAL CODE

**CHAPTER 5.5**

**Sex Offenders**

**§ 290. Sex Offender Registration Act; Persons required to register**

(a) Sections 290 to 290.024, inclusive, shall be known and may be cited as the Sex Offender Registration Act. All references to “the Act” in those sections are to the Sex Offender Registration Act.

(b) Every person described in subdivision (c), for the rest of his or her life while residing in California, or while attending school or working in California, as described in Sections 290.002 and 290.01, shall be required to register with the chief of police of the city in which he or she is residing, or the sheriff of the county if he or she is residing in an unincorporated area or city that has no police department, and, additionally, with the chief of police of a campus of the University of California, the California State University, or community college if he or she is residing upon the campus or in any of its facilities, within five working days of coming into, or changing his or her residence within, any city, county, or city and county, or campus in which he or she temporarily resides, and shall be required to register thereafter in accordance with the Act.

(c) The following persons shall be required to register:

Any person who, since July 1, 1944, has been or is hereafter convicted in any court in this state or in any federal or military court of a violation of Section 187 committed in the perpetration, or an attempt to perpetrate, rape or any act punishable under Section 286, 288, 288a, or 289, Section 207 or 209 committed with intent to violate Section 261, 286, 288, 288a, or 289, Section 220, except assault to commit mayhem, subdivision (b) and (c) of Section 236.1, Section 243.4, paragraph (1), (2), (3), (4), or (6) of subdivision (a) of Section 261, paragraph (1) of subdivision (a) of Section 262 involving the use of force or violence for which the person is sentenced to the state prison, Section 264.1, 266, or 266c, subdivision (b) of Section 266h, subdivision (b) of Section 266i, Section 266j, 267, 269, 285, 286, 288, 288a, 288.3, 288.4, 288.5, 288.7, 289, or 311.1, subdivision (b), (c), or (d) of Section 311.2, Section 311.3, 311.4, 311.10, 311.11, or 647.6, former Section 647a, subdivision (c) of Section 653f, subdivision 1 or 2 of Section 314, any offense involving lewd or lascivious conduct under Section 272, or any felony violation of Section 288.2; any statutory predecessor that includes all elements of one of the above-mentioned offenses; or any person who since that date has been or is hereafter convicted of the attempt or conspiracy to commit any of the above-mentioned offenses.

Added Stats 2007 ch 579 § 8 (SB 172), effective October 13, 2007. Amendment approved by voters, Prop. 35 § 9, effective November 7, 2012.



BOARD OF PSYCHOLOGY

**PART 4**

**Prevention of Crimes and Apprehension of  
Criminals**

**TITLE 1**

**Investigation and Control of Crimes and Criminals**

**CHAPTER 2**

**Control of Crimes and Criminals**

**ARTICLE 2**

**Reports of Injuries**

**§ 11160. Injuries required to be reported; Method of reporting; Team reports; Internal procedures**

(a) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department who, in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report in accordance with subdivision (b):

(1) Any person suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.

(2) Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

(b) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department shall make a report regarding persons described in subdivision (a) to a local law enforcement agency as follows:

(1) A report by telephone shall be made immediately or as soon as practically possible.

(2) A written report shall be prepared on the standard form developed in compliance with paragraph (4) of this subdivision, and Section 11160.2, and adopted by the Office of Emergency Services, or on a form developed and adopted by another state agency that otherwise fulfills the requirements of the standard form. The completed form shall be sent to a local law enforcement agency within two working days of receiving the information regarding the person.

(3) A local law enforcement agency shall be notified and a written report shall be prepared and sent pursuant to paragraphs (1) and (2) even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the

Penal Code

PENAL CODE

evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

(4) The report shall include, but shall not be limited to, the following:

(A) The name of the injured person, if known.

(B) The injured person's whereabouts.

(C) The character and extent of the person's injuries.

(D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

(c) For the purposes of this section, "injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

(d) For the purposes of this section, "assaultive or abusive conduct" shall include any of the following offenses:

(1) Murder, in violation of Section 187.

(2) Manslaughter, in violation of Section 192 or 192.5.

(3) Mayhem, in violation of Section 203.

(4) Aggravated mayhem, in violation of Section 205.

(5) Torture, in violation of Section 206.

(6) Assault with intent to commit mayhem, rape, sodomy, or oral copulation, in violation of Section 220.

(7) Administering controlled substances or anesthetic to aid in commission of a felony, in violation of Section 222.

(8) Battery, in violation of Section 242.

(9) Sexual battery, in violation of Section 243.4.

(10) Incest, in violation of Section 285.

(11) Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure, in violation of Section 244.

(12) Assault with a stun gun or taser, in violation of Section 244.5.

(13) Assault with a deadly weapon, firearm, assault weapon, or machine-gun, or by means likely to produce great bodily injury, in violation of Section 245.

(14) Rape, in violation of Section 261.

(15) Spousal rape, in violation of Section 262.

(16) Procuring any female to have sex with another man, in violation of Section 266, 266a, 266b, or 266c.

(17) Child abuse or endangerment, in violation of Section 273a or 273d.

(18) Abuse of spouse or cohabitant, in violation of Section 273.5.

(19) Sodomy, in violation of Section 286.

(20) Lewd and lascivious acts with a child, in violation of Section 288.

(21) Oral copulation, in violation of Section 288a.

(22) Sexual penetration, in violation of Section 289.

(23) Elder abuse, in violation of Section 368.

(24) An attempt to commit any crime specified in paragraphs (1) to (23), inclusive.

(e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported pursuant to this section, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make a report by telephone and a





BOARD OF PSYCHOLOGY

single written report, as required by subdivision (b). The written report shall be signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(f) The reporting duties under this section are individual, except as provided in subdivision (e).

(g) No supervisor or administrator shall impede or inhibit the reporting duties required under this section and no person making a report pursuant to this section shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established, except that these procedures shall not be inconsistent with this article. The internal procedures shall not require any employee required to make a report under this article to disclose his or her identity to the employer.

(h) For the purposes of this section, it is the Legislature's intent to avoid duplication of information.

Added Stats 1993 ch 992 § 3 (AB 1652). Amended Stats 1st Ex Sess 1993-94 ch 19 § 2 (AB 74X), effective November 30, 1994; Stats 2000 ch 287 § 20 (SB 1955); Stats 2002 ch 249 § 2 (SB 580); Stats 2003 ch 229 § 15 (AB 1757); Stats 2010 ch 618 § 206 (AB 2791), effective January 1, 2011; Stats 2013 ch 352 § 418 (AB 1317), effective September 26, 2013, operative July 1, 2013.



**§ 11161. Report by physician or surgeon; Medical records; Referrals**

Notwithstanding Section 11160, the following shall apply to every physician or surgeon who has under his or her charge or care any person described in subdivision (a) of Section 11160:

(a) The physician or surgeon shall make a report in accordance with subdivision (b) of Section 11160 to a local law enforcement agency.

(b) It is recommended that any medical records of a person about whom the physician or surgeon is required to report pursuant to subdivision (a) include the following:

(1) Any comments by the injured person regarding past domestic violence, as defined in Section 13700, or regarding the name of any person suspected of inflicting the wound, other physical injury, or assaultive or abusive conduct upon the person.

(2) A map of the injured person's body showing and identifying injuries and bruises at the time of the health care.

(3) A copy of the law enforcement reporting form.

(c) It is recommended that the physician or surgeon refer the person to local domestic violence services if the person is suffering or suspected of suffering from domestic violence, as defined in Section 13700.

Added Stats 1993 ch 992 § 5 (AB 1652).

**§ 11161.9. Immunity from liability**

(a) A health practitioner who makes a report in accordance with this article shall not incur civil or criminal liability as a result of any report required or authorized by this article.

(b)(1) No person required or authorized to report pursuant to this article, or designated by a person required or authorized to report pursuant to this article, who takes photographs of a person suspected of being a person described in this article about whom a report is required or authorized shall

## PENAL CODE

incur any civil or criminal liability for taking the photographs, causing the photographs to be taken, or disseminating the photographs to local law enforcement with the reports required by this article in accordance with this article. However, this subdivision shall not be deemed to grant immunity from civil or criminal liability with respect to any other use of the photographs.

(2) A court may award attorney's fees to a commercial film and photographic print processor when a suit is brought against the processor because of a disclosure mandated by this article and the court finds that the suit is frivolous.

(c) A health practitioner who, pursuant to a request from an adult protective services agency or a local law enforcement agency, provides the requesting agency with access to the victim of a known or suspected instance of abuse shall not incur civil or criminal liability as a result of providing that access.

(d) No employee shall be discharged, suspended, disciplined, or harassed for making a report pursuant to this section.

(e) This section does not apply to mandated reporting of child abuse, as provided for in Article 2.5 (commencing with Section 11164).

Added Stats 1993 ch 992 § 6 (AB 1652).

### § 11162. Violation of article; Punishment

A violation of this article is a misdemeanor, punishable by imprisonment in a county jail not exceeding six months, or by a fine not exceeding one thousand dollars (\$1,000), or by both that fine and imprisonment.

Added Stats 1953 ch 34 § 1. Amended Stats 1993 ch 992 § 7 (AB 1652).

### § 11162.5. Definitions

As used in this article, the following definitions shall apply:

(a) "Health practitioner" has the same meaning as provided in paragraphs (21) to (28), inclusive, of subdivision (a) of Section 11165.7.

(b) "Clinic" is limited to include any clinic specified in Sections 1204 and 1204.3 of the Health and Safety Code.

(c) "Health facility" has the same meaning as provided in Section 1250 of the Health and Safety Code.

(d) "Reasonably suspects" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect.

Added Stats 1993 ch 992 § 8 (AB 1652). Amended Stats 2006 ch 701 § 1 (AB 525), effective January 1, 2007.

### § 11163. Claim for attorney's fees incurred in action based on reporting

(a) The Legislature finds and declares that even though the Legislature has provided for immunity from liability, pursuant to Section 11161.9, for persons required or authorized to report pursuant to this article, that immunity does not eliminate the possibility that actions may be brought against those persons based upon required reports of abuse pursuant to other laws.

In order to further limit the financial hardship that those persons may incur as a result of fulfilling their legal responsibility, it is necessary that they not be unfairly burdened by legal fees incurred in defending those actions.

BOARD OF PSYCHOLOGY

(b)(1) Therefore, a health practitioner may present a claim to the California Victim Compensation and Government Claims Board for reasonable attorney’s fees incurred in any action against that person on the basis of that person reporting in accordance with this article if the court dismisses the action upon a demurrer or motion for summary judgment made by that person or if that person prevails in the action.

(2) The California Victim Compensation and Government Claims Board shall allow the claim pursuant to paragraph (1) if the requirements of paragraph (1) are met, and the claim shall be paid from an appropriation to be made for that purpose. Attorney’s fees awarded pursuant to this section shall not exceed an hourly rate greater than the rate charged by the Attorney General at the time the award is made and shall not exceed an aggregate amount of fifty thousand dollars (\$50,000).

(3) This subdivision shall not apply if a public entity has provided for the defense of the action pursuant to Section 995 of the Government Code.

Added Stats 1993 ch 992 § 10 (AB 1652). Amended Stats 2006 ch 538 § 524 (SB 1852), effective January 1, 2007.



**§ 11163.2. Application of privileges; Confidentiality of reports**

(a) In any court proceeding or administrative hearing, neither the physician–patient privilege nor the psychotherapist privilege applies to the information required to be reported pursuant to this article.

(b) The reports required by this article shall be kept confidential by the health facility, clinic, or physician’s office that submitted the report, and by local law enforcement agencies, and shall only be disclosed by local law enforcement agencies to those involved in the investigation of the report or the enforcement of a criminal law implicated by a report. In no case shall the person suspected or accused of inflicting the wound, other injury, or assaultive or abusive conduct upon the injured person or his or her attorney be allowed access to the injured person’s whereabouts.

(c) For the purposes of this article, reports of suspected child abuse and information contained therein may be disclosed only to persons or agencies with whom investigations of child abuse are coordinated under the regulations promulgated under Section 11174.

(d) The Board of Prison Terms may subpoena reports that are not unfounded and reports that concern only the current incidents upon which parole revocation proceedings are pending against a parolee.

Added Stats 1993 ch 992 § 11 (AB 1652).

**ARTICLE 2.5**

**Child Abuse and Neglect Reporting Act**

**§ 11164. Citation of article; Intent**

(a) This article shall be known and may be cited as the Child Abuse and Neglect Reporting Act.

(b) The intent and purpose of this article is to protect children from abuse and neglect. In any investigation of suspected child abuse or neglect, all persons participating in the investigation of the case shall consider the needs

PENAL CODE

of the child victim and shall do whatever is necessary to prevent psychological harm to the child victim.

Added Stats 1987 ch 1444 § 1.5. Amended Stats 2000 ch 916 § 1 (AB 1241).

§ 11165. “Child”

As used in this article “child” means a person under the age of 18 years.

Added Stats 1987 ch 1459 § 2.

§ 11165.1. “Sexual abuse”; “Sexual assault”; “Sexual exploitation”

As used in this article, “sexual abuse” means sexual assault or sexual exploitation as defined by the following:

(a) “Sexual assault” means conduct in violation of one or more of the following sections: Section 261 (rape), subdivision (d) of Section 261.5 (statutory rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b), or paragraph (1) of subdivision (c) of Section 288 (lewd or lascivious acts upon a child), 288a (oral copulation), 289 (sexual penetration), or 647.6 (child molestation).

(b) Conduct described as “sexual assault” includes, but is not limited to, all of the following:

(1) Penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.

(2) Sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.

(3) Intrusion by one person into the genitals or anal opening of another person, including the use of an object for this purpose, except that, it does not include acts performed for a valid medical purpose.

(4) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of a child, or of the perpetrator by a child, for purposes of sexual arousal or gratification, except that it does not include acts which may reasonably be construed to be normal caretaker responsibilities; interactions with, or demonstrations of affection for, the child; or acts performed for a valid medical purpose.

(5) The intentional masturbation of the perpetrator’s genitals in the presence of a child.

(c) “Sexual exploitation” refers to any of the following:

(1) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of Section 311.4 (employment of minor to perform obscene acts).

(2) A person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or a person responsible for a child’s welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. For the purpose of this section, “person responsible for a child’s welfare” means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution.



BOARD OF PSYCHOLOGY

(3) A person who depicts a child in, or who knowingly develops, duplicates, prints, downloads, streams, accesses through any electronic or digital media, or exchanges, a film, photograph, videotape, video recording, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of Section 311.3.

Added Stats 1987 ch 1459 § 5. Amended Stats 1997 ch 83 § 1 (AB 327); Stats 2000 ch 287 § 21 (SB 1955); Stats 2014 ch 264 § 1 (AB 1775), effective January 1, 2015.

**§ 11165.2. “Neglect”; “Severe neglect”; “General neglect”**

As used in this article, “neglect” means the negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. The term includes both acts and omissions on the part of the responsible person.

(a) “Severe neglect” means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. “Severe neglect” also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as proscribed by Section 11165.3, including the intentional failure to provide adequate food, clothing, shelter, or medical care.

(b) “General neglect” means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

For the purposes of this chapter, a child receiving treatment by spiritual means as provided in Section 16509.1 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultation with a physician or physicians who have examined the minor does not constitute neglect.

Added Stats 1987 ch 1459 § 7.

**§ 11165.3. “Willful harming or injuring of a child or the endangering of the person or health of a child”**

As used in this article, “the willful harming or injuring of a child or the endangering of the person or health of a child,” means a situation in which any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation in which his or her person or health is endangered.

Added Stats 1987 ch 1459 § 9. Amended Stats 2004 ch 842 § 1 (SB 1313).

**§ 11165.4. “Unlawful corporal punishment or injury”**

As used in this article, “unlawful corporal punishment or injury” means a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition. It does not include an amount of force that is reasonable and necessary for a



## PENAL CODE

person employed by or engaged in a public school to quell a disturbance threatening physical injury to person or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of the pupil, as authorized by Section 49001 of the Education Code. It also does not include the exercise of the degree of physical control authorized by Section 44807 of the Education Code. It also does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

Added Stats 1987 ch 1459 § 10. Amended Stats 1988 ch 39 § 1; Stats 1993 ch 346 § 1 (AB 331).

### § 11165.5. “Abuse or neglect in out-of-home care”

As used in this article, the term “abuse or neglect in out-of-home care” includes physical injury or death inflicted upon a child by another person by other than accidental means, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, unlawful corporal punishment or injury as defined in Section 11165.4, or the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, where the person responsible for the child’s welfare is a licensee, administrator, or employee of any facility licensed to care for children, or an administrator or employee of a public or private school or other institution or agency. “Abuse or neglect in out-of-home care” does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

Added Stats 1987 ch 1459 § 12. Amended Stats 1988 ch 39 § 2; Stats 1993 ch 346 § 2 (AB 331); Stats 2000 ch 916 § 2 (AB 1241); Stats 2001 ch 133 § 1 (AB 102), effective July 31, 2001; Stats 2004 ch 842 § 3 (SB 1313); Stats 2007 ch 393 § 1 (AB 673), effective January 1, 2008.

### § 11165.6. “Child abuse or neglect”

As used in this article, the term “child abuse or neglect” includes physical injury or death inflicted by other than accidental means upon a child by another person, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, and unlawful corporal punishment or injury as defined in Section 11165.4. “Child abuse or neglect” does not include a mutual affray between minors. “Child abuse or neglect” does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

Added Stats 2000 ch 916 § 4 (AB 1241). Amended Stats 2001 ch 133 § 2 (AB 102), effective July 31, 2001; Stats 2004 ch 842 § 4 (SB 1313); Stats 2007 ch 393 § 2 (AB 673), effective January 1, 2008.

### § 11165.7. “Mandated reporter”; Training

(a) As used in this article, “mandated reporter” is defined as any of the following:

- (1) A teacher.
- (2) An instructional aide.
- (3) A teacher’s aide or teacher’s assistant employed by a public or private school.
- (4) A classified employee of a public school.
- (5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of a public or private school.

BOARD OF PSYCHOLOGY

- (6) An administrator of a public or private day camp.
- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
- (9) An employee of a county office of education or the State Department of Education whose duties bring the employee into contact with children on a regular basis.
- (10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
- (11) A Head Start program teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency, as defined in Section 11165.11.
- (13) A public assistance worker.
- (14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) An employee of a school district police or security department.
- (17) A person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school.
- (18) A district attorney investigator, inspector, or local child support agency caseworker, unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- (20) A firefighter, except for volunteer firefighters.
- (21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- (22) An emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
- (23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- (24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- (25) An unlicensed marriage and family therapist intern registered under Section 4980.44 of the Business and Professions Code.
- (26) A state or county public health employee who treats a minor for venereal disease or any other condition.
- (27) A coroner.
- (28) A medical examiner or other person who performs autopsies.
- (29) A commercial film and photographic print or image processor as specified in subdivision (e) of Section 11166. As used in this article, "commercial film and photographic print or image processor" means a person who



PENAL CODE

develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, or who prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, for compensation. The term includes any employee of that person; it does not include a person who develops film or makes prints or images for a public agency.

(30) A child visitation monitor. As used in this article, "child visitation monitor" means a person who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law.

(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) "Animal control officer" means a person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) "Humane society officer" means a person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

(32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.

(34) An employee of any police department, county sheriff's department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 5.655 of the California Rules of Court.

(36) A custodial officer, as defined in Section 831.5.

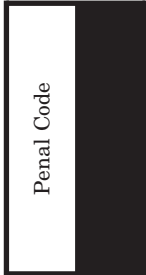
(37) A person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

(38) An alcohol and drug counselor. As used in this article, an "alcohol and drug counselor" is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not, in and of itself, a sufficient basis for reporting child abuse or neglect.

(39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.

(40) A clinical counselor intern registered under Section 4999.42 of the Business and Professions Code.

(41) An employee or administrator of a public or private postsecondary educational institution, whose duties bring the administrator or employee into contact with children on a regular basis, or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution. Nothing in this





BOARD OF PSYCHOLOGY

paragraph shall be construed as altering the lawyer-client privilege as set forth in Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

(42) An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive.

(43)(A) A commercial computer technician as specified in subdivision (e) of Section 11166. As used in this article, "commercial computer technician" means a person who works for a company that is in the business of repairing, installing, or otherwise servicing a computer or computer component, including, but not limited to, a computer part, device, memory storage or recording mechanism, auxiliary storage recording or memory capacity, or any other material relating to the operation and maintenance of a computer or computer network system, for a fee. An employer who provides an electronic communications service or a remote computing service to the public shall be deemed to comply with this article if that employer complies with Section 2258A of Title 18 of the United States Code.

(B) An employer of a commercial computer technician may implement internal procedures for facilitating reporting consistent with this article. These procedures may direct employees who are mandated reporters under this paragraph to report materials described in subdivision (e) of Section 11166 to an employee who is designated by the employer to receive the reports. An employee who is designated to receive reports under this subparagraph shall be a commercial computer technician for purposes of this article. A commercial computer technician who makes a report to the designated employee pursuant to this subparagraph shall be deemed to have complied with the requirements of this article and shall be subject to the protections afforded to mandated reporters, including, but not limited to, those protections afforded by Section 11172.

(44) Any athletic coach, including, but not limited to, an assistant coach or a graduate assistant involved in coaching, at public or private postsecondary educational institutions.

(b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.

(c) Except as provided in subdivision (d), employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

(d) Pursuant to Section 44691 of the Education Code, school districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, and charter schools shall



## PENAL CODE

annually train their employees and persons working on their behalf specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(e) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.

(f) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

Added Stats 1987 ch 1459 § 14. Amended Stats 1991 ch 132 § 1 (AB 1133); Stats 1992 ch 459 § 1 (SB 1695); Stats 2000 ch 916 § 5 (AB 1241); Stats 2001 ch 133 § 3 (AB 102), effective July 31, 2001, ch 754 § 4 (AB 1697); Stats 2002 ch 927 § 10.7 (AB 3032), ch 936 § 1 (AB 299), effective September 27, 2002; Stats 2003 ch 122 § 1 (SB 316); Stats 2004 ch 762 § 1 (AB 2531), ch 842 § 5.5 (SB 1313); Stats 2006 ch 901 § 9.5 (SB 1422), effective January 1, 2007; Stats 2008 ch 456 § 1 (AB 2337), effective January 1, 2009; Stats 2011 ch 381 § 41 (SB 146), effective January 1, 2012; Stats 2012 ch 162 § 136 (SB 1171), effective January 1, 2013, ch 517 § 1 (AB 1713), effective January 1, 2013, ch 518 § 1 (SB 1264), effective January 1, 2013, ch 519 § 1 (AB 1434), effective January 1, 2013, ch 520 § 1 (AB 1435), effective January 1, 2013, ch 521 § 1.15 (AB 1817), effective January 1, 2013 (ch 521 prevails); Stats 2013 ch 76 § 164 (AB 383), effective January 1, 2014; Stats 2014 ch 797 § 4 (AB 1432), effective January 1, 2015.

### § 11165.9. Reports to authorities

Reports of suspected child abuse or neglect shall be made by mandated reporters, or in the case of reports pursuant to Section 11166.05, may be made, to any police department or sheriff's department, not including a school district police or security department, county probation department, if designated by the county to receive mandated reports, or the county welfare department. Any of those agencies shall accept a report of suspected child abuse or neglect whether offered by a mandated reporter or another person, or referred by another agency, even if the agency to whom the report is being made lacks subject matter or geographical jurisdiction to investigate the reported case, unless the agency can immediately electronically transfer the call to an agency with proper jurisdiction. When an agency takes a report about a case of suspected child abuse or neglect in which that agency lacks jurisdiction, the agency shall immediately refer the case by telephone, fax, or electronic transmission to an agency with proper jurisdiction. Agencies that are required to receive reports of suspected child abuse or neglect may not refuse to accept a report of suspected child abuse or neglect from a mandated reporter or another person unless otherwise authorized pursuant to this section, and shall maintain a record of all reports received.

Added Stats 2000 ch 916 § 8 (AB 1241). Amended Stats 2001 ch 133 § 4 (AB 102), effective July 31, 2001; Stats 2005 ch 713 § 2 (AB 776), effective January 1, 2006; Stats 2006 ch 701 § 2 (AB 525), effective January 1, 2007.

### § 11165.11. "Licensing agency"

As used in this article, "licensing agency" means the State Department of Social Services office responsible for the licensing and enforcement of the California Community Care Facilities Act (Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code), the California Child Day Care Act (Chapter 3.4 (commencing with Section 1596.70) of Division 2 of the Health and Safety Code), and Chapter 3.5 (commencing with Section

Penal Code

BOARD OF PSYCHOLOGY

1596.90) of Division 2 of the Health and Safety Code), or the county licensing agency which has contracted with the state for performance of those duties.

Added Stats 1987 ch 1459 § 18.

§ 11165.12. Definitions relating to reports

As used in this article, the following definitions shall control:

(a) "Unfounded report" means a report that is determined by the investigator who conducted the investigation to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined in Section 11165.6.

(b) "Substantiated report" means a report that is determined by the investigator who conducted the investigation to constitute child abuse or neglect, as defined in Section 11165.6, based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred. A substantiated report shall not include a report where the investigator who conducted the investigation found the report to be false, inherently improbable, to involve an accidental injury, or to not constitute child abuse or neglect as defined in Section 11165.6.

(c) "Inconclusive report" means a report that is determined by the investigator who conducted the investigation not to be unfounded, but the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6, has occurred.

Added Stats 1987 ch 1459 § 19. Amended Stats 1990 ch 1330 § 1 (SB 2788); Stats 1997 ch 842 § 2 (SB 644); Stats 2000 ch 916 § 10 (AB 1241); Stats 2004 ch 842 § 6 (SB 1313); Stats 2011 ch 468 § 1 (AB 717), effective January 1, 2012.

§ 11165.13. Effect of positive toxicology screen at time of delivery of infant

For purposes of this article, a positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child pursuant to Section 123605 of the Health and Safety Code. If other factors are present that indicate risk to a child, then a report shall be made. However, a report based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse shall be made only to a county welfare or probation department, and not to a law enforcement agency.

Added Stats 1990 ch 1603 § 2 (SB 2669), operative July 1, 1991. Amended Stats 1996 ch 1023 § 397.2 (SB 1497), effective September 29, 1996; Stats 2000 ch 916 § 11 (AB 1241).

§ 11165.15. Basis for reporting abuse or neglect

For the purposes of this article, the fact that a child is homeless or is classified as an unaccompanied youth, as defined in Section 11434a of the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301 et seq.), is not, in and of itself, a sufficient basis for reporting child abuse or neglect. This section shall not limit a mandated reporter, as defined in Section 11165.7, from making a report pursuant to Section 11166 whenever the mandated reporter has knowledge of or observes an unaccompanied minor whom the mandated reporter knows or reasonably suspects to be the victim of abuse or neglect.

Added Stats 2013 ch 486 § 1 (AB 652), effective January 1, 2014. Amended Stats 2014 ch 71 § 132 (SB 1304), effective January 1, 2015.



PENAL CODE

**§ 11166. Duty to report; Mandated reporters; Punishment for violation**

(a) Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.

(1) For purposes of this article, “reasonable suspicion” means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. “Reasonable suspicion” does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any “reasonable suspicion” is sufficient. For purposes of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.

(2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

(3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.

(b) If, after reasonable efforts, a mandated reporter is unable to submit an initial report by telephone, he or she shall immediately or as soon as is practicably possible, by fax or electronic transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone followup call by the agency with which he or she filed the report. A mandated reporter who files a one-time automated written report because he or she was unable to submit an initial report by telephone is not required to submit a written followup report.

(1) The one-time automated written report form prescribed by the Department of Justice shall be clearly identifiable so that it is not mistaken for a standard written followup report. In addition, the automated one-time report shall contain a section that allows the mandated reporter to state the reason the initial telephone call was not able to be completed. The reason for the submission of the one-time automated written report in lieu of the procedure prescribed in subdivision (a) shall be captured in the Child Welfare Services/ Case Management System (CWS/CMS). The department shall work with stakeholders to modify reporting forms and the CWS/CMS as is necessary to accommodate the changes enacted by these provisions.

(2) This subdivision shall not become operative until the CWS/CMS is updated to capture the information prescribed in this subdivision.



BOARD OF PSYCHOLOGY

(3) This subdivision shall become inoperative three years after this subdivision becomes operative or on January 1, 2009, whichever occurs first.

(4) On the inoperative date of these provisions, a report shall be submitted to the counties and the Legislature by the State Department of Social Services that reflects the data collected from automated one-time reports indicating the reasons stated as to why the automated one-time report was filed in lieu of the initial telephone report.

(5) Nothing in this section shall supersede the requirement that a mandated reporter first attempt to make a report via telephone, or that agencies specified in Section 11165.9 accept reports from mandated reporters and other persons as required.

(c) A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.

(d)(1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.

(3)(A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse and that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.

(B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.

(C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.

(e)(1) A commercial film, photographic print, or image processor who has knowledge of or observes, within the scope of his or her professional capacity

Penal Code

PENAL CODE

or employment, any film, photograph, videotape, negative, slide, or any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image depicting a child under 16 years of age engaged in an act of sexual conduct, shall, immediately or as soon as practicably possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images are seen. Within 36 hours of receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a copy of the image or material attached.

(2) A commercial computer technician who has knowledge of or observes, within the scope of his or her professional capacity or employment, any representation of information, data, or an image, including, but not limited to, any computer hardware, computer software, computer file, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image that is retrievable in perceivable form and that is intentionally saved, transmitted, or organized on an electronic medium, depicting a child under 16 years of age engaged in an act of sexual conduct, shall immediately, or as soon as practicably possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images or material are seen. As soon as practicably possible after receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a brief description of the images or materials.

(3) For purposes of this article, "commercial computer technician" includes an employee designated by an employer to receive reports pursuant to an established reporting process authorized by subparagraph (B) of paragraph (43) of subdivision (a) of Section 11165.7.

(4) As used in this subdivision, "electronic medium" includes, but is not limited to, a recording, CD-ROM, magnetic disk memory, magnetic tape memory, CD, DVD, thumbdrive, or any other computer hardware or media.

(5) As used in this subdivision, "sexual conduct" means any of the following:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(B) Penetration of the vagina or rectum by any object.

(C) Masturbation for the purpose of sexual stimulation of the viewer.

(D) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(E) Exhibition of the genitals, pubic, or rectal areas of a person for the purpose of sexual stimulation of the viewer.

(f) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the same time as, he or she makes a report of the abuse or neglect pursuant to subdivision (a).

(g) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect



BOARD OF PSYCHOLOGY

may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9. For purposes of this section, "any other person" includes a mandated reporter who acts in his or her private capacity and not in his or her professional capacity or within the scope of his or her employment.

(h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(i)(1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

(j) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

(k) A law enforcement agency shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the



## PENAL CODE

child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

Added Stats 1980 ch 1071 § 4. Amended Stats 1981 ch 435 § 2, effective September 12, 1981; Stats 1982 ch 905 § 2; Stats 1984 ch 1423 § 9, effective September 26, 1984; Stats 1986 ch 1289 § 2; Stats 1987 ch 1459 § 20; Stats 1988 ch 269 § 1, ch 1580 § 2; Stats 1990 ch 1603 § 3 (SB 2669), operative July 1, 1991; Stats 1992 ch 459 § 3 (SB 1695); Stats 1993 ch 510 § 1.5 (SB 665); Stats 1996 ch 1080 § 10 (AB 295), ch 1081 § 3.5 (AB 3354); Stats 2000 ch 916 § 16 (AB 1241); Stats 2001 ch 133 § 5 (AB 102), effective July 31, 2001; Stats 2002 ch 936 § 2 (AB 299), effective September 27, 2002; Stats 2004 ch 823 § 17 (AB 20), ch 842 § 7.5 (SB 1313); Stats 2005 ch 42 § 1 (AB 299), ch 713 § 3 (AB 776), effective January 1, 2006; Stats 2006 ch 701 § 3 (AB 525), effective January 1, 2007; Stats 2007 ch 393 § 3 (AB 673), effective January 1, 2008; Stats 2010 ch 123 § 1 (AB 2380), effective January 1, 2011; Stats 2012 ch 517 § 2 (AB 1713), effective January 1, 2013, ch 521 § 2.5 (AB 1817), effective January 1, 2013 (ch 521 prevails), ch 728 § 131 (SB 71), effective January 1, 2013; Stats 2013 ch 76 § 165 (AB 383), effective January 1, 2014.

### § 11166.05. Reporting child suffering serious emotional damage

Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report to an agency specified in Section 11165.9.

Added Stats 2001 ch 133 § 6 (AB 102), effective July 31, 2001. Amended Stats 2004 ch 842 § 9 (SB 1313).

### § 11166.1. Duty of agency

(a) When an agency receives a report pursuant to Section 11166 that contains either of the following, it shall, within 24 hours, notify the licensing office with jurisdiction over the facility:

(1) A report of abuse alleged to have occurred in facilities licensed to care for children by the State Department of Social Services.

(2) A report of the death of a child who was, at the time of death, living at, enrolled in, or regularly attending a facility licensed to care for children by the State Department of Social Services, unless the circumstances of the child's death are clearly unrelated to the child's care at the facility.

The agency shall send the licensing agency a copy of its investigation and any other pertinent materials.

(b) Any employee of an agency specified in Section 11165.9 who has knowledge of, or observes in his or her professional capacity or within the scope of his or her employment, a child in protective custody whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall, within 36 hours, send or have sent to the attorney who represents the child in dependency court, a copy of the report prepared in accordance with Section 11166. The agency shall maintain a copy of the written report. All information requested by the attorney for the child or the child's guardian ad litem shall be provided by the agency within 30 days of the request.

Added Stats 1985 ch 1593 § 3, effective October 2, 1985. Amended and renumbered Stats 1987 ch 56 § 141 (ch 531 prevails). Amended Stats 1987 ch 531 § 4; Stats 1992 ch 844 § 1 (AB 3633); Stats 1998 ch 900 § 1 (AB 2316); Stats 2000 ch 916 § 17 (AB 1241).



BOARD OF PSYCHOLOGY

**§ 11166.2. Additional duty of agency**

In addition to the reports required under Section 11166, any agency specified in Section 11165.9 shall immediately or as soon as practically possible report by telephone, fax, or electronic transmission to the appropriate licensing agency every known or suspected instance of child abuse or neglect when the instance of abuse or neglect occurs while the child is being cared for in a child day care facility, involves a child day care licensed staff person, or occurs while the child is under the supervision of a community care facility or involves a community care facility licensee or staff person. The agency shall also send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision. The agency shall send the licensing agency a copy of its investigation report and any other pertinent materials.

Added Stats 1985 ch 1598 § 4. Amended Stats 1987 ch 531 § 5; Stats 1988 ch 269 § 3; Stats 1990 ch 650 § 1, (SB 2423); Stats 2000 ch 916 § 18 (AB 1241); Stats 2001 ch 133 § 7 (AB 102), effective July 31, 2001.

**§ 11166.3. Coordination of duties in connection with investigation of suspected child abuse or neglect cases**

(a) The Legislature intends that in each county the law enforcement agencies and the county welfare or probation department shall develop and implement cooperative arrangements in order to coordinate existing duties in connection with the investigation of suspected child abuse or neglect cases. The local law enforcement agency having jurisdiction over a case reported under Section 11166 shall report to the county welfare or probation department that it is investigating the case within 36 hours after starting its investigation. The county welfare department or probation department shall, in cases where a minor is a victim of actions specified in Section 288 of this code and a petition has been filed pursuant to Section 300 of the Welfare and Institutions Code with regard to the minor, evaluate what action or actions would be in the best interest of the child victim. Notwithstanding any other provision of law, the county welfare department or probation department shall submit in writing its findings and the reasons therefor to the district attorney on or before the completion of the investigation. The written findings and the reasons therefor shall be delivered or made accessible to the defendant or his or her counsel in the manner specified in Section 859.

(b) The local law enforcement agency having jurisdiction over a case reported under Section 11166 shall report to the district office of the State Department of Social Services any case reported under this section if the case involves a facility specified in paragraph (5) or (6) of subdivision (a) of Section 1502, Section 1596.750 or 1596.76 of the Health and Safety Code, and the licensing of the facility has not been delegated to a county agency. The law enforcement agency shall send a copy of its investigation report and any other pertinent materials to the licensing agency upon the request of the licensing agency.

Added Stats 1985 ch 1262 § 2 as Pen C § 11166.1. Amended and renumbered Stats 1987 ch 531 § 3. Amended Stats 1988 ch 898 § 1; Stats 2000 ch 135 § 139 (AB 2539), ch 916 § 19 (AB 1241) (ch 916 prevails); Stats 2001 ch 133 § 8 (AB 102), effective July 31, 2001.



PENAL CODE

**§ 11166.5. Statement acknowledging awareness of reporting duties and promising compliance; Exemptions; Distribution in connection with licensure or certification**

(a) On and after January 1, 1985, any mandated reporter as specified in Section 11165.7, with the exception of child visitation monitors, prior to commencing his or her employment, and as a prerequisite to that employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions. The statement shall inform the employee that he or she is a mandated reporter and inform the employee of his or her reporting obligations under Section 11166 and of his or her confidentiality rights under subdivision (d) of Section 11167. The employer shall provide a copy of Sections 11165.7, 11166, and 11167 to the employee.

On and after January 1, 1993, any person who acts as a child visitation monitor, as defined in paragraph (30) of subdivision (a) of Section 11165.7, prior to engaging in monitoring the first visit in a case, shall sign a statement on a form provided to him or her by the court which ordered the presence of that third person during the visit, to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

The signed statements shall be retained by the employer or the court, as the case may be. The cost of printing, distribution, and filing of these statements shall be borne by the employer or the court.

This subdivision is not applicable to persons employed by public or private youth centers, youth recreation programs, and youth organizations as members of the support staff or maintenance staff and who do not work with, observe, or have knowledge of children as part of their official duties.

(b) On and after January 1, 1986, when a person is issued a state license or certificate to engage in a profession or occupation, the members of which are required to make a report pursuant to Section 11166, the state agency issuing the license or certificate shall send a statement substantially similar to the one contained in subdivision (a) to the person at the same time as it transmits the document indicating licensure or certification to the person. In addition to the requirements contained in subdivision (a), the statement also shall indicate that failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

(c) As an alternative to the procedure required by subdivision (b), a state agency may cause the required statement to be printed on all application forms for a license or certificate printed on or after January 1, 1986.

(d) On and after January 1, 1993, any child visitation monitor, as defined in paragraph (30) of subdivision (a) of Section 11165.7, who desires to act in that capacity shall have received training in the duties imposed by this article, including training in child abuse identification and child abuse reporting. The person, prior to engaging in monitoring the first visit in a case, shall sign a statement on a form provided to him or her by the court which ordered the presence of that third person during the visit, to the effect that he or she has received this training. This statement may be included in the statement required by subdivision (a) or it may be a separate statement. This statement shall be filed, along with the statement required by subdivision (a), in the court file of the case for which the visitation monitoring is being provided.



BOARD OF PSYCHOLOGY

(e) Any person providing services to a minor child, as described in paragraph (37) of subdivision (a) of Section 11165.7, shall not be required to make a report pursuant to Section 11166 unless that person has received training, or instructional materials in the appropriate language, on the duties imposed by this article, including identifying and reporting child abuse and neglect.

Added Stats 1984 ch 1718 § 1. Amended Stats 1985 ch 464 § 1; Stats 1985 ch 1598 § 5.1; Stats 1986 ch 248 § 168; Stats 1987 ch 1459 § 21; Stats 1990 ch 931 § 1 (AB 3521); Stats 1991 ch 132 § 2 (AB 1133); Stats 1992 ch 459 § 4 (SB 1695); Stats 1993 ch 510 § 2 (SB 665); Stats 1996 ch 1081 § 4 (AB 3354); Stats 2000 ch 916 § 20 (AB 1241); Stats 2001 ch 133 § 9 (AB 102), effective July 31, 2001; Stats 2004 ch 762 § 2 (AB 2531), ch 842 § 10.5 (SB 1313); Stats 2012 ch 518 § 2 (SB 1264), effective January 1, 2013.

**§ 11167. Required information; Confidentiality of reporter’s identity; Advising individual of complaint or allegations**

(a) Reports of suspected child abuse or neglect pursuant to Section 11166 or Section 11166.05 shall include the name, business address, and telephone number of the mandated reporter; the capacity that makes the person a mandated reporter; and the information that gave rise to the reasonable suspicion of child abuse or neglect and the source or sources of that information. If a report is made, the following information, if known, shall also be included in the report: the child’s name, the child’s address, present location, and, if applicable, school, grade, and class; the names, addresses, and telephone numbers of the child’s parents or guardians; and the name, address, telephone number, and other relevant personal information about the person or persons who might have abused or neglected the child. The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her.

(b) Information relevant to the incident of child abuse or neglect and information relevant to a report made pursuant to Section 11166.05 may be given to an investigator from an agency that is investigating the known or suspected case of child abuse or neglect.

(c) Information relevant to the incident of child abuse or neglect, including the investigation report and other pertinent materials, and information relevant to a report made pursuant to Section 11166.05 may be given to the licensing agency when it is investigating a known or suspected case of child abuse or neglect.

(d)(1) The identity of all persons who report under this article shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the prosecutor in a criminal prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions Code, or to the county counsel or prosecutor in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order.

(2) No agency or person listed in this subdivision shall disclose the identity of any person who reports under this article to that person’s employer, except with the employee’s consent or by court order.



PENAL CODE

(e) Notwithstanding the confidentiality requirements of this section, a representative of a child protective services agency performing an investigation that results from a report of suspected child abuse or neglect made pursuant to Section 11166 or Section 11166.05, at the time of the initial contact with the individual who is subject to the investigation, shall advise the individual of the complaints or allegations against him or her, in a manner that is consistent with laws protecting the identity of the reporter under this article.

(f) Persons who may report pursuant to subdivision (g) of Section 11166 are not required to include their names.

Added Stats 1980 ch 1071 § 4. Amended Stats 1981 ch 435 § 3, effective September 12, 1981; Stats 1982 ch 162 § 2, effective April 26, 1982; Stats 1984 ch 144 § 164; Stats 1985 ch 1598 § 6; Stats 1986 ch 1289 § 3; Stats 1987 ch 531 § 6; Stats 1992 ch 163 § 112 (AB 2641), operative January 1, 1994 (ch 316 prevails), ch 316 § 2 (AB 3491); Stats 1993 ch 219 § 221 (AB 1500); Stats 1997 ch 324 § 8 (SB 871); Stats 2000 ch 916 § 24 (AB 1241); Stats 2001 ch 133 § 13 (AB 102), effective July 31, 2001; Stats 2004 ch 292 § 1 (AB 2749), ch 842 § 15.5 (SB 1313); Stats 2005 ch 279 § 17 (SB 1107), effective January 1, 2006; Stats 2006 ch 701 § 4 (AB 525) (ch 701 prevails), effective January 1, 2007, ch 901 § 10.5 (SB 1422), effective January 1, 2007; Stats 2010 ch 95 § 1 (AB 2339), effective January 1, 2011.

**§ 11167.5. Confidentiality and disclosure of reports**

(a) The reports required by Sections 11166 and 11166.2, or authorized by Section 11166.05, and child abuse or neglect investigative reports that result in a summary report being filed with the Department of Justice pursuant to subdivision (a) of Section 11169 shall be confidential and may be disclosed only as provided in subdivision (b). Any violation of the confidentiality provided by this article is a misdemeanor punishable by imprisonment in a county jail not to exceed six months, by a fine of five hundred dollars (\$500), or by both that imprisonment and fine.

(b) Reports of suspected child abuse or neglect and information contained therein may be disclosed only to the following:

(1) Persons or agencies to whom disclosure of the identity of the reporting party is permitted under Section 11167.

(2) Persons or agencies to whom disclosure of information is permitted under subdivision (b) of Section 11170 or subdivision (a) of Section 11170.5.

(3) Persons or agencies with whom investigations of child abuse or neglect are coordinated under the regulations promulgated under Section 11174.

(4) Multidisciplinary personnel teams as defined in subdivision (d) of Section 18951 of the Welfare and Institutions Code.

(5) Persons or agencies responsible for the licensing of facilities which care for children, as specified in Section 11165.7.

(6) The State Department of Social Services or any county licensing agency which has contracted with the state, as specified in paragraph (4) of subdivision (b) of Section 11170, when an individual has applied for a community care license or child day care license, or for employment in an out-of-home care facility, or when a complaint alleges child abuse or neglect by an operator or employee of an out-of-home care facility.

(7) Hospital scan teams. As used in this paragraph, "hospital scan team" means a team of three or more persons established by a hospital, or two or more hospitals in the same county, consisting of health care professionals and representatives of law enforcement and child protective services, the members



BOARD OF PSYCHOLOGY

of which are engaged in the identification of child abuse or neglect. The disclosure authorized by this section includes disclosure among all hospital scan teams.

(8) Coroners and medical examiners when conducting a post mortem examination of a child.

(9) The Board of Parole Hearings, which may subpoena an employee of a county welfare department who can provide relevant evidence and reports that both (A) are not unfounded, pursuant to Section 11165.12, and (B) concern only the current incidents upon which parole revocation proceedings are pending against a parolee charged with child abuse or neglect. The reports and information shall be confidential pursuant to subdivision (d) of Section 11167.

(10) Personnel from an agency responsible for making a placement of a child pursuant to Section 361.3 of, and Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of, the Welfare and Institutions Code.

(11) Persons who have been identified by the Department of Justice as listed in the Child Abuse Central Index pursuant to paragraph (7) of subdivision (b) of Section 11170 or subdivision (c) of Section 11170, or persons who have verified with the Department of Justice that they are listed in the Child Abuse Central Index as provided in subdivision (f) of Section 11170. Disclosure under this paragraph is required notwithstanding the California Public Records Act, Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code. Nothing in this paragraph shall preclude a submitting agency prior to disclosure from redacting any information necessary to maintain confidentiality as required by law.

(12) Out-of-state law enforcement agencies conducting an investigation of child abuse or neglect only when an agency makes the request for reports of suspected child abuse or neglect in writing and on official letterhead, or as designated by the Department of Justice, identifying the suspected abuser or victim by name and date of birth or approximate age. The request shall be signed by the department supervisor of the requesting law enforcement agency. The written request shall cite the out-of-state statute or interstate compact provision that requires that the information contained within these reports is to be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and shall cite the safeguards in place to prevent unlawful disclosure provided by the requesting state or the applicable interstate compact provision.

(13) Out-of-state agencies responsible for approving prospective foster or adoptive parents for placement of a child only when the agency makes the request in compliance with the Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248). The request shall also cite the safeguards in place to prevent unlawful disclosure provided by the requesting state or the applicable interstate compact provision and indicate that the requesting state shall maintain continual compliance with the requirement in paragraph (20) of subdivision (a) of Section 671 of Title 42 of the United States Code that requires the state have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the state and prevent the information from being used for a purpose other than the conducting of background checks in foster or adoptive placement cases.

(14) Each chairperson of a county child death review team, or his or her designee, to whom disclosure of information is permitted under this article,



## PENAL CODE

relating to the death of one or more children and any prior child abuse or neglect investigation reports maintained involving the same victim, siblings, or suspects. Local child death review teams may share any relevant information regarding case reviews involving child death with other child death review teams.

(c) Authorized persons within county health departments shall be permitted to receive copies of any reports made by health practitioners, as defined in paragraphs (21) to (28), inclusive, of subdivision (a) of Section 11165.7, and pursuant to Section 11165.13, and copies of assessments completed pursuant to Sections 123600 and 123605 of the Health and Safety Code, to the extent permitted by federal law. Any information received pursuant to this subdivision is protected by subdivision (e).

(d) Nothing in this section requires the Department of Justice to disclose information contained in records maintained under Section 11170 or under the regulations promulgated pursuant to Section 11174, except as otherwise provided in this article.

(e) This section shall not be interpreted to allow disclosure of any reports or records relevant to the reports of child abuse or neglect if the disclosure would be prohibited by any other provisions of state or federal law applicable to the reports or records relevant to the reports of child abuse or neglect.

Added Stats 1983 ch 1082 § 1. Amended Stats 1985 ch 1593 § 4, effective October 2, 1985, ch 1598 § 7.5; Stats 1987 ch 167 § 1, ch 1459 § 22; Stats 1988 ch 1580 § 5; Stats 1989 ch 153 § 1, ch 1169 § 2; Stats 1995 ch 391 § 1 (AB 1440); Stats 1997 ch 24 § 1 (AB 1536), ch 842 § 4 (SB 644), ch 844 § 1.5 (AB 1065); Stats 1998 ch 485 § 135 (AB 2803); Stats 2000 ch 916 § 25 (AB 1241); Stats 2002 ch 187 § 2 (SB 1745); Stats 2004 ch 842 § 16 (SB 1313); Stats 2006 ch 701 § 5 (AB 525), effective January 1, 2007; Stats 2007 ch 583 § 18 (SB 703), effective January 1, 2008; Stats 2008 ch 699 § 17 (SB 1241), effective January 1, 2009, ch 701 § 9 (AB 2651) (ch 701 prevails), effective September 30, 2008.

### § 11169. Forwarding of reports to Department of Justice

(a) An agency specified in Section 11165.9 shall forward to the Department of Justice a report in writing of every case it investigates of known or suspected child abuse or severe neglect that is determined to be substantiated, other than cases coming within subdivision (b) of Section 11165.2. An agency shall not forward a report to the Department of Justice unless it has conducted an active investigation and determined that the report is substantiated, as defined in Section 11165.12. If a report has previously been filed which subsequently proves to be not substantiated, the Department of Justice shall be notified in writing of that fact and shall not retain the report. The reports required by this section shall be in a form approved by the Department of Justice and may be sent by fax or electronic transmission. An agency specified in Section 11165.9 receiving a written report from another agency specified in Section 11165.9 shall not send that report to the Department of Justice.

(b) On and after January 1, 2012, a police department or sheriff's department specified in Section 11165.9 shall no longer forward to the Department of Justice a report in writing of any case it investigates of known or suspected child abuse or severe neglect.

(c) At the time an agency specified in Section 11165.9 forwards a report in writing to the Department of Justice pursuant to subdivision (a), the agency shall also notify in writing the known or suspected child abuser that he or she has been reported to the Child Abuse Central Index (CACI). The notice

BOARD OF PSYCHOLOGY

required by this section shall be in a form approved by the Department of Justice. The requirements of this subdivision shall apply with respect to reports forwarded to the department on or after the date on which this subdivision becomes operative.

(d) Subject to subdivision (e), any person who is listed on the CACI has the right to a hearing before the agency that requested his or her inclusion in the CACI to challenge his or her listing on the CACI. The hearing shall satisfy due process requirements. It is the intent of the Legislature that the hearing provided for by this subdivision shall not be construed to be inconsistent with hearing proceedings available to persons who have been listed on the CACI prior to the enactment of the act that added this subdivision.

(e) A hearing requested pursuant to subdivision (d) shall be denied when a court of competent jurisdiction has determined that suspected child abuse or neglect has occurred, or when the allegation of child abuse or neglect resulting in the referral to the CACI is pending before the court. A person who is listed on the CACI and has been denied a hearing pursuant to this subdivision has a right to a hearing pursuant to subdivision (d) only if the court's jurisdiction has terminated, the court has not made a finding concerning whether the suspected child abuse or neglect was substantiated, and a hearing has not previously been provided to the listed person pursuant to subdivision (d).

(f) Any person listed in the CACI who has reached 100 years of age shall have his or her listing removed from the CACI.

(g) Any person listed in the CACI as of January 1, 2013, who was listed prior to reaching 18 years of age, and who is listed once in CACI with no subsequent listings, shall be removed from the CACI 10 years from the date of the incident resulting in the CACI listing.

(h) If, after a hearing pursuant to subdivision (d) or a court proceeding described in subdivision (e), it is determined the person's CACI listing was based on a report that was not substantiated, the agency shall notify the Department of Justice of that result and the department shall remove that person's name from the CACI.

(i) Agencies, including police departments and sheriff's departments, shall retain child abuse or neglect investigative reports that result or resulted in a report filed with the Department of Justice pursuant to subdivision (a) for the same period of time that the information is required to be maintained on the CACI pursuant to this section and subdivision (a) of Section 11170. Nothing in this section precludes an agency from retaining the reports for a longer period of time if required by law.

(j) The immunity provisions of Section 11172 shall not apply to the submission of a report by an agency pursuant to this section. However, nothing in this section shall be construed to alter or diminish any other immunity provisions of state or federal law.

Added Stats 1980 ch 1071 § 4. Amended Stats 1981 ch 435 § 4, effective September 12, 1981; Stats 1985 ch 1598 § 8; Stats 1988 ch 269 § 4, ch 1497 § 1; Stats 1997 ch 842 § 5 (SB 644); Stats 2000 ch 916 § 27 (AB 1241); Stats 2001 ch 133 § 14 (AB 102), effective July 31, 2001; Stats 2004 ch 842 § 17 (SB 1313); Stats 2011 ch 468 § 2 (AB 717), effective January 1, 2012; Stats 2012 ch 848 § 1 (AB 1707), effective January 1, 2013.



PENAL CODE

**§ 11170. Child Abuse Central Index; Notifications; Availability of information; Future deletion of information for persons under 18; Placement of child; Out of state law enforcement agencies; Fee; Request to determine presence in index; Removal of victims' names**

(a)(1) The Department of Justice shall maintain an index of all reports of child abuse and severe neglect submitted pursuant to Section 11169. The index shall be continually updated by the department and shall not contain any reports that are determined to be not substantiated. The department may adopt rules governing recordkeeping and reporting pursuant to this article.

(2) The department shall act only as a repository of reports of suspected child abuse and severe neglect to be maintained in the Child Abuse Central Index (CACI) pursuant to paragraph (1). The submitting agencies are responsible for the accuracy, completeness, and retention of the reports described in this section. The department shall be responsible for ensuring that the CACI accurately reflects the report it receives from the submitting agency.

(3) Only information from reports that are reported as substantiated shall be filed pursuant to paragraph (1), and all other determinations shall be removed from the central list. If a person listed in the CACI was under 18 years of age at the time of the report, the information shall be deleted from the CACI 10 years from the date of the incident resulting in the CACI listing, if no subsequent report concerning the same person is received during that time period.

(b) The provisions of subdivision (c) of Section 11169 apply to any information provided pursuant to this subdivision.

(1) The Department of Justice shall immediately notify an agency that submits a report pursuant to Section 11169, or a prosecutor who requests notification, of any information maintained pursuant to subdivision (a) that is relevant to the known or suspected instance of child abuse or severe neglect reported by the agency. The agency shall make that information available to the reporting health care practitioner who is treating a person reported as a possible victim of known or suspected child abuse. The agency shall make that information available to the reporting child custodian, Child Abuse Prevention and Treatment Act guardian ad litem appointed under Rule 5.662 of the California Rules of Court, or counsel appointed under Section 317 or 318 of the Welfare and Institutions Code, or the appropriate licensing agency, if he or she or the licensing agency is handling or investigating a case of known or suspected child abuse or severe neglect.

(2) When a report is made pursuant to subdivision (a) of Section 11166, or Section 11166.05, the investigating agency, upon completion of the investigation or after there has been a final disposition in the matter, shall inform the person required or authorized to report of the results of the investigation and of any action the agency is taking with regard to the child or family.

(3) The Department of Justice shall make relevant information from the CACI available to a law enforcement agency, county welfare department, or county probation department that is conducting a child abuse investigation.

(4) The department shall make available to the State Department of Social Services, or to any county licensing agency that has contracted with the state for the performance of licensing duties, or to a tribal court or tribal child welfare agency of a tribe, consortium of tribes, or tribal organization that has





BOARD OF PSYCHOLOGY

entered into an agreement with the state pursuant to Section 10553.1 of the Welfare and Institutions Code, information regarding a known or suspected child abuser maintained pursuant to this section and subdivision (a) of Section 11169 concerning any person who is an applicant for licensure or approval, or any adult who resides or is employed in the home of an applicant for licensure or approval, or who is an applicant for employment in a position having supervisory or disciplinary power over a child or children, or who will provide 24-hour care for a child or children in a residential home or facility, pursuant to Section 1522.1 or 1596.877 of the Health and Safety Code, or Section 8714, 8802, 8912, or 9000 of the Family Code, or Section 11403.2 of the Welfare and Institutions Code.

(5) The Department of Justice shall make available to a Court Appointed Special Advocate program that is conducting a background investigation of an applicant seeking employment with the program or a volunteer position as a Court Appointed Special Advocate, as defined in Section 101 of the Welfare and Institutions Code, information contained in the index regarding known or suspected child abuse by the applicant.

(6) For purposes of child death review, the Department of Justice shall make available to the chairperson, or the chairperson's designee, for each county child death review team, or the State Child Death Review Council, information for investigative purposes only that is maintained in the CACI pursuant to subdivision (a) relating to the death of one or more children and any prior child abuse or neglect investigation reports maintained involving the same victims, siblings, or suspects. Local child death review teams may share any relevant information regarding case reviews involving child death with other child death review teams.

(7) The department shall make available to investigative agencies or probation officers, or court investigators acting pursuant to Section 1513 of the Probate Code, responsible for placing children or assessing the possible placement of children pursuant to Article 6 (commencing with Section 300), Article 7 (commencing with Section 305), Article 10 (commencing with Section 360), or Article 14 (commencing with Section 601) of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code, or Article 2 (commencing with Section 1510) or Article 3 (commencing with Section 1540) of Chapter 1 of Part 2 of Division 4 of the Probate Code, information regarding a known or suspected child abuser contained in the index concerning any adult residing in the home where the child may be placed, when this information is requested for purposes of ensuring that the placement is in the best interest of the child. Upon receipt of relevant information concerning child abuse or neglect investigation reports contained in the CACI from the Department of Justice pursuant to this subdivision, the agency or court investigator shall notify, in writing, the person listed in the CACI that he or she is in the index. The notification shall include the name of the reporting agency and the date of the report.

(8) Pursuant to Section 10553.12 of the Welfare and Institutions Code, the department shall make available to a tribal child welfare agency information regarding a known or suspected child abuser maintained pursuant to this section or subdivision (a) of Section 11169 who is being considered as a prospective foster parent or adoptive parent, an adult who resides or is



PENAL CODE

employed in the home of an applicant for approval, or an employee of the tribal child welfare agency who may have contact with children.

(9) The Department of Justice shall make available to a government agency conducting a background investigation pursuant to Section 1031 of the Government Code of an applicant seeking employment as a peace officer, as defined in Section 830, information regarding a known or suspected child abuser maintained pursuant to this section concerning the applicant.

(10) The Department of Justice shall make available to a county child welfare agency or delegated county adoption agency, as defined in Section 8515 of the Family Code, conducting a background investigation, or a government agency conducting a background investigation on behalf of one of those agencies, information regarding a known or suspected child abuser maintained pursuant to this section and subdivision (a) of Section 11169 concerning any applicant seeking employment or volunteer status with the agency who, in the course of his or her employment or volunteer work, will have direct contact with children who are alleged to have been, are at risk of, or have suffered, abuse or neglect.

(11)(A) Persons or agencies, as specified in subdivision (b), if investigating a case of known or suspected child abuse or neglect, or the State Department of Social Services or any county licensing agency pursuant to paragraph (4), or a Court Appointed Special Advocate (CASA) program conducting a background investigation for employment or volunteer candidates pursuant to paragraph (5), or an investigative agency, probation officer, or court investigator responsible for placing children or assessing the possible placement of children pursuant to paragraph (7), or a government agency conducting a background investigation of an applicant seeking employment as a peace officer pursuant to paragraph (9), or a county child welfare agency or delegated county adoption agency conducting a background investigation of an applicant seeking employment or volunteer status who, in the course of his or her employment or volunteer work, will have direct contact with children who are alleged to have been, are at risk of, or have suffered, abuse or neglect, pursuant to paragraph (10), to whom disclosure of any information maintained pursuant to subdivision (a) is authorized, are responsible for obtaining the original investigative report from the reporting agency, and for drawing independent conclusions regarding the quality of the evidence disclosed, and its sufficiency for making decisions regarding investigation, prosecution, licensing, placement of a child, employment or volunteer positions with a CASA program, or employment as a peace officer.

(B) If CACI information is requested by an agency for the temporary placement of a child in an emergency situation pursuant to Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code, the department is exempt from the requirements of Section 1798.18 of the Civil Code if compliance would cause a delay in providing an expedited response to the agency's inquiry and if further delay in placement may be detrimental to the child.

(12)(A) Whenever information contained in the Department of Justice files is furnished as the result of an application for employment or licensing or volunteer status pursuant to paragraph (4), (5), (8), (9), or (10), the Department of Justice may charge the person or entity making the request a fee. The



BOARD OF PSYCHOLOGY

fee shall not exceed the reasonable costs to the department of providing the information. The only increase shall be at a rate not to exceed the legislatively approved cost-of-living adjustment for the department. In no case shall the fee exceed fifteen dollars (\$15).

(B) All moneys received by the department pursuant to this section to process trustline applications for purposes of Chapter 3.35 (commencing with Section 1596.60) of Division 2 of the Health and Safety Code shall be deposited in a special account in the General Fund that is hereby established and named the Department of Justice Child Abuse Fund. Moneys in the fund shall be available, upon appropriation by the Legislature, for expenditure by the department to offset the costs incurred to process trustline automated child abuse or neglect system checks pursuant to this section.

(C) All moneys, other than those described in subparagraph (B), received by the department pursuant to this paragraph shall be deposited in a special account in the General Fund which is hereby created and named the Department of Justice Sexual Habitual Offender Fund. The funds shall be available, upon appropriation by the Legislature, for expenditure by the department to offset the costs incurred pursuant to Chapter 9.5 (commencing with Section 13885) and Chapter 10 (commencing with Section 13890) of Title 6 of Part 4, and the DNA and Forensic Identification Data Base and Data Bank Act of 1998 (Chapter 6 (commencing with Section 295) of Title 9 of Part 1), and for maintenance and improvements to the statewide Sexual Habitual Offender Program and the California DNA offender identification file (CAL-DNA) authorized by Chapter 9.5 (commencing with Section 13885) of Title 6 of Part 4 and the DNA and Forensic Identification Data Base and Data Bank Act of 1998 (Chapter 6 (commencing with Section 295) of Title 9 of Part 1).

(c)(1) The Department of Justice shall make available to any agency responsible for placing children pursuant to Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code, upon request, relevant information concerning child abuse or neglect reports contained in the index, when making a placement with a responsible relative pursuant to Sections 281.5, 305, and 361.3 of the Welfare and Institutions Code. Upon receipt of relevant information concerning child abuse or neglect reports contained in the index from the Department of Justice pursuant to this subdivision, the agency shall also notify in writing the person listed in the CACI that he or she is in the index. The notification shall include the location of the original investigative report and the submitting agency. The notification shall be submitted to the person listed at the same time that all other parties are notified of the information, and no later than the actual judicial proceeding that determines placement.

(2) If information is requested by an agency for the placement of a child with a responsible relative in an emergency situation pursuant to Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code, the department is exempt from the requirements of Section 1798.18 of the Civil Code if compliance would cause a delay in providing an expedited response to the child protective agency's inquiry and if further delay in placement may be detrimental to the child.

(d) The department shall make available any information maintained pursuant to subdivision (a) to out-of-state law enforcement agencies conduct-



PENAL CODE

ing investigations of known or suspected child abuse or neglect only when an agency makes the request for information in writing and on official letterhead, or as designated by the department, identifying the suspected abuser or victim by name and date of birth or approximate age. The request shall be signed by the department supervisor of the requesting law enforcement agency. The written requests shall cite the out-of-state statute or interstate compact provision that requires that the information contained within these reports shall be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and shall cite the safeguards in place to prevent unlawful disclosure of any confidential information provided by the requesting state or the applicable interstate compact provision.

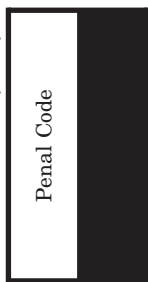
(e)(1) The department shall make available to an out-of-state agency, for purposes of approving a prospective foster or adoptive parent in compliance with the Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248), information regarding a known or suspected child abuser maintained pursuant to subdivision (a) concerning the prospective foster or adoptive parent, and any other adult living in the home of the prospective foster or adoptive parent. The department shall make that information available only when the out-of-state agency makes the request indicating that continual compliance will be maintained with the requirement in paragraph (20) of subsection (a) of Section 671 of Title 42 of the United States Code that requires the state to have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the state and prevent the information from being used for a purpose other than the conducting of background checks in foster or adoption placement cases.

(2) With respect to any information provided by the department in response to the out-of-state agency's request, the out-of-state agency is responsible for obtaining the original investigative report from the reporting agency, and for drawing independent conclusions regarding the quality of the evidence disclosed and its sufficiency for making decisions regarding the approval of prospective foster or adoptive parents.

(3)(A) Whenever information contained in the index is furnished pursuant to this subdivision, the department shall charge the out-of-state agency making the request a fee. The fee shall not exceed the reasonable costs to the department of providing the information. The only increase shall be at a rate not to exceed the legislatively approved cost-of-living adjustment for the department. In no case shall the fee exceed fifteen dollars (\$15).

(B) All moneys received by the department pursuant to this subdivision shall be deposited in the Department of Justice Child Abuse Fund, established under subparagraph (B) of paragraph (12) of subdivision (b). Moneys in the fund shall be available, upon appropriation by the Legislature, for expenditure by the department to offset the costs incurred to process requests for information pursuant to this subdivision.

(f)(1) Any person may determine if he or she is listed in the CACI by making a request in writing to the Department of Justice. The request shall be notarized and include the person's name, address, date of birth, and either a social security number or a California identification number. Upon receipt of a notarized request, the Department of Justice shall make available to the requesting person information identifying the date of the report and the



BOARD OF PSYCHOLOGY

submitting agency. The requesting person is responsible for obtaining the investigative report from the submitting agency pursuant to paragraph (11) of subdivision (b) of Section 11167.5.

(2) No person or agency shall require or request another person to furnish a copy of a record concerning himself or herself, or notification that a record concerning himself or herself exists or does not exist, pursuant to paragraph (1).

(g) If a person is listed in the CACI only as a victim of child abuse or neglect, and that person is 18 years of age or older, that person may have his or her name removed from the index by making a written request to the Department of Justice. The request shall be notarized and include the person's name, address, social security number, and date of birth.

Added Stats 1980 ch 1071 § 4. Amended Stats 1981 ch 435 § 5, effective September 12, 1981; Stats 1982 ch 162 § 3, effective April 26, 1982; Stats 1984 ch 1613 § 3, effective September 30, 1984; Stats 1985 ch 1598 § 8.5; Stats 1986 ch 1496 § 3; Stats 1987 ch 82 § 4, effective June 30, 1987; Stats 1989 ch 153 § 2; Stats 1990 ch 1330 § 2 (SB 2788), ch 1363 § 15.7 (AB 3532), operative July 1, 1991; Stats 1992 ch 163 § 113 (AB 2641), operative January 1, 1994 (ch 1338 prevails), ch 1338 § 2 (SB 1184); Stats 1993 ch 219 § 221.1 (AB 1500); Stats 1996 ch 1081 § 5 (AB 3354); Stats 1997 ch 842 § 6 (SB 644), ch 843 § 5 (AB 753), ch 844 § 2.5 (AB 1065); Stats 1999 ch 475 § 8 (SB 654); Stats 2000 ch 916 § 28 (AB 1241); Stats 2001 ch 133 § 15 (AB 102), effective July 31, 2001; Stats 2004 ch 842 § 18 (SB 1313); Stats 2005 ch 279 § 18 (SB 1107), effective January 1, 2006; Stats 2006 ch 701 § 6 (AB 525), effective January 1, 2007; Stats 2007 ch 160 § 2 (AB 369), effective January 1, 2008, ch 583 § 19.5 (SB 703), effective January 1, 2008; Stats 2008 ch 553 § 1 (AB 2618), effective January 1, 2009, ch 701 § 10 (AB 2651), effective September 30, 2008, operative until January 1, 2009, § 10.2 (AB 2651), effective September 30, 2008, operative January 1, 2009; Stats 2009 ch 91 § 1 (AB 247), effective January 1, 2010; Stats 2010 ch 328 § 178 (SB 1330), effective January 1, 2011; Stats 2011 ch 459 § 4.3 (AB 212), effective October 4, 2011, ch 468 § 3.5 (AB 717), effective January 1, 2012; Stats 2012 ch 846 § 6 (AB 1712), effective January 1, 2013, ch 848 § 2.5 (AB 1707), effective January 1, 2013; Stats 2014 ch 772 § 7 (SB 1460), effective January 1, 2015.



**§ 11171.5. Peace officer's application for order directing X-rays of suspected child abuse or neglect victim**

(a) If a peace officer, in the course of an investigation of child abuse or neglect, has reasonable cause to believe that the child has been the victim of physical abuse, the officer may apply to a magistrate for an order directing that the victim be X-rayed without parental consent.

Any X-ray taken pursuant to this subdivision shall be administered by a physician and surgeon or dentist or their agents.

(b) With respect to the cost of an X-ray taken by the county coroner or at the request of the county coroner in suspected child abuse or neglect cases, the county may charge the parent or legal guardian of the child-victim the costs incurred by the county for the X-ray.

(c) No person who administers an X-ray pursuant to this section shall be entitled to reimbursement from the county for any administrative cost that exceeds 5 percent of the cost of the X-ray.

Added Stats 1985 ch 317 § 1. Amended Stats 2000 ch 916 § 30 (AB 1241).

**§ 11172. Liability of person making report; Reimbursement by state of attorney fees incurred in defending action**

(a) No mandated reporter shall be civilly or criminally liable for any report required or authorized by this article, and this immunity shall apply even if the mandated reporter acquired the knowledge or reasonable suspicion of child abuse or neglect outside of his or her professional capacity or outside the scope

PENAL CODE

of his or her employment. Any other person reporting a known or suspected instance of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by this article unless it can be proven that a false report was made and the person knew that the report was false or was made with reckless disregard of the truth or falsity of the report, and any person who makes a report of child abuse or neglect known to be false or with reckless disregard of the truth or falsity of the report is liable for any damages caused. No person required to make a report pursuant to this article, nor any person taking photographs at his or her direction, shall incur any civil or criminal liability for taking photographs of a suspected victim of child abuse or neglect, or causing photographs to be taken of a suspected victim of child abuse or neglect, without parental consent, or for disseminating the photographs, images, or material with the reports required by this article. However, this section shall not be construed to grant immunity from this liability with respect to any other use of the photographs.

(b) Any person, who, pursuant to a request from a government agency investigating a report of suspected child abuse or neglect, provides the requesting agency with access to the victim of a known or suspected instance of child abuse or neglect shall not incur civil or criminal liability as a result of providing that access.

(c) Any commercial computer technician, and any employer of any commercial computer technician, who, pursuant to a warrant from a law enforcement agency investigating a report of suspected child abuse or neglect, provides the law enforcement agency with a computer or computer component which contains possible evidence of a known or suspected instance of child abuse or neglect, shall not incur civil or criminal liability as a result of providing that computer or computer component to the law enforcement agency.

(d)(1) The Legislature finds that even though it has provided immunity from liability to persons required or authorized to make reports pursuant to this article, that immunity does not eliminate the possibility that actions may be brought against those persons based upon required or authorized reports. In order to further limit the financial hardship that those persons may incur as a result of fulfilling their legal responsibilities, it is necessary that they not be unfairly burdened by legal fees incurred in defending those actions. Therefore, a mandated reporter may present a claim to the California Victim Compensation and Government Claims Board for reasonable attorney's fees and costs incurred in any action against that person on the basis of making a report required or authorized by this article if the court has dismissed the action upon a demurrer or motion for summary judgment made by that person, or if he or she prevails in the action. The California Victim Compensation and Government Claims Board shall allow that claim if the requirements of this subdivision are met, and the claim shall be paid from an appropriation to be made for that purpose. Attorney's fees awarded pursuant to this section shall not exceed an hourly rate greater than the rate charged by the Attorney General of the State of California at the time the award is made and shall not exceed an aggregate amount of fifty thousand dollars (\$50,000).

(2) This subdivision shall not apply if a public entity has provided for the defense of the action pursuant to Section 995 of the Government Code.

(e) A court may award attorney's fees and costs to a commercial film and photographic print processor when a suit is brought against the processor



BOARD OF PSYCHOLOGY

because of a disclosure mandated by this article and the court finds this suit to be frivolous.

Added Stats 1980 ch 1071 § 4. Amended Stats 1981 ch 135 § 1, effective July 1, 1981, ch 435 § 6, effective September 12, 1981; Stats 1984 ch 1170 § 2, ch 1703 § 2, ch 1718 § 3; Stats 1985 ch 1598 § 9; Stats 1986 ch 553 § 1; Stats 1987 ch 1459 § 23; Stats 1992 ch 459 § 5 (SB 1695); Stats 1993 ch 510 § 3 (SB 665); Stats 1996 ch 1081 § 6 (AB 3354); Stats 2000 ch 916 § 31 (AB 1241); Stats 2001 ch 133 § 16 (AB 102), effective July 31, 2001; Stats 2004 ch 842 § 21 (SB 1313); Stats 2006 ch 538 § 525 (SB 1852), effective January 1, 2007; Stats 2012 ch 521 § 3 (AB 1817), effective January 1, 2013.

§ 11174. Guidelines for investigation of abuse in out-of-home care

The Department of Justice, in cooperation with the State Department of Social Services, shall prescribe by regulation guidelines for the investigation of abuse in out-of-home care, as defined in Section 11165.5, and shall ensure that the investigation is conducted in accordance with the regulations and guidelines.

Added Stats 1980 ch 1071 § 4. Amended Stats 1981 ch 435 § 7, effective September 12, 1981; Stats 1982 ch 162 § 4, effective April 26, 1982; Stats 1985 ch 1528 § 3; Stats 1988 ch 269 § 5.

§ 11174.1. Guidelines for investigation of child abuse or neglect in day care facilities

(a) The Department of Justice, in cooperation with the State Department of Social Services, shall prescribe by regulation guidelines for the investigation of child abuse or neglect, as defined in Section 11165.6, in facilities licensed to care for children, and shall ensure that the investigation is conducted in accordance with the regulations and guidelines.

(b) For community treatment facilities, day treatment facilities, group homes, and foster family agencies, the State Department of Social Services shall prescribe the following regulations:

(1) Regulations designed to assure that all licensees and employees of community treatment facilities, day treatment facilities, group homes, and foster family agencies licensed to care for children have had appropriate training, as determined by the State Department of Social Services, in consultation with representatives of licensees, on the provisions of this article.

(2) Regulations designed to assure the community treatment facilities, day treatment facilities, group homes, and foster family agencies licensed to care for children maintain a written protocol for the investigation and reporting of child abuse or neglect, as defined in Section 11165.6, alleged to have occurred involving a child placed in the facility.

(c) The State Department of Social Services shall provide such orientation and training as it deems necessary to assure that its officers, employees, or agents who conduct inspections of facilities licensed to care for children are knowledgeable about the reporting requirements of this article and have adequate training to identify conditions leading to, and the signs of, child abuse or neglect, as defined in Section 11165.6.

Added Stats 1985 ch 1593 § 5, effective October 2, 1985. Amended Stats 1988 ch 269 § 6; Stats 1989 ch 1053 § 2, effective September 29, 1989; Stats 2000 ch 916 § 32 (AB 1241).

§ 11174.3. Interview with suspected victim of child abuse or neglect at school; Presence of school staff member at interview; Confidentiality; Notification of requirements

(a) Whenever a representative of a government agency investigating suspected child abuse or neglect or the State Department of Social Services deems



## PENAL CODE

it necessary, a suspected victim of child abuse or neglect may be interviewed during school hours, on school premises, concerning a report of suspected child abuse or neglect that occurred within the child's home or out-of-home care facility. The child shall be afforded the option of being interviewed in private or selecting any adult who is a member of the staff of the school, including any certificated or classified employee or volunteer aide, to be present at the interview. A representative of the agency investigating suspected child abuse or neglect or the State Department of Social Services shall inform the child of that right prior to the interview.

The purpose of the staff person's presence at the interview is to lend support to the child and enable him or her to be as comfortable as possible. However, the member of the staff so elected shall not participate in the interview. The member of the staff so present shall not discuss the facts or circumstances of the case with the child. The member of the staff so present, including, but not limited to, a volunteer aide, is subject to the confidentiality requirements of this article, a violation of which is punishable as specified in Section 11167.5. A representative of the school shall inform a member of the staff so selected by a child of the requirements of this section prior to the interview. A staff member selected by a child may decline the request to be present at the interview. If the staff person selected agrees to be present, the interview shall be held at a time during school hours when it does not involve an expense to the school. Failure to comply with the requirements of this section does not affect the admissibility of evidence in a criminal or civil proceeding.

(b) The Superintendent of Public Instruction shall notify each school district and each agency specified in Section 11165.9 to receive mandated reports, and the State Department of Social Services shall notify each of its employees who participate in the investigation of reports of child abuse or neglect, of the requirements of this section.

Added Stats 1987 ch 640 § 2. Amended Stats 1998 ch 311 § 51 (SB 933), effective August 19, 1998; Stats 2000 ch 916 § 33 (AB 1241).

Penal Code

## ARTICLE 2.6

### Child Death Review Teams

#### **§ 11174.32. Interagency child death teams; Autopsy protocols; Records exempt from disclosure; Report**

(a) Each county may establish an interagency child death review team to assist local agencies in identifying and reviewing suspicious child deaths and facilitating communication among persons who perform autopsies and the various persons and agencies involved in child abuse or neglect cases. Interagency child death review teams have been used successfully to ensure that incidents of child abuse or neglect are recognized and other siblings and nonoffending family members receive the appropriate services in cases where a child has expired.

(b) Each county may develop a protocol that may be used as a guideline by persons performing autopsies on children to assist coroners and other persons who perform autopsies in the identification of child abuse or neglect, in the determination of whether child abuse or neglect contributed to death or whether child abuse or neglect had occurred prior to but was not the actual



BOARD OF PSYCHOLOGY

cause of death, and in the proper written reporting procedures for child abuse or neglect, including the designation of the cause and mode of death.

(c) In developing an interagency child death review team and an autopsy protocol, each county, working in consultation with local members of the California State Coroner's Association and county child abuse prevention coordinating councils, may solicit suggestions and final comments from persons, including, but not limited to, the following:

- (1) Experts in the field of forensic pathology.
- (2) Pediatricians with expertise in child abuse.
- (3) Coroners and medical examiners.
- (4) Criminologists.
- (5) District attorneys.
- (6) Child protective services staff.
- (7) Law enforcement personnel.
- (8) Representatives of local agencies which are involved with child abuse or neglect reporting.
- (9) County health department staff who deals with children's health issues.
- (10) Local professional associations of persons described in paragraphs (1) to (9), inclusive.

(d) Records exempt from disclosure to third parties pursuant to state or federal law shall remain exempt from disclosure when they are in the possession of a child death review team.

(e)(1) No less than once each year, each child death review team shall make available to the public findings, conclusions and recommendations of the team, including aggregate statistical data on the incidences and causes of child deaths.

(2) In its report, the child death review team shall withhold the last name of the child that is subject to a review or the name of the deceased child's siblings unless the name has been publicly disclosed or is required to be disclosed by state law, federal law, or court order.

Added Stats 1988 ch 1580 § 3, as Pen C § 11166.7. Amended Stats 2000 ch 916 § 21 (AB 1241); Stats 2001 ch 133 § 10 (AB 102), effective July 31, 2001. Amended and renumbered by Stats 2004 ch 842 § 11 (SB 1313). Amended Stats 2006 ch 813 § 1 (SB 1668), effective January 1, 2007.

**§ 11174.33. Protocol for development and implementation of interagency child death teams**

Subject to available funding, the Attorney General, working with the California Consortium of Child Abuse Councils, shall develop a protocol for the development and implementation of interagency child death teams for use by counties, which shall include relevant procedures for both urban and rural counties. The protocol shall be designed to facilitate communication among persons who perform autopsies and the various persons and agencies involved in child abuse or neglect cases so that incidents of child abuse or neglect are recognized and other siblings and nonoffending family members receive the appropriate services in cases where a child has expired. The protocol shall be completed on or before January 1, 1991.

Added Stats 1988 ch 1580 § 4. Amended Stats 2000 ch 916 § 22 (AB 1241). Renumbered by Stats 2004 ch 842 § 12 (SB 1313).



***EXTRACTED FROM***  
**WELFARE AND INSTITUTIONS CODE**

**DIVISION 5**

**Community Mental Health Services**

**PART 1**

**The Lanterman–Petris–Short Act**

**CHAPTER 2**

**Involuntary Treatment**

**ARTICLE 1**

**Detention of Mentally Disordered Persons for  
Evaluation and Treatment**

**§ 5150. Detention upon probable cause; Assessment; Alternative services; Application for admission; Personal property of person taken into custody; Advisement, record of advisement**

(a) When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. At a minimum, assessment, as defined in Section 5150.4, and evaluation, as defined in subdivision (a) of Section 5008, shall be conducted and provided on an ongoing basis. Crisis intervention, as defined in subdivision (e) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service.

(b) The professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county shall assess the person to determine whether he or she can be properly served without being detained. If in the judgment of the professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, the person can be properly served without being detained, he or she shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis. Nothing in this subdivision shall be interpreted to prevent a peace officer from delivering

Misc.

BOARD OF PSYCHOLOGY

individuals to a designated facility for assessment under this section. Furthermore, the assessment requirement of this subdivision shall not be interpreted to require peace officers to perform any additional duties other than those specified in Sections 5150.1 and 5150.2.

(c) Whenever a person is evaluated by a professional person in charge of a facility designated by the county for evaluation or treatment, member of the attending staff, or professional person designated by the county and is found to be in need of mental health services, but is not admitted to the facility, all available alternative services provided pursuant to subdivision (b) shall be offered as determined by the county mental health director.

(d) If, in the judgment of the professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or the professional person designated by the county, the person cannot be properly served without being detained, the admitting facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, and stating that the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county has probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself or herself, or gravely disabled. If the probable cause is based on the statement of a person other than the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, the person shall be liable in a civil action for intentionally giving a statement which he or she knows to be false.

(e) At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him or her into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him or her into custody shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211, except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him or her into custody for that property shall terminate. As used in this section, "responsible relative" includes the spouse, parent, adult child, domestic partner, grandparent, grandchild, or adult brother or sister of the person.

(f)(1) Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form:

Misc.

WELFARE AND INSTITUTIONS CODE

My name is \_\_\_\_\_.

I am a \_\_\_\_\_  
(peace officer/mental health professional)

with \_\_\_\_\_  
(name of agency)

You are not under criminal arrest, but I am taking you for an examination by mental health professionals at \_\_\_\_\_.

\_\_\_\_\_  
(name of facility)

You will be told your rights by the mental health staff.

(2) If taken into custody at his or her own residence, the person shall also be provided the following information:

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.

(g) The designated facility shall keep, for each patient evaluated, a record of the advisement given pursuant to subdivision (f) which shall include all of the following:

(1) The name of the person detained for evaluation.

(2) The name and position of the peace officer or mental health professional taking the person into custody.

(3) The date the advisement was completed.

(4) Whether the advisement was completed.

(5) The language or modality used to give the advisement.

(6) If the advisement was not completed, a statement of good cause, as defined by regulations of the State Department of Health Care Services.

(h)(1) Each person admitted to a facility designated by the county for evaluation and treatment shall be given the following information by admission staff of the facility. The information shall be given orally and in writing and in a language or modality accessible to the person. The written information shall be available to the person in English and in the language that is the person's primary means of communication. Accommodations for other disabilities that may affect communication shall also be provided. The information shall be in substantially the following form:

My name is \_\_\_\_\_.

My position here is \_\_\_\_\_.

You are being placed into this psychiatric facility because it is our professional opinion that, as a result of a mental health disorder, you are likely to (check applicable):

Harm yourself.

Harm someone else.

Be unable to take care of your own food, clothing, and housing needs.



BOARD OF PSYCHOLOGY

We believe this is true because

(list of the facts upon which the allegation of dangerous or gravely disabled due to mental health disorder is based, including pertinent facts arising from the admission interview).

You will be held for a period up to 72 hours. During the 72 hours you may also be transferred to another facility. You may request to be evaluated or treated at a facility of your choice. You may request to be evaluated or treated by a mental health professional of your choice. We cannot guarantee the facility or mental health professional you choose will be available, but we will honor your choice if we can.

During these 72 hours you will be evaluated by the facility staff, and you may be given treatment, including medications. It is possible for you to be released before the end of the 72 hours. But if the staff decides that you need continued treatment you can be held for a longer period of time. If you are held longer than 72 hours, you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided to you free of charge.

If you have questions about your legal rights, you may contact the county Patients' Rights Advocate at

(phone number for the county Patients' Rights Advocacy office)

Your 72-hour period began (date/time).



(2) If the notice is given in a county where weekends and holidays are excluded from the 72-hour period, the patient shall be informed of this fact.

(i) For each patient admitted for evaluation and treatment, the facility shall keep with the patient's medical record a record of the advisement given pursuant to subdivision (h), which shall include all of the following:

- (1) The name of the person performing the advisement.
(2) The date of the advisement.
(3) Whether the advisement was completed.
(4) The language or modality used to communicate the advisement.
(5) If the advisement was not completed, a statement of good cause.

Added Stats 1967 ch 1667 § 36, operative July 1, 1969. Amended Stats 1968 ch 1374 § 16, operative July 1, 1969; Stats 1970 ch 516 § 7; Stats 1971 ch 1593 § 368, operative July 1, 1973; Stats 1975 ch 960 § 2; Stats 1977 ch 1252 § 554, operative July 1, 1978; Stats 1980 ch 968 § 1; Stats 2012 ch 34 § 79 (SB 1009), effective June 27, 2012; Stats 2013 ch 23 § 31 (AB 82), effective June 27, 2013, ch 567 § 5 (SB 364), effective January 1, 2014.

ARTICLE 4
Certification for Intensive Treatment

§ 5250. Conditions for certification

If a person is detained for 72 hours under the provisions of Article 1 (commencing with Section 5150), or under court order for evaluation pursuant

WELFARE AND INSTITUTIONS CODE

to Article 2 (commencing with Section 5200) or Article 3 (commencing with Section 5225) and has received an evaluation, he or she may be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism, under the following conditions:

(a) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and has found the person is, as a result of a mental health disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled.

(b) The facility providing intensive treatment is designated by the county to provide intensive treatment, and agrees to admit the person. No facility shall be designated to provide intensive treatment unless it complies with the certification review hearing required by this article. The procedures shall be described in the county Short-Doyle plan as required by Section 5651.3.

(c) The person has been advised of the need for, but has not been willing or able to accept, treatment on a voluntary basis.

(d)(1) Notwithstanding paragraph (1) of subdivision (h) of Section 5008, a person is not "gravely disabled" if that person can survive safely without involuntary detention with the help of responsible family, friends, or others who are both willing and able to help provide for the person's basic personal needs for food, clothing, or shelter.

(2) However, unless they specifically indicate in writing their willingness and ability to help, family, friends, or others shall not be considered willing or able to provide this help.

(3) The purpose of this subdivision is to avoid the necessity for, and the harmful effects of, requiring family, friends, and others to publicly state, and requiring the certification review officer to publicly find, that no one is willing or able to assist a person with a mental health disorder in providing for the person's basic needs for food, clothing, or shelter.

Added Stats 1982 ch 1598 § 4. Amended Stats 1989 ch 999 § 1; Stats 2014 ch 144 § 89 (AB 1847), effective January 1, 2015.

**ARTICLE 7**

**Legal and Civil Rights of Persons Involuntarily Detained**

**§ 5325. Enumeration; Posting**

Each person involuntarily detained for evaluation or treatment under provisions of this part, and each person admitted as a voluntary patient for psychiatric evaluation or treatment to any health facility, as defined in Section 1250 of the Health and Safety Code, in which psychiatric evaluation or treatment is offered, shall have the following rights, a list of which shall be prominently posted in the predominant languages of the community and explained in a language or modality accessible to the patient in all facilities providing those services, and otherwise brought to his or her attention by any additional means as the Director of Health Care Services may designate by regulation. Each person committed to a state hospital shall also have the following rights, a list of which shall be prominently posted in the predominant languages of the community and explained in a language or modality accessible to the patient in all facilities providing those services and otherwise



BOARD OF PSYCHOLOGY

brought to his or her attention by any additional means as the Director of State Hospitals may designate by regulation:

(a) To wear his or her own clothes; to keep and use his or her own personal possessions including his or her toilet articles; and to keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases.

(b) To have access to individual storage space for his or her private use.

(c) To see visitors each day.

(d) To have reasonable access to telephones, both to make and receive confidential calls or to have such calls made for them.

(e) To have ready access to letterwriting materials, including stamps, and to mail and receive unopened correspondence.

(f) To refuse convulsive treatment including, but not limited to, any electroconvulsive treatment, any treatment of the mental condition which depends on the induction of a convulsion by any means, and insulin coma treatment.

(g) To refuse psychosurgery. Psychosurgery is defined as those operations currently referred to as lobotomy, psychiatric surgery, and behavioral surgery, and all other forms of brain surgery if the surgery is performed for the purpose of any of the following:

(1) Modification or control of thoughts, feelings, actions, or behavior rather than the treatment of a known and diagnosed physical disease of the brain.

(2) Modification of normal brain function or normal brain tissue in order to control thoughts, feelings, actions, or behavior.

(3) Treatment of abnormal brain function or abnormal brain tissue in order to modify thoughts, feelings, actions or behavior when the abnormality is not an established cause for those thoughts, feelings, actions, or behavior.

Psychosurgery does not include prefrontal sonic treatment wherein there is no destruction of brain tissue. The Director of Health Care Services and the Director of State Hospitals shall promulgate appropriate regulations to assure adequate protection of patients' rights in such treatment.

(h) To see and receive the services of a patient advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services.

(i) Other rights, as specified by regulation.

Each patient shall also be given notification in a language or modality accessible to the patient of other constitutional and statutory rights which are found by the State Department of Health Care Services and the State Department of State Hospitals to be frequently misunderstood, ignored, or denied.

Upon admission to a facility each patient, involuntarily detained for evaluation or treatment under provisions of this part, or as a voluntary patient for psychiatric evaluation or treatment to a health facility, as defined in Section 1250 of the Health and Safety Code, in which psychiatric evaluation or treatment is offered, shall immediately be given a copy of a State Department of Health Care Services prepared patients' rights handbook. Each person committed to a state hospital, upon admission, shall immediately be given a copy of a State Department of State Hospitals prepared patients' rights handbook.

The State Department of Health Care Services and the State Department of State Hospitals shall prepare and provide the forms specified in this section.

Misc.

## WELFARE AND INSTITUTIONS CODE

The State Department of Health Care Services shall prepare and provide the forms specified in Section 5157.

The rights specified in this section may not be waived by the person's parent, guardian, or conservator.

Added Stats 1972 ch 1055 § 3, operative July 1, 1973. Amended Stats 1974 ch 1534 § 1; Stats 1976 ch 1109 § 1.5; Stats 1977 ch 1021 § 2; Stats 1978 ch 429 § 206, effective July 17, 1978, operative July 1, 1978; Stats 1981 ch 841 § 2; Stats 2012 ch 34 § 85 (SB 1009), effective June 27, 2012 (ch 34 prevails), ch 448 § 52 (AB 2370), effective January 1, 2013, ch 457 § 52 (SB 1381), effective January 1, 2013.

### § 5325.1. Protection of legal rights and responsibilities

Persons with mental illness have the same legal rights and responsibilities guaranteed all other persons by the Federal Constitution and laws and the Constitution and laws of the State of California, unless specifically limited by federal or state law or regulations. No otherwise qualified person by reason of having been involuntarily detained for evaluation or treatment under provisions of this part or having been admitted as a voluntary patient to any health facility, as defined in Section 1250 of the Health and Safety Code, in which psychiatric evaluation or treatment is offered shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity, which receives public funds.

It is the intent of the legislature that persons with mental illness shall have rights including, but not limited to, the following:

- (a) A right to treatment services which promote the potential of the person to function independently. Treatment should be provided in ways that are least restrictive of the personal liberty of the individual.
- (b) A right to dignity, privacy, and humane care.
- (c) A right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect. Medication shall not be used as punishment, for the convenience of staff, as a substitute for program, or in quantities that interfere with the treatment program.
- (d) A right to prompt medical care and treatment.
- (e) A right to religious freedom and practice.
- (f) A right to participate in appropriate programs of publicly supported education.
- (g) A right to social interaction and participation in community activities.
- (h) A right to physical exercise and recreational opportunities.
- (i) A right to be free from hazardous procedures.

Added Stats 1978 ch 1320 § 1.

### § 5328. Confidentiality of records; Authorized disclosures

All information and records obtained in the course of providing services under Division 4 (commencing with Section 4000), Division 4.1 (commencing with Section 4400), Division 4.5 (commencing with Section 4500), Division 5 (commencing with Section 5000), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7100), to either voluntary or involuntary recipients of services shall be confidential. Information and records obtained in the course of providing similar services to either voluntary or involuntary recipients prior to 1969 shall also be confidential. Information and records shall be disclosed only in any of the following cases:

Misc.



BOARD OF PSYCHOLOGY

(a) In communications between qualified professional persons in the provision of services or appropriate referrals, or in the course of conservatorship proceedings. The consent of the patient, or his or her guardian or conservator, shall be obtained before information or records may be disclosed by a professional person employed by a facility to a professional person not employed by the facility who does not have the medical or psychological responsibility for the patient's care.

(b) When the patient, with the approval of the physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, or licensed professional clinical counselor, who is in charge of the patient, designates persons to whom information or records may be released, except that nothing in this article shall be construed to compel a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, attorney, or other professional person to reveal information that has been given to him or her in confidence by members of a patient's family. Nothing in this subdivision shall be construed to authorize a licensed marriage and family therapist or licensed professional clinical counselor to provide services or to be in charge of a patient's care beyond his or her lawful scope of practice.

(c) To the extent necessary for a recipient to make a claim, or for a claim to be made on behalf of a recipient for aid, insurance, or medical assistance to which he or she may be entitled.

(d) If the recipient of services is a minor, ward, dependent, or conservatee, and his or her parent, guardian, guardian ad litem, conservator, or authorized representative designates, in writing, persons to whom records or information may be disclosed, except that nothing in this article shall be construed to compel a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, attorney, or other professional person to reveal information that has been given to him or her in confidence by members of a patient's family.

(e) For research, provided that the Director of Health Care Services, the Director of State Hospitals, the Director of Social Services, or the Director of Developmental Services designates by regulation, rules for the conduct of research and requires the research to be first reviewed by the appropriate institutional review board or boards. The rules shall include, but need not be limited to, the requirement that all researchers shall sign an oath of confidentiality as follows:



\_\_\_\_\_

Date

As a condition of doing research concerning persons who have received services from \_\_\_\_\_ (fill in the facility, agency or person), I, \_\_\_\_\_, agree to obtain the prior informed consent of such persons who have received services to the maximum degree possible as determined by the appropriate institutional review board or boards for protection of human subjects reviewing my research, and I further agree not to divulge any information obtained in the course of such research to unauthorized persons,

WELFARE AND INSTITUTIONS CODE

and not to publish or otherwise make public any information regarding persons who have received services such that the person who received services is identifiable.

I recognize that the unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code.

(f) To the courts, as necessary to the administration of justice.

(g) To governmental law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

(h) To the Senate Committee on Rules or the Assembly Committee on Rules for the purposes of legislative investigation authorized by the committee.

(i) If the recipient of services who applies for life or disability insurance designates in writing the insurer to which records or information may be disclosed.

(j) To the attorney for the patient in any and all proceedings upon presentation of a release of information signed by the patient, except that when the patient is unable to sign the release, the staff of the facility, upon satisfying itself of the identity of the attorney, and of the fact that the attorney does represent the interests of the patient, may release all information and records relating to the patient except that nothing in this article shall be construed to compel a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, attorney, or other professional person to reveal information that has been given to him or her in confidence by members of a patient's family.

(k) Upon written agreement by a person previously confined in or otherwise treated by a facility, the professional person in charge of the facility or his or her designee may release any information, except information that has been given in confidence by members of the person's family, requested by a probation officer charged with the evaluation of the person after his or her conviction of a crime if the professional person in charge of the facility determines that the information is relevant to the evaluation. The agreement shall only be operative until sentence is passed on the crime of which the person was convicted. The confidential information released pursuant to this subdivision shall be transmitted to the court separately from the probation report and shall not be placed in the probation report. The confidential information shall remain confidential except for purposes of sentencing. After sentencing, the confidential information shall be sealed.

(l)(1) Between persons who are trained and qualified to serve on multidisciplinary personnel teams pursuant to subdivision (d) of Section 18951. The information and records sought to be disclosed shall be relevant to the provision of child welfare services or the investigation, prevention, identification, management, or treatment of child abuse or neglect pursuant to Chapter 11 (commencing with Section 18950) of Part 6 of Division 9. Information obtained pursuant to this subdivision shall not be used in any criminal or delinquency proceeding. Nothing in this subdivision shall prohibit evidence identical to that contained within the records from being admissible in a criminal or delinquency proceeding, if the evidence is derived solely from means other than this subdivision, as permitted by law.

Misc.

BOARD OF PSYCHOLOGY

(2) As used in this subdivision, "child welfare services" means those services that are directed at preventing child abuse or neglect.

(m) To county patients' rights advocates who have been given knowing voluntary authorization by a client or a guardian ad litem. The client or guardian ad litem, whoever entered into the agreement, may revoke the authorization at any time, either in writing or by oral declaration to an approved advocate.

(n) To a committee established in compliance with Section 14725.

(o) In providing information as described in Section 7325.5. Nothing in this subdivision shall permit the release of any information other than that described in Section 7325.5.

(p) To the county mental health director or the director's designee, or to a law enforcement officer, or to the person designated by a law enforcement agency, pursuant to Sections 5152.1 and 5250.1.

(q) If the patient gives his or her consent, information specifically pertaining to the existence of genetically handicapping conditions, as defined in Section 125135 of the Health and Safety Code, may be released to qualified professional persons for purposes of genetic counseling for blood relatives upon request of the blood relative. For purposes of this subdivision, "qualified professional persons" means those persons with the qualifications necessary to carry out the genetic counseling duties under this subdivision as determined by the genetic disease unit established in the State Department of Health Care Services under Section 125000 of the Health and Safety Code. If the patient does not respond or cannot respond to a request for permission to release information pursuant to this subdivision after reasonable attempts have been made over a two-week period to get a response, the information may be released upon request of the blood relative.

(r) When the patient, in the opinion of his or her psychotherapist, presents a serious danger of violence to a reasonably foreseeable victim or victims, then any of the information or records specified in this section may be released to that person or persons and to law enforcement agencies and county child welfare agencies as the psychotherapist determines is needed for the protection of that person or persons. For purposes of this subdivision, "psychotherapist" means anyone so defined within Section 1010 of the Evidence Code.

(s)(1) To the designated officer of an emergency response employee, and from that designated officer to an emergency response employee regarding possible exposure to HIV or AIDS, but only to the extent necessary to comply with provisions of the federal Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (Public Law 101-381; 42 U.S.C. Sec. 201).

(2) For purposes of this subdivision, "designated officer" and "emergency response employee" have the same meaning as these terms are used in the federal Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (Public Law 101-381; 42 U.S.C. Sec. 201).

(3) The designated officer shall be subject to the confidentiality requirements specified in Section 120980, and may be personally liable for unauthorized release of any identifying information about the HIV results. Further, the designated officer shall inform the exposed emergency response employee that the employee is also subject to the confidentiality requirements specified in Section 120980, and may be personally liable for unauthorized release of any identifying information about the HIV test results.



WELFARE AND INSTITUTIONS CODE

(t)(1) To a law enforcement officer who personally lodges with a facility, as defined in paragraph (2), a warrant of arrest or an abstract of such a warrant showing that the person sought is wanted for a serious felony, as defined in Section 1192.7 of the Penal Code, or a violent felony, as defined in Section 667.5 of the Penal Code. The information sought and released shall be limited to whether or not the person named in the arrest warrant is presently confined in the facility. This paragraph shall be implemented with minimum disruption to health facility operations and patients, in accordance with Section 5212. If the law enforcement officer is informed that the person named in the warrant is confined in the facility, the officer may not enter the facility to arrest the person without obtaining a valid search warrant or the permission of staff of the facility.

(2) For purposes of paragraph (1), a facility means all of the following:

(A) A state hospital, as defined in Section 4001.

(B) A general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, solely with regard to information pertaining to a person with mental illness subject to this section.

(C) An acute psychiatric hospital, as defined in subdivision (b) of Section 1250 of the Health and Safety Code.

(D) A psychiatric health facility, as described in Section 1250.2 of the Health and Safety Code.

(E) A mental health rehabilitation center, as described in Section 5675.

(F) A skilled nursing facility with a special treatment program for individuals with mental illness, as described in Sections 51335 and 72445 to 72475, inclusive, of Title 22 of the California Code of Regulations.

(u) Between persons who are trained and qualified to serve on multidisciplinary personnel teams pursuant to Section 15610.55, 15753.5, or 15761. The information and records sought to be disclosed shall be relevant to the prevention, identification, management, or treatment of an abused elder or dependent adult pursuant to Chapter 13 (commencing with Section 15750) of Part 3 of Division 9.

(v) The amendment of subdivision (d) enacted at the 1970 Regular Session of the Legislature does not constitute a change in, but is declaratory of, the preexisting law.

(w) This section shall not be limited by Section 5150.05 or 5332.

(x)(1) When an employee is served with a notice of adverse action, as defined in Section 19570 of the Government Code, the following information and records may be released:

(A) All information and records that the appointing authority relied upon in issuing the notice of adverse action.

(B) All other information and records that are relevant to the adverse action, or that would constitute relevant evidence as defined in Section 210 of the Evidence Code.

(C) The information described in subparagraphs (A) and (B) may be released only if both of the following conditions are met:

(i) The appointing authority has provided written notice to the consumer and the consumer's legal representative or, if the consumer has no legal representative or if the legal representative is a state agency, to the clients' rights advocate, and the consumer, the consumer's legal representative, or the



BOARD OF PSYCHOLOGY

clients' rights advocate has not objected in writing to the appointing authority within five business days of receipt of the notice, or the appointing authority, upon review of the objection has determined that the circumstances on which the adverse action is based are egregious or threaten the health, safety, or life of the consumer or other consumers and without the information the adverse action could not be taken.

(ii) The appointing authority, the person against whom the adverse action has been taken, and the person's representative, if any, have entered into a stipulation that does all of the following:

(I) Prohibits the parties from disclosing or using the information or records for any purpose other than the proceedings for which the information or records were requested or provided.

(II) Requires the employee and the employee's legal representative to return to the appointing authority all records provided to them under this subdivision, including, but not limited to, all records and documents from any source containing confidential information protected by this section, and all copies of those records and documents, within 10 days of the date that the adverse action becomes final except for the actual records and documents or copies thereof that are no longer in the possession of the employee or the employee's legal representative because they were submitted to the administrative tribunal as a component of an appeal from the adverse action.

(III) Requires the parties to submit the stipulation to the administrative tribunal with jurisdiction over the adverse action at the earliest possible opportunity.

(2) For the purposes of this subdivision, the State Personnel Board may, prior to any appeal from adverse action being filed with it, issue a protective order, upon application by the appointing authority, for the limited purpose of prohibiting the parties from disclosing or using information or records for any purpose other than the proceeding for which the information or records were requested or provided, and to require the employee or the employee's legal representative to return to the appointing authority all records provided to them under this subdivision, including, but not limited to, all records and documents from any source containing confidential information protected by this section, and all copies of those records and documents, within 10 days of the date that the adverse action becomes final, except for the actual records and documents or copies thereof that are no longer in the possession of the employee or the employee's legal representatives because they were submitted to the administrative tribunal as a component of an appeal from the adverse action.

(3) Individual identifiers, including, but not limited to, names, social security numbers, and hospital numbers, that are not necessary for the prosecution or defense of the adverse action, shall not be disclosed.

(4) All records, documents, or other materials containing confidential information protected by this section that have been submitted or otherwise disclosed to the administrative agency or other person as a component of an appeal from an adverse action shall, upon proper motion by the appointing authority to the administrative tribunal, be placed under administrative seal and shall not, thereafter, be subject to disclosure to any person or entity except upon the issuance of an order of a court of competent jurisdiction.



WELFARE AND INSTITUTIONS CODE

(5) For purposes of this subdivision, an adverse action becomes final when the employee fails to answer within the time specified in Section 19575 of the Government Code, or, after filing an answer, withdraws the appeal, or, upon exhaustion of the administrative appeal or of the judicial review remedies as otherwise provided by law.

(y) To the person appointed as the developmental services decisionmaker for a minor, dependent, or ward pursuant to Section 319, 361, or 726.

Added Stats 1972 ch 1058 § 2, operative July 1, 1973. Amended Stats 1974 ch 486 § 2, effective July 11, 1974; Stats 1975 ch 1258 § 6; Stats 1977 ch 1252 § 570, operative July 1, 1978; Stats 1978 ch 432 § 12, effective July 17, 1978, operative July 1, 1978, ch 1345 § 1; Stats 1979 ch 373 § 364 (ch 244 prevails), ch 244 § 1; Stats 1980 ch 676 § 332; Stats 1981 ch 841 § 6; Stats 1982 ch 234 § 6, effective June 2, 1982, ch 1141 § 7, ch 1415 § 1, effective September 27, 1982; Stats 1983 ch 755 § 3, ch 1174 § 1.5; Stats 1985 ch 1121 § 3, ch 1194 § 1, ch 1324 § 1.7; Stats 1991 ch 534 § 6 (SB 1088); Stats 1996 ch 111 § 2 (SB 2082) (ch 111 prevails), ch 1023 § 464 (SB 1497), effective September 29, 1996; Stats 1998 ch 148 § 1 (AB 302); Stats 2001 ch 37 § 1 (AB 213), ch 506 § 8.5 (AB 1424)(ch 506 prevails); Stats 2002 ch 552 § 1 (AB 2735); Stats 2004 ch 406 § 2 (SB 1819); Stats 2010 ch 551 § 2 (AB 2322), effective September 29, 2010; Stats 2011 ch 381 § 44 (SB 146), effective January 1, 2012, ch 471 § 13.5 (SB 368), effective January 1, 2012; Stats 2012 ch 34 § 94 (SB 1009), effective June 27, 2012, operative July 1, 2012.

**PART 2**

**The Bronzan–McCorquodale Act**

**CHAPTER 1**

**General Provisions**

**§ 5614. Establishing protocols relating to statutory requirements**

(a) The department, in consultation with the Compliance Advisory Committee that shall have representatives from relevant stakeholders, including, but not limited to, local mental health departments, local mental health boards and commissions, private and community–based providers, consumers and family members of consumers, and advocates, shall establish a protocol for ensuring that local mental health departments meet statutory and regulatory requirements for the provision of publicly funded community mental health services provided under this part.

(b) The protocol shall include a procedure for review and assurance of compliance for all of the following elements, and any other elements required in law or regulation:

(1) Financial maintenance of effort requirements provided for under Section 17608.05.

(2) Each local mental health board has approved procedures that ensure citizen and professional involvement in the local mental health planning process.

(3) Children’s services are funded pursuant to the requirements of Sections 5704.5 and 5704.6.

(4) The local mental health department complies with reporting requirements developed by the department.

(5) To the extent resources are available, the local mental health department maintains the program principles and the array of treatment options required under Sections 5600.2 to 5600.9, inclusive.



BOARD OF PSYCHOLOGY

(6) The local mental health department meets the reporting required by the performance outcome systems for adults and children.

(c) The protocol developed pursuant to subdivision (a) shall focus on law and regulations and shall include, but not be limited to, the items specified in subdivision (b). The protocol shall include data collection procedures so that state review and reporting may occur. The protocol shall also include a procedure for the provision of technical assistance, and formal decision rules and procedures for enforcement consequences when the requirements of law and regulations are not met. These standards and decision rules shall be established through the consensual stakeholder process established by the department.

Added Stats 2000 ch 93 § 51 (AB 2877), effective July 7, 2000. Amended Stats 2001 ch 159 § 191 (SB 662).

CHAPTER 4

Operation and Administration

§ 5751.2. Persons subject to licensing requirements; Waiver

(a) Except as provided in this section, persons employed or under contract to provide mental health services pursuant to this part shall be subject to all applicable requirements of law regarding professional licensure, and no person shall be employed in local mental health programs pursuant to this part to provide services for which a license is required, unless the person possesses a valid license.

(b) Persons employed as psychologists and clinical social workers, while continuing in their employment in the same class as of January 1, 1979, in the same program or facility, including those persons on authorized leave, but not including intermittent personnel, shall be exempt from the requirements of subdivision (a).

(c) While registered with the licensing board of jurisdiction for the purpose of acquiring the experience required for licensure, persons employed or under contract to provide mental health services pursuant to this part as clinical social workers, marriage and family therapists, or professional clinical counselors shall be exempt from subdivision (a). Registration shall be subject to regulations adopted by the appropriate licensing board.

(d) The requirements of subdivision (a) shall be waived by the State Department of Health Care Services for persons employed or under contract to provide mental health services pursuant to this part as psychologists who are gaining the experience required for licensure. A waiver granted under this subdivision may not exceed five years from the date of employment by, or contract with, a local mental health program for persons in the profession of psychology.

(e) The requirements of subdivision (a) shall be waived by the State Department of Health Care Services for persons who have been recruited for employment from outside this state as psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors and whose experience is sufficient to gain admission to a licensing examination. A waiver granted under this subdivision may not exceed three years from the date of



WELFARE AND INSTITUTIONS CODE

employment by, or contract with, a local mental health program for persons in these four professions who are recruited from outside this state.

Added Stats 1981 ch 412 § 6, effective September 11, 1981, operative January 1, 1984, as § 5600.2. Amended Stats 1987 ch 227 § 1; Stats 1988 ch 509 § 1; Stats 1989 ch 503 § 1; Stats 1990 ch 962 § 2 (AB 3229). Amended and renumbered W & I C § 5751.2 by Stats 1991 ch 611 § 37 (AB 1491), effective October 6, 1991. Amended and renumbered W & I C § 5603 by Stats 1991 ch 612 § 2 (SB 1112). Renumbered by Stats 1992 ch 1374 § 19 (AB 14), effective October 27, 1992; Stats 1995 ch 712 § 4 (SB 227). Amended Stats 2002 ch 1013 § 99 (SB 2026); Stats 2011 ch 381 § 48 (SB 146), effective January 1, 2012; Stats 2012 ch 34 § 165 (SB 1009), effective June 27, 2012.

**DIVISION 9**

**Public Social Services**

**PART 3**

**Aid and Medical Assistance**

**CHAPTER 11**

**Elder Abuse and Dependent Adult Civil Protection Act**

**ARTICLE 2**

**Definitions**

**§ 15610.05. “Abandonment”**

“Abandonment” means the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

Added Stats 1994 ch 594 § 3 (SB 1681).

**§ 15610.06. “Abduction”**

“Abduction” means the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent to the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, as well as the removal from this state or the restraint from returning to this state, of any conservatee without the consent of the conservator or the court.

Added Stats 1997 ch 663 § 2 (SB 628).

**§ 15610.07. “Abuse of an elder or a dependent adult”**

“Abuse of an elder or a dependent adult” means either of the following:

(a) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.

(b) The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

Added Stats 1994 ch 594 § 3 (SB 1681). Amended Stats 1997 ch 663 § 3 (SB 628); Stats 1998 ch 946 § 2 (SB 2199).





BOARD OF PSYCHOLOGY

§ 15610.17. “Care custodian”

“Care custodian” means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff:

- (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
- (b) Clinics.
- (c) Home health agencies.
- (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services.
- (e) Adult day health care centers and adult day care.
- (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders.
- (g) Independent living centers.
- (h) Camps.
- (i) Alzheimer’s Disease day care resource centers.
- (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code.
- (k) Respite care facilities.
- (l) Foster homes.
- (m) Vocational rehabilitation facilities and work activity centers.
- (n) Designated area agencies on aging.
- (o) Regional centers for persons with developmental disabilities.
- (p) State Department of Social Services and State Department of Health Services licensing divisions.
- (q) County welfare departments.
- (r) Offices of patients’ rights advocates and clients’ rights advocates, including attorneys.
- (s) The office of the long-term care ombudsman.
- (t) Offices of public conservators, public guardians, and court investigators.
- (u) Any protection or advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following:
  - (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities.
  - (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness.
- (v) Humane societies and animal control agencies.
- (w) Fire departments.
- (x) Offices of environmental health and building code enforcement.
- (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.

Added Stats 1994 ch 594 § 3 (SB 1681). Amended Stats 1998 ch 946 § 4 (SB 2199); Stats 2002 ch 54 § 2 (AB 255).



WELFARE AND INSTITUTIONS CODE

**§ 15610.23. “Dependent adult”**

(a) “Dependent adult” means any person between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age.

(b) “Dependent adult” includes any person between the ages of 18 and 64 years who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

Added Stats 1994 ch 594 § 3 (SB 1681). Amended Stats 2002 ch 54 § 4 (AB 255).

**§ 15610.27. “Elder”**

“Elder” means any person residing in this state, 65 years of age or older.

Added Stats 1994 ch 594 § 3 (SB 1681).

**§ 15610.30. “Financial abuse” of elder or dependent adult**

(a) “Financial abuse” of an elder or dependent adult occurs when a person or entity does any of the following:

(1) Takes, secretes, appropriates, obtains, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.

(2) Assists in taking, secreting, appropriating, obtaining, or retaining real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.

(3) Takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult by undue influence, as defined in Section 15610.70.

(b) A person or entity shall be deemed to have taken, secreted, appropriated, obtained, or retained property for a wrongful use if, among other things, the person or entity takes, secretes, appropriates, obtains, or retains the property and the person or entity knew or should have known that this conduct is likely to be harmful to the elder or dependent adult.

(c) For purposes of this section, a person or entity takes, secretes, appropriates, obtains, or retains real or personal property when an elder or dependent adult is deprived of any property right, including by means of an agreement, donative transfer, or testamentary bequest, regardless of whether the property is held directly or by a representative of an elder or dependent adult.

(d) For purposes of this section, “representative” means a person or entity that is either of the following:

(1) A conservator, trustee, or other representative of the estate of an elder or dependent adult.

(2) An attorney-in-fact of an elder or dependent adult who acts within the authority of the power of attorney.

Added Stats 1994 ch 594 § 3 (SB 1681). Amended Stats 1997 ch 724 § 37 (AB 1172); Stats 1998 ch 946 § 5 (SB 2199); Stats 2000 ch 442 § 5 (AB 2107) (ch 442 prevails), ch 813 § 2 (SB 1742); Stats 2008 ch 475 § 1 (SB 1140), effective January 1, 2009; Stats 2013 ch 668 § 2 (AB 140), effective January 1, 2014.

**§ 15610.37. “Health practitioner”**

“Health practitioner” means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, registered nurse, dental

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BOARD OF PSYCHOLOGY

hygienist, licensed clinical social worker or associate clinical social worker, marriage and family therapist, licensed professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, an unlicensed marriage and family therapist intern registered under Section 4980.44 of the Business and Professions Code, a clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code, a clinical counselor intern registered under Section 4999.42 of the Business and Professions Code, a state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner.

Added Stats 1994 ch 594 § 3 (SB 1681). Amended Stats 2002 ch 54 § 5 (AB 255); Stats 2003 ch 62 § 334 (SB 600); Stats 2011 ch 381 § 49 (SB 146), effective January 1, 2012.

**§ 15610.55. “Multidisciplinary personnel team”**

(a) “Multidisciplinary personnel team” means any team of two or more persons who are trained in the prevention, identification, management, or treatment of abuse of elderly or dependent adults and who are qualified to provide a broad range of services related to abuse of elderly or dependent adults.

(b) A multidisciplinary personnel team may include, but need not be limited to, any of the following:

- (1) Psychiatrists, psychologists, or other trained counseling personnel.
- (2) Police officers or other law enforcement agents.
- (3) Medical personnel with sufficient training to provide health services.
- (4) Social workers with experience or training in prevention of abuse of elderly or dependent adults.
- (5) Public guardians.
- (6) The local long-term care ombudsman.
- (7) Child welfare services personnel.

Added Stats 1994 ch 594 § 3 (SB 1681). Amended Stats 1998 ch 946 § 6 (SB 2199); Stats 2002 ch 54 § 7.5 (AB 255); Stats 2010 ch 551 § 4 (AB 2322), effective September 29, 2010; Stats 2014 ch 62 § 1 (AB 2379), effective January 1, 2015.

**§ 15610.57. “Neglect”**

(a) “Neglect” means either of the following:

(1) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.

(2) The negligent failure of an elder or dependent adult to exercise that degree of self care that a reasonable person in a like position would exercise.

(b) Neglect includes, but is not limited to, all of the following:

(1) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter.

(2) Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she



WELFARE AND INSTITUTIONS CODE

voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.

(3) Failure to protect from health and safety hazards.

(4) Failure to prevent malnutrition or dehydration.

(5) Failure of an elder or dependent adult to satisfy the needs specified in paragraphs (1) to (4), inclusive, for himself or herself as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health.

Added Stats 1994 ch 594 § 3 (SB 1681). Amended Stats 1998 ch 946 § 7 (SB 2199); Stats 2002 ch 54 § 8 (AB 255).

**§ 15610.63. "Physical abuse"**

"Physical abuse" means any of the following:

(a) Assault, as defined in Section 240 of the Penal Code.

(b) Battery, as defined in Section 242 of the Penal Code.

(c) Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code.

(d) Unreasonable physical constraint, or prolonged or continual deprivation of food or water.

(e) Sexual assault, that means any of the following:

(1) Sexual battery, as defined in Section 243.4 of the Penal Code.

(2) Rape, as defined in Section 261 of the Penal Code.

(3) Rape in concert, as described in Section 264.1 of the Penal Code.

(4) Spousal rape, as defined in Section 262 of the Penal Code.

(5) Incest, as defined in Section 285 of the Penal Code.

(6) Sodomy, as defined in Section 286 of the Penal Code.

(7) Oral copulation, as defined in Section 288a of the Penal Code.

(8) Sexual penetration, as defined in Section 289 of the Penal Code.

(9) Lewd or lascivious acts as defined in paragraph (2) of subdivision (b) of Section 288 of the Penal Code.

(f) Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:

(1) For punishment.

(2) For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.

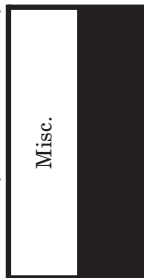
(3) For any purpose not authorized by the physician and surgeon.

Added Stats 1994 ch 594 § 3 (SB 1681). Amended Stats 1996 ch 1075 § 22 (SB 1444); Stats 2000 ch 287 § 29 (SB 1955); Stats 2004 ch 823 § 18 (AB 20).

**§ 15610.67. "Serious bodily injury"**

"Serious bodily injury" means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation.

Added Stats 2012 ch 659 § 1 (AB 40), effective January 1, 2013.



BOARD OF PSYCHOLOGY

**ARTICLE 3**

**Mandatory and Nonmandatory Reports of Abuse**

**§ 15630. Duties of mandated reporter; Punishment for failure to report**

(a) Any person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

(b)(1) Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone or through a confidential Internet reporting tool, as authorized by Section 15658, immediately or as soon as practicably possible. If reported by telephone, a written report shall be sent, or an Internet report shall be made through the confidential Internet reporting tool established in Section 15658, within two working days.

(A) If the suspected or alleged abuse is physical abuse, as defined in Section 15610.63, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the following shall occur:

(i) If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately, but also no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(ii) If the suspected abuse does not result in serious bodily injury, a telephone report shall be made to the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(iii) When the suspected abuse is allegedly caused by a resident with a physician's diagnosis of dementia, and there is no serious bodily injury, as reasonably determined by the mandated reporter, drawing upon his or her training or experience, the reporter shall report to the local ombudsman or law enforcement agency by telephone, immediately or as soon as practicably possible, and by written report, within 24 hours.



WELFARE AND INSTITUTIONS CODE

(iv) When applicable, reports made pursuant to clauses (i) and (ii) shall be deemed to satisfy the reporting requirements of the federal Elder Justice Act of 2009, as set out in Subtitle H of the federal Patient Protection and Affordable Care Act (Public Law 111-148), Section 1418.91 of the Health and Safety Code, and Section 72541 of Title 22 of California Code of Regulations. When a local law enforcement agency receives an initial report of suspected abuse in a long-term care facility pursuant to this subparagraph, the local law enforcement agency may coordinate efforts with the local ombudsman to provide the most immediate and appropriate response warranted to investigate the mandated report. The local ombudsman and local law enforcement agencies may collaborate to develop protocols to implement this subparagraph.

(B) Notwithstanding the rulemaking provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, or any other law, the department may implement subparagraph (A), in whole or in part, by means of all-county letters, provider bulletins, or other similar instructions without taking regulatory action.

(C) If the suspected or alleged abuse is abuse other than physical abuse, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, a telephone report and a written report shall be made to the local ombudsman or the local law enforcement agency.

(D) With regard to abuse reported pursuant to subparagraph (C), the local ombudsman and the local law enforcement agency shall, as soon as practicable, except in the case of an emergency or pursuant to a report required to be made pursuant to clause (v), in which case these actions shall be taken immediately, do all of the following:

(i) Report to the State Department of Public Health any case of known or suspected abuse occurring in a long-term health care facility, as defined in subdivision (a) of Section 1418 of the Health and Safety Code.

(ii) Report to the State Department of Social Services any case of known or suspected abuse occurring in a residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code, or in an adult day program, as defined in paragraph (2) of subdivision (a) of Section 1502 of the Health and Safety Code.

(iii) Report to the State Department of Public Health and the California Department of Aging any case of known or suspected abuse occurring in an adult day health care center, as defined in subdivision (b) of Section 1570.7 of the Health and Safety Code.

(iv) Report to the Bureau of Medi-Cal Fraud and Elder Abuse any case of known or suspected criminal activity.

(v) Report all cases of known or suspected physical abuse and financial abuse to the local district attorney's office in the county where the abuse occurred.

(E)(i) If the suspected or alleged abuse or neglect occurred in a state mental hospital or a state developmental center, and the suspected or alleged abuse or neglect resulted in any of the following incidents, a report shall be made immediately, but no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting abuse, to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, and also to the local law enforcement agency:



BOARD OF PSYCHOLOGY

(I) A death.

(II) A sexual assault, as defined in Section 15610.63.

(III) An assault with a deadly weapon, as described in Section 245 of the Penal Code, by a nonresident of the state mental hospital or state developmental center.

(IV) An assault with force likely to produce great bodily injury, as described in Section 245 of the Penal Code.

(V) An injury to the genitals when the cause of the injury is undetermined.

(VI) A broken bone when the cause of the break is undetermined.

(ii) All other reports of suspected or alleged abuse or neglect that occurred in a state mental hospital or a state developmental center shall be made immediately, but no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting abuse, to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, or to the local law enforcement agency.

(iii) When a local law enforcement agency receives an initial report of suspected or alleged abuse or neglect in a state mental hospital or a state developmental center pursuant to clause (i), the local law enforcement agency shall coordinate efforts with the designated investigators of the State Department of State Hospitals or the State Department of Developmental Services to provide the most immediate and appropriate response warranted to investigate the mandated report. The designated investigators of the State Department of State Hospitals or the State Department of Developmental Services and local law enforcement agencies may collaborate to develop protocols to implement this clause.

(iv) Except in an emergency, the local law enforcement agency shall, as soon as practicable, report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.

(v) Notwithstanding any other law, a mandated reporter who is required to report pursuant to Section 4427.5 shall not be required to report under clause (i).

(F) If the abuse has occurred in any place other than a long-term care facility, a state mental hospital, or a state developmental center, the report shall be made to the adult protective services agency or the local law enforcement agency.

(2)(A) A mandated reporter who is a clergy member who acquires knowledge or reasonable suspicion of elder or dependent adult abuse during a penitential communication is not subject to paragraph (1). For purposes of this subdivision, "penitential communication" means a communication that is intended to be in confidence, including, but not limited to, a sacramental confession made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization is authorized or accustomed to hear those communications and under the discipline tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(B) This subdivision shall not be construed to modify or limit a clergy member's duty to report known or suspected elder and dependent adult abuse if he or she is acting in the capacity of a care custodian, health practitioner, or employee of an adult protective services agency.



WELFARE AND INSTITUTIONS CODE

(C) Notwithstanding any other provision in this section, a clergy member who is not regularly employed on either a full-time or part-time basis in a long-term care facility or does not have care or custody of an elder or dependent adult shall not be responsible for reporting abuse or neglect that is not reasonably observable or discernible to a reasonably prudent person having no specialized training or experience in elder or dependent care.

(3)(A) A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report, pursuant to paragraph (1), an incident if all of the following conditions exist:

(i) The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect.

(ii) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.

(iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.

(iv) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

(B) This paragraph shall not be construed to impose upon mandated reporters a duty to investigate a known or suspected incident of abuse and shall not be construed to lessen or restrict any existing duty of mandated reporters.

(4)(A) In a long-term care facility, a mandated reporter shall not be required to report as a suspected incident of abuse, as defined in Section 15610.07, an incident if all of the following conditions exist:

(i) The mandated reporter is aware that there is a proper plan of care.

(ii) The mandated reporter is aware that the plan of care was properly provided or executed.

(iii) A physical, mental, or medical injury occurred as a result of care provided pursuant to clause (i) or (ii).

(iv) The mandated reporter reasonably believes that the injury was not the result of abuse.

(B) This paragraph shall not be construed to require a mandated reporter to seek, nor to preclude a mandated reporter from seeking, information regarding a known or suspected incident of abuse prior to reporting. This paragraph shall apply only to those categories of mandated reporters that the State Department of Public Health determines, upon approval by the Bureau of Medi-Cal Fraud and Elder Abuse and the state long-term care ombudsman, have access to plans of care and have the training and experience necessary to determine whether the conditions specified in this section have been met.

(c)(1) Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.





BOARD OF PSYCHOLOGY

(2) If the suspected or alleged abuse occurred in a long-term care facility other than a state mental health hospital or a state developmental center, the report may be made to the long-term care ombudsman program. Except in an emergency, the local ombudsman shall report any case of known or suspected abuse to the State Department of Public Health and any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.

(3) If the suspected or alleged abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of State Hospitals or the State Department of Developmental Services or to a local law enforcement agency. Except in an emergency, the local law enforcement agency shall report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.

(4) If the suspected or alleged abuse occurred in a place other than a place described in paragraph (2) or (3), the report may be made to the county adult protective services agency.

(5) If the conduct involves criminal activity not covered in subdivision (b), it may be immediately reported to the appropriate law enforcement agency.

(d) If two or more mandated reporters are present and jointly have knowledge or reasonably suspect that types of abuse of an elder or a dependent adult for which a report is or is not mandated have occurred, and there is agreement among them, the telephone report or Internet report, as authorized by Section 15658, may be made by a member of the team selected by mutual agreement, and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(e) A telephone report or Internet report, as authorized by Section 15658, of a known or suspected instance of elder or dependent adult abuse shall include, if known, the name of the person making the report, the name and age of the elder or dependent adult, the present location of the elder or dependent adult, the names and addresses of family members or any other adult responsible for the elder's or dependent adult's care, the nature and extent of the elder's or dependent adult's condition, the date of the incident, and any other information, including information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.

(f) The reporting duties under this section are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with this chapter.

(g)(1) Whenever this section requires a county adult protective services agency to report to a law enforcement agency, the law enforcement agency shall, immediately upon request, provide a copy of its investigative report concerning the reported matter to that county adult protective services agency.

(2) Whenever this section requires a law enforcement agency to report to a county adult protective services agency, the county adult protective services agency shall, immediately upon request, provide to that law enforcement agency a copy of its investigative report concerning the reported matter.



## WELFARE AND INSTITUTIONS CODE

(3) The requirement to disclose investigative reports pursuant to this subdivision shall not include the disclosure of social services records or case files that are confidential, nor shall this subdivision be construed to allow disclosure of any reports or records if the disclosure would be prohibited by any other provision of state or federal law.

(h) Failure to report, or impeding or inhibiting a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000), or by both that fine and imprisonment. Any mandated reporter who willfully fails to report, or impedes or inhibits a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, if that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until a law enforcement agency specified in paragraph (1) of subdivision (b) of Section 15630 discovers the offense.

(i) For purposes of this section, “dependent adult” shall have the same meaning as in Section 15610.23.

Added Stats 1994 ch 594 § 7 (SB 1681). Amended Stats 1995 ch 813 § 1 (AB 1836); Stats 1998 ch 946 § 8 (SB 2199), ch 980 § 1 (AB 1780); Stats 1999 ch 236 § 1 (AB 739); Stats 2002 ch 54 § 9 (AB 255); Stats 2004 ch 823 § 19 (AB 20); Stats 2005 ch 163 § 2 (AB 1188), effective January 1, 2006; Stats 2008 ch 481 § 1 (AB 2100), effective January 1, 2009; Stats 2011 ch 373 § 1 (SB 718), effective January 1, 2012; Stats 2012 ch 24 § 202 (AB 1470), effective June 27, 2012, ch 660 § 4 (SB 1051), effective September 27, 2012, operative until January 1, 2013, ch 660 § 4.5 (SB 1051), effective September 27, 2012, operative January 1, 2013; Stats 2013 ch 76 § 223 (AB 383), effective January 1, 2014, ch 673 § 3 (AB 602), effective January 1, 2014 (ch 673 prevails).

### § 15631. Other persons making report

(a) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse may report that abuse to a long-term care ombudsman program or local law enforcement agency, or both the long-term care ombudsman program and local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility.

(b) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse in any place other than a long-term care facility may report the abuse to the county adult protective services agency or local law enforcement agency.

Added Stats 1994 ch 594 § 9 (SB 1681). Amended Stats 2012 ch 659 § 3 (AB 40), effective January 1, 2013.

### § 15632. Application of physician-patient or psychotherapist-patient privilege

(a) In any court proceeding or administrative hearing, neither the physician-patient privilege nor the psychotherapist-patient privilege applies to the specific information reported pursuant to this chapter.

Misc.

BOARD OF PSYCHOLOGY

(b) Nothing in this chapter shall be interpreted as requiring an attorney to violate his or her oath and duties pursuant to Section 6067 or subdivision (e) of Section 6068 of the Business and Professions Code, and Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

Added Stats 1994 ch 594 § 11 (SB 1681).

**ARTICLE 4**  
**Confidentiality**

**§ 15633. Disclosure; Penalties**

(a) The reports made pursuant to Sections 15630, 15630.1, and 15631 shall be confidential and may be disclosed only as provided in subdivision (b). Any violation of the confidentiality required by this chapter is a misdemeanor punishable by not more than six months in the county jail, by a fine of five hundred dollars (\$500), or by both that fine and imprisonment.

(b) Reports of suspected abuse of an elder or dependent adult and information contained therein may be disclosed only to the following:

(1) Persons or agencies to whom disclosure of information or the identity of the reporting party is permitted under Section 15633.5.

(2)(A) Persons who are trained and qualified to serve on multidisciplinary personnel teams may disclose to one another information and records that are relevant to the prevention, identification, or treatment of abuse of elderly or dependent persons.

(B) Except as provided in subparagraph (A), any personnel of the multidisciplinary team or agency that receives information pursuant to this chapter, shall be under the same obligations and subject to the same confidentiality penalties as the person disclosing or providing that information. The information obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

(c) This section shall not be construed to allow disclosure of any reports or records relevant to the reports of abuse of an elder or dependent adult if the disclosure would be prohibited by any other provisions of state or federal law applicable to the reports or records relevant to the reports of the abuse, nor shall it be construed to prohibit the disclosure by a financial institution of any reports or records relevant to the reports of abuse of an elder or dependent adult if the disclosure would be required of a financial institution by otherwise applicable state or federal law or court order.

Added Stats 1994 ch 594 § 14 (SB 1681). Amended Stats 1998 ch 946 § 9 (SB 2199), ch 980 § 2 (AB 1780); Stats 2005 ch 140 § 5 (SB 1018), effective January 1, 2006, operative January 1, 2007, repealed January 1, 2013; Stats 2011 ch 372 § 2 (SB 33), effective January 1, 2012.

**§ 15633.5. Other persons to whom disclosure may be made**

(a) Information relevant to the incident of elder or dependent adult abuse may be given to an investigator from an adult protective services agency, a local law enforcement agency, the office of the district attorney, the office of the public guardian, the probate court, the bureau, or an investigator of the Department of Consumer Affairs, Division of Investigation who is investigating a known or suspected case of elder or dependent adult abuse.

(b) The identity of any person who reports under this chapter shall be confidential and disclosed only among the following agencies or persons representing an agency:



WELFARE AND INSTITUTIONS CODE

- (1) An adult protective services agency.
- (2) A long-term care ombudsperson program.
- (3) A licensing agency.
- (4) A local law enforcement agency.
- (5) The office of the district attorney.
- (6) The office of the public guardian.
- (7) The probate court.
- (8) The bureau.
- (9) The Department of Consumer Affairs, Division of Investigation.
- (10) Counsel representing an adult protective services agency.

(c) The identity of a person who reports under this chapter may also be disclosed under the following circumstances:

- (1) To the district attorney in a criminal prosecution.
- (2) When a person reporting waives confidentiality.
- (3) By court order.

(d) Notwithstanding subdivisions (a), (b), and (c), any person reporting pursuant to Section 15631 shall not be required to include his or her name in the report.

Added Stats 1994 ch 594 § 15 (SB 1681). Amended Stats 1998 ch 970 § 211 (AB 2802); Stats 2002 ch 54 § 10 (AB 255), ch 552 § 2 (AB 2735).

**§ 15634. Immunity from liability of persons authorized to report abuse; Attorney fees**

(a) No care custodian, clergy member, health practitioner, mandated reporter of suspected financial abuse of an elder or dependent adult, or employee of an adult protective services agency or a local law enforcement agency who reports a known or suspected instance of abuse of an elder or dependent adult shall be civilly or criminally liable for any report required or authorized by this article. Any other person reporting a known or suspected instance of abuse of an elder or dependent adult shall not incur civil or criminal liability as a result of any report authorized by this article, unless it can be proven that a false report was made and the person knew that the report was false. No person required to make a report pursuant to this article, or any person taking photographs at his or her discretion, shall incur any civil or criminal liability for taking photographs of a suspected victim of abuse of an elder or dependent adult or causing photographs to be taken of such a suspected victim or for disseminating the photographs with the reports required by this article. However, this section shall not be construed to grant immunity from this liability with respect to any other use of the photographs.

(b) No care custodian, clergy member, health practitioner, mandated reporter of suspected financial abuse of an elder or dependent adult, or employee of an adult protective services agency or a local law enforcement agency who, pursuant to a request from an adult protective services agency or a local law enforcement agency investigating a report of known or suspected abuse of an elder or dependent adult, provides the requesting agency with access to the victim of a known or suspected instance of abuse of an elder or dependent adult, shall incur civil or criminal liability as a result of providing that access.

(c) The Legislature finds that, even though it has provided immunity from liability to persons required to report abuse of an elder or dependent adult, immunity does not eliminate the possibility that actions may be brought



## BOARD OF PSYCHOLOGY

against those persons based upon required reports of abuse. In order to further limit the financial hardship that those persons may incur as a result of fulfilling their legal responsibilities, it is necessary that they not be unfairly burdened by legal fees incurred in defending those actions. Therefore, a care custodian, clergy member, health practitioner, or an employee of an adult protective services agency or a local law enforcement agency may present to the California Victim Compensation and Government Claims Board a claim for reasonable attorneys' fees incurred in any action against that person on the basis of making a report required or authorized by this article if the court has dismissed the action upon a demurrer or motion for summary judgment made by that person, or if he or she prevails in the action. The California Victim Compensation and Government Claims Board shall allow that claim if the requirements of this subdivision are met, and the claim shall be paid from an appropriation to be made for that purpose. Attorneys' fees awarded pursuant to this section shall not exceed an hourly rate greater than the rate charged by the Attorney General at the time the award is made and shall not exceed an aggregate amount of fifty thousand dollars (\$50,000). This subdivision shall not apply if a public entity has provided for the defense of the action pursuant to Section 995 of the Government Code.

Added Stats 1985 ch 1164 § 11, effective September 28, 1985. Amended Stats 1986 ch 769 § 14, effective September 15, 1986; Stats 1990 ch 241 § 2 (SB 1911); Stats 2002 ch 54 § 11 (AB 255); Stats 2005 ch 140 § 7 (SB 1018), effective January 1, 2006, repealed January 1, 2013; Stats 2011 ch 372 § 4 (SB 33), effective January 1, 2012.

### § 15637. Evidentiary privileges

In any court proceeding or administrative hearing, neither the physician-patient privilege nor the psychotherapist-patient privilege applies to the specific information required to be reported pursuant to this chapter. Nothing in this chapter shall be interpreted as requiring an attorney to violate his or her oath and duties pursuant to Section 6067 or subdivision (e) of Section 6068 of the Business and Professions Code, and Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

Added Stats 1985 ch 1164 § 13, effective September 28, 1985.

## ARTICLE 5

### Local Agency Cross-Reporting

#### § 15640. Cross-report to law enforcement agency and licensing agency; Report of long-term care ombudsman

(a)(1) An adult protective services agency shall immediately, or as soon as practically possible, report by telephone to the law enforcement agency having jurisdiction over the case any known or suspected instance of criminal activity, and to any public agency given responsibility for investigation in that jurisdiction of cases of elder and dependent adult abuse, every known or suspected instance of abuse pursuant to Section 15630 or 15630.1 of an elder or dependent adult. A county adult protective services agency shall also send a written report thereof within two working days of receiving the information concerning the incident to each agency to which it is required to make a telephone report under this subdivision. Prior to making any cross-report of allegations of financial abuse to law enforcement agencies, an adult protective

Misc.

WELFARE AND INSTITUTIONS CODE

services agency shall first determine whether there is reasonable suspicion of any criminal activity.

(2) If an adult protective services agency receives a report of abuse alleged to have occurred in a long-term care facility, that adult protective services agency shall immediately inform the person making the report that he or she is required to make the report to the long-term care ombudsman program or to a local law enforcement agency. The adult protective services agency shall not accept the report by telephone but shall forward any written report received to the long-term care ombudsman.

(b) If an adult protective services agency or local law enforcement agency or ombudsman program receiving a report of known or suspected elder or dependent adult abuse determines, pursuant to its investigation, that the abuse is being committed by a health practitioner licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, or any related initiative act, or by a person purporting to be a licensee, the adult protective services agency or local law enforcement agency or ombudsman program shall immediately, or as soon as practically possible, report this information to the appropriate licensing agency. The licensing agency shall investigate the report in light of the potential for physical harm. The transmittal of information to the appropriate licensing agency shall not relieve the adult protective services agency or local law enforcement agency or ombudsman program of the responsibility to continue its own investigation as required under applicable provisions of law. The information reported pursuant to this paragraph shall remain confidential and shall not be disclosed.

(c) A local law enforcement agency shall immediately, or as soon as practically possible, report by telephone to the long-term care ombudsman program when the abuse is alleged to have occurred in a long-term care facility or to the county adult protective services agency when it is alleged to have occurred anywhere else, and to the agency given responsibility for the investigation of cases of elder and dependent adult abuse every known or suspected instance of abuse of an elder or dependent adult. A local law enforcement agency shall also send a written report thereof within two working days of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

(d) A long-term care ombudsman coordinator may report the instance of abuse to the county adult protective services agency or to the local law enforcement agency for assistance in the investigation of the abuse if the victim gives his or her consent. A long-term care ombudsman program and the Licensing and Certification Division of the State Department of Public Health shall immediately report by telephone and in writing within two working days to the bureau any instance of neglect occurring in a health care facility, that has seriously harmed any patient or reasonably appears to present a serious threat to the health or physical well-being of a patient in that facility. If a victim or potential victim of the neglect withholds consent to being identified in that report, the report shall contain circumstantial information about the neglect but shall not identify that victim or potential victim and the bureau and the reporting agency shall maintain the confidentiality of the report until the report becomes a matter of public record.

(e) When a county adult protective services agency, a long-term care ombudsman program, or a local law enforcement agency receives a report of

Misc.

BOARD OF PSYCHOLOGY

abuse, neglect, or abandonment of an elder or dependent adult alleged to have occurred in a long-term care facility, that county adult protective services agency, long-term care ombudsman coordinator, or local law enforcement agency shall report the incident to the licensing agency by telephone as soon as possible.

(f) County adult protective services agencies, long-term care ombudsman programs, and local law enforcement agencies shall report the results of their investigations of referrals or reports of abuse to the respective referring or reporting agencies.

Added Stats 1994 ch 594 § 20 (SB 1681). Amended Stats 1995 ch 91 § 188 (SB 975); Stats 1998 ch 946 § 9.5 (SB 2199); Stats 2005 ch 140 § 9 (SB 1018), effective January 1, 2006; Stats 2011 ch 372 § 6 (SB 33), effective January 1, 2012.

**ARTICLE 6**

**Investigation of Reports**

**§ 15650. Designation of agency to receive reports; Inventory of service agencies to assist victims**

(a) Investigation of reports of known or suspected instances of abuse in long-term care facilities shall be the responsibility of the bureau, the local law enforcement agency, and the long-term care ombudsman program.

(b) Investigations of known or suspected instances of abuse outside of long-term care facilities shall be the responsibility of the county adult protective services agency, unless another public agency is given responsibility for investigation in that jurisdiction, and the local law enforcement agency.

(c) The investigative responsibilities set forth in this section are in addition to, and not in derogation of or substitution for, the investigative and regulatory responsibilities of licensing agencies, such as the State Department of Social Services Community Care Licensing Division and the State Department of Public Health Licensing and Certification Division and their authorized representatives.

(d) Other public agencies involved in the investigation of abuse or advocacy of respective client populations, or both, include, but shall not be limited to, the State Department of State Hospitals and the State Department of Developmental Services. Other public agencies shall conduct or assist in, or both, the investigation of reports of abuse of elder and dependent adults within their jurisdiction in conjunction with county adult protective services, local ombudsman programs, and local law enforcement agencies.

(e) Each county adult protective services agency shall maintain an inventory of all public and private service agencies available to assist victims of abuse, as defined by Section 15610.07. This inventory shall be used to refer victims in the event that the county adult protective services agency cannot resolve the immediate needs of the victim, and to serve the victim on a long-term, followup basis. The intent of this section is to acknowledge that limited funds are available to resolve all suspected cases of abuse reported to a county adult protective services agency.

(f) Each local ombudsman program shall maintain an inventory of all public and private agencies available to assist long-term care residents who are victims of abuse, as defined by Section 15610.07. This inventory shall be used



WELFARE AND INSTITUTIONS CODE

to refer cases of abuse in the event that another agency has jurisdiction over the resident, the abuse is verified and further investigation is needed by a law enforcement or licensing agency, or the program does not have sufficient resources to provide immediate assistance. The intent of this section is to acknowledge that ombudsman responsibility in abuse cases is to receive reports, determine the validity of reports, refer verified abuse cases to appropriate agencies for further action as necessary, and follow up to complete the required report information. Other ombudsman services shall be provided to the resident, as appropriate.

Added Stats 1994 ch 594 § 21 (SB 1681). Amended Stats 1998 ch 946 § 10 (SB 2199); Stats 2010 ch 617 § 13 (SB 110), effective January 1, 2011; Stats 2012 ch 440 § 80 (AB 1488), effective September 22, 2012; Stats 2013 ch 76 § 224 (AB 383), effective January 1, 2014.

**ARTICLE 9**

**Reporting Forms**

**§ 15658. Forms for written abuse reports; Contents**

(a) A written abuse report required by this chapter, shall be submitted in one of the following ways:

(1) On a form adopted by the State Department of Social Services after consultation with representatives of the various law enforcement agencies, the California Department of Aging, the State Department of Developmental Services, the State Department of State Hospitals, the bureau, professional medical and nursing agencies, hospital associations, and county welfare departments. These reporting forms shall be distributed by the county adult protective services agencies and the long-term care ombudsman programs. This reporting form may also be used for documenting the telephone report of a known or suspected instance of abuse of an elder or dependent adult by the county adult protective services agency, local ombudsman program, and local law enforcement agencies.

(2) Through a confidential Internet reporting tool, if the county or long-term care ombudsman program chooses to implement such a system. This Internet reporting tool shall be developed and implemented in a manner that ensures the confidentiality and security of all information contained in the reports, pursuant to the confidentiality standards set forth in Sections 10850, 15633, and 15633.5.

(A) A county or long-term care ombudsman program that chooses to implement this system shall report to the Assembly Committee on Aging and Long-Term Care, the Assembly Committee on Human Services, the Senate Committee on Human Services, the Assembly Committee on Public Safety, and the Senate Committee on Public Safety one year after full implementation. The report shall include changes in the number of mandated reporters reporting through the confidential Internet reporting tool, changes in the number of abandoned calls, and any other quantitative or qualitative data that indicates the success, or lack thereof, in employing a confidential Internet reporting tool to better protect the safety and financial security of elder and dependent adults.

(B) Information sent and received through the confidential Internet reporting tool shall be used only for its intended purpose and shall be subject to the





BOARD OF PSYCHOLOGY

same confidentiality and privacy requirements that govern nonelectronic transmission of the same information, and that are set forth in Sections 10850, 15633, and 15633.5.

(b) The form required by this section and the confidential Internet reporting tool, if implemented, shall contain the following items:

- (1) The name, address, telephone number, and occupation of the person reporting.
- (2) The name and address of the victim.
- (3) The date, time, and place of the incident.
- (4) Other details, including the reporter's observations and beliefs concerning the incident.
- (5) Any statement relating to the incident made by the victim.
- (6) The name of any individuals believed to have knowledge of the incident.
- (7) The name of the individuals believed to be responsible for the incident and their connection to the victim.

(c)(1) Each county adult protective services agency shall report to the State Department of Social Services monthly on the reports received pursuant to this chapter. The reports shall be made on forms adopted by the department. The information reported shall include, but shall not be limited to, the number of incidents of abuse, the number of persons abused, the type of abuse sustained, and the actions taken on the reports. For purposes of these reports, sexual abuse shall be reported separately from physical abuse.

(2) The county's report to the department shall not include reports it receives from the long-term care ombudsman program pursuant to subdivision (d).

(3) The department shall refer to the bureau monthly data summaries of the reports of elder and dependent adult abuse, neglect, abandonment, isolation, financial abuse, and other abuse it receives from county adult protective services agencies.

(d) Each long-term care ombudsman program shall report to the Office of the State Long-Term Care Ombudsman of the California Department of Aging monthly on the reports it receives pursuant to this chapter and shall send a copy to the county adult protective services agency. The Office of the State Long-Term Care Ombudsman shall submit a summarized quarterly report to the department based on the monthly reports submitted by local long-term care ombudsman programs. The reports shall be on forms adopted by the department and the Office of the State Long-Term Care Ombudsman. The information reported shall include, but shall not be limited to, the number of incidents of abuse, the numbers of persons abused, the type of abuse, and the actions taken on the reports. For purposes of these reports, sexual abuse shall be reported separately from physical abuse.



Added Stats 1994 ch 594 § 24 (SB 1681). Amended Stats 1998 ch 946 § 11.5 (SB 2199); Stats 2011 ch 373 § 3 (SB 718), effective January 1, 2012; Stats 2012 ch 440 § 81 (AB 1488), effective September 22, 2012.

**ARTICLE 10**

**Employee Statement**

**§ 15659. Statement as to knowledge of compliance with reporting requirements**

(a) Any person who enters into employment on or after January 1, 1995, as a care custodian, clergy member, health practitioner, or with an adult protec-

WELFARE AND INSTITUTIONS CODE

tive services agency or a local law enforcement agency, prior to commencing his or her employment and as a prerequisite to that employment, shall sign a statement on a form that shall be provided by the prospective employer, to the effect that he or she has knowledge of Section 15630 and will comply with its provisions. The employer shall provide a copy of Section 15630 to the employee. The statement shall inform the employee that he or she is a mandated reporter and inform the employee of his or her reporting obligations under Section 15630. The signed statement shall be retained by the employer.

(b) Agencies or facilities that employ persons who were employed prior to January 1, 1995, and who are required to make reports pursuant to Section 15630, shall inform those persons of their responsibility to make reports by delivering to them a copy of the statement specified in subdivision (a).

(c) The cost of printing, distribution, and filing of these statements shall be borne by the employer.

(d) On and after January 1, 1995, when a person is issued a state license or certificate to engage in a profession or occupation the members of which are required to make a report pursuant to Section 15630, the state agency issuing the license or certificate shall send to the person a statement substantially similar to the one contained in subdivision (a) at the same time that it transmits to the person the document indicating licensure or certification.

(e) As an alternative to the procedure required by subdivision (d), a state agency may cause the required statement to be printed on all application forms for a license or certificate printed on or after January 1, 1995.

(f) The retention of statements required by subdivision (a), and the delivery of statements required by subdivision (b), shall be the full extent of the employer's duty pursuant to this section. The failure of any employee or other person associated with the employer to report abuse of elders or dependent adults pursuant to Section 15630 or otherwise meet the requirements of this chapter shall be the sole responsibility of that person. The employer or facility shall incur no civil or other liability for the failure of these persons to comply with the requirements of this chapter.

Added Stats 1994 ch 594 § 25 (SB 1681). Amended Stats 1998 ch 946 § 12 (SB 2199); Stats 2002 ch 54 § 12.7 (AB 255).





***EXTRACTED FROM***  
**EVIDENCE CODE**

**DIVISION 8**

**Privileges**

**CHAPTER 1**

**Definitions**

**§ 901. “Proceeding”**

“Proceeding” means any action, hearing, investigation, inquest, or inquiry (whether conducted by a court, administrative agency, hearing officer, arbitrator, legislative body, or any other person authorized by law) in which, pursuant to law, testimony can be compelled to be given.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

**CHAPTER 4**

**Particular Privileges**

**ARTICLE 7**

**Psychotherapist–Patient Privilege**

**§ 1010. “Psychotherapist”**

As used in this article, “psychotherapist” means a person who is, or is reasonably believed by the patient to be:

(a) A person authorized to practice medicine in any state or nation who devotes, or is reasonably believed by the patient to devote, a substantial portion of his or her time to the practice of psychiatry.

(b) A person licensed as a psychologist under Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(c) A person licensed as a clinical social worker under Article 4 (commencing with Section 4996) of Chapter 14 of Division 2 of the Business and Professions Code, when he or she is engaged in applied psychotherapy of a nonmedical nature.

(d) A person who is serving as a school psychologist and holds a credential authorizing that service issued by the state.

(e) A person licensed as a marriage and family therapist under Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(f) A person registered as a psychological assistant who is under the supervision of a licensed psychologist or board certified psychiatrist as required by Section 2913 of the Business and Professions Code, or a person registered as a marriage and family therapist intern who is under the supervision of a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, or a licensed physician and surgeon



BOARD OF PSYCHOLOGY

certified in psychiatry, as specified in Section 4980.44 of the Business and Professions Code.

(g) A person registered as an associate clinical social worker who is under supervision as specified in Section 4996.23 of the Business and Professions Code.

(h) A person exempt from the Psychology Licensing Law pursuant to subdivision (d) of Section 2909 of the Business and Professions Code who is under the supervision of a licensed psychologist or board certified psychiatrist.

(i) A psychological intern as defined in Section 2911 of the Business and Professions Code who is under the supervision of a licensed psychologist or board certified psychiatrist.

(j) A trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, who is fulfilling his or her supervised practicum required by subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 of, or subdivision (c) of Section 4980.37 of, the Business and Professions Code and is supervised by a licensed psychologist, a board certified psychiatrist, a licensed clinical social worker, a licensed marriage and family therapist, or a licensed professional clinical counselor.

(k) A person licensed as a registered nurse pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, who possesses a master's degree in psychiatric-mental health nursing and is listed as a psychiatric-mental health nurse by the Board of Registered Nursing.

(l) An advanced practice registered nurse who is certified as a clinical nurse specialist pursuant to Article 9 (commencing with Section 2838) of Chapter 6 of Division 2 of the Business and Professions Code and who participates in expert clinical practice in the specialty of psychiatric-mental health nursing.

(m) A person rendering mental health treatment or counseling services as authorized pursuant to Section 6924 of the Family Code.

(n) A person licensed as a professional clinical counselor under Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(o) A person registered as a clinical counselor intern who is under the supervision of a licensed professional clinical counselor, a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, or a licensed physician and surgeon certified in psychiatry, as specified in Sections 4999.42 to 4999.46, inclusive, of the Business and Professions Code.

(p) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code, who is fulfilling his or her supervised practicum required by paragraph (3) of subdivision (c) of Section 4999.32 of, or paragraph (3) of subdivision (c) of Section 4999.33 of, the Business and Professions Code, and is supervised by a licensed psychologist, a board-certified psychiatrist, a licensed clinical social worker, a licensed marriage and family therapist, or a licensed professional clinical counselor.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967. Amended Stats 1967 ch 1677 § 3; Stats 1970 ch 1396 § 1.5, ch 1397 § 1.5; Stats 1972 ch 888 § 1; 1974 ch 546 § 6; Stats 1983 ch 928 § 8; Stats 1987 ch 724 § 1; Stats 1988 ch 488 § 1; Stats 1989 ch 1104 § 37; Stats 1990 ch 662 § 1 (AB 3613); Stats 1992 ch 308 § 2 (AB 3035); Stats 1994 ch 1270 § 1 (AB 2659); Stats 2001 ch 142 § 1 (SB 716), ch 420 § 1 (AB 1253), effective October 2, 2001, inoperative January 1, 2002, ch 420 § 1.5 (AB 1253), effective October 2, 2001, operative January 1, 2002; Stats 2009 ch 26 § 21 (SB 33), effective January 1, 2010; Stats 2011 ch 381 § 21 (SB 146), effective January 1, 2012.



EVIDENCE CODE

**§ 1010.5. Communication between patient and educational psychologist**

A communication between a patient and an educational psychologist, licensed under Article 5 (commencing with Section 4986) of Chapter 13 of Division 2 of the Business and Professions Code, shall be privileged to the same extent, and subject to the same limitations, as a communication between a patient and a psychotherapist described in subdivisions (c), (d), and (e) of Section 1010.

Added Stats 1985 ch 545 § 1.

**§ 1011. “Patient”**

As used in this article, “patient” means a person who consults a psychotherapist or submits to an examination by a psychotherapist for the purpose of securing a diagnosis or preventive, palliative, or curative treatment of his mental or emotional condition or who submits to an examination of his mental or emotional condition for the purpose of scientific research on mental or emotional problems.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

**§ 1012. “Confidential communication between patient and psychotherapist”**

As used in this article, “confidential communication between patient and psychotherapist” means information, including information obtained by an examination of the patient, transmitted between a patient and his psychotherapist in the course of that relationship and in confidence by a means which, so far as the patient is aware, discloses the information to no third persons other than those who are present to further the interest of the patient in the consultation, or those to whom disclosure is reasonably necessary for the transmission of the information or the accomplishment of the purpose for which the psychotherapist is consulted, and includes a diagnosis made and the advice given by the psychotherapist in the course of that relationship.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967. Amended Stats 1967 ch 650 § 5; Stats 1970 ch 1396 § 2, ch 1397 § 2.

**§ 1013. “Holder of the privilege”**

As used in this article, “holder of the privilege” means:

- (a) The patient when he has no guardian or conservator.
- (b) A guardian or conservator of the patient when the patient has a guardian or conservator.
- (c) The personal representative of the patient if the patient is dead.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

**§ 1014. Psychotherapist–patient privilege**

Subject to Section 912 and except as otherwise provided in this article, the patient, whether or not a party, has a privilege to refuse to disclose, and to prevent another from disclosing, a confidential communication between patient and psychotherapist if the privilege is claimed by:

- (a) The holder of the privilege.
- (b) A person who is authorized to claim the privilege by the holder of the privilege.



BOARD OF PSYCHOLOGY

(c) The person who was the psychotherapist at the time of the confidential communication, but the person may not claim the privilege if there is no holder of the privilege in existence or if he or she is otherwise instructed by a person authorized to permit disclosure.

The relationship of a psychotherapist and patient shall exist between a psychological corporation as defined in Article 9 (commencing with Section 2995) of Chapter 6.6 of Division 2 of the Business and Professions Code, a marriage and family therapist corporation as defined in Article 6 (commencing with Section 4987.5) of Chapter 13 of Division 2 of the Business and Professions Code, a licensed clinical social workers corporation as defined in Article 5 (commencing with Section 4998) of Chapter 14 of Division 2 of the Business and Professions Code, or a professional clinical counselor corporation as defined in Article 7 (commencing with Section 4999.123) of Chapter 16 of Division 2 of the Business and Professions Code, and the patient to whom it renders professional services, as well as between those patients and psychotherapists employed by those corporations to render services to those patients. The word "persons" as used in this subdivision includes partnerships, corporations, limited liability companies, associations, and other groups and entities.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967. Amended Stats 1969 ch 871 § 1; Stats 1972 ch 1286 § 6; Stats 1989 ch 1104 § 38; Stats 1990 ch 605 § 1 (SB 2245); Stats 1994 ch 1010 § 106 (SB 2053); Stats 2002 ch 1013 § 78 (SB 2026); Stats 2011 ch 381 § 22 (SB 146), effective January 1, 2012.

§ 1015. When psychotherapist required to claim privilege

The psychotherapist who received or made a communication subject to the privilege under this article shall claim the privilege whenever he is present when the communication is sought to be disclosed and is authorized to claim the privilege under subdivision (c) of Section 1014.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

§ 1016. Patient-litigant exception

There is no privilege under this article as to a communication relevant to an issue concerning the mental or emotional condition of the patient if such issue has been tendered by:

- (a) The patient;
- (b) Any party claiming through or under the patient;
- (c) Any party claiming as a beneficiary of the patient through a contract to which the patient is or was a party; or
- (d) The plaintiff in an action brought under Section 376 or 377 of the Code of Civil Procedure for damages for the injury or death of the patient.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

§ 1017. Exception where psychotherapist is appointed by court or Board of Prison Terms

(a) There is no privilege under this article if the psychotherapist is appointed by order of a court to examine the patient, but this exception does not apply where the psychotherapist is appointed by order of the court upon the request of the lawyer for the defendant in a criminal proceeding in order to provide the lawyer with information needed so that he or she may advise the



## EVIDENCE CODE

defendant whether to enter or withdraw a plea based on insanity or to present a defense based on his or her mental or emotional condition.

(b) There is no privilege under this article if the psychotherapist is appointed by the Board of Prison Terms to examine a patient pursuant to the provisions of Article 4 (commencing with Section 2960) of Chapter 7 of Title 1 of Part 3 of the Penal Code.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967. Amended Stats 1967 ch 650 § 6; Stats 1987 ch 687 § 1.

### § 1018. Crime or tort

There is no privilege under this article if the services of the psychotherapist were sought or obtained to enable or aid anyone to commit or plan to commit a crime or a tort or to escape detection or apprehension after the commission of a crime or a tort.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

### § 1019. Parties claiming through deceased patient

There is no privilege under this article as to a communication relevant to an issue between parties all of whom claim through a deceased patient, regardless of whether the claims are by testate or intestate succession or by inter vivos transaction.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

### § 1020. Breach of duty arising out of psychotherapist-patient relationship

There is no privilege under this article as to a communication relevant to an issue of breach, by the psychotherapist or by the patient, of a duty arising out of the psychotherapist-patient relationship.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

### § 1023. Proceeding to determine sanity of criminal defendant

There is no privilege under this article in a proceeding under Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code initiated at the request of the defendant in a criminal action to determine his sanity.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

### § 1024. Patient dangerous to self or others

There is no privilege under this article if the psychotherapist has reasonable cause to believe that the patient is in such mental or emotional condition as to be dangerous to himself or to the person or property of another and that disclosure of the communication is necessary to prevent the threatened danger.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

### § 1025. Proceeding to establish competence

There is no privilege under this article in a proceeding brought by or on behalf of the patient to establish his competence.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

### § 1026. Required report

There is no privilege under this article as to information that the psychotherapist or the patient is required to report to a public employee or as to

Misc.



BOARD OF PSYCHOLOGY

information required to be recorded in a public office, if such report or record is open to public inspection.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967.

§ 1027. Exception; Patient under 16 who is victim of crime

There is no privilege under this article if all of the following circumstances exist:

- (a) The patient is a child under the age of 16.
- (b) The psychotherapist has reasonable cause to believe that the patient has been the victim of a crime and that disclosure of the communication is in the best interest of the child.

Added Stats 1970 ch 1397 § 3.

ARTICLE 9

Official Information and Identity of Informer

§ 1040. Privilege for official information

(a) As used in this section, "official information" means information acquired in confidence by a public employee in the course of his or her duty and not open, or officially disclosed, to the public prior to the time the claim of privilege is made.

(b) A public entity has a privilege to refuse to disclose official information, and to prevent another from disclosing official information, if the privilege is claimed by a person authorized by the public entity to do so and:

(1) Disclosure is forbidden by an act of the Congress of the United States or a statute of this state; or

(2) Disclosure of the information is against the public interest because there is a necessity for preserving the confidentiality of the information that outweighs the necessity for disclosure in the interest of justice; but no privilege may be claimed under this paragraph if any person authorized to do so has consented that the information be disclosed in the proceeding. In determining whether disclosure of the information is against the public interest, the interest of the public entity as a party in the outcome of the proceeding may not be considered.

(c) Notwithstanding any other provision of law, the Employment Development Department shall disclose to law enforcement agencies, in accordance with the provisions of subdivision (k) of Section 1095 and subdivision (b) of Section 2714 of the Unemployment Insurance Code, information in its possession relating to any person if an arrest warrant has been issued for the person for commission of a felony.

Enacted Stats 1965 ch 299 § 2, operative January 1, 1967. Amended Stats 1984 ch 1127 § 2.



**EXTRACTED FROM  
CIVIL CODE**

**DIVISION 1**

**Persons**

**PART 2**

**Personal Rights**

**§ 43.8. Immunity as to communication in aid of evaluation of practitioner of healing or veterinary arts**

(a) In addition to the privilege afforded by Section 47, there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information in the possession of that person to any hospital, hospital medical staff, veterinary hospital staff, professional society, medical, dental, podiatric, psychology, marriage and family therapy, professional clinical counselor, or veterinary school, professional licensing board or division, committee or panel of a licensing board, the Senior Assistant Attorney General of the Health Quality Enforcement Section appointed under Section 12529 of the Government Code, peer review committee, quality assurance committees established in compliance with Sections 4070 and 5624 of the Welfare and Institutions Code, or underwriting committee described in Section 43.7 when the communication is intended to aid in the evaluation of the qualifications, fitness, character, or insurability of a practitioner of the healing or veterinary arts.

(b) The immunities afforded by this section and by Section 43.7 shall not affect the availability of any absolute privilege that may be afforded by Section 47.

(c) Nothing in this section is intended in any way to affect the California Supreme Court's decision in *Hassan v. Mercy American River Hospital* (2003) 31 Cal.4th 709, holding that subdivision (a) provides a qualified privilege.

Added Stats 1974 ch 1086 § 1. Amended Stats 1975 2d Ex Sess ch 1 § 24.4; Stats 1976 ch 532 § 2; Stats 1977 ch 934 § 2; Stats 1982 ch 234 § 3, effective June 2, 1982, ch 705 § 2; Stats 1983 ch 1081 § 2; Stats 1984 ch 515 § 4; Stats 1983 ch 1081 § 2, operative January 1, 1990; Stats 1990 ch 1597 § 30 (SB 2375); Stats 2002 ch 664 § 31 (AB 3034); Stats 2007 ch 36 § 1 (SB 822), effective January 1, 2008; Stats 2008 ch 23 § 1 (AB 164), effective January 1, 2009; Stats 2011 ch 381 § 15 (SB 146), effective January 1, 2012.

**§ 43.92. Psychotherapist's duty to protect of patient's violent behavior; Immunity from liability; Legislative intent**

(a) There shall be no monetary liability on the part of, and no cause of action shall arise against, any person who is a psychotherapist as defined in Section 1010 of the Evidence Code in failing to protect from a patient's threatened violent behavior or failing to predict and protect from a patient's violent behavior except if the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims.



BOARD OF PSYCHOLOGY

(b) There shall be no monetary liability on the part of, and no cause of action shall arise against, a psychotherapist who, under the limited circumstances specified in subdivision (a), discharges his or her duty to protect by making reasonable efforts to communicate the threat to the victim or victims and to a law enforcement agency.

(c) It is the intent of the Legislature that the amendments made by the act adding this subdivision only change the name of the duty referenced in this section from a duty to warn and protect to a duty to protect. Nothing in this section shall be construed to be a substantive change, and any duty of a psychotherapist shall not be modified as a result of changing the wording in this section.

(d) It is the intent of the Legislature that a court interpret this section, as amended by the act adding this subdivision, in a manner consistent with the interpretation of this section as it read prior to January 1, 2013.

Added Stats 1985 ch 737 § 1. Amended Stats 2006 ch 136 § 1 (AB 733), effective January 1, 2007; Stats 2012 ch 149 § 1 (SB 1134), effective January 1, 2013.

**§ 43.93. Patient's action against psychotherapist for sexual contact**

(a) For the purposes of this section the following definitions are applicable:

(1) "Psychotherapy" means the professional treatment, assessment, or counseling of a mental or emotional illness, symptom, or condition.

(2) "Psychotherapist" means a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, a marriage and family therapist, a registered marriage and family therapist intern or trainee, an educational psychologist, an associate clinical social worker, a licensed clinical social worker, a professional clinical counselor, or a registered clinical counselor intern or trainee.

(3) "Sexual contact" means the touching of an intimate part of another person. "Intimate part" and "touching" have the same meanings as defined in subdivisions (f) and (d), respectively, of Section 243.4 of the Penal Code. For the purposes of this section, sexual contact includes sexual intercourse, sodomy, and oral copulation.

(4) "Therapeutic relationship" exists during the time the patient or client is rendered professional service by the psychotherapist.

(5) "Therapeutic deception" means a representation by a psychotherapist that sexual contact with the psychotherapist is consistent with or part of the patient's or former patient's treatment.

(b) A cause of action against a psychotherapist for sexual contact exists for a patient or former patient for injury caused by sexual contact with the psychotherapist, if the sexual contact occurred under any of the following conditions:

(1) During the period the patient was receiving psychotherapy from the psychotherapist.

(2) Within two years following termination of therapy.

(3) By means of therapeutic deception.

(c) The patient or former patient may recover damages from a psychotherapist who is found liable for sexual contact. It is not a defense to the action that sexual contact with a patient occurred outside a therapy or treatment session or that it occurred off the premises regularly used by the psychotherapist for



CIVIL CODE

therapy or treatment sessions. No cause of action shall exist between spouses within a marriage.

(d) In an action for sexual contact, evidence of the plaintiff's sexual history is not subject to discovery and is not admissible as evidence except in either of the following situations:

- (1) The plaintiff claims damage to sexual functioning.
- (2) The defendant requests a hearing prior to conducting discovery and makes an offer of proof of the relevancy of the history, and the court finds that the history is relevant and the probative value of the history outweighs its prejudicial effect.

The court shall allow the discovery or introduction as evidence only of specific information or examples of the plaintiff's conduct that are determined by the court to be relevant. The court's order shall detail the information or conduct that is subject to discovery.

Added Stats 1987 ch 1474 § 1. Amended Stats 1992 ch 890 § 5 (SB 1394); Stats 1993 ch 589 § 19 (AB 2211); Stats 2002 ch 1013 § 73 (SB 2026); Stats 2011 ch 381 § 16 (SB 146), effective January 1, 2012.

**PART 2.6**

**Confidentiality of Medical Information**

**CHAPTER 2**

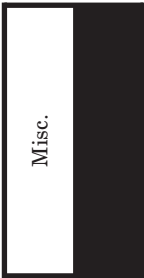
**Disclosure of Medical Information by Providers**

**§ 56.10. Authorization for disclosure; When disclosure compelled; When disclosure allowed; Prohibitions**

(a) A provider of health care, health care service plan, or contractor shall not disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).

(b) A provider of health care, a health care service plan, or a contractor shall disclose medical information if the disclosure is compelled by any of the following:

- (1) By a court pursuant to an order of that court.
- (2) By a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
- (3) By a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear served pursuant to Section 1987 of the Code of Civil Procedure, or any provision authorizing discovery in a proceeding before a court or administrative agency.
- (4) By a board, commission, or administrative agency pursuant to an investigative subpoena issued under Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the Government Code.
- (5) By an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum issued under Section 1282.6 of the Code of Civil Procedure, or another provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
- (6) By a search warrant lawfully issued to a governmental law enforcement agency.



BOARD OF PSYCHOLOGY

(7) By the patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(8) By a coroner, when requested in the course of an investigation by the coroner's office for the purpose of identifying the decedent or locating next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisonings, accidents, sudden infant deaths, suspicious deaths, unknown deaths, or criminal deaths, or upon notification of, or investigation of, imminent deaths that may involve organ or tissue donation pursuant to Section 7151.15 of the Health and Safety Code, or when otherwise authorized by the decedent's representative. Medical information requested by the coroner under this paragraph shall be limited to information regarding the patient who is the decedent and who is the subject of the investigation or who is the prospective donor and shall be disclosed to the coroner without delay upon request.

(9) When otherwise specifically required by law.

(c) A provider of health care or a health care service plan may disclose medical information as follows:

(1) The information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

(2) The information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the information may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.

(3) The information may be disclosed to a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, information so disclosed shall not be further disclosed by the recipient in a way that would violate this part.

(4) The information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health



CIVIL CODE

care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges.

(5) The information in the possession of a provider of health care or health care service plan may be reviewed by a private or public body responsible for licensing or accrediting the provider of health care or health care service plan. However, no patient-identifying medical information may be removed from the premises except as expressly permitted or required elsewhere by law, nor shall that information be further disclosed by the recipient in a way that would violate this part.

(6) The information may be disclosed to the county coroner in the course of an investigation by the coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b).

(7) The information may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in a way that would disclose the identity of a patient or violate this part.

(8) A provider of health care or health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the information that:

(A) Is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.

(B) Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed.

(9) Unless the provider of health care or a health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

(10) The information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and

Misc.

BOARD OF PSYCHOLOGY

may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information shall not otherwise be disclosed by a health care service plan except in accordance with this part.

(11) This part does not prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code, of medical information if the insurance institution, agent, or support organization has complied with all of the requirements for obtaining the information pursuant to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code.

(12) The information relevant to the patient's condition, care, and treatment provided may be disclosed to a probate court investigator in the course of an investigation required or authorized in a conservatorship proceeding under the Guardianship-Conservatorship Law as defined in Section 1400 of the Probate Code, or to a probate court investigator, probation officer, or domestic relations investigator engaged in determining the need for an initial guardianship or continuation of an existing guardianship.

(13) The information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant. For the purpose of this paragraph, "tissue bank" and "tissue" have the same meanings as defined in Section 1635 of the Health and Safety Code.

(14) The information may be disclosed when the disclosure is otherwise specifically authorized by law, including, but not limited to, the voluntary reporting, either directly or indirectly, to the federal Food and Drug Administration of adverse events related to drug products or medical device problems, or to disclosures made pursuant to subdivisions (b) and (c) of Section 11167 of the Penal Code by a person making a report pursuant to Sections 11165.9 and 11166 of the Penal Code, provided that those disclosures concern a report made by that person.

(15) Basic information, including the patient's name, city of residence, age, sex, and general condition, may be disclosed to a state-recognized or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.

(16) The information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in a way that would violate this part, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information.

(17) For purposes of disease management programs and services as defined in Section 1399.901 of the Health and Safety Code, information may be disclosed as follows: (A) to an entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, if the disease management services and care are authorized by a treating physician, or (B) to a disease management organiza-



CIVIL CODE

tion, as defined in Section 1399.900 of the Health and Safety Code, that complies fully with the physician authorization requirements of Section 1399.902 of the Health and Safety Code, if the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. This paragraph does not require physician authorization for the care or treatment of the adherents of a well-recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.

(18) The information may be disclosed, as permitted by state and federal law or regulation, to a local health department for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events, including, but not limited to, birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions, as authorized or required by state or federal law or regulation.

(19) The information may be disclosed, consistent with applicable law and standards of ethical conduct, by a psychotherapist, as defined in Section 1010 of the Evidence Code, if the psychotherapist, in good faith, believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

(20) The information may be disclosed as described in Section 56.103.

(21)(A) The information may be disclosed to an employee welfare benefit plan, as defined under Section 3(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002(1)), which is formed under Section 302(c)(5) of the Taft-Hartley Act (29 U.S.C. Sec. 186(c)(5)), to the extent that the employee welfare benefit plan provides medical care, and may also be disclosed to an entity contracting with the employee welfare benefit plan for billing, claims management, medical data processing, or other administrative services related to the provision of medical care to persons enrolled in the employee welfare benefit plan for health care coverage, if all of the following conditions are met:

(i) The disclosure is for the purpose of determining eligibility, coordinating benefits, or allowing the employee welfare benefit plan or the contracting entity to advocate on the behalf of a patient or enrollee with a provider, a health care service plan, or a state or federal regulatory agency.

(ii) The request for the information is accompanied by a written authorization for the release of the information submitted in a manner consistent with subdivision (a) and Section 56.11.

(iii) The disclosure is authorized by and made in a manner consistent with the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(iv) Any information disclosed is not further used or disclosed by the recipient in any way that would directly or indirectly violate this part or the restrictions imposed by Part 164 of Title 45 of the Code of Federal Regulations, including the manipulation of the information in any way that might reveal individually identifiable medical information.





BOARD OF PSYCHOLOGY

(B) For purposes of this paragraph, Section 1374.8 of the Health and Safety Code shall not apply.

(22) Information may be disclosed pursuant to subdivision (a) of Section 15633.5 of the Welfare and Institutions Code by a person required to make a report pursuant to Section 15630 of the Welfare and Institutions Code, provided that the disclosure under subdivision (a) of Section 15633.5 concerns a report made by that person. Covered entities, as they are defined in Section 160.103 of Title 45 of the Code of Federal Regulations, shall comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) privacy rule pursuant to subsection (c) of Section 164.512 of Title 45 of the Code of Federal Regulations if the disclosure is not for the purpose of public health surveillance, investigation, intervention, or reporting an injury or death.

(d) Except to the extent expressly authorized by a patient, enrollee, or subscriber, or as provided by subdivisions (b) and (c), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall not intentionally share, sell, use for marketing, or otherwise use medical information for a purpose not necessary to provide health care services to the patient.

(e) Except to the extent expressly authorized by a patient or enrollee or subscriber or as provided by subdivisions (b) and (c), a contractor or corporation and its subsidiaries and affiliates shall not further disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan or insurer or self-insured employer received under this section to a person or entity that is not engaged in providing direct health care services to the patient or his or her provider of health care or health care service plan or insurer or self-insured employer.

Added Stats 2000 ch 1068 § 1.16 (AB 1836), operative January 1, 2003. Amended Stats 2002 ch 123 § 1 (AB 1958); Stats 2003 ch 562 § 2 (AB 715); Stats 2006 ch 874 § 2 (SB 1430), effective January 1, 2007; Stats 2007 ch 506 § 1 (AB 1178) (ch 553 prevails), effective January 1, 2008; Stats 2007 ch 552 § 2 (AB 1687) (ch 553 prevails), effective January 1, 2008; Stats 2007 ch 553 § 1.9 (AB 1727), effective January 1, 2008; Stats 2008 ch 179 § 27 (SB 1498), effective January 1, 2009; Stats 2009 ch 493 § 1 (AB 952), effective January 1, 2010; Stats 2010 ch 540 § 1 (AB 2028), effective January 1, 2011; Stats 2013 ch 341 § 1 (AB 1297), effective January 1, 2014.



**§ 56.103. Disclosure of minor’s medical information or minor’s mental health condition for purpose of coordinating health care services and medical treatment**

(a) A provider of health care may disclose medical information to a county social worker, a probation officer, or any other person who is legally authorized to have custody or care of a minor for the purpose of coordinating health care services and medical treatment provided to the minor.

(b) For purposes of this section, health care services and medical treatment includes one or more providers of health care providing, coordinating, or managing health care and related services, including, but not limited to, a provider of health care coordinating health care with a third party, consultation between providers of health care and medical treatment relating to a minor, or a provider of health care referring a minor for health care services to another provider of health care.

(c) For purposes of this section, a county social worker, a probation officer, or any other person who is legally authorized to have custody or care of a minor shall be considered a third party who may receive any of the following:

CIVIL CODE

(1) Medical information described in Sections 56.05 and 56.10.

(2) Protected health information described in Section 160.103 of Title 45 of the Code of Federal Regulations.

(d) Medical information disclosed to a county social worker, probation officer, or any other person who is legally authorized to have custody or care of a minor shall not be further disclosed by the recipient unless the disclosure is for the purpose of coordinating health care services and medical treatment of the minor and the disclosure is authorized by law. Medical information disclosed pursuant to this section may not be admitted into evidence in any criminal or delinquency proceeding against the minor. Nothing in this subdivision shall prohibit identical evidence from being admissible in a criminal proceeding if that evidence is derived solely from lawful means other than this section and is permitted by law.

(e)(1) Notwithstanding Section 56.104, if a provider of health care determines that the disclosure of medical information concerning the diagnosis and treatment of a mental health condition of a minor is reasonably necessary for the purpose of assisting in coordinating the treatment and care of the minor, that information may be disclosed to a county social worker, probation officer, or any other person who is legally authorized to have custody or care of the minor. The information shall not be further disclosed by the recipient unless the disclosure is for the purpose of coordinating mental health services and treatment of the minor and the disclosure is authorized by law.

(2) As used in this subdivision, “medical information” does not include psychotherapy notes as defined in Section 164.501 of Title 45 of the Code of Federal Regulations.

(f) The disclosure of information pursuant to this section is not intended to limit the disclosure of information when that disclosure is otherwise required by law.

(g) For purposes of this section, “minor” means a minor taken into temporary custody or as to who a petition has been filed with the court, or who has been adjudged to be a dependent child or ward of the juvenile court pursuant to Section 300 or 601 of the Welfare and Institutions Code.

(h)(1) Except as described in paragraph (1) of subdivision (e), nothing in this section shall be construed to limit or otherwise affect existing privacy protections provided for in state or federal law.

(2) Nothing in this section shall be construed to expand the authority of a social worker, probation officer, or custodial caregiver beyond the authority provided under existing law to a parent or a patient representative regarding access to medical information.

Added Stats 2007 ch 552 § 3 (AB 1687), effective January 1, 2008. Amended Stats 2008 ch 699 § 1 (SB 1241), ch 700 § 1 (AB 2352) (ch 700 prevails), effective January 1, 2009.

**§ 56.106. Disclosure or release of information on minor removed from physical custody of parent or guardian; Restrictions; Applicability**

(a) Notwithstanding Section 3025 of the Family Code, paragraph (2) of subdivision (c) of Section 56.11, or any other provision of law, a psychotherapist who knows that a minor has been removed from the custody of his or her parent or guardian pursuant to Article 6 (commencing with Section 300) to Article 10 (commencing with Section 360), inclusive, of Chapter 2 of Part 1 of



BOARD OF PSYCHOLOGY

Division 2 of the Welfare and Institutions Code shall not release the mental health records of the minor patient and shall not disclose mental health information about that minor patient based upon an authorization to release those records signed by the minor's parent or guardian. This restriction shall not apply if the juvenile court has issued an order authorizing the parent or guardian to sign an authorization for the release of the mental health records or the information about the minor patient after finding that such an order would not be detrimental to the minor patient.

(b) For purposes of this section, the following definitions apply:

(1) "Mental health records" means mental health records as defined by subdivision (b) of Section 123105 of the Health and Safety Code.

(2) "Psychotherapist" means a provider of health care as defined in Section 1010 of the Evidence Code.

(c) When the juvenile court has issued an order authorizing the parent or guardian to sign an authorization for the release of the mental health records or information about that minor patient under the circumstances described in subdivision (a), the parent or guardian seeking the release of the minor's records or information about the minor shall present a copy of the court order to the psychotherapist before any records or information may be released pursuant to the signed authorization.

(d) Nothing in this section shall be construed to prevent or limit a psychotherapist's authority under subdivision (a) of Section 123115 of the Health and Safety Code to deny a parent's or guardian's written request to inspect or obtain copies of the minor patient's mental health records, notwithstanding the fact that the juvenile court has issued an order authorizing the parent or guardian to sign an authorization for the release of the mental health records or information about that minor patient. Liability for a psychotherapist's decision not to release the mental health records of the minor patient or not to disclose information about the minor patient pursuant to the authority of subdivision (a) of Section 123115 of the Health and Safety Code shall be governed by that section.

(e) Nothing in this section shall be construed to impose upon a psychotherapist a duty to inquire or investigate whether a child has been removed from the physical custody of his or her parent or guardian pursuant to Article 6 (commencing with Section 300) to Article 10 (commencing with Section 360), inclusive, of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code when a parent or guardian presents the minor's psychotherapist with an authorization to release information or the mental health records regarding the minor patient.

Added Stats 2012 ch 657 § 1 (SB 1407), effective January 1, 2013.

**§ 56.11. Form and contents of authorization**

Any person or entity that wishes to obtain medical information pursuant to subdivision (a) of Section 56.10, other than a person or entity authorized to receive medical information pursuant to subdivision (b) or (c) of Section 56.10, except as provided in paragraph (21) of subdivision (c) of Section 56.10, shall obtain a valid authorization for the release of this information.

An authorization for the release of medical information by a provider of health care, health care service plan, pharmaceutical company, or contractor shall be valid if it:



CIVIL CODE

(a) Is handwritten by the person who signs it or is in a typeface no smaller than 14-point type.

(b) Is clearly separate from any other language present on the same page and is executed by a signature which serves no other purpose than to execute the authorization.

(c) Is signed and dated by one of the following:

(1) The patient. A patient who is a minor may only sign an authorization for the release of medical information obtained by a provider of health care, health care service plan, pharmaceutical company, or contractor in the course of furnishing services to which the minor could lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60).

(2) The legal representative of the patient, if the patient is a minor or an incompetent. However, authorization may not be given under this subdivision for the disclosure of medical information obtained by the provider of health care, health care service plan, pharmaceutical company, or contractor in the course of furnishing services to which a minor patient could lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60).

(3) The spouse of the patient or the person financially responsible for the patient, where the medical information is being sought for the sole purpose of processing an application for health insurance or for enrollment in a nonprofit hospital plan, a health care service plan, or an employee benefit plan, and where the patient is to be an enrolled spouse or dependent under the policy or plan.

(4) The beneficiary or personal representative of a deceased patient.

(d) States the specific uses and limitations on the types of medical information to be disclosed.

(e) States the name or functions of the provider of health care, health care service plan, pharmaceutical company, or contractor that may disclose the medical information.

(f) States the name or functions of the persons or entities authorized to receive the medical information.

(g) States the specific uses and limitations on the use of the medical information by the persons or entities authorized to receive the medical information.

(h) States a specific date after which the provider of health care, health care service plan, pharmaceutical company, or contractor is no longer authorized to disclose the medical information.

(i) Advises the person signing the authorization of the right to receive a copy of the authorization.

Added Stats 1981 ch 782 § 2. Amended Stats 1999 ch 526 § 4 (SB 19); Stats 2000 ch 1066 § 3 (SB 1903); Stats 2002 ch 853 § 4 (AB 2191); Stats 2003 ch 562 § 3 (AB 715); Stats 2009 ch 493 § 2 (AB 952), effective January 1, 2010.



**CHAPTER 3**

**Use and Disclosure of Medical Information by Employers**

**§ 56.20. Confidentiality; Necessity of authorization**

(a) Each employer who receives medical information shall establish appropriate procedures to ensure the confidentiality and protection from unauthor-

BOARD OF PSYCHOLOGY

ized use and disclosure of that information. These procedures may include, but are not limited to, instruction regarding confidentiality of employees and agents handling files containing medical information, and security systems restricting access to files containing medical information.

(b) No employee shall be discriminated against in terms or conditions of employment due to that employee's refusal to sign an authorization under this part. However, nothing in this section shall prohibit an employer from taking such action as is necessary in the absence of medical information due to an employee's refusal to sign an authorization under this part.

(c) No employer shall use, disclose, or knowingly permit its employees or agents to use or disclose medical information which the employer possesses pertaining to its employees without the patient having first signed an authorization under Section 56.11 or Section 56.21 permitting such use or disclosure, except as follows:

(1) The information may be disclosed if the disclosure is compelled by judicial or administrative process or by any other specific provision of law.

(2) That part of the information which is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment may be used or disclosed in connection with that proceeding.

(3) The information may be used only for the purpose of administering and maintaining employee benefit plans, including health care plans and plans providing short-term and long-term disability income, workers' compensation and for determining eligibility for paid and unpaid leave from work for medical reasons.

(4) The information may be disclosed to a provider of health care or other health care professional or facility to aid the diagnosis or treatment of the patient, where the patient or other person specified in subdivision (c) of Section 56.21 is unable to authorize the disclosure.

(d) If an employer agrees in writing with one or more of its employees or maintains a written policy which provides that particular types of medical information shall not be used or disclosed by the employer in particular ways, the employer shall obtain an authorization for such uses or disclosures even if an authorization would not otherwise be required by subdivision (c).

Added Stats 1981 ch 782 § 2.

**§ 56.21. Form and contents of authorization**

An authorization for an employer to disclose medical information shall be valid if it complies with all of the following:

(a) Is handwritten by the person who signs it or is in a typeface no smaller than 14-point type.

(b) Is clearly separate from any other language present on the same page and is executed by a signature that serves no purpose other than to execute the authorization.

(c) Is signed and dated by one of the following:

(1) The patient, except that a patient who is a minor may only sign an authorization for the disclosure of medical information obtained by a provider of health care in the course of furnishing services to which the minor could



CIVIL CODE

lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60) of Division 1.

(2) The legal representative of the patient, if the patient is a minor or incompetent. However, authorization may not be given under this subdivision for the disclosure of medical information that pertains to a competent minor and that was created by a provider of health care in the course of furnishing services to which a minor patient could lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60) of Division 1.

(3) The beneficiary or personal representative of a deceased patient.

(d) States the limitations, if any, on the types of medical information to be disclosed.

(e) States the name or functions of the employer or person authorized to disclose the medical information.

(f) States the names or functions of the persons or entities authorized to receive the medical information.

(g) States the limitations, if any, on the use of the medical information by the persons or entities authorized to receive the medical information.

(h) States a specific date after which the employer is no longer authorized to disclose the medical information.

(i) Advises the person who signed the authorization of the right to receive a copy of the authorization.

Added Stats 1981 ch 782 § 2. Amended Stats 2003 ch 562 § 5 (AB 715); Stats 2006 ch 538 § 39 (SB 1852), effective January 1, 2007.





*EXTRACTED FROM*  
**FAMILY CODE**

**DIVISION 11**

**Minors**

**PART 4**

**Medical Treatment**

**CHAPTER 3**

**Consent by Minor**

**§ 6920. Minor's capacity to consent to medical or dental care without consent of parent or guardian**

Subject to the limitations provided in this chapter, notwithstanding any other provision of law, a minor may consent to the matters provided in this chapter, and the consent of the minor's parent or guardian is not necessary.

Enacted Stats 1992 ch 162 § 10 (AB 2650), operative January 1, 1994.

**§ 6921. Minor's consent not subject to disaffirmance**

A consent given by a minor under this chapter is not subject to disaffirmance because of minority.

Enacted Stats 1992 ch 162 § 10 (AB 2650), operative January 1, 1994.

**§ 6922. Consent by minor 15 or older living separately**

(a) A minor may consent to the minor's medical care or dental care if all of the following conditions are satisfied:

(1) The minor is 15 years of age or older.

(2) The minor is living separate and apart from the minor's parents or guardian, whether with or without the consent of a parent or guardian and regardless of the duration of the separate residence.

(3) The minor is managing the minor's own financial affairs, regardless of the source of the minor's income.

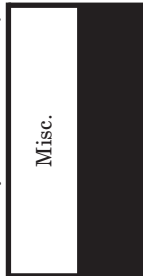
(b) The parents or guardian are not liable for medical care or dental care provided pursuant to this section.

(c) A physician and surgeon or dentist may, with or without the consent of the minor patient, advise the minor's parent or guardian of the treatment given or needed if the physician and surgeon or dentist has reason to know, on the basis of the information given by the minor, the whereabouts of the parent or guardian.

Enacted Stats 1992 ch 162 § 10 (AB 2650), operative January 1, 1994.

**§ 6924. Consent by minor to mental health treatment or counseling or residential shelter services**

(a) As used in this section:





BOARD OF PSYCHOLOGY

(1) "Mental health treatment or counseling services" means the provision of mental health treatment or counseling on an outpatient basis by any of the following:

(A) A governmental agency.

(B) A person or agency having a contract with a governmental agency to provide the services.

(C) An agency that receives funding from community united funds.

(D) A runaway house or crisis resolution center.

(E) A professional person, as defined in paragraph (2).

(2) "Professional person" means any of the following:

(A) A person designated as a mental health professional in Sections 622 to 626, inclusive, of Article 8 of Subchapter 3 of Chapter 1 of Title 9 of the California Code of Regulations.

(B) A marriage and family therapist as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(C) A licensed educational psychologist as defined in Article 5 (commencing with Section 4986) of Chapter 13 of Division 2 of the Business and Professions Code.

(D) A credentialed school psychologist as described in Section 49424 of the Education Code.

(E) A clinical psychologist as defined in Section 1316.5 of the Health and Safety Code.

(F) The chief administrator of an agency referred to in paragraph (1) or (3).

(G) A person registered as a marriage and family therapist intern, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (g) of Section 4980.03 of the Business and Professions Code.

(H) A licensed professional clinical counselor, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(I) A person registered as a clinical counselor intern, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (h) of Section 4999.12 of the Business and Professions Code.

(3) "Residential shelter services" means any of the following:

(A) The provision of residential and other support services to minors on a temporary or emergency basis in a facility that services only minors by a governmental agency, a person or agency having a contract with a governmental agency to provide these services, an agency that receives funding from community funds, or a licensed community care facility or crisis resolution center.

(B) The provision of other support services on a temporary or emergency basis by any professional person as defined in paragraph (2).

(b) A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if both of the following requirements are satisfied:



## FAMILY CODE

(1) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services.

(2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse.

(c) A professional person offering residential shelter services, whether as an individual or as a representative of an entity specified in paragraph (3) of subdivision (a), shall make his or her best efforts to notify the parent or guardian of the provision of services.

(d) The mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor's parent or guardian unless, in the opinion of the professional person who is treating or counseling the minor, the involvement would be inappropriate. The professional person who is treating or counseling the minor shall state in the client record whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.

(e) The minor's parents or guardian are not liable for payment for mental health treatment or counseling services provided pursuant to this section unless the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the participation of the parent or guardian. The minor's parents or guardian are not liable for payment for any residential shelter services provided pursuant to this section unless the parent or guardian consented to the provision of those services.

(f) This section does not authorize a minor to receive convulsive therapy or psychosurgery as defined in subdivisions (f) and (g) of Section 5325 of the Welfare and Institutions Code, or psychotropic drugs without the consent of the minor's parent or guardian.

Enacted Stats 1992 ch 162 § 10 (AB 2650), operative January 1, 1994. Amended Stats 1993 ch 219 § 155 (AB 1500); Stats 2000 ch 519 § 1 (AB 2161); Stats 2009 ch 26 § 22 (SB 33), effective January 1, 2010; Stats 2011 ch 381 § 25 (SB 146), effective January 1, 2012.

### § 6925. Consent by minor to pregnancy treatment

(a) A minor may consent to medical care related to the prevention or treatment of pregnancy.

(b) This section does not authorize a minor:

(1) To be sterilized without the consent of the minor's parent or guardian.

(2) To receive an abortion without the consent of a parent or guardian other than as provided in Section 123450 of the Health and Safety Code.

Enacted Stats 1992 ch 162 § 10 (AB 2650), operative January 1, 1994. Amended Stats 1996 ch 1023 § 46 (SB 1497), effective September 29, 1996.

### § 6926. Consent by minor to treatment for communicable disease or prevention of sexually transmitted disease

(a) A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted

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BOARD OF PSYCHOLOGY

pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer.

(b) A minor who is 12 years of age or older may consent to medical care related to the prevention of a sexually transmitted disease.

(c) The minor's parents or guardian are not liable for payment for medical care provided pursuant to this section.

Enacted Stats 1992 ch 162 § 10 (AB 2650), operative January 1, 1994. Amended Stats 2011 ch 652 § 1 (AB 499), effective January 1, 2012.

**§ 6927. Consent by rape victim to treatment**

A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape.

Enacted Stats 1992 ch 162 § 10 (AB 2650), operative January 1, 1994.

**§ 6928. Consent by assault victim to treatment**

(a) "Sexually assaulted" as used in this section includes, but is not limited to, conduct coming within Section 261, 286, or 288a of the Penal Code.

(b) A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault.

(c) The professional person providing medical treatment shall attempt to contact the minor's parent or guardian and shall note in the minor's treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This subdivision does not apply if the professional person reasonably believes that the minor's parent or guardian committed the sexual assault on the minor.

Enacted Stats 1992 ch 162 § 10 (AB 2650), operative January 1, 1994.

**§ 6929. Consent by minor to drug or alcohol treatment; Involvement, liability and rights of parent or guardian**

(a) As used in this section:

(1) "Counseling" means the provision of counseling services by a provider under a contract with the state or a county to provide alcohol or drug abuse counseling services pursuant to Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code or pursuant to Division 10.5 (commencing with Section 11750) of the Health and Safety Code.

(2) "Drug or alcohol" includes, but is not limited to, any substance listed in any of the following:

- (A) Section 380 or 381 of the Penal Code.
- (B) Division 10 (commencing with Section 11000) of the Health and Safety Code.

(C) Subdivision (f) of Section 647 of the Penal Code.

(3) "LAAM" means levoalphacetylmethadol as specified in paragraph (10) of subdivision (c) of Section 11055 of the Health and Safety Code.

(4) "Professional person" means a physician and surgeon, registered nurse, psychologist, clinical social worker, professional clinical counselor, marriage and family therapist, registered marriage and family therapist intern when



FAMILY CODE

appropriately employed and supervised pursuant to Section 4980.43 of the Business and Professions Code, psychological assistant when appropriately employed and supervised pursuant to Section 2913 of the Business and Professions Code, associate clinical social worker when appropriately employed and supervised pursuant to Section 4996.18 of the Business and Professions Code, or registered clinical counselor intern when appropriately employed and supervised pursuant to Section 4999.42 of the Business and Professions Code.

(b) A minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem.

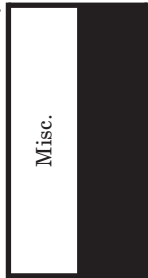
(c) The treatment plan of a minor authorized by this section shall include the involvement of the minor's parent or guardian, if appropriate, as determined by the professional person or treatment facility treating the minor. The professional person providing medical care or counseling to a minor shall state in the minor's treatment record whether and when the professional person attempted to contact the minor's parent or guardian, and whether the attempt to contact the parent or guardian was successful or unsuccessful, or the reason why, in the opinion of the professional person, it would not be appropriate to contact the minor's parent or guardian.

(d) The minor's parent or guardian is not liable for payment for any care provided to a minor pursuant to this section, except that if the minor's parent or guardian participates in a counseling program pursuant to this section, the parent or guardian is liable for the cost of the services provided to the minor and the parent or guardian.

(e) This section does not authorize a minor to receive replacement narcotic abuse treatment, in a program licensed pursuant to Article 3 (commencing with Section 11875) of Chapter 1 of Part 3 of Division 10.5 of the Health and Safety Code, without the consent of the minor's parent or guardian.

(f) It is the intent of the Legislature that the state shall respect the right of a parent or legal guardian to seek medical care and counseling for a drug- or alcohol-related problem of a minor child when the child does not consent to the medical care and counseling, and nothing in this section shall be construed to restrict or eliminate this right.

(g) Notwithstanding any other provision of law, in cases where a parent or legal guardian has sought the medical care and counseling for a drug- or alcohol-related problem of a minor child, the physician and surgeon shall disclose medical information concerning the care to the minor's parent or legal guardian upon his or her request, even if the minor child does not consent to disclosure, without liability for the disclosure.



Enacted Stats 1992 ch 162 § 10 (AB 2650), operative January 1, 1994. Amended Stats 1995 ch 455 § 1 (AB 1113), effective September 5, 1995; Stats 1996 ch 656 § 1 (AB 2883); Stats 2002 ch 1013 § 79 (SB 2026); Stats 2004 ch 59 § 1 (AB 2182); Stats 2009 ch 26 § 23 (SB 33), effective January 1, 2010; Stats 2011 ch 381 § 26 (SB 146), effective January 1, 2012.



***EXTRACTED FROM***  
**HEALTH AND SAFETY CODE**

**DIVISION 2**  
**Licensing Provisions**

**CHAPTER 1**  
**Clinics**

**ARTICLE 1**  
**Definitions and General Provisions**

**§ 1204.1. Eligibility of psychology clinic for licensure**

In addition to the primary care clinics and specialty clinics specified in Section 1204, clinics eligible for licensure pursuant to this chapter include psychology clinics. A “psychology clinic” is a clinic which provides psychological advice, services, or treatment to patients, under the direction of a clinical psychologist as defined in Section 1316.5, and is operated by a tax-exempt nonprofit corporation which is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds, or contributions which may be in the form of money, goods, or services. In a psychology clinic, any charges to the patient shall be based on the patient’s ability to pay, utilizing a sliding fee scale. No corporation other than a nonprofit corporation, exempt from federal taxation under paragraph (3), subsection (c) of Section 501 of the Internal Revenue Code of 1954, as amended, or a statutory successor thereof, shall operate a psychology clinic.

Each psychology clinic licensed pursuant to this section shall comply with the provisions of Part 2 (commencing with Section 13100) of Division 12.

Only a psychology clinic may be licensed under this chapter to exclusively provide psychological advice, services, or treatment. However, nothing in this subdivision precludes clinics specified in Section 1204 from providing psychological advice, services, or treatment as included within, or adjunctive to, medical advice, services, or treatment provided by such clinics. Failure to comply with the requirements of this section may be grounds for denial, revocation, or suspension of the license.

Added Stats 1980 ch 1315 § 3. Amended Stats 1982 ch 1172 § 2; Stats 1987 ch 456 § 1.



BOARD OF PSYCHOLOGY

**DIVISION 105**

**Communicable Disease Prevention and Control**

**PART 1**

**Administration of Communicable Disease  
Prevention and Control**

**CHAPTER 3.5**

**Communicable Diseases Exposure Notification Act**

**§ 120260. Legislative findings**

(a) The Legislature finds and declares all of the following:

(1) Early knowledge of infection with communicable disease is important in order to permit exposed persons to make informed health care decisions as well as to take measures to reduce the likelihood of transmitting the infection to others.

(2) Individual health care providers, agents and employees of health care facilities and individual health care providers, and first responders, including police, firefighters, rescue personnel, and other persons who provide the first response to emergencies, frequently come into contact with the blood and other potentially infectious materials of individuals whose communicable disease infection status is not known.

(3) Even if these exposed individuals use universal infection control precautions to prevent transmission of communicable diseases, there will be occasions when they experience significant exposure to the blood or other potentially infectious materials of patients.

(b) Therefore, it is the intent of the Legislature to provide a narrow exposure notification and information mechanism to permit individual health care providers, the employees or contracted agents of health care facilities and individual health care providers, and first responders, who have experienced a significant exposure to the blood or other potentially infectious materials of a patient, to learn of the communicable disease infection status of the patient.

Added Stats 2002 ch 342 § 1 (AB 2423).

**§ 120260.5. Testing and notification procedures additional.**

The communicable disease testing and notification procedures provided for in this chapter are in addition to the notification to which prehospital emergency medical care persons or personnel are entitled under Section 1797.188.

Added Stats 2006 ch 102 § 2 (AB 2056), effective January 1, 2007.

**§ 120261. Definitions**

For the purposes of this chapter, the following definitions apply:

(a) "Attending physician of the source patient" means any physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code and any person licensed pursuant to the Osteopathic Initiative Act, who provides health care services to



## HEALTH AND SAFETY CODE

the source patient. Notwithstanding any other provision of this subdivision to the contrary, the attending physician of the source patient shall include any of the following persons:

(1) The private physician of the source patient.  
(2) The physician primarily responsible for the patient who is undergoing inpatient treatment in a hospital.

(3) A registered nurse or licensed nurse practitioner who has been designated by the attending physician of the source patient.

(b) "Available blood or patient sample" means blood or other tissue or material that was legally obtained in the course of providing health care services, and is in the possession of the physician or other health care provider of the source patient prior to the release of the source patient from the physician's or health care provider's facility.

(c) "Certifying physician" means any physician consulted by the exposed individual for the exposure incident. A certifying physician shall have demonstrated competency and understanding of the then applicable guidelines or standards of the Division of Occupational Safety and Health.

(d) "Communicable disease" means any disease that was transferable through the exposure incident, as determined by the certifying physician.

(e) "Exposed individual" means any individual health care provider, first responder, or any other person, including, but not limited to, any employee, volunteer, or contracted agent of any health care provider, who is exposed, within the scope of his or her employment, to the blood or other potentially infectious materials of a source patient.

(f) "Health care provider" means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, any person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act, any person certified pursuant to Division 2.5 (commencing with Section 1797), any clinic, health dispensary, or health facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200), any employee, volunteer, or contracted agent of any group practice prepayment health care service plan regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2), and any professional student of one of the clinics, health dispensaries, or health care facilities or health care providers described in this subdivision.

(g) "First responder" means a police officer, firefighter, rescue worker, or any other person who provides emergency response, first aid care, or other medically related assistance either in the course of the person's occupational duties or as a volunteer.

(h) "Other potentially infectious materials" means those body fluids identified by the Division of Occupational Safety and Health as potentially capable of transmitting a communicable disease.

(i) "Significant exposure" means direct contact with blood or other potentially infectious materials of a patient in a manner that, according to the then applicable guidelines of the Division of Occupational Safety and Health, is capable of transmitting a communicable disease.

(j) "Source patient" means any person receiving health care services whose blood or other potentially infectious material has been the source of a significant exposure to an exposed individual.

Added Stats 2002 ch 342 § 1 (AB 2423).





BOARD OF PSYCHOLOGY

**§ 120262. Testing of source patient; Notification to exposed individual**

Notwithstanding Chapter 7 (commencing with Section 120975) or any other provision of law, the blood or other tissue or material of a source patient may be tested, and an exposed individual may be informed whether the patient has tested positive or negative for a communicable disease if the exposed individual and the health care facility, if any, have substantially complied with the then applicable guidelines of the Division of Occupational Safety and Health and the State Department of Health Services and if the following procedure is followed:

(a)(1) Whenever a person becomes an exposed individual by experiencing an exposure to the blood or other potentially infectious material of a patient during the course of rendering health care-related services or occupational services, the exposed individual may request an evaluation of the exposure by a physician to determine if it is a significant exposure, as defined in subdivision (h) of Section 120261. No physician or other exposed individual shall certify his or her own significant exposure. However, an employing physician may certify the exposure of one of his or her employees. Requests for certification shall be made in writing within 72 hours of the exposure.

(2) A written certification by a physician of the significance of the exposure shall be obtained within 72 hours of the request. The certification shall include the nature and extent of the exposure.

(b)(1) The exposed individual shall be counseled regarding the likelihood of transmission, the limitations of the testing performed, the need for followup testing, and the procedures that the exposed individual must follow regardless of whether the source patient has tested positive or negative for a communicable disease. The exposed individual may be tested in accordance with the then applicable guidelines or standards of the Division of Occupational Safety and Health. The result of this test shall be confirmed as negative before available blood or other patient samples of the source patient may be tested for evidence of infection to a communicable disease, without the consent of the source patient pursuant to subdivision (d).

(2) Within 72 hours of certifying the exposure as significant, the certifying physician shall provide written certification to an attending physician of the source patient that a significant exposure to an exposed individual has occurred, and shall request information on whether the source patient has tested positive or negative for a communicable disease, and the availability of blood or other patient samples. An attending physician shall respond to the request for information within three working days.

(c) If test results of the source patient are already known to be positive for a communicable disease then, except as provided in subdivisions (b) and (c) of Section 121010, when the exposed individual is a health care provider or an employee or agent of the health care provider of the source patient, an attending physician and surgeon of the source patient shall attempt to obtain the consent of the source patient to disclose to the exposed the testing results of the source patient regarding communicable diseases. If the source patient cannot be contacted or refuses to consent to the disclosure, then the exposed individual may be informed of the test results regarding communicable diseases of the source patient by an attending physician of the source patient



HEALTH AND SAFETY CODE

as soon as possible after the exposure has been certified as significant, notwithstanding Section 120980 or any other provision of law.

(d) If the communicable disease status of the source patient is unknown to the certifying physician or an attending physician, if blood or other patient samples are available, and if the exposed individual has tested negative on a baseline test for communicable diseases, the source patient shall be given the opportunity to give informed consent to a test for communicable diseases in accordance with the following:

(1) Within 72 hours after receiving a written certification of significant exposure, an attending physician of the source patient shall do all of the following:

(A) Make a good faith effort to notify the source patient or the authorized legal representative of the source patient about the significant exposure. A good faith effort to notify includes, but is not limited to, a documented attempt to locate the source patient by telephone or by first-class mail with a certificate of mailing. An attempt to locate the source patient and the results of that attempt shall be documented in the medical record of the source patient. An inability to contact the source patient, or legal representative of the source patient, after a good faith effort to do so as provided in this subdivision, shall constitute a refusal of consent pursuant to paragraph (2). An inability of the source patient to provide informed consent shall constitute a refusal of consent pursuant to paragraph (2), provided all of the following conditions are met:

(i) The source patient has no authorized legal representative.

(ii) The source patient is incapable of giving consent.

(iii) In the opinion of the attending physician, it is likely that the source patient will be unable to grant informed consent within the 72-hour period during which the physician is required to respond pursuant to paragraph (1).

(B) Attempt to obtain the voluntary informed consent of the source patient or the authorized legal representative of the source patient to perform a test for a communicable disease, on the source patient or on any available blood or patient sample of the source patient. The voluntary informed consent shall be in writing. The source patient shall have the option not to be informed of the test result. An exposed individual shall be prohibited from attempting to obtain directly informed consent for testing for communicable diseases from the source patient.

(C) Provide the source patient with medically appropriate pretest counseling and refer the source patient to appropriate posttest counseling and followup, if necessary. The source patient shall be offered medically appropriate counseling whether or not he or she consents to testing.

(2) If the source patient or the authorized legal representative of the source patient refuses to consent to test for a communicable disease after a documented effort has been made to obtain consent, any available blood or patient sample of the source patient may be tested. The source patient or authorized legal representative of the source patient shall be informed that an available blood sample or other tissue or material will be tested despite his or her refusal, and that the exposed individual shall be informed of the test results regarding communicable diseases.

(3) If the informed consent of the source patient cannot be obtained because the source patient is deceased, consent to perform a test for a communicable

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BOARD OF PSYCHOLOGY

disease on any blood or patient sample of the source patient legally obtained in the course of providing health care services at the time of the exposure event shall be deemed granted.

(4) A source patient or the authorized legal representative of a source patient shall be advised that he or she shall be informed of the results of the test for communicable diseases only if he or she wishes to be so informed. If a patient refuses to provide informed consent to testing for communicable diseases and refuses to learn the results of the testing, he or she shall sign a form documenting this refusal. The source patient's refusal to sign this form shall be construed to be a refusal to be informed of the test results regarding communicable diseases. Test results for communicable diseases shall only be placed in the medical record when the patient has agreed in writing to be informed of the results.

(5) Notwithstanding any other provision of law, if the source patient or authorized legal representative of a source patient refuses to be informed of the results of the test, the test results regarding communicable diseases of that source patient shall only be provided to the exposed individual in accordance with the then applicable regulations established by the Division of Occupational Safety and Health.

(6) The source patient's identity shall be encoded on the communicable disease test result record.

(e) If an exposed individual is informed of the status of a source patient with regard to a communicable disease pursuant to this section, the exposed individual shall be informed that he or she is subject to existing confidentiality protections for any identifying information about the communicable disease test results, and that medical information regarding the communicable disease status of the source patient shall be kept confidential and may not be further disclosed, except as otherwise authorized by law. The exposed individual shall be informed of the penalties for which he or she would be personally liable for violation of Section 120980.

(f) The costs for the test and counseling for communicable diseases of the exposed individual, or the source patient, or both, shall be borne by the employer of the exposed individual, if any. An employer who directs and controls the exposed individual shall provide the postexposure evaluation and followup required by the California Division of Occupational Safety and Health as well as the testing and counseling for source patients required under this chapter. If an exposed individual is a volunteer or a student, then the health care provider or first responder that assigned a task to the volunteer or student may pay for the costs of testing and counseling as if that volunteer or student were an employee. If an exposed individual, who is not an employee of a health facility or of another health care provider, chooses to obtain postexposure evaluation or followup counseling, or both, or treatment, he or she shall be financially responsible for the costs thereof and shall be responsible for the costs of the testing and counseling for the source patient.

(g) Nothing in this section authorizes the disclosure of the source patient's identity.

(h) Nothing in this section shall authorize a health care provider to draw blood or other body fluids except as otherwise authorized by law.



HEALTH AND SAFETY CODE

(i) The provisions of this section are cumulative only and shall not preclude testing of source patients for a communicable disease, as authorized by any other provision of law.

(j) Except as otherwise provided under this section, all confidentiality requirements regarding medical records that are provided for under existing law apply to this section.

Added Stats 2002 ch 342 § 1 (AB 2423).

**§ 120263. Liability of health care provider**

(a) No health care provider, as defined in this chapter, shall be subject to civil or criminal liability or professional disciplinary action for performing tests for a communicable disease on the available blood or patient sample of a source patient, or for disclosing the communicable disease status of a source patient to the source patient, an attending physician of the source patient, the certifying physician, the exposed individual, or any attending physician of the exposed individual, if the health care provider has acted in good faith in complying with this chapter.

(b) Any health care provider or first responder, or any exposed individual, who willfully performs or permits the performance of a test for a communicable disease on a source patient, that results in economic, bodily, or psychological harm to the source patient, without adhering to the procedure set forth in this chapter is guilty of a misdemeanor, punishable by imprisonment in the county jail for a period not to exceed one year, or a fine not to exceed ten thousand dollars (\$10,000), or by both.

Added Stats 2002 ch 342 § 1 (AB 2423), as H & S C § 121140. Renumbered by Stats 2003 ch 62 § 195 (SB 600).

**PART 4**

**Human Immunodeficiency Virus (HIV)**

**CHAPTER 2**

**California Acquired Immune Deficiency Syndrome (AIDS) Program (CAP)**

**§ 120800. Legislative intent**

The intent of the Legislature in enacting this chapter is as follows:

- (a) To fund specified pilot AIDS education programs.
- (b) To fund pilot projects to demonstrate the value of noninstitutional health care services such as hospice, home health, and attendant care in controlling costs and providing humane care to people with AIDS and AIDS-related conditions.
- (c) To fund clinical research.
- (d) To fund the development of an AIDS Mental Health Project.
- (e) To fund specified needs assessments, studies, and program evaluations.
- (f) To authorize the use of funds appropriated by Section 6 of Chapter 23 of the Statutes of 1985 for preventive education for individuals who are seropositive as a result of antibody testing.
- (g) To promote broad-based support for AIDS programs by encouraging community level networking and coordination of efforts among private sector,



BOARD OF PSYCHOLOGY

nonprofit, and public service agencies as well as health care professionals and providers of essential services.

(h) To promote an aggressive community-based HIV infection prevention program in all communities and areas where behaviors and prevalence indicate high risk of HIV infection, and to encourage local programs to involve racial and ethnic minorities in a leading role to plan the development, implementation, and evaluation of preventive education, HIV testing, delivery of care, and research activities that are necessary to the formation of a comprehensive, community-based, culturally sensitive HIV infection prevention strategy.

(i) To promote education of health care practitioners concerning new clinical manifestations of HIV, particularly among women and children.

Added Stats 1995 ch 415 § 7 (SB 1360).

**CHAPTER 7**

**Mandated Blood Testing and Confidentiality to Protect Public Health**

**§ 120975. Privacy rights of persons subject to AIDS blood tests**

To protect the privacy of individuals who are the subject of testing for human immunodeficiency virus (HIV), the following shall apply:

Except as provided in Section 1603.1, 1603.3, or 121022, no person shall be compelled in any state, county, city, or other local civil, criminal, administrative, legislative, or other proceedings to identify or provide identifying characteristics that would identify any individual who is the subject of a blood test to detect antibodies to HIV an HIV test, as defined in subdivision (c) of Section 120775.

Added Stats 1995 ch 415 § 7 (SB 1360). Amended Stats 2006 ch 20 § 3 (SB 699), effective April 17, 2006; Stats 2013 ch 445 § 1 (SB 249), effective January 1, 2014.

**§ 120980. Civil and criminal liability for wrongful disclosure of AIDS test results**

(a) Any person who negligently discloses results of an HIV test, as defined in subdivision (c) of Section 120775, to any third party, in a manner that identifies or provides identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization, as described in subdivision (g), or except as provided in Section 1603.1, 1603.3, or 121022 or any other statute that expressly provides an exemption to this section, shall be assessed a civil penalty in an amount not to exceed two thousand five hundred dollars (\$2,500) plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the test.

(b) Any person who willfully or maliciously discloses the results of an HIV test, as defined in subdivision (c) of Section 120775, to any third party, in a manner that identifies or provides identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization, as described in subdivision (g), or except as provided in Section 1603.1, 1603.3, or 121022 or any other statute that expressly provides an exemption to this section, shall be assessed a civil penalty in an amount not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000)



HEALTH AND SAFETY CODE

plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the test.

(c) Any person who willfully, maliciously, or negligently discloses the results of an HIV test, as defined in subdivision (c) of Section 120775, to a third party, in a manner that identifies or provides identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization, as described in subdivision (g), or except as provided in Section 1603.1, 1603.3, or 121022 or any other statute that expressly provides an exemption to this section, that results in economic, bodily, or psychological harm to the subject of the test, is guilty of a misdemeanor, punishable by imprisonment in the county jail for a period not to exceed one year, or a fine of not to exceed twenty-five thousand dollars (\$25,000), or both.

(d) Any person who commits any act described in subdivision (a) or (b) shall be liable to the subject for all actual damages, including damages for economic, bodily, or psychological harm that is a proximate result of the act.

(e) Each disclosure made in violation of this chapter is a separate and actionable offense.

(f) Except as provided in Article 6.9 (commencing with Section 799) of Chapter 1 of Part 2 of Division 1 of the Insurance Code, the results of an HIV test, as defined in subdivision (c) of Section 120775, that identifies or provides identifying characteristics of the person to whom the test results apply, shall not be used in any instance for the determination of insurability or suitability for employment.

(g) "Written authorization," as used in this section, applies only to the disclosure of test results by a person responsible for the care and treatment of the person subject to the test. Written authorization is required for each separate disclosure of the test results, and shall include to whom the disclosure would be made.

(h) Nothing in this section limits or expands the right of an injured subject to recover damages under any other applicable law. Nothing in this section shall impose civil liability or criminal sanction for disclosure of the results of tests performed on cadavers to public health authorities or tissue banks.

(i) Nothing in this section imposes liability or criminal sanction for disclosure of an HIV test, as defined in subdivision (c) of Section 120775, in accordance with any reporting requirement for a case of HIV infection, including AIDS by the department or the Centers for Disease Control and Prevention under the United States Public Health Service.

(j) The department may require blood banks and plasma centers to submit monthly reports summarizing statistical data concerning the results of tests to detect the presence of viral hepatitis and HIV. This statistical summary shall not include the identity of individual donors or identifying characteristics that would identify individual donors.

(k) "Disclosed," as used in this section, means to disclose, release, transfer, disseminate, or otherwise communicate all or any part of any record orally, in writing, or by electronic means to any person or entity.

(l) When the results of an HIV test, as defined in subdivision (c) of Section 120775, are included in the medical record of the patient who is the subject of the test, the inclusion is not a disclosure for purposes of this section.

Added Stats 1995 ch 415 § 7 (SB 1360). Amended Stats 2006 ch 20 § 4 (SB 699), effective April 17, 2006.



BOARD OF PSYCHOLOGY

**§ 120985. Disclosure to health care providers**

(a) Notwithstanding Section 120980, the results of an HIV test that identifies or provides identifying characteristics of the person to whom the test results apply may be recorded by the physician who ordered the test in the test subject's medical record or otherwise disclosed without written authorization of the subject of the test, or the subject's representative as set forth in Section 121020, to the test subject's providers of health care, as defined in Section 56.05 of the Civil Code, for purposes of diagnosis, care, or treatment of the patient, except that for purposes of this section, "providers of health care" does not include a health care service plan regulated pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2.

(b) Recording or disclosure of HIV test results pursuant to subdivision (a) does not authorize further disclosure unless otherwise permitted by law.

Added Stats 1995 ch 415 § 7 (SB 1360). Amended Stats 2013 ch 444 § 14 (SB 138), effective January 1, 2014.

**§ 120990. Written consent to test; Exceptions; Patient shall receive information and counseling**

(a) Prior to ordering a test that identifies infection of a patient with HIV, a medical care provider shall inform the patient that the test is planned, provide information about the test, inform the patient that there are numerous treatment options available for a patient who tests positive for HIV and that a person who tests negative for HIV should continue to be routinely tested, and advise the patient that he or she has the right to decline the test. If a patient declines the test, the medical care provider shall note that fact in the patient's medical file.

(b) Subdivision (a) does not apply when a person independently requests an HIV test from a medical care provider.

(c) Except as provided in subdivision (a), a person shall not administer a test for HIV infection unless the person being tested or his or her parent, guardian, conservator, or other person specified in Section 121020 has provided informed consent for the performance of the test. Informed consent may be provided orally or in writing, but the person administering the test shall maintain documentation of consent, whether obtained orally or in writing, in the client's medical record. This consent requirement does not apply to a test performed at an alternative site pursuant to Section 120890 or 120895. This section does not authorize a person to administer a test for HIV unless that person is otherwise lawfully permitted to administer an HIV test.

(d) Subdivision (c) shall not apply when a person independently requests an HIV test from an HIV counseling and testing site that employs a trained HIV counselor, pursuant to Section 120917, provided that the person is provided with information required pursuant to subdivision (a) and his or her independent request for an HIV test is documented by the person administering the test.

(e) Nothing in this section shall preclude a medical examiner or other physician from ordering or performing a test to detect HIV on a cadaver when an autopsy is performed or body parts are donated pursuant to the Uniform Anatomical Gift Act (Chapter 3.5 (commencing with Section 7150) of Part 1 of Division 7).



HEALTH AND SAFETY CODE

(f)(1) The requirements of subdivision (c) do not apply when blood is tested as part of a scientific investigation conducted either by a medical researcher operating under the approval of an institutional review board or by the department, in accordance with a protocol for unlinked testing.

(2) For purposes of this subdivision, “unlinked testing” means blood samples that are obtained anonymously, or that have the name or identifying information of the individual who provided the sample removed in a manner that prevents the test results from ever being linked to the particular individual who participated in the research or study.

(g) Nothing in this section permits a person to unlawfully disclose an individual’s HIV status, or to otherwise violate provisions of Section 54 of the Civil Code, the Americans With Disabilities Act of 1990 (Public Law 101-336), or the California Fair Employment and Housing Act (Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code), which prohibit discrimination against individuals who are living with HIV, who test positive for HIV, or who are presumed to be HIV-positive.

(h) After the results of a test performed pursuant to this section have been received, the medical care provider or the person who administers the test shall ensure that the patient receives timely information and counseling, as appropriate, to explain the results and the implications for the patient’s health. If the patient tests positive for HIV infection, the medical provider or the person who administers the test shall inform the patient that there are numerous treatment options available and identify followup testing and care that may be recommended, including contact information for medical and psychological services. If the patient tests negative for HIV infection and is known to be at high risk for HIV infection, the medical provider or the person who administers the test shall advise the patient of the need for periodic retesting, explain the limitations of current testing technology and the current window period for verification of results, and may offer prevention counseling or a referral to prevention counseling.

(i) This section shall not apply to a clinical laboratory.

Added Stats 2007 ch 550 § 2 (AB 682), effective January 1, 2008. Amended Stats 2013 ch 589 § 1 (AB 446), effective January 1, 2014.

**§ 120991. Primary care clinic shall offer HIV test**

(a) Each patient who has blood drawn at a primary care clinic and who has consented to the HIV test pursuant to Section 120990 shall be offered an HIV test. The primary care clinician shall offer an HIV test consistent with the United States Preventive Services Task Force recommendation for screening HIV infection. This subdivision shall not apply if the primary care clinic has tested the patient for HIV or if the patient has been offered the HIV test and declined the test within the previous 12 months. Any subsequent testing of a patient who has been tested by the primary care clinic shall be consistent with the most recent guidelines issued by the United States Preventive Services Task Force.

(b) HIV testing of minors 12 years of age or older shall comply with Section 6926 of the Family Code.

(c) This section shall not prohibit a primary care clinic from charging a patient to cover the cost of HIV testing. The primary care clinic shall be deemed to have complied with this section if an HIV test is offered.





BOARD OF PSYCHOLOGY

(d) A primary care clinic shall attempt to provide test results to the patient before he or she leaves the facility. If that is not possible, the facility may inform the patient who tests negative for HIV by letter or by telephone, and shall inform a patient with a positive test result in a manner consistent with state law. However, in any case, the primary care clinic shall comply with subdivision (g) of Section 120990.

(e) For purposes of this section, "primary care clinic" means a primary care clinic as defined in subdivision (a) of Section 1204 or subdivision (g), (h), or (j) of Section 1206.

Added Stats 2013 ch 589 § 2 (AB 446), effective January 1, 2014.

**§ 121015. Liability for disclosure of AIDS test results; Confidentiality of identity of person tested and persons contacted**

(a) Notwithstanding Section 120980 or any other provision of law, no physician and surgeon who has the results of a confirmed positive test to detect HIV infection of a patient under his or her care shall be held criminally or civilly liable for disclosing to a person reasonably believed to be the spouse, or to a person reasonably believed to be a sexual partner or a person with whom the patient has shared the use of hypodermic needles, or to the local health officer or designated local public health agency staff for HIV partner services, that the patient has tested positive on a test to detect HIV infection, except that no physician and surgeon shall disclose any identifying information about the individual believed to be infected, except as required in Section 121022 or with the written consent of the individual pursuant to subdivision (g) of Section 120980.

(b) No physician and surgeon shall disclose the information described in subdivision (a) unless he or she has first discussed the test results with the patient and has offered the patient appropriate educational and psychological counseling, that shall include information on the risks of transmitting the human immunodeficiency virus to other people and methods of avoiding those risks, and has attempted to obtain the patient's voluntary consent for notification of his or her contacts. The physician and surgeon shall notify the patient of his or her intent to notify the patient's contacts prior to any notification. When the information is disclosed to a person reasonably believed to be a spouse, or to a person reasonably believed to be a sexual partner, or a person with whom the patient has shared the use of hypodermic needles, the physician and surgeon shall refer that person for appropriate care, counseling, and followup. This section shall not apply to disclosures made other than for the purpose of diagnosis, care, and treatment of persons notified pursuant to this section, or for the purpose of interrupting the chain of transmission.

(c) This section is permissive on the part of the attending physician, and all requirements and other authorization for the disclosure of test results to detect HIV infection are limited to the provisions contained in this chapter, Chapter 10 (commencing with Section 121075) and Sections 1603.1 and 1603.3. No physician has a duty to notify any person of the fact that a patient is reasonably believed to be infected with HIV, except as required by Section 121022.

(d) The local health officer or the designated local public health agency staff for HIV partner services may, without incurring civil or criminal liability, alert



HEALTH AND SAFETY CODE

any persons reasonably believed to be a spouse, sexual partner, or partner of shared needles of an individual who has tested positive on an HIV test about their exposure, without disclosing any identifying information about the individual believed to be infected or the physician making the report, and shall refer any person to whom a disclosure is made pursuant to this subdivision for appropriate care and followup. Upon completion of the efforts to contact, alert, and refer any person pursuant to this subdivision by a local health officer or the designated local public health agency staff for HIV partner services, all records regarding that person maintained by the local health officer pursuant to this subdivision, including, but not limited to, any individual identifying information, shall be expunged by the local health officer.

(e) The local health officer shall keep confidential the identity and the seropositivity status of the individual tested and the identities of the persons contacted, as long as records of contacts are maintained.

(f) Except as provided in Section 1603.1, 1603.3, or 121022, no person shall be compelled in any state, county, city, or local civil, criminal, administrative, legislative, or other proceedings to identify or provide identifying characteristics that would identify any individual reported or person contacted pursuant to this section.

Added Stats 1995 ch 415 § 7 (SB 1360). Amended Stats 2006 ch 20 § 5 (SB 699), effective April 17, 2006; Stats 2011 ch 151 § 1 (SB 422), effective January 1, 2012.

**§ 121020. Requirement of written consent for incompetent subject; Consent for minor or infant; Disclosure of results; Positive test by infant**

(a)(1) When the subject of an HIV test is not competent to give consent for the test to be performed, written consent for the test may be obtained from the subject's parents, guardians, conservators, or other person lawfully authorized to make health care decisions for the subject. For purposes of this paragraph, a minor shall be deemed not competent to give consent if he or she is under 12 years of age.

(2) Notwithstanding paragraph (1), when the subject of the HIV test is a minor adjudged to be a dependent child of the court pursuant to Section 360 of the Welfare and Institutions Code, written consent for the test to be performed may be obtained from the court pursuant to its authority under Section 362 or 369 of the Welfare and Institutions Code.

(3)(A) Notwithstanding paragraphs (1) and (2), if the subject of the test is an infant who is less than 12 months of age who has been taken into temporary custody pursuant to Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code or who has been, or has a petition filed with the court to be, adjudged a dependent child of the court pursuant to Section 360 of the Welfare and Institutions Code, the social worker may provide written consent for an HIV test to be performed when the infant is receiving medical care pursuant to Section 369 of the Welfare and Institutions Code, if all of the following have occurred:

(i) The attending physician and surgeon determines that HIV testing is necessary to render appropriate care to the infant and documents that determination. When deciding whether HIV testing is necessary, the physician and surgeon shall consider appropriate factors, either known to the attending physician and surgeon or provided to the attending physician and surgeon by



BOARD OF PSYCHOLOGY

the social worker, including, but not limited to, whether the infant has a parent with a history of behavior that places the parent at an increased risk of exposure to HIV, or whether the infant is a victim of sexual abuse, which has placed the child at risk of exposure to HIV.

(ii) The social worker provides known information concerning the infant's possible risk factors regarding exposure to HIV to the attending physician and surgeon.

(iii) The social worker has made reasonable efforts to contact the parent or guardian but was unable to do so, and the social worker has documented his or her efforts to contact that person.

(B) The attending physician and surgeon and the social worker shall comply with all applicable state and federal confidentiality and privacy laws, including Section 121025, to protect the confidentiality and privacy interests of both the infant and the biological mother.

(b) Written consent shall only be obtained for the subject pursuant to paragraphs (1) and (2) of subdivision (a) when necessary to render appropriate care or to practice preventative measures.

(c) The person authorized to consent to the test pursuant to subdivision (a) shall be permitted to do any of the following:

(1) Notwithstanding Sections 120975 and 120980, receive the results of the test on behalf of the subject without written authorization.

(2) Disclose the test results on behalf of the subject in accordance with Sections 120975 and 120980.

(3) Provide written authorization for the disclosure of the test results on behalf of the subject in accordance with Sections 120975 and 120980.

(d)(1) If an infant tested for HIV pursuant to paragraph (3) of subdivision (a) tests positive for HIV infection and the physician and surgeon determines that immediate HIV medical care is necessary to render appropriate care to that infant, the provision of HIV medical care shall be considered emergency medical care, pursuant to subdivision (d) of Section 369 of the Welfare and Institutions Code.

(2) If an infant tests positive for HIV in a test performed pursuant to this section, the social worker shall provide to the physician and surgeon any available contact information for the biological mother for purposes of reporting the HIV infection to the local health officer pursuant to Section 121022. Cases reported to the local health officer under this subdivision are subject to the requirements of Section 120175.

Added Stats 1995 ch 415 § 7 (SB 1360). Amended Stats 2013 ch 153 § 1 (AB 506), effective January 1, 2014.

**§ 121022. Manner of reporting cases; Access to anonymous testing; Breach of confidentiality of records; Investigation; Penalties**

(a) To ensure knowledge of current trends in the HIV epidemic and to ensure that California remains competitive for federal HIV and AIDS funding, health care providers and laboratories shall report cases of HIV infection to the local health officer using patient names on a form developed by the department. Both the local health officer and the department shall be authorized to access reports of HIV infection that are electronically submitted by laboratories pursuant to subdivision (g) of Section 120130. Local health officers shall



HEALTH AND SAFETY CODE

report unduplicated HIV cases by name to the department on a form developed by the department.

(b)(1) Health care providers and local health officers shall submit cases of HIV infection pursuant to subdivision (a) by courier service, United States Postal Service express mail or registered mail, other traceable mail, person-to-person transfer, facsimile, or electronically by a secure and confidential electronic reporting system established by the department.

(2) This subdivision shall be implemented using the existing resources of the department.

(c) The department and local health officers shall ensure continued reasonable access to anonymous HIV testing through alternative testing sites, as established by Section 120890, and in consultation with HIV planning groups and affected stakeholders, including representatives of persons living with HIV and health officers.

(d) The department shall promulgate emergency regulations to conform the relevant provisions of Article 3.5 (commencing with Section 2641.5) of Subchapter 1 of Chapter 4 of Division 1 of Title 17 of the California Code of Regulations, consistent with this chapter, by April 17, 2007. Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), if the department revises the form used for reporting pursuant to subdivision (a) after consideration of the reporting guidelines published by the federal Centers for Disease Control and Prevention, the revised form shall be implemented without being adopted as a regulation, and shall be filed with the Secretary of State and printed in Title 17 of the California Code of Regulations.

(e) Pursuant to Section 121025, reported cases of HIV infection shall not be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding.

(f) State and local health department employees and contractors shall be required to sign confidentiality agreements developed by the department that include information related to the penalties for a breach of confidentiality and the procedures for reporting a breach of confidentiality, prior to accessing confidential HIV-related public health records. Those agreements shall be reviewed annually by either the department or the appropriate local health department.

(g) A person shall not disclose identifying information reported pursuant to subdivision (a) to the federal government, including, but not limited to, any agency, employee, agent, contractor, or anyone else acting on behalf of the federal government, except as permitted under subdivision (b) of Section 121025.

(h)(1) Any potential or actual breach of confidentiality of HIV-related public health records shall be investigated by the local health officer, in coordination with the department, when appropriate. The local health officer shall immediately report any evidence of an actual breach of confidentiality of HIV-related public health records at a city or county level to the department and the appropriate law enforcement agency.

(2) The department shall investigate any potential or actual breach of confidentiality of HIV-related public health records at the state level, and shall report any evidence of such a breach of confidentiality to an appropriate law enforcement agency.



BOARD OF PSYCHOLOGY

(i) Any willful, negligent, or malicious disclosure of cases of HIV infection reported pursuant to subdivision (a) shall be subject to the penalties prescribed in Section 121025.

(j) This section does not limit other remedies and protections available under state or federal law.

Added Stats 2006 ch 20 § 6 (SB 699), effective April 17, 2006. Amended Stats 2010 ch 470 § 2 (AB 2541), effective January 1, 2011; Stats 2011 ch 650 § 3 (SB 946), effective January 1, 2012; Stats 2013 ch 445 § 3 (SB 249), effective January 1, 2014; Stats 2014 ch 71 § 92 (SB 1304), effective January 1, 2015.

**DIVISION 106**

**Personal Health Care (Including Maternal, Child,  
and Adolescent)**

**PART 1**

**General Administration**

**CHAPTER 1**

**Patient Access to Health Records**

**§ 123105. Definitions**

As used in this chapter:

(a) "Health care provider" means any of the following:

(1) A health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2.

(2) A clinic licensed pursuant to Chapter 1 (commencing with Section 1200) of Division 2.

(3) A home health agency licensed pursuant to Chapter 8 (commencing with Section 1725) of Division 2.

(4) A physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or pursuant to the Osteopathic Act.

(5) A podiatrist licensed pursuant to Article 22 (commencing with Section 2460) of Chapter 5 of Division 2 of the Business and Professions Code.

(6) A dentist licensed pursuant to Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code.

(7) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(8) An optometrist licensed pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code.

(9) A chiropractor licensed pursuant to the Chiropractic Initiative Act.

(10) A marriage and family therapist licensed pursuant to Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(11) A clinical social worker licensed pursuant to Chapter 14 (commencing with Section 4990) of Division 2 of the Business and Professions Code.



## HEALTH AND SAFETY CODE

(12) A physical therapist licensed pursuant to Chapter 5.7 (commencing with Section 2600) of Division 2 of the Business and Professions Code.

(13) An occupational therapist licensed pursuant to Chapter 5.6 (commencing with Section 2570).

(14) A professional clinical counselor licensed pursuant to Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(b) "Mental health records" means patient records, or discrete portions thereof, specifically relating to evaluation or treatment of a mental disorder. "Mental health records" includes, but is not limited to, all alcohol and drug abuse records.

(c) "Patient" means a patient or former patient of a health care provider.

(d) "Patient records" means records in any form or medium maintained by, or in the custody or control of, a health care provider relating to the health history, diagnosis, or condition of a patient, or relating to treatment provided or proposed to be provided to the patient. "Patient records" includes only records pertaining to the patient requesting the records or whose representative requests the records. "Patient records" does not include information given in confidence to a health care provider by a person other than another health care provider or the patient, and that material may be removed from any records prior to inspection or copying under Section 123110 or 123115. "Patient records" does not include information contained in aggregate form, such as indices, registers, or logs.

(e) "Patient's representative" or "representative" means any of the following:

(1) A parent or guardian of a minor who is a patient.

(2) The guardian or conservator of the person of an adult patient.

(3) An agent as defined in Section 4607 of the Probate Code, to the extent necessary for the agent to fulfill his or her duties as set forth in Division 4.7 (commencing with Section 4600) of the Probate Code.

(4) The beneficiary as defined in Section 24 of the Probate Code or personal representative as defined in Section 58 of the Probate Code, of a deceased patient.

(f) "Alcohol and drug abuse records" means patient records, or discrete portions thereof, specifically relating to evaluation and treatment of alcoholism or drug abuse.

Added Stats 1995 ch 415 § 8 (SB 1360). Amended Stats 2002 ch 1013 § 89 (SB 2026), ch 1150 § 49 (SB 1955); Stats 2006 ch 249 § 1 (SB 1307), effective January 1, 2007; Stats 2009 ch 307 § 105 (SB 821), effective January 1, 2010; Stats 2011 ch 381 § 33 (SB 146), effective January 1, 2012.

### § 123110. Inspection of records; Copying of records; Violations; Construction of section

(a) Notwithstanding Section 5328 of the Welfare and Institutions Code, and except as provided in Sections 123115 and 123120, any adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient representative shall be entitled to inspect patient records upon presenting to the health care provider a written request for those records and upon payment of reasonable clerical costs incurred in locating and making the records available. However, a patient who is a minor shall be entitled to inspect patient records pertaining only to health care of a

Misc.

BOARD OF PSYCHOLOGY

type for which the minor is lawfully authorized to consent. A health care provider shall permit this inspection during business hours within five working days after receipt of the written request. The inspection shall be conducted by the patient or patient's representative requesting the inspection, who may be accompanied by one other person of his or her choosing.

(b) Additionally, any patient or patient's representative shall be entitled to copies of all or any portion of the patient records that he or she has a right to inspect, upon presenting a written request to the health care provider specifying the records to be copied, together with a fee to defray the cost of copying, that shall not exceed twenty-five cents (\$.25) per page or fifty cents (\$.50) per page for records that are copied from microfilm and any additional reasonable clerical costs incurred in making the records available. The health care provider shall ensure that the copies are transmitted within 15 days after receiving the written request.

(c) Copies of X-rays or tracings derived from electrocardiography, electroencephalography, or electromyography need not be provided to the patient or patient's representative under this section, if the original X-rays or tracings are transmitted to another health care provider upon written request of the patient or patient's representative and within 15 days after receipt of the request. The request shall specify the name and address of the health care provider to whom the records are to be delivered. All reasonable costs, not exceeding actual costs, incurred by a health care provider in providing copies pursuant to this subdivision may be charged to the patient or representative requesting the copies.

(d)(1) Notwithstanding any provision of this section, and except as provided in Sections 123115 and 123120, any patient or former patient or the patient's representative shall be entitled to a copy, at no charge, of the relevant portion of the patient's records, upon presenting to the provider a written request, and proof that the records are needed to support an appeal regarding eligibility for a public benefit program. These programs shall be the Medi-Cal program, social security disability insurance benefits, and Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits. For purposes of this subdivision, "relevant portion of the patient's records" means those records regarding services rendered to the patient during the time period beginning with the date of the patient's initial application for public benefits up to and including the date that a final determination is made by the public benefits program with which the patient's application is pending.

(2) Although a patient shall not be limited to a single request, the patient or patient's representative shall be entitled to no more than one copy of any relevant portion of his or her record free of charge.

(3) This subdivision shall not apply to any patient who is represented by a private attorney who is paying for the costs related to the patient's appeal, pending the outcome of that appeal. For purposes of this subdivision, "private attorney" means any attorney not employed by a nonprofit legal services entity.

(e) If the patient's appeal regarding eligibility for a public benefit program specified in subdivision (d) is successful, the hospital or other health care provider may bill the patient, at the rates specified in subdivisions (b) and (c), for the copies of the medical records previously provided free of charge.



HEALTH AND SAFETY CODE

(f) If a patient or his or her representative requests a record pursuant to subdivision (d), the health care provider shall ensure that the copies are transmitted within 30 days after receiving the written request.

(g) This section shall not be construed to preclude a health care provider from requiring reasonable verification of identity prior to permitting inspection or copying of patient records, provided this requirement is not used oppressively or discriminatorily to frustrate or delay compliance with this section. Nothing in this chapter shall be deemed to supersede any rights that a patient or representative might otherwise have or exercise under Section 1158 of the Evidence Code or any other provision of law. Nothing in this chapter shall require a health care provider to retain records longer than required by applicable statutes or administrative regulations.

(h) This chapter shall not be construed to render a health care provider liable for the quality of his or her records or the copies provided in excess of existing law and regulations with respect to the quality of medical records. A health care provider shall not be liable to the patient or any other person for any consequences that result from disclosure of patient records as required by this chapter. A health care provider shall not discriminate against classes or categories of providers in the transmittal of X-rays or other patient records, or copies of these X-rays or records, to other providers as authorized by this section.

Every health care provider shall adopt policies and establish procedures for the uniform transmittal of X-rays and other patient records that effectively prevent the discrimination described in this subdivision. A health care provider may establish reasonable conditions, including a reasonable deposit fee, to ensure the return of original X-rays transmitted to another health care provider, provided the conditions do not discriminate on the basis of, or in a manner related to, the license of the provider to which the X-rays are transmitted.

(i) Any health care provider described in paragraphs (4) to (10), inclusive, of subdivision (a) of Section 123105 who willfully violates this chapter is guilty of unprofessional conduct. Any health care provider described in paragraphs (1) to (3), inclusive, of subdivision (a) of Section 123105 that willfully violates this chapter is guilty of an infraction punishable by a fine of not more than one hundred dollars (\$100). The state agency, board, or commission that issued the health care provider's professional or institutional license shall consider a violation as grounds for disciplinary action with respect to the licensure, including suspension or revocation of the license or certificate.

(j) This section shall be construed as prohibiting a health care provider from withholding patient records or summaries of patient records because of an unpaid bill for health care services. Any health care provider who willfully withholds patient records or summaries of patient records because of an unpaid bill for health care services shall be subject to the sanctions specified in subdivision (i).

Added Stats 1995 ch 415 § 8 (SB 1360). Amended Stats 2001 ch 325 § 1 (AB 1311).

**§ 123115. Representatives of minors; Risks of adverse consequences to patient in inspecting records**

(a) The representative of a minor shall not be entitled to inspect or obtain copies of the minor's patient records in either of the following circumstances:





BOARD OF PSYCHOLOGY

(1) With respect to which the minor has a right of inspection under Section 123110.

(2) Where the health care provider determines that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being. The decision of the health care provider as to whether or not a minor's records are available for inspection or copying under this section shall not attach any liability to the provider, unless the decision is found to be in bad faith.

(b) When a health care provider determines there is a substantial risk of significant adverse or detrimental consequences to a patient in seeing or receiving a copy of mental health records requested by the patient, the provider may decline to permit inspection or provide copies of the records to the patient, subject to the following conditions:

(1) The health care provider shall make a written record, to be included with the mental health records requested, noting the date of the request and explaining the health care provider's reason for refusing to permit inspection or provide copies of the records, including a description of the specific adverse or detrimental consequences to the patient that the provider anticipates would occur if inspection or copying were permitted.

(2)(A) The health care provider shall permit inspection by, or provide copies of the mental health records to, a licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, licensed clinical social worker, or licensed professional clinical counselor, designated by request of the patient.

(B) Any person registered as a marriage and family therapist intern, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, may not inspect the patient's mental health records or obtain copies thereof, except pursuant to the direction or supervision of a licensed professional specified in subdivision (g) of Section 4980.03 of the Business and Professions Code. Prior to providing copies of mental health records to a registered marriage and family therapist intern, a receipt for those records shall be signed by the supervising licensed professional.

(C) Any person registered as a clinical counselor intern, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code, may not inspect the patient's mental health records or obtain copies thereof, except pursuant to the direction or supervision of a licensed professional specified in subdivision (h) of Section 4999.12 of the Business and Professions Code. Prior to providing copies of mental health records to a person registered as a clinical counselor intern, a receipt for those records shall be signed by the supervising licensed professional.

(D) A licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, registered marriage and family therapist intern, or person registered as a clinical counselor intern to whom the records are provided for inspection or copying shall not permit inspection or copying by the patient.

(3) The health care provider shall inform the patient of the provider's refusal to permit him or her to inspect or obtain copies of the requested records, and inform the patient of the right to require the provider to permit inspection



HEALTH AND SAFETY CODE

by, or provide copies to, a licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, licensed clinical social worker, or licensed professional clinical counselor designated by written authorization of the patient.

(4) The health care provider shall indicate in the mental health records of the patient whether the request was made under paragraph (2).

Added Stats 1995 ch 415 § 8 (SB 1360). Amended Stats 1997 ch 388 § 1 (SB 1295); Stats 2000 ch 519 § 2 (AB 2161); Stats 2006 ch 100 § 1 (AB 1994), effective January 1, 2007; Stats 2009 ch 26 § 25 (SB 33), effective January 1, 2010; Stats 2011 ch 381 § 34 (SB 146), effective January 1, 2012.

**§ 123116. Inspection or release of information on minor removed from physical custody of parent or guardian; Restrictions; Applicability**

(a) Notwithstanding Section 3025 of the Family Code, paragraph (2) of subdivision (c) of Section 56.11 of the Civil Code, or any other provision of law, a psychotherapist who knows that a minor has been removed from the physical custody of his or her parent or guardian pursuant to Article 6 (commencing with Section 300) to Article 10 (commencing with Section 360), inclusive, of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code shall not allow the parent or guardian to inspect or obtain copies of mental health records of the minor patient. This restriction shall not apply if the juvenile court has issued an order authorizing the parent or guardian to inspect or obtain copies of the mental health records of the minor patient after finding that such an order would not be detrimental to the minor patient.

(b) For purposes of this section, the following definitions apply:

(1) "Mental health records" means mental health records as defined by subdivision (b) of Section 123105.

(2) "Psychotherapist" means a provider of health care as defined in Section 1010 of the Evidence Code.

(c) When the juvenile court has issued an order authorizing the parent or guardian to inspect or obtain copies of the mental health records of a minor patient under the circumstances described in subdivision (a), the parent or guardian requesting to inspect or obtain copies of the mental health records of the minor patient shall present a copy of the court order to the psychotherapist and shall comply with subdivisions (a) and (b) of Section 123110 before the records may be accessed by the parent or guardian.

(d) Nothing in this section shall be construed to prevent or limit a psychotherapist's authority under subdivision (a) of Section 123115 to deny a parent's or guardian's written request to inspect or obtain copies of the minor patient's mental health records, notwithstanding the fact that the juvenile court has issued an order authorizing the parent or guardian to inspect or obtain copies of the minor patient's mental health records. Liability for a psychotherapist's decision not to allow the parent or guardian to inspect or obtain copies of records pursuant to the authority of subdivision (a) of Section 123115 shall be governed by that section.

(e) Nothing in this section shall be construed to impose upon a psychotherapist a duty to inquire or investigate whether a child has been removed from the physical custody of his or her parent or guardian pursuant to Article 6 (commencing with Section 300) to Article 10 (commencing with Section 360), inclusive, of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions



BOARD OF PSYCHOLOGY

Code when a parent or guardian presents the minor's psychotherapist with a written request to inspect or obtain copies of the minor's mental health records.

Added Stats 2012 ch 657 § 2 (SB 1407), effective January 1, 2013.

**§ 123120. Action to enforce right to inspect or copy**

Any patient or representative aggrieved by a violation of Section 123110 may, in addition to any other remedy provided by law, bring an action against the health care provider to enforce the obligations prescribed by Section 123110. Any judgment rendered in the action may, in the discretion of the court, include an award of costs and reasonable attorney fees to the prevailing party.

Added Stats 1995 ch 415 § 8 (SB 1360).

**§ 123125. Exception for alcohol, drug abuse and communicable disease carrier records**

(a) This chapter shall not require a health care provider to permit inspection or provide copies of alcohol and drug abuse records where, or in a manner, prohibited by Section 408 of the federal Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255) or Section 333 of the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (Public Law 91-616), or by regulations adopted pursuant to these federal laws. Alcohol and drug abuse records subject to these federal laws shall also be subject to this chapter, to the extent that these federal laws do not prohibit disclosure of the records. All other alcohol and drug abuse records shall be fully subject to this chapter.

(b) This chapter shall not require a health care provider to permit inspection or provide copies of records or portions of records where or in a manner prohibited by existing law respecting the confidentiality of information regarding communicable disease carriers.

Added Stats 1995 ch 415 § 8 (SB 1360).

**§ 123130. Preparation of summary of record; Conference with patient**

(a) A health care provider may prepare a summary of the record, according to the requirements of this section, for inspection and copying by a patient. If the health care provider chooses to prepare a summary of the record rather than allowing access to the entire record, he or she shall make the summary of the record available to the patient within 10 working days from the date of the patient's request. However, if more time is needed because the record is of extraordinary length or because the patient was discharged from a licensed health facility within the last 10 days, the health care provider shall notify the patient of this fact and the date that the summary will be completed, but in no case shall more than 30 days elapse between the request by the patient and the delivery of the summary. In preparing the summary of the record the health care provider shall not be obligated to include information that is not contained in the original record.

(b) A health care provider may confer with the patient in an attempt to clarify the patient's purpose and goal in obtaining his or her record. If as a consequence the patient requests information about only certain injuries,



HEALTH AND SAFETY CODE

illnesses, or episodes, this subdivision shall not require the provider to prepare the summary required by this subdivision for other than the injuries, illnesses, or episodes so requested by the patient. The summary shall contain for each injury, illness, or episode any information included in the record relative to the following:

- (1) Chief complaint or complaints including pertinent history.
  - (2) Findings from consultations and referrals to other health care providers.
  - (3) Diagnosis, where determined.
  - (4) Treatment plan and regimen including medications prescribed.
  - (5) Progress of the treatment.
  - (6) Prognosis including significant continuing problems or conditions.
  - (7) Pertinent reports of diagnostic procedures and tests and all discharge summaries.
  - (8) Objective findings from the most recent physical examination, such as blood pressure, weight, and actual values from routine laboratory tests.
- (c) This section shall not be construed to require any medical records to be written or maintained in any manner not otherwise required by law.
- (d) The summary shall contain a list of all current medications prescribed, including dosage, and any sensitivities or allergies to medications recorded by the provider.
- (e) Subdivision (c) of Section 123110 shall be applicable whether or not the health care provider elects to prepare a summary of the record.
- (f) The health care provider may charge no more than a reasonable fee based on actual time and cost for the preparation of the summary. The cost shall be based on a computation of the actual time spent preparing the summary for availability to the patient or the patient's representative. It is the intent of the Legislature that summaries of the records be made available at the lowest possible cost to the patient.

Added Stats 1995 ch 415 § 8 (SB 1360).

**§ 123135. Construction of chapter**

Except as otherwise provided by law, nothing in this chapter shall be construed to grant greater access to individual patient records by any person, firm, association, organization, partnership, business trust, company, corporation, or municipal or other public corporation, or government officer or agency. Therefore, this chapter does not do any of the following:

- (a) Relieve employers of the requirements of the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code).
- (b) Relieve any person subject to the Insurance Information and Privacy Protection Act (Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code) from the requirements of that act.
- (c) Relieve government agencies of the requirements of the Information Practices Act of 1977 (Title 1.8 (commencing with Section 1798) of Part 4 of Division 3 of the Civil Code).

Added Stats 1995 ch 415 § 8 (SB 1360).



BOARD OF PSYCHOLOGY

**§ 123140. The Information Practices Act of 1977; Prevailing law respecting records**

The Information Practices Act of 1977 (Title 1.8 (commencing with Section 1798) of Part 4 of Division 3 of the Civil Code) shall prevail over this chapter with respect to records maintained by a state agency.

Added Stats 1995 ch 415 § 8 (SB 1360).

**§ 123145. Preservation of records after licensee ceases operation; Action for abandonment of records**

(a) Providers of health services that are licensed pursuant to Sections 1205, 1253, 1575 and 1726 have an obligation, if the licensee ceases operation, to preserve records for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least one year after the minor has reached the age of 18 years, and in any case, not less than seven years.

(b) The department or any person injured as a result of the licensee's abandonment of health records may bring an action in a proper court for the amount of damage suffered as a result thereof. In the event that the licensee is a corporation or partnership that is dissolved, the person injured may take action against that corporation's or partnership's principle officers of record at the time of dissolution.

(c) Abandoned means violating subdivision (a) and leaving patients treated by the licensee without access to medical information to which they are entitled pursuant to Section 123110.

Added Stats 1995 ch 415 § 8 (SB 1360).

**§ 123148. Report to patient of results of clinical laboratory test**

(a) Notwithstanding any other law, a health care professional at whose request a test is performed shall provide or arrange for the provision of the results of a clinical laboratory test to the patient who is the subject of the test if so requested by the patient, in oral or written form. The results shall be disclosed in plain language and in oral or written form, except the results may be disclosed in electronic form if requested by the patient and if deemed most appropriate by the health care professional who requested the test. The telephone shall not be considered an electronic form of disclosing laboratory results subject to the limits on electronic disclosure of test results for the purpose of this section.

(b)(1) Consent of the patient to receive his or her laboratory results by Internet posting or other electronic means shall be obtained in a manner consistent with the requirements of Section 56.10 or 56.11 of the Civil Code. In the event that a health care professional arranges for the provision of test results by Internet posting or other electronic manner, the results shall be disclosed to a patient in a reasonable time period, but only after the results have been reviewed by the health care professional. Access to clinical laboratory test results shall be restricted by the use of a secure personal identification number when the results are disclosed to a patient by Internet posting or other electronic manner.

(2) Nothing in paragraph (1) shall prohibit direct communication by Internet posting or the use of other electronic means to disclose clinical laboratory test results by a treating health care professional who ordered the test for his



## HEALTH AND SAFETY CODE

or her patient or by a health care professional acting on behalf of, or with the authorization of, the treating health care professional who ordered the test.

(c) When a patient requests access to his or her laboratory test results by Internet posting, the health care professional shall advise the patient of any charges that may be assessed directly to the patient or insurer for the service and that the patient may call the health care professional for a more detailed explanation of the laboratory test results when delivered.

(d) The electronic disclosure of test results under this section shall be in accordance with any applicable federal law governing privacy and security of electronic personal health records. However, any state statute that governs privacy and security of electronic personal health records, shall apply to test results under this section and shall prevail over federal law if federal law permits.

(e) The test results to be reported to the patient pursuant to this section shall be recorded in the patient's medical record, and shall be reported to the patient within a reasonable time period after the test results are received at the offices of the health care professional who requested the test.

(f) Notwithstanding subdivision (a), unless the patient requests the disclosure, the health care professional deems this disclosure as an appropriate means, and a health care professional has first discussed in person, by telephone, or by any other means of oral communication, the test results with the patient, in compliance with any other applicable laws, none of the following clinical laboratory test results and any other related results shall be disclosed to a patient by Internet posting or other electronic means:

(1) HIV antibody test, unless an HIV test subject is anonymously tested and the test result is posted on a secure Internet Web site and can only be viewed with the use of a secure code that can access only a single set of test results and that is provided to the patient at the time of testing. The test result shall be posted only if there is no link to any information that identifies or refers to the subject of the test and the information required pursuant to subdivision (h) of Section 120990 is provided.

(2) Presence of antigens indicating a hepatitis infection.

(3) Abusing the use of drugs.

(4) Test results related to routinely processed tissues, including skin biopsies, Pap smear tests, products of conception, and bone marrow aspirations for morphological evaluation, if they reveal a malignancy.

(g) Patient identifiable test results and health information that have been provided under this section shall not be used for any commercial purpose without the consent of the patient, obtained in a manner consistent with the requirements of Section 56.11 of the Civil Code. In no event shall patient identifiable HIV-related test results and health information disclosed in this section be used in violation of subdivision (f) of Section 120980.

(h) A third party to whom laboratory test results are disclosed pursuant to this section shall be deemed a provider of administrative services, as that term is used in paragraph (3) of subdivision (c) of Section 56.10 of the Civil Code, and shall be subject to all limitations and penalties applicable to that section.

(i) A patient may not be required to pay a cost, or be charged a fee, for electing to receive his or her laboratory results in a manner other than by Internet posting or other electronic form.

Misc.

BOARD OF PSYCHOLOGY

(j) A patient or his or her physician may revoke consent provided under this section at any time and without penalty, except to the extent that action has been taken in reliance on that consent.

Added Stats 1995 ch 415 § 8 (SB 1360). Amended Stats 2001 ch 529 § 1 (AB 1490); Stats 2002 ch 128 § 1 (AB 2831); Stats 2012 ch 698 § 1 (AB 2253), effective January 1, 2013; Stats 2013 ch 589 § 3 (AB 446), effective January 1, 2014.

**§ 123149. Requirements for providers of health services utilizing electronic recordkeeping systems only**

(a) Providers of health services, licensed pursuant to Sections 1205, 1253, 1575, and 1726, that utilize electronic recordkeeping systems only, shall comply with the additional requirements of this section. These additional requirements do not apply to patient records if hard copy versions of the patient records are retained.

(b) Any use of electronic recordkeeping to store patient records shall ensure the safety and integrity of those records at least to the extent of hard copy records. All providers set forth in subdivision (a) shall ensure the safety and integrity of all electronic media used to store patient records by employing an offsite backup storage system, an image mechanism that is able to copy signature documents, and a mechanism to ensure that once a record is input, it is unalterable.

(c) Original hard copies of patient records may be destroyed once the record has been electronically stored.

(d) The printout of the computerized version shall be considered the original as defined in Section 255 of the Evidence Code for purposes of providing copies to patients, the Division of Licensing and Certification, and for introduction into evidence in accordance with Sections 1550 and 1551 of the Evidence Code, in administrative or court proceedings.

(e) Access to electronically stored patient records shall be made available to the Division of Licensing and Certification staff promptly, upon request.

(f) This section does not exempt licensed clinics, health facilities, adult day health care centers, and home health agencies from the requirement of maintaining original copies of patient records that cannot be electronically stored.

(g) Any health care provider subject to this section, choosing to utilize an electronic recordkeeping system, shall develop and implement policies and procedures to include safeguards for confidentiality and unauthorized access to electronically stored patient health records, authentication by electronic signature keys, and systems maintenance.

(h) Nothing contained in this chapter shall affect the existing regulatory requirements for the access, use, disclosure, confidentiality, retention of record contents, and maintenance of health information in patient records by health care providers.

(i) This chapter does not prohibit any provider of health care services from maintaining or retaining patient records electronically.

Added Stats 1995 ch 415 § 8 (SB 1360).



HEALTH AND SAFETY CODE

**CHAPTER 2**

**Destruction of Records and Exhibits of Human Health**

**§ 123150. Destruction or disposition of X-ray photographs taken in performance of duties regarding tuberculosis; Conditions**

The board of supervisors may authorize the destruction or the disposition to a public or private medical library of any X-ray photographs and case records that are more than five years old and that were taken by the county health officer in the performance of his or her duties with regard to tuberculosis if any of the following conditions are complied with:

(a) The county health officer has determined that the X-ray photographs or a series of X-ray photographs in conjunction with case records do not show the existence of tuberculosis in the infectious stage.

(b) The individual of whom the X-ray photographs were taken has been deceased not less than two years or the 102nd anniversary of the individual's birthdate has occurred and the county health officer cannot reasonably ascertain whether the individual is still living.

(c) The place of residence of the individual of whom the X-ray photographs were taken has been unknown to the county health officer for 10 years.

Added Stats 1995 ch 415 § 8 (SB 1360).





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*EXTRACTED FROM*  
**CORPORATIONS CODE**

**TITLE 1**

**Corporations**

**DIVISION 3**

**Corporations for Specific Purposes**

**PART 4**

**Professional Corporations**

[Added Stats 1968 ch 1375 § 9.]

**§ 13400. Citation of part**

This part shall be known and may be cited as the “Moscone-Knox Professional Corporation Act.”

Added Stats 1968 ch 1375 § 9.

**§ 13401. Definitions**

As used in this part:

(a) “Professional services” means any type of professional services that may be lawfully rendered only pursuant to a license, certification, or registration authorized by the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act.

(b) “Professional corporation” means a corporation organized under the General Corporation Law or pursuant to subdivision (b) of Section 13406 that is engaged in rendering professional services in a single profession, except as otherwise authorized in Section 13401.5, pursuant to a certificate of registration issued by the governmental agency regulating the profession as herein provided and that in its practice or business designates itself as a professional or other corporation as may be required by statute. However, any professional corporation or foreign professional corporation rendering professional services by persons duly licensed by the Medical Board of California or any examining committee under the jurisdiction of the board, the Osteopathic Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the California Architects Board, the Court Reporters Board of California, the Board of Behavioral Sciences, the Speech-Language Pathology and Audiology Board, the Board of Registered Nursing, or the State Board of Optometry shall not be required to obtain a certificate of registration in order to render those professional services.

(c) “Foreign professional corporation” means a corporation organized under the laws of a state of the United States other than this state that is engaged in a profession of a type for which there is authorization in the Business and Professions Code for the performance of professional services by a foreign professional corporation.

Misc.

## BOARD OF PSYCHOLOGY

(d) “Licensed person” means any natural person who is duly licensed under the provisions of the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act to render the same professional services as are or will be rendered by the professional corporation or foreign professional corporation of which he or she is or intends to become, an officer, director, shareholder, or employee.

(e) “Disqualified person” means a licensed person who for any reason becomes legally disqualified (temporarily or permanently) to render the professional services that the particular professional corporation or foreign professional corporation of which he or she is an officer, director, shareholder, or employee is or was rendering.

Added Stats 1968 ch 1375 § 9. Amended Stats 1970 ch 1110 § 3, operative July 1, 1971; Stats 1977 ch 1126 § 3; Stats 1979 ch 472 § 2; Stats 1980 ch 1314 § 16; Stats 1981 ch 383 § 2; Stats 1985 ch 220 § 2, ch 1578 § 2; Stats 1987 ch 571 § 7; Stats 1988 ch 1448 § 28.5; Stats 1989 ch 886 § 82; Stats 1991 ch 566 § 20 (AB 766); Stats 1992 ch 1289 § 50 (AB 2743); Stats 1993 ch 910 § 2 (SB 687), ch 955 § 5.3 (SB 312); Stats 1994 ch 26 § 225 (AB 1807), effective March 30, 1994 (ch 26 prevails), ch 1010 § 66.1 (SB 2053); Stats 1995 ch 60 § 43 (SB 42), effective July 6, 1995; Stats 1997 ch 168 § 8 (AB 348); Stats 1999 ch 657 § 34 (AB 1677); Stats 2000 ch 197 § 4 (SB 1636), ch 836 § 51 (SB 1554); Stats 2004 ch 695 § 51 (SB 1913); Stats 2006 ch 564 § 17 (AB 2256), effective January 1, 2007.

### § 13401.3. “Professional services”

As used in this part, “professional services” also means any type of professional services that may be lawfully rendered only pursuant to a license, certification, or registration authorized by the Yacht and Ship Brokers Act (Article 2 (commencing with Section 700) of Chapter 5 of Division 3 of the Harbors and Navigation Code).

Added Stats 2000 ch 508 § 1 (SB 1967). Amended Stats 2001 ch 597 § 1 (AB 1706).

### § 13401.5. Licensees as shareholders, officers, directors, or employees

Notwithstanding subdivision (d) of Section 13401 and any other provision of law, the following licensed persons may be shareholders, officers, directors, or professional employees of the professional corporations designated in this section so long as the sum of all shares owned by those licensed persons does not exceed 49 percent of the total number of shares of the professional corporation so designated herein, and so long as the number of those licensed persons owning shares in the professional corporation so designated herein does not exceed the number of persons licensed by the governmental agency regulating the designated professional corporation. This section does not limit employment by a professional corporation designated in this section of only those licensed professionals listed under each subdivision. Any person duly licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act may be employed to render professional services by a professional corporation designated in this section.

- (a) Medical corporation.
- (1) Licensed doctors of podiatric medicine.
- (2) Licensed psychologists.
- (3) Registered nurses.
- (4) Licensed optometrists.
- (5) Licensed marriage and family therapists.



CORPORATIONS CODE

- (6) Licensed clinical social workers.
- (7) Licensed physician assistants.
- (8) Licensed chiropractors.
- (9) Licensed acupuncturists.
- (10) Naturopathic doctors.
- (11) Licensed professional clinical counselors.
- (12) Licensed physical therapists.
- (b) Podiatric medical corporation.
  - (1) Licensed physicians and surgeons.
  - (2) Licensed psychologists.
  - (3) Registered nurses.
  - (4) Licensed optometrists.
  - (5) Licensed chiropractors.
  - (6) Licensed acupuncturists.
  - (7) Naturopathic doctors.
  - (8) Licensed physical therapists.
- (c) Psychological corporation.
  - (1) Licensed physicians and surgeons.
  - (2) Licensed doctors of podiatric medicine.
  - (3) Registered nurses.
  - (4) Licensed optometrists.
  - (5) Licensed marriage and family therapists.
  - (6) Licensed clinical social workers.
  - (7) Licensed chiropractors.
  - (8) Licensed acupuncturists.
  - (9) Naturopathic doctors.
  - (10) Licensed professional clinical counselors.
- (d) Speech-language pathology corporation.
  - (1) Licensed audiologists.
- (e) Audiology corporation.
  - (1) Licensed speech-language pathologists.
- (f) Nursing corporation.
  - (1) Licensed physicians and surgeons.
  - (2) Licensed doctors of podiatric medicine.
  - (3) Licensed psychologists.
  - (4) Licensed optometrists.
  - (5) Licensed marriage and family therapists.
  - (6) Licensed clinical social workers.
  - (7) Licensed physician assistants.
  - (8) Licensed chiropractors.
  - (9) Licensed acupuncturists.
  - (10) Naturopathic doctors.
  - (11) Licensed professional clinical counselors.
- (g) Marriage and family therapist corporation.
  - (1) Licensed physicians and surgeons.
  - (2) Licensed psychologists.
  - (3) Licensed clinical social workers.
  - (4) Registered nurses.
  - (5) Licensed chiropractors.



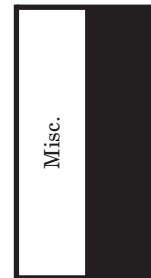
BOARD OF PSYCHOLOGY

- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.
- (8) Licensed professional clinical counselors.
- (h) Licensed clinical social worker corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Licensed marriage and family therapists.
- (4) Registered nurses.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.
- (8) Licensed professional clinical counselors.
- (i) Physician assistants corporation.
- (1) Licensed physicians and surgeons.
- (2) Registered nurses.
- (3) Licensed acupuncturists.
- (4) Naturopathic doctors.
- (j) Optometric corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.
- (3) Licensed psychologists.
- (4) Registered nurses.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.
- (k) Chiropractic corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.
- (3) Licensed psychologists.
- (4) Registered nurses.
- (5) Licensed optometrists.
- (6) Licensed marriage and family therapists.
- (7) Licensed clinical social workers.
- (8) Licensed acupuncturists.
- (9) Naturopathic doctors.
- (10) Licensed professional clinical counselors.
- (l) Acupuncture corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.
- (3) Licensed psychologists.
- (4) Registered nurses.
- (5) Licensed optometrists.
- (6) Licensed marriage and family therapists.
- (7) Licensed clinical social workers.
- (8) Licensed physician assistants.
- (9) Licensed chiropractors.
- (10) Naturopathic doctors.
- (11) Licensed professional clinical counselors.
- (m) Naturopathic doctor corporation.



CORPORATIONS CODE

- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Registered nurses.
- (4) Licensed physician assistants.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Licensed physical therapists.
- (8) Licensed doctors of podiatric medicine.
- (9) Licensed marriage and family therapists.
- (10) Licensed clinical social workers.
- (11) Licensed optometrists.
- (12) Licensed professional clinical counselors.
- (n) Dental corporation.
  - (1) Licensed physicians and surgeons.
  - (2) Dental assistants.
  - (3) Registered dental assistants.
  - (4) Registered dental assistants in extended functions.
  - (5) Registered dental hygienists.
  - (6) Registered dental hygienists in extended functions.
  - (7) Registered dental hygienists in alternative practice.
- (o) Professional clinical counselor corporation.
  - (1) Licensed physicians and surgeons.
  - (2) Licensed psychologists.
  - (3) Licensed clinical social workers.
  - (4) Licensed marriage and family therapists.
  - (5) Registered nurses.
  - (6) Licensed chiropractors.
  - (7) Licensed acupuncturists.
  - (8) Naturopathic doctors.
- (p) Physical therapy corporation.
  - (1) Licensed physicians and surgeons.
  - (2) Licensed doctors of podiatric medicine.
  - (3) Licensed acupuncturists.
  - (4) Naturopathic doctors.
  - (5) Licensed occupational therapists.
  - (6) Licensed speech-language therapists.
  - (7) Licensed audiologists.
  - (8) Registered nurses.
  - (9) Licensed psychologists.
  - (10) Licensed physician assistants.



Added Stats 1980 ch 1314 § 17.1. Amended Stats 1981 ch 621 § 5; Stats 1982 ch 1304 § 3, ch 1315 § 1; Stats 1983 ch 1026 § 23, ch 1084 § 1; Stats 1988 ch 507 § 1; Stats 1990 ch 1691 § 1 (AB 3324); Stats 1994 ch 26 § 226 (AB 1807), effective March 30, 1994, ch 815 § 2 (SB 1279); Stats 1997 ch 758 § 84 (SB 1346); Stats 1998 ch 175 § 1 (AB 2120); Stats 2002 ch 1013 § 75 (SB 2026); Stats 2003 ch 485 § 6 (SB 907), ch 549 § 4 (AB 123); Stats 2004 ch 183 § 50 (AB 3082); Stats 2011 ch 381 § 18 (SB 146), effective January 1, 2012; Stats 2013 ch 620 § 6 (AB 1000), effective January 1, 2014.

**§ 13402. Corporation rendering services other than pursuant to this part; Conduct of business by corporation not professional corporation**

(a) This part shall not apply to any corporation now in existence or hereafter organized which may lawfully render professional services other than pursu-

## BOARD OF PSYCHOLOGY

ant to this part, nor shall anything herein contained alter or affect any right or privilege, whether under any existing or future provision of the Business and Professions Code or otherwise, in terms permitting or not prohibiting performance of professional services through the use of any form of corporation permitted by the General Corporation Law.

(b) The conduct of a business in this state by a corporation pursuant to a license or registration issued under any state law, except laws relating to taxation, shall not be considered to be the conduct of a business as a professional corporation if the business is conducted by, and the license or registration is issued to, a corporation which is not a professional corporation within the meaning of this part, whether or not a professional corporation could conduct the same business, or portions of the same business, as a professional corporation.

Added Stats 1968 ch 1375 § 9. Amended Stats 1985 ch 1578 § 3; Stats 1988 ch 919 § 13.

### § 13403. General Corporation Law; Applicability

The provisions of the General Corporation Law shall apply to professional corporations, except where such provisions are in conflict with or inconsistent with the provisions of this part. A professional corporation which has only one shareholder need have only one director who shall be such shareholder and who shall also serve as the president and treasurer of the corporation. The other officers of the corporation in such situation need not be licensed persons. A professional corporation which has only two shareholders need have only two directors who shall be such shareholders. The two shareholders between them shall fill the offices of president, vice president, secretary and treasurer.

A professional medical corporation may establish in its articles or bylaws the manner in which its directors are selected and removed, their powers, duties, and compensation. Each term of office may not exceed three years. Notwithstanding the foregoing, the articles or bylaws of a professional medical corporation with more than 200 shareholders may provide that directors who are officers of the corporation or who are responsible for the management of all medical services at one or more medical centers may have terms of office, as directors, of up to six years; however, no more than 50 percent of the members of the board, plus one additional member of the board, may have six-year terms of office.

Added Stats 1968 ch 1375 § 9. Amended Stats 1979 ch 711 § 12; Stats 1980 ch 36 § 1.

### § 13404. Formation; Certificate of registration

A corporation may be formed under the General Corporation Law or pursuant to subdivision (b) of Section 13406 for the purposes of qualifying as a professional corporation in the manner provided in this part and rendering professional services. The articles of incorporation of a professional corporation shall contain a specific statement that the corporation is a professional corporation within the meaning of this part. Except as provided in subdivision (b) of Section 13401, no professional corporation shall render professional services in this state without a currently effective certificate of registration issued by the governmental agency regulating the profession in which such corporation is or proposes to be engaged, pursuant to the applicable provisions of the Business and Professions Code or the Chiropractic Act expressly

Misc.

CORPORATIONS CODE

authorizing such professional services to be rendered by a professional corporation.

Added Stats 1968 ch 1375 § 9. Amended Stats 1970 ch 1110 § 4, operative July 1, 1971; Stats 1980 ch 1314 § 18; Stats 1993 ch 955 § 6 (SB 312).

**§ 13404.5. Certificate of registration to transact intrastate business; Liability of shareholders**

(a) A foreign professional corporation may qualify as a foreign corporation to transact intrastate business in this state in accordance with Chapter 21 (commencing with Section 2100) of Division 1. A foreign professional corporation shall be subject to the provisions of the General Corporation Law applicable to foreign corporations, except where those provisions are in conflict with or inconsistent with the provisions of this part. The statement and designation filed by the foreign professional corporation pursuant to Section 2105 shall contain a specific statement that the corporation is a foreign professional corporation within the meaning of this part.

(b) No foreign professional corporation shall render professional services in this state without a currently effective certificate of registration issued by the governmental agency regulating the profession in which that corporation proposes to be engaged, pursuant to the applicable provisions of the Business and Professions Code expressly authorizing those professional services to be rendered by a foreign professional corporation.

(c) If the California board, commission, or other agency that prescribes the rules or regulations governing a particular profession either now or hereafter requires that the shareholders of the professional corporation bear any degree of personal liability for the acts of the corporation, either by personal guarantee or in some other form that the governing agency prescribes, the shareholders of a foreign corporation that has been qualified to do business in this state in the same profession shall, as a condition of doing business in this state, be subject, with regard to the rendering of professional services by the professional corporation in California, or for California residents, to the same degree of personal liability, if any, as is prescribed by the governing agency for shareholders of a California professional corporation rendering services in the same profession.

(d) Each application by a foreign professional corporation to qualify to do business in this state shall contain the following statement:

“The shareholders of the undersigned foreign professional corporation shall be subject, with regard to the rendering of professional services by the professional corporation in California, or for California residents, to the same degree of personal liability, if any, in California as is from time to time prescribed by the agency governing the profession in this state for shareholders in a California professional corporation rendering services in the same profession. This application accordingly constitutes a submission to the jurisdiction of the courts of California to the same extent, but only to the same extent, as applies to the shareholders of a California professional corporation in the same profession. The foregoing submission to jurisdiction is a condition of qualification to do business in this state.”

Added Stats 1993 ch 910 § 3 (SB 687).





BOARD OF PSYCHOLOGY

**§ 13405. License requirement for persons rendering professional services; Employment of nonlicensed personnel**

(a) Subject to the provisions of Section 13404, a professional corporation may lawfully render professional services in this state, but only through employees who are licensed persons. The corporation may employ persons not so licensed, but such persons shall not render any professional services rendered or to be rendered by that corporation in this state. A professional corporation may render professional services outside of this state, but only through employees who are licensed to render the same professional services in the jurisdiction or jurisdictions in which the person practices. Nothing in this section is intended to prohibit the rendition of occasional professional services in another jurisdiction as an incident to the licensee's primary practice, so long as it is permitted by the governing agency that regulates the particular profession in the jurisdiction. Nothing in this section is intended to prohibit the rendition of occasional professional services in this state as an incident to a professional employee's primary practice for a foreign professional corporation qualified to render professional services in this state, so long as it is permitted by the governing agency that regulates the particular profession in this state.

(b) Subject to Section 13404.5, a foreign professional corporation qualified to render professional services in this state may lawfully render professional services in this state, but only through employees who are licensed persons, and shall render professional services outside of this state only through persons who are licensed to render the same professional services in the jurisdiction or jurisdictions in which the person practices. The foreign professional corporation may employ persons in this state who are not licensed in this state, but those persons shall not render any professional services rendered or to be rendered by the corporation in this state.

(c) Nothing in this section or in this part is intended to, or shall, augment, diminish or otherwise alter existing provisions of law, statutes or court rules relating to services by a California attorney in another jurisdiction, or services by an out-of-state attorney in California. These existing provisions, including, but not limited to, admission pro hac vice and the taking of depositions in a jurisdiction other than the one in which the deposing attorney is admitted to practice, shall remain in full force and effect.

Added Stats 1968 ch 1375 § 9. Amended Stats 1993 ch 910 § 4 (SB 687).

**§ 13406. Professional corporations; Stock; Financial statements; Voting; Nonprofit law corporations**

(a) Subject to the provisions of subdivision (b), shares of capital stock in a professional corporation may be issued only to a licensed person or to a person who is licensed to render the same professional services in the jurisdiction or jurisdictions in which the person practices, and any shares issued in violation of this restriction shall be void. Unless there is a public offering of securities by a professional corporation or by a foreign professional corporation in this state, its financial statements shall be treated by the Commissioner of Corporations as confidential, except to the extent that such statements shall be subject to subpoena in connection with any judicial or administrative proceeding, and may be admissible in evidence therein. No shareholder of a professional



## CORPORATIONS CODE

corporation or of a foreign professional corporation qualified to render professional services in this state shall enter into a voting trust, proxy, or any other arrangement vesting another person (other than another person who is a shareholder of the same corporation) with the authority to exercise the voting power of any or all of his or her shares, and any such purported voting trust, proxy or other arrangement shall be void.

(b) A professional law corporation may be incorporated as a nonprofit public benefit corporation under the Nonprofit Public Benefit Corporation Law under either of the following circumstances:

(1) The corporation is a qualified legal services project or a qualified support center within the meaning of subdivisions (a) and (b) of Section 6213 of the Business and Professions Code.

(2) The professional law corporation otherwise meets all of the requirements and complies with all of the provisions of the Nonprofit Public Benefit Corporation Law, as well as all of the following requirements:

(A) All of the members of the corporation, if it is a membership organization as described in the Nonprofit Corporation Law, are persons licensed to practice law in California.

(B) All of the members of the professional law corporation's board of directors are persons licensed to practice law in California.

(C) Seventy percent of the clients to whom the corporation provides legal services are lower income persons as defined in Section 50079.5 of the Health and Safety Code, and to other persons who would not otherwise have access to legal services.

(D) The corporation shall not enter into contingency fee contracts with clients.

(c) A professional law corporation incorporated as a nonprofit public benefit corporation that is a recipient in good standing as defined in subdivision (c) of Section 6213 of the Business and Professions Code shall be deemed to have satisfied all of the filing requirements of a professional law corporation under Sections 6161.1, 6162, and 6163 of the Business and Professions Code.

Added Stats 1968 ch 1375 § 9. Amended Stats 1993 ch 910 § 5 (SB 687), ch 955 § 7.5 (SB 312).

### **§ 13407. Transfer of shares; Restriction; Purchase by corporation; Suspension or revocation of certificate**

Shares in a professional corporation or a foreign professional corporation qualified to render professional services in this state may be transferred only to a licensed person, to a shareholder of the same corporation, to a person licensed to practice the same profession in the jurisdiction or jurisdictions in which the person practices, or to a professional corporation, and any transfer in violation of this restriction shall be void, except as provided herein.

A professional corporation may purchase its own shares without regard to any restrictions provided by law upon the repurchase of shares, if at least one share remains issued and outstanding.

If a professional corporation or a foreign professional corporation qualified to render professional services in this state shall fail to acquire all of the shares of a shareholder who is disqualified from rendering professional services in this state or of a deceased shareholder who was, on his or her date of death, licensed to render professional services in this state, or if such a disqualified

Misc.

BOARD OF PSYCHOLOGY

shareholder or the representative of such a deceased shareholder shall fail to transfer said shares to the corporation, to another shareholder of the corporation, to a person licensed to practice the same profession in the jurisdiction or jurisdictions in which the person practices, or to a licensed person, within 90 days following the date of disqualification, or within six months following the date of death of the shareholder, as the case may be, then the certificate of registration of the corporation may be suspended or revoked by the governmental agency regulating the profession in which the corporation is engaged. In the event of such a suspension or revocation, the corporation shall cease to render professional services in this state.

Notwithstanding any provision in this part, upon the death or incapacity of a dentist, any individual named in subdivision (a) of Section 1625.3 of the Business and Professions Code may employ licensed dentists and dental assistants and charge for their professional services for a period not to exceed 12 months from the date of death or incapacity of the dentist. The employment of licensed dentists and dental assistants shall not be deemed the practice of dentistry within the meaning of Section 1625 of the Business and Professions Code, provided that all of the requirements of Section 1625.4 of the Business and Professions Code are met. If an individual listed in Section 1625.3 of the Business and Professions Code is employing licensed persons and dental assistants, then the shares of a deceased or incapacitated dentist shall be transferred as provided in this section no later than 12 months from the date of death or incapacity of the dentist.

Added Stats 1968 ch 1375 § 9. Amended Stats 1993 ch 910 § 6 (SB 687); Stats 2007 ch 433 § 4 (SB 387), effective January 1, 2008.

**§ 13408. Specification of grounds for suspension or revocation of certificate**

The following shall be grounds for the suspension or revocation of the certificate of registration of a professional corporation or a foreign professional corporation qualified to render professional services in this state: (a) if all shareholders who are licensed persons of such corporation shall at any one time become disqualified persons, or (b) if the sole shareholder shall become a disqualified person, or (c) if such corporation shall knowingly employ or retain in its employment a disqualified person, or (d) if such corporation shall violate any applicable rule or regulation adopted by the governmental agency regulating the profession in which such corporation is engaged, or (e) if such corporation shall violate any statute applicable to a professional corporation or to a foreign professional corporation, or (f) any ground for such suspension or revocation specified in the Business and Professions Code relating to the profession in which such corporation is engaged. In the event of such suspension or revocation of its certificate of registration such corporation shall cease forthwith to render professional services in this state.

Added Stats 1968 ch 1375 § 9. Amended Stats 1993 ch 910 § 7 (SB 687).

**§ 13408.5. Fee splitting, kickbacks, or similar practices**

No professional corporation may be formed so as to cause any violation of law, or any applicable rules and regulations, relating to fee splitting, kickbacks, or other similar practices by physicians and surgeons or psychologists, including, but not limited to, Section 650 or subdivision (e) of Section 2960 of



CORPORATIONS CODE

the Business and Professions Code. A violation of any such provisions shall be grounds for the suspension or revocation of the certificate of registration of the professional corporation. The Commissioner of Corporations or the Director of the Department of Managed Health Care may refer any suspected violation of such provisions to the governmental agency regulating the profession in which the corporation is, or proposes to be engaged.

Added Stats 1977 ch 1126 § 4. Amended Stats 1999 ch 525 § 9 (AB 78), operative July 1, 2000; Stats 2000 ch 857 § 7 (AB 2903).

§ 13409. Name of corporation; Provisions governing

(a) A professional corporation may adopt any name permitted by a law expressly applicable to the profession in which such corporation is engaged or by a rule or regulation of the governmental agency regulating such profession. The provisions of subdivision (b) of Section 201 shall not apply to the name of a professional corporation if such name shall contain and be restricted to the name or the last name of one or more of the present, prospective, or former shareholders or of persons who were associated with a predecessor person, partnership or other organization or whose name or names appeared in the name of such predecessor organization, and the Secretary of State shall have no authority by reason of subdivision (b) of Section 201 to refuse to file articles of incorporation which set forth such a name; provided, however, that such name shall not be substantially the same as the name of a domestic corporation, the name of a foreign corporation qualified to render professional services in this state which is authorized to transact business in this state, or a name which is under reservation for another corporation. The Secretary of State may require proof by affidavit or otherwise establishing that the name of the professional corporation complies with the requirements of this section and of the law governing the profession in which such professional corporation is engaged. The statements of fact in such affidavits may be accepted by the Secretary of State as sufficient proof of the facts.

(b) A foreign professional corporation qualified to render professional services in this state may transact intrastate business in this state by any name permitted by a law expressly applicable to the profession in which the corporation is engaged, or by a rule or regulation of the governmental agency regulating the rendering of professional services in this state by the corporation. The provisions of subdivision (b) of Section 201 shall not apply to the name of a foreign professional corporation if the name contains and is restricted to the name or the last name of one or more of the present, prospective, or former shareholders or of persons who were associated with a predecessor person, partnership, or other organization, or whose name or names appeared in the name of the predecessor organization, and the Secretary of State shall have no authority by reason of subdivision (b) of Section 201 to refuse to issue a certificate of qualification to a foreign professional corporation that sets forth that name in its statement and designation; provided, however, that such a name shall not be substantially the same as the name of a domestic corporation, the name of a foreign corporation qualified to render professional services in the state, or a name that is under reservation for another corporation. The Secretary of State may require proof by affidavit or otherwise establishing that the name of the foreign professional corporation qualified to render professional services in this state complies with the



BOARD OF PSYCHOLOGY

requirements of this section and of the law governing the profession in which the foreign professional corporation qualified to render professional services in this state proposes to engage in this state. The statements of fact in such affidavits may be accepted by the Secretary of State as sufficient proof of the facts.

Added Stats 1968 ch 1375 § 9. Amended Stats 1976 ch 641 § 42, effective January 1, 1977; Stats 1993 ch 910 § 8 (SB 687).

**§ 13410. Disciplinary rules and regulations**

(a) A professional corporation or a foreign professional corporation qualified to render professional services in this state shall be subject to the applicable rules and regulations adopted by, and all the disciplinary provisions of the Business and Professions Code expressly governing the practice of the profession in this state, and to the powers of, the governmental agency regulating the profession in which such corporation is engaged. Nothing in this part shall affect or impair the disciplinary powers of any such governmental agency over licensed persons or any law, rule or regulation pertaining to the standards for professional conduct of licensed persons or to the professional relationship between any licensed person furnishing professional services and the person receiving such services.

(b) With respect to any foreign professional corporation qualified to render professional services in this state, each such governmental agency shall adopt rules, regulations, and orders as appropriate to restrict or prohibit any disqualified person from doing any of the following:

- (1) Being a shareholder, director, officer, or employee of the corporation.
- (2) Rendering services in any profession in which he or she is a disqualified person.
- (3) Participating in the management of the corporation.
- (4) Sharing in the income of the corporation.

Added Stats 1968 ch 1375 § 9. Amended Stats 1993 ch 910 § 10 (SB 687).



***EXTRACTED FROM***  
**EDUCATION CODE**

**TITLE 3**

**Postsecondary Education**

**DIVISION 10**

**Private Postsecondary and Higher Education  
Institutions**

**PART 59**

**Private Postsecondary and Higher Education  
Institutions**

**(Repealed January 1, 2017)**

**CHAPTER 8**

**Private Postsecondary Institutions  
(Repealed January 1, 2017)**

**ARTICLE 3**

**Definitions**

**§ 94823.5. (Repealed January 1, 2017) “Change of location”**

“Change of location” means a move or relocation more than 10 miles from the site at which the institution offers instruction.

Added Stats 2009 ch 310 § 6 (AB 48), effective January 1, 2010, repealed January 1, 2015. Amended Stats 2014 ch 840 § 41 (SB 1247), effective January 1, 2015, repealed January 1, 2017.



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*EXTRACTED FROM*  
**GOVERNMENT CODE**

**TITLE 1**

**GENERAL**

**DIVISION 7**

**Miscellaneous**

**CHAPTER 3.5**

**Inspection of Public Records**

**ARTICLE 1**

**General Provisions**

**§ 6254. Records exempt from disclosure requirements**

Except as provided in Sections 6254.7 and 6254.13, this chapter does not require the disclosure of any of the following records:

(a) Preliminary drafts, notes, or interagency or intra-agency memoranda that are not retained by the public agency in the ordinary course of business, if the public interest in withholding those records clearly outweighs the public interest in disclosure.

(b) Records pertaining to pending litigation to which the public agency is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810), until the pending litigation or claim has been finally adjudicated or otherwise settled.

(c) Personnel, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of personal privacy.

(d) Contained in or related to any of the following:

(1) Applications filed with any state agency responsible for the regulation or supervision of the issuance of securities or of financial institutions, including, but not limited to, banks, savings and loan associations, industrial loan companies, credit unions, and insurance companies.

(2) Examination, operating, or condition reports prepared by, on behalf of, or for the use of, any state agency referred to in paragraph (1).

(3) Preliminary drafts, notes, or interagency or intra-agency communications prepared by, on behalf of, or for the use of, any state agency referred to in paragraph (1).

(4) Information received in confidence by any state agency referred to in paragraph (1).

(e) Geological and geophysical data, plant production data, and similar information relating to utility systems development, or market or crop reports, that are obtained in confidence from any person.

(f) Records of complaints to, or investigations conducted by, or records of intelligence information or security procedures of, the office of the Attorney





BOARD OF PSYCHOLOGY

General and the Department of Justice, the Office of Emergency Services and any state or local police agency, or any investigatory or security files compiled by any other state or local police agency, or any investigatory or security files compiled by any other state or local agency for correctional, law enforcement, or licensing purposes. However, state and local law enforcement agencies shall disclose the names and addresses of persons involved in, or witnesses other than confidential informants to, the incident, the description of any property involved, the date, time, and location of the incident, all diagrams, statements of the parties involved in the incident, the statements of all witnesses, other than confidential informants, to the victims of an incident, or an authorized representative thereof, an insurance carrier against which a claim has been or might be made, and any person suffering bodily injury or property damage or loss, as the result of the incident caused by arson, burglary, fire, explosion, larceny, robbery, carjacking, vandalism, vehicle theft, or a crime as defined by subdivision (b) of Section 13951, unless the disclosure would endanger the safety of a witness or other person involved in the investigation, or unless disclosure would endanger the successful completion of the investigation or a related investigation. However, nothing in this division shall require the disclosure of that portion of those investigative files that reflects the analysis or conclusions of the investigating officer.

Customer lists provided to a state or local police agency by an alarm or security company at the request of the agency shall be construed to be records subject to this subdivision.

Notwithstanding any other provision of this subdivision, state and local law enforcement agencies shall make public the following information, except to the extent that disclosure of a particular item of information would endanger the safety of a person involved in an investigation or would endanger the successful completion of the investigation or a related investigation:

(1) The full name and occupation of every individual arrested by the agency, the individual's physical description including date of birth, color of eyes and hair, sex, height and weight, the time and date of arrest, the time and date of booking, the location of the arrest, the factual circumstances surrounding the arrest, the amount of bail set, the time and manner of release or the location where the individual is currently being held, and all charges the individual is being held upon, including any outstanding warrants from other jurisdictions and parole or probation holds.

(2) Subject to the restrictions imposed by Section 841.5 of the Penal Code, the time, substance, and location of all complaints or requests for assistance received by the agency and the time and nature of the response thereto, including, to the extent the information regarding crimes alleged or committed or any other incident investigated is recorded, the time, date, and location of occurrence, the time and date of the report, the name and age of the victim, the factual circumstances surrounding the crime or incident, and a general description of any injuries, property, or weapons involved. The name of a victim of any crime defined by Section 220, 236.1, 261, 261.5, 262, 264, 264.1, 265, 266, 266a, 266b, 266c, 266e, 266f, 266j, 267, 269, 273a, 273d, 273.5, 285, 286, 288, 288a, 288.2, 288.3 (as added by Chapter 337 of the Statutes of 2006), 288.3 (as added by Section 6 of Proposition 83 of the November 7, 2006, statewide general election), 288.5, 288.7, 289, 422.6, 422.7, 422.75, 646.9, or 647.6 of the



GOVERNMENT CODE

Penal Code may be withheld at the victim's request, or at the request of the victim's parent or guardian if the victim is a minor. When a person is the victim of more than one crime, information disclosing that the person is a victim of a crime defined in any of the sections of the Penal Code set forth in this subdivision may be deleted at the request of the victim, or the victim's parent or guardian if the victim is a minor, in making the report of the crime, or of any crime or incident accompanying the crime, available to the public in compliance with the requirements of this paragraph.

(3) Subject to the restrictions of Section 841.5 of the Penal Code and this subdivision, the current address of every individual arrested by the agency and the current address of the victim of a crime, where the requester declares under penalty of perjury that the request is made for a scholarly, journalistic, political, or governmental purpose, or that the request is made for investigation purposes by a licensed private investigator as described in Chapter 11.3 (commencing with Section 7512) of Division 3 of the Business and Professions Code. However, the address of the victim of any crime defined by Section 220, 236.1, 261, 261.5, 262, 264, 264.1, 265, 266, 266a, 266b, 266c, 266e, 266f, 266j, 267, 269, 273a, 273d, 273.5, 285, 286, 288, 288a, 288.2, 288.3 (as added by Chapter 337 of the Statutes of 2006), 288.3 (as added by Section 6 of Proposition 83 of the November 7, 2006, statewide general election), 288.5, 288.7, 289, 422.6, 422.7, 422.75, 646.9, or 647.6 of the Penal Code shall remain confidential. Address information obtained pursuant to this paragraph may not be used directly or indirectly, or furnished to another, to sell a product or service to any individual or group of individuals, and the requester shall execute a declaration to that effect under penalty of perjury. Nothing in this paragraph shall be construed to prohibit or limit a scholarly, journalistic, political, or government use of address information obtained pursuant to this paragraph.

(g) Test questions, scoring keys, and other examination data used to administer a licensing examination, examination for employment, or academic examination, except as provided for in Chapter 3 (commencing with Section 99150) of Part 65 of Division 14 of Title 3 of the Education Code.

(h) The contents of real estate appraisals or engineering or feasibility estimates and evaluations made for or by the state or local agency relative to the acquisition of property, or to prospective public supply and construction contracts, until all of the property has been acquired or all of the contract agreement obtained. However, the law of eminent domain shall not be affected by this provision.

(i) Information required from any taxpayer in connection with the collection of local taxes that is received in confidence and the disclosure of the information to other persons would result in unfair competitive disadvantage to the person supplying the information.

(j) Library circulation records kept for the purpose of identifying the borrower of items available in libraries, and library and museum materials made or acquired and presented solely for reference or exhibition purposes. The exemption in this subdivision shall not apply to records of fines imposed on the borrowers.

(k) Records, the disclosure of which is exempted or prohibited pursuant to federal or state law, including, but not limited to, provisions of the Evidence Code relating to privilege.



BOARD OF PSYCHOLOGY

(l) Correspondence of and to the Governor or employees of the Governor's office or in the custody of or maintained by the Governor's Legal Affairs Secretary. However, public records shall not be transferred to the custody of the Governor's Legal Affairs Secretary to evade the disclosure provisions of this chapter.

(m) In the custody of or maintained by the Legislative Counsel, except those records in the public database maintained by the Legislative Counsel that are described in Section 10248.

(n) Statements of personal worth or personal financial data required by a licensing agency and filed by an applicant with the licensing agency to establish his or her personal qualification for the license, certificate, or permit applied for.

(o) Financial data contained in applications for financing under Division 27 (commencing with Section 44500) of the Health and Safety Code, where an authorized officer of the California Pollution Control Financing Authority determines that disclosure of the financial data would be competitively injurious to the applicant and the data is required in order to obtain guarantees from the United States Small Business Administration. The California Pollution Control Financing Authority shall adopt rules for review of individual requests for confidentiality under this section and for making available to the public those portions of an application that are subject to disclosure under this chapter.

(p) Records of state agencies related to activities governed by Chapter 10.3 (commencing with Section 3512), Chapter 10.5 (commencing with Section 3525), and Chapter 12 (commencing with Section 3560) of Division 4, that reveal a state agency's deliberative processes, impressions, evaluations, opinions, recommendations, meeting minutes, research, work products, theories, or strategy, or that provide instruction, advice, or training to employees who do not have full collective bargaining and representation rights under these chapters. Nothing in this subdivision shall be construed to limit the disclosure duties of a state agency with respect to any other records relating to the activities governed by the employee relations acts referred to in this subdivision.

(q)(1) Records of state agencies related to activities governed by Article 2.6 (commencing with Section 14081), Article 2.8 (commencing with Section 14087.5), and Article 2.91 (commencing with Section 14089) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, that reveal the special negotiator's deliberative processes, discussions, communications, or any other portion of the negotiations with providers of health care services, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy, or that provide instruction, advice, or training to employees.

(2) Except for the portion of a contract containing the rates of payment, contracts for inpatient services entered into pursuant to these articles, on or after April 1, 1984, shall be open to inspection one year after they are fully executed. If a contract for inpatient services that is entered into prior to April 1, 1984, is amended on or after April 1, 1984, the amendment, except for any portion containing the rates of payment, shall be open to inspection one year after it is fully executed. If the California Medical Assistance Commission



GOVERNMENT CODE

enters into contracts with health care providers for other than inpatient hospital services, those contracts shall be open to inspection one year after they are fully executed.

(3) Three years after a contract or amendment is open to inspection under this subdivision, the portion of the contract or amendment containing the rates of payment shall be open to inspection.

(4) Notwithstanding any other law, the entire contract or amendment shall be open to inspection by the Joint Legislative Audit Committee and the Legislative Analyst's Office. The committee and that office shall maintain the confidentiality of the contracts and amendments until the time a contract or amendment is fully open to inspection by the public.

(r) Records of Native American graves, cemeteries, and sacred places and records of Native American places, features, and objects described in Sections 5097.9 and 5097.993 of the Public Resources Code maintained by, or in the possession of, the Native American Heritage Commission, another state agency, or a local agency.

(s) A final accreditation report of the Joint Commission on Accreditation of Hospitals that has been transmitted to the State Department of Health Care Services pursuant to subdivision (b) of Section 1282 of the Health and Safety Code.

(t) Records of a local hospital district, formed pursuant to Division 23 (commencing with Section 32000) of the Health and Safety Code, or the records of a municipal hospital, formed pursuant to Article 7 (commencing with Section 37600) or Article 8 (commencing with Section 37650) of Chapter 5 of Part 2 of Division 3 of Title 4 of this code, that relate to any contract with an insurer or nonprofit hospital service plan for inpatient or outpatient services for alternative rates pursuant to Section 10133 of the Insurance Code. However, the record shall be open to inspection within one year after the contract is fully executed.

(u)(1) Information contained in applications for licenses to carry firearms issued pursuant to Section 26150, 26155, 26170, or 26215 of the Penal Code by the sheriff of a county or the chief or other head of a municipal police department that indicates when or where the applicant is vulnerable to attack or that concerns the applicant's medical or psychological history or that of members of his or her family.

(2) The home address and telephone number of prosecutors, public defenders, peace officers, judges, court commissioners, and magistrates that are set forth in applications for licenses to carry firearms issued pursuant to Section 26150, 26155, 26170, or 26215 of the Penal Code by the sheriff of a county or the chief or other head of a municipal police department.

(3) The home address and telephone number of prosecutors, public defenders, peace officers, judges, court commissioners, and magistrates that are set forth in licenses to carry firearms issued pursuant to Section 26150, 26155, 26170, or 26215 of the Penal Code by the sheriff of a county or the chief or other head of a municipal police department.

(v)(1) Records of the Managed Risk Medical Insurance Board and the State Department of Health Care Services related to activities governed by Part 6.3 (commencing with Section 12695), Part 6.5 (commencing with Section 12700), Part 6.6 (commencing with Section 12739.5), or Part 6.7 (commencing with

Misc.

BOARD OF PSYCHOLOGY

Section 12739.70) of Division 2 of the Insurance Code, or Chapter 2 (commencing with Section 15810) or Chapter 4 (commencing with Section 15870) of Part 3.3 of Division 9 of the Welfare and Institutions Code, and that reveal any of the following:

(A) The deliberative processes, discussions, communications, or any other portion of the negotiations with entities contracting or seeking to contract with the board or the department, entities with which the board or the department is considering a contract, or entities with which the board or department is considering or enters into any other arrangement under which the board or the department provides, receives, or arranges services or reimbursement.

(B) The impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy of the board or its staff or the department or its staff, or records that provide instructions, advice, or training to their employees.

(2)(A) Except for the portion of a contract that contains the rates of payment, contracts entered into pursuant to Part 6.3 (commencing with Section 12695), Part 6.5 (commencing with Section 12700), Part 6.6 (commencing with Section 12739.5), or Part 6.7 (commencing with Section 12739.70) of Division 2 of the Insurance Code, or Chapter 2 (commencing with Section 15810) or Chapter 4 (commencing with Section 15870) of Part 3.3 of Division 9 of the Welfare and Institutions Code, on or after July 1, 1991, shall be open to inspection one year after their effective dates.

(B) If a contract that is entered into prior to July 1, 1991, is amended on or after July 1, 1991, the amendment, except for any portion containing the rates of payment, shall be open to inspection one year after the effective date of the amendment.

(3) Three years after a contract or amendment is open to inspection pursuant to this subdivision, the portion of the contract or amendment containing the rates of payment shall be open to inspection.

(4) Notwithstanding any other law, the entire contract or amendments to a contract shall be open to inspection by the Joint Legislative Audit Committee. The committee shall maintain the confidentiality of the contracts and amendments thereto, until the contracts or amendments to the contracts are open to inspection pursuant to paragraph (3).

(w)(1) Records of the Managed Risk Medical Insurance Board related to activities governed by Chapter 8 (commencing with Section 10700) of Part 2 of Division 2 of the Insurance Code, and that reveal the deliberative processes, discussions, communications, or any other portion of the negotiations with health plans, or the impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy of the board or its staff, or records that provide instructions, advice, or training to employees.

(2) Except for the portion of a contract that contains the rates of payment, contracts for health coverage entered into pursuant to Chapter 8 (commencing with Section 10700) of Part 2 of Division 2 of the Insurance Code, on or after January 1, 1993, shall be open to inspection one year after they have been fully executed.

(3) Notwithstanding any other law, the entire contract or amendments to a contract shall be open to inspection by the Joint Legislative Audit Committee. The committee shall maintain the confidentiality of the contracts and amend-

Misc.

GOVERNMENT CODE

ments thereto, until the contracts or amendments to the contracts are open to inspection pursuant to paragraph (2).

(x) Financial data contained in applications for registration, or registration renewal, as a service contractor filed with the Director of Consumer Affairs pursuant to Chapter 20 (commencing with Section 9800) of Division 3 of the Business and Professions Code, for the purpose of establishing the service contractor's net worth, or financial data regarding the funded accounts held in escrow for service contracts held in force in this state by a service contractor.

(y)(1) Records of the Managed Risk Medical Insurance Board and the State Department of Health Care Services related to activities governed by Part 6.2 (commencing with Section 12693) or Part 6.4 (commencing with Section 12699.50) of Division 2 of the Insurance Code or Sections 14005.26 and 14005.27 of, or Chapter 3 (commencing with Section 15850) of Part 3.3 of Division 9 of, the Welfare and Institutions Code, if the records reveal any of the following:

(A) The deliberative processes, discussions, communications, or any other portion of the negotiations with entities contracting or seeking to contract with the board or the department, entities with which the board or department is considering a contract, or entities with which the board or department is considering or enters into any other arrangement under which the board or department provides, receives, or arranges services or reimbursement.

(B) The impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy of the board or its staff, or the department or its staff, or records that provide instructions, advice, or training to employees.

(2)(A) Except for the portion of a contract that contains the rates of payment, contracts entered into pursuant to Part 6.2 (commencing with Section 12693) or Part 6.4 (commencing with Section 12699.50) of Division 2 of the Insurance Code, on or after January 1, 1998, or Sections 14005.26 and 14005.27 of, or Chapter 3 (commencing with Section 15850) of Part 3.3 of Division 9 of, the Welfare and Institutions Code shall be open to inspection one year after their effective dates.

(B) If a contract entered into pursuant to Part 6.2 (commencing with Section 12693) or Part 6.4 (commencing with Section 12699.50) of Division 2 of the Insurance Code or Sections 14005.26 and 14005.27 of, or Chapter 3 (commencing with Section 15850) of Part 3.3 of Division 9 of, the Welfare and Institutions Code, is amended, the amendment shall be open to inspection one year after the effective date of the amendment.

(3) Three years after a contract or amendment is open to inspection pursuant to this subdivision, the portion of the contract or amendment containing the rates of payment shall be open to inspection.

(4) Notwithstanding any other law, the entire contract or amendments to a contract shall be open to inspection by the Joint Legislative Audit Committee. The committee shall maintain the confidentiality of the contracts and amendments thereto until the contract or amendments to a contract are open to inspection pursuant to paragraph (2) or (3).

(5) The exemption from disclosure provided pursuant to this subdivision for the contracts, deliberative processes, discussions, communications, negotiations, impressions, opinions, recommendations, meeting minutes, research,



BOARD OF PSYCHOLOGY

work product, theories, or strategy of the board or its staff, or the department or its staff, shall also apply to the contracts, deliberative processes, discussions, communications, negotiations, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy of applicants pursuant to Part 6.4 (commencing with Section 12699.50) of Division 2 of the Insurance Code or Chapter 3 (commencing with Section 15850) of Part 3.3 of Division 9 of the Welfare and Institutions Code.

(z) Records obtained pursuant to paragraph (2) of subdivision (f) of Section 2891.1 of the Public Utilities Code.

(aa) A document prepared by or for a state or local agency that assesses its vulnerability to terrorist attack or other criminal acts intended to disrupt the public agency's operations and that is for distribution or consideration in a closed session.

(ab) Critical infrastructure information, as defined in Section 131(3) of Title 6 of the United States Code, that is voluntarily submitted to the California Emergency Management Agency for use by that office, including the identity of the person who or entity that voluntarily submitted the information. As used in this subdivision, "voluntarily submitted" means submitted in the absence of the office exercising any legal authority to compel access to or submission of critical infrastructure information. This subdivision shall not affect the status of information in the possession of any other state or local governmental agency.

(ac) All information provided to the Secretary of State by a person for the purpose of registration in the Advance Health Care Directive Registry, except that those records shall be released at the request of a health care provider, a public guardian, or the registrant's legal representative.

(ad) The following records of the State Compensation Insurance Fund:

(1) Records related to claims pursuant to Chapter 1 (commencing with Section 3200) of Division 4 of the Labor Code, to the extent that confidential medical information or other individually identifiable information would be disclosed.

(2) Records related to the discussions, communications, or any other portion of the negotiations with entities contracting or seeking to contract with the fund, and any related deliberations.

(3) Records related to the impressions, opinions, recommendations, meeting minutes of meetings or sessions that are lawfully closed to the public, research, work product, theories, or strategy of the fund or its staff, on the development of rates, contracting strategy, underwriting, or competitive strategy pursuant to the powers granted to the fund in Chapter 4 (commencing with Section 11770) of Part 3 of Division 2 of the Insurance Code.

(4) Records obtained to provide workers' compensation insurance under Chapter 4 (commencing with Section 11770) of Part 3 of Division 2 of the Insurance Code, including, but not limited to, any medical claims information, policyholder information provided that nothing in this paragraph shall be interpreted to prevent an insurance agent or broker from obtaining proprietary information or other information authorized by law to be obtained by the agent or broker, and information on rates, pricing, and claims handling received from brokers.

(5)(A) Records that are trade secrets pursuant to Section 6276.44, or Article 11 (commencing with Section 1060) of Chapter 4 of Division 8 of the Evidence



GOVERNMENT CODE

Code, including without limitation, instructions, advice, or training provided by the State Compensation Insurance Fund to its board members, officers, and employees regarding the fund's special investigation unit, internal audit unit, and informational security, marketing, rating, pricing, underwriting, claims handling, audits, and collections.

(B) Notwithstanding subparagraph (A), the portions of records containing trade secrets shall be available for review by the Joint Legislative Audit Committee, the Bureau of State Audits, Division of Workers' Compensation, and the Department of Insurance to ensure compliance with applicable law.

(6)(A) Internal audits containing proprietary information and the following records that are related to an internal audit:

(i) Personal papers and correspondence of any person providing assistance to the fund when that person has requested in writing that his or her papers and correspondence be kept private and confidential. Those papers and correspondence shall become public records if the written request is withdrawn, or upon order of the fund.

(ii) Papers, correspondence, memoranda, or any substantive information pertaining to any audit not completed or an internal audit that contains proprietary information.

(B) Notwithstanding subparagraph (A), the portions of records containing proprietary information, or any information specified in subparagraph (A) shall be available for review by the Joint Legislative Audit Committee, the Bureau of State Audits, Division of Workers' Compensation, and the Department of Insurance to ensure compliance with applicable law.

(7)(A) Except as provided in subparagraph (C), contracts entered into pursuant to Chapter 4 (commencing with Section 11770) of Part 3 of Division 2 of the Insurance Code shall be open to inspection one year after the contract has been fully executed.

(B) If a contract entered into pursuant to Chapter 4 (commencing with Section 11770) of Part 3 of Division 2 of the Insurance Code is amended, the amendment shall be open to inspection one year after the amendment has been fully executed.

(C) Three years after a contract or amendment is open to inspection pursuant to this subdivision, the portion of the contract or amendment containing the rates of payment shall be open to inspection.

(D) Notwithstanding any other law, the entire contract or amendments to a contract shall be open to inspection by the Joint Legislative Audit Committee. The committee shall maintain the confidentiality of the contracts and amendments thereto until the contract or amendments to a contract are open to inspection pursuant to this paragraph.

(E) This paragraph is not intended to apply to documents related to contracts with public entities that are not otherwise expressly confidential as to that public entity.

(F) For purposes of this paragraph, "fully executed" means the point in time when all of the necessary parties to the contract have signed the contract.

This section shall not prevent any agency from opening its records concerning the administration of the agency to public inspection, unless disclosure is otherwise prohibited by law.





BOARD OF PSYCHOLOGY

This section shall not prevent any health facility from disclosing to a certified bargaining agent relevant financing information pursuant to Section 8 of the National Labor Relations Act (29 U.S.C. Sec. 158).

Added Stats 1981 ch 684 § 1.5, effective September 23, 1981, operative January 1, 1982. Amended Stats 1982 ch 83 § 1, effective March 1, 1982, ch 1492 § 2, ch 1594 § 2, effective September 30, 1982; Stats 1983 ch 200 § 1, effective July 12, 1983, ch 621 § 1, ch 955 § 1, ch 1315 § 1; Stats 1984 ch 1516 § 1, effective September 28, 1984; Stats 1985 ch 103 § 1; ch 1218 § 1; Stats 1986 ch 185 § 2; Stats 1987 ch 634 § 1, effective September 14, 1987, ch 635 § 1; Stats 1988 ch 870 § 1, ch 1371 § 2; Stats 1989 ch 191 § 1; Stats 1990 ch 1106 § 2 (SB 2106); Stats 1991 ch 278 § 1.2 (AB 99), effective July 30, 1991, ch 607 § 4 (SB 98); Stats 1992 ch 3 § 1 (AB 1681), effective February 10, 1992, ch 72 § 2 (AB 1525), effective May 28, 1992, ch 1128 § 2 (AB 1672), operative July 1, 1993; Stats 1993 ch 606 § 1 (AB 166), effective October 1, 1993 (ch 1265 prevails); Stats 1993 ch 610 § 1 (AB 6), effective October 1, 1993; Stats 1993 ch 611 § 1 (SB 60), effective October 1, 1993; Stats 1993 ch 1265 § 14 (SB 798); Stats 1994 ch 82 § 1 (AB 2547), ch 1263 § 1.5 (AB 1328); Stats 1995 ch 438 § 1 (AB 985), ch 777 § 2 (AB 958), ch 778 § 1.5 (SB 1059); Stats 1996 ch 1075 § 11 (SB 1444); Stats 1997 ch 623 § 1 (AB 1126); Stats 1998 ch 13 § 1 (AB 487), ch 110 § 1 (AB 1795) (ch 110 prevails), ch 485 § 83 (AB 2803); Stats 2000 ch 184 § 1 (AB 1349); Stats 2001 ch 159 § 105 (SB 662); Stats 2002 ch 175 § 1 (SB 1643); Stats 2003 ch 230 § 1 (AB 1762), effective August 11, 2003, ch 673 § 12 (SB 2); Stats 2004 ch 8 § 1 (AB 1209), effective January 22, 2004, ch 183 § 134 (AB 3082), ch 228 § 2 (SB 1103), effective August 16, 2004, ch 882 § 1 (AB 2445), ch 937 § 2.5 (AB 1933); Stats 2005 ch 22 § 71 (SB 1108), ch 476 § 1 (AB 1495), effective October 4, 2005, ch 670 § 1.5 (SB 922), effective October 7, 2005; Stats 2006 ch 538 § 232 (SB 1852); Stats 2007 ch 577 § 1 (AB 1750), effective October 13, 2007, ch 578 § 1.5 (SB 449); Stats 2008 ch 344 § 1 (SB 1145), effective September 26, 2008, ch 358 § 2 (AB 2810), ch 372 § 1.3 (AB 38), effective January 1, 2009; Stats 2010 ch 32 § 1 (AB 1887) (ch 32 prevails), effective June 29, 2010, ch 178 § 33 (SB 1115), effective January 1, 2011, operative January 1, 2012; Stats 2011 ch 285 § 7 (AB 1402), effective January 1, 2012. See this section as modified in Governor's Reorganization Plan No. 2 § 85 of 2012. Amended Stats 2012 ch 697 § 1 (AB 2221), effective January 1, 2013; Stats 2013 ch 23 § 2 (AB 82), effective June 27, 2013, ch 352 § 106 (AB 1317), effective September 26, 2013, operative July 1, 2013; Stats 2014 ch 31 § 2 (SB 857), effective June 20, 2014.

**TITLE 2**

**Government of the State of California**

**DIVISION 3**

**Executive Department**

**PART 1**

**State Departments and Agencies**

**CHAPTER 4.5**

**Administrative Adjudication: General Provisions**

**ARTICLE 1**

**Preliminary Provisions**

**§ 11400. Administrative Procedure Act; References to superseded provisions**

(a) This chapter and Chapter 5 (commencing with Section 11500) constitute the administrative adjudication provisions of the Administrative Procedure Act.



GOVERNMENT CODE

(b) A reference in any other statute or in a rule of court, executive order, or regulation, to a provision formerly found in Chapter 5 (commencing with Section 11500) that is superseded by a provision of this chapter, means the applicable provision of this chapter.

Added Stats 1995 ch 938 § 21 (SB 523), operative July 1, 1997.

**ARTICLE 6**

**Administrative Adjudication Bill of Rights**

**§ 11425.50. Decision to be in writing; Statement of factual and legal basis**

(a) The decision shall be in writing and shall include a statement of the factual and legal basis for the decision.

(b) The statement of the factual basis for the decision may be in the language of, or by reference to, the pleadings. If the statement is no more than mere repetition or paraphrase of the relevant statute or regulation, the statement shall be accompanied by a concise and explicit statement of the underlying facts of record that support the decision. If the factual basis for the decision includes a determination based substantially on the credibility of a witness, the statement shall identify any specific evidence of the observed demeanor, manner, or attitude of the witness that supports the determination, and on judicial review the court shall give great weight to the determination to the extent the determination identifies the observed demeanor, manner, or attitude of the witness that supports it.

(c) The statement of the factual basis for the decision shall be based exclusively on the evidence of record in the proceeding and on matters officially noticed in the proceeding. The presiding officer's experience, technical competence, and specialized knowledge may be used in evaluating evidence.

(d) Nothing in this section limits the information that may be contained in the decision, including a summary of evidence relied on.

(e) A penalty may not be based on a guideline, criterion, bulletin, manual, instruction, order, standard of general application or other rule subject to Chapter 3.5 (commencing with Section 11340) unless it has been adopted as a regulation pursuant to Chapter 3.5 (commencing with Section 11340).

Added Stats 1995 ch 938 § 21 (SB 523), operative July 1, 1997.

**ARTICLE 14**

**Declaratory Decision**

**§ 11465.10. Conduct of proceeding under declaratory decision procedure**

Subject to the limitations in this article, an agency may conduct an adjudicative proceeding under the declaratory decision procedure provided in this article.

Added Stats 1995 ch 938 § 21 (SB 523), operative July 1, 1997.

**§ 11465.20. Application; Issuance of decision**

(a) A person may apply to an agency for a declaratory decision as to the applicability to specified circumstances of a statute, regulation, or decision within the primary jurisdiction of the agency.



BOARD OF PSYCHOLOGY

(b) The agency in its discretion may issue a declaratory decision in response to the application. The agency shall not issue a declaratory decision if any of the following applies:

(1) Issuance of the decision would be contrary to a regulation adopted under this article.

(2) The decision would substantially prejudice the rights of a person who would be a necessary party and who does not consent in writing to the determination of the matter by a declaratory decision proceeding.

(3) The decision involves a matter that is the subject of pending administrative or judicial proceedings.

(c) An application for a declaratory decision is not required for exhaustion of the applicant's administrative remedies for purposes of judicial review.

Added Stats 1995 ch 938 § 21 (SB 523), operative July 1, 1997.

**§ 11465.30. Notice of application for decision**

Within 30 days after receipt of an application for a declaratory decision, an agency shall give notice of the application to all persons to which notice of an adjudicative proceeding is otherwise required, and may give notice to any other person.

Added Stats 1995 ch 938 § 21 (SB 523), operative July 1, 1997.

**§ 11465.40. Applicable hearing procedure**

The provisions of a formal, informal, or other applicable hearing procedure do not apply to an agency proceeding for a declaratory decision except to the extent provided in this article or to the extent the agency so provides by regulation or order.

Added Stats 1995 ch 938 § 21 (SB 523), operative July 1, 1997.

**§ 11465.50. Actions of agency after receipt of application**

(a) Within 60 days after receipt of an application for a declaratory decision, an agency shall do one of the following, in writing:

(1) Issue a decision declaring the applicability of the statute, regulation, or decision in question to the specified circumstances.

(2) Set the matter for specified proceedings.

(3) Agree to issue a declaratory decision by a specified time.

(4) Decline to issue a declaratory decision, stating in writing the reasons for its action. Agency action under this paragraph is not subject to judicial review.

(b) A copy of the agency's action under subdivision (a) shall be served promptly on the applicant and any other party.

(c) If an agency has not taken action under subdivision (a) within 60 days after receipt of an application for a declaratory decision, the agency is considered to have declined to issue a declaratory decision on the matter.

Added Stats 1995 ch 938 § 21 (SB 523), operative July 1, 1997.

**§ 11465.60. Contents of decision; Status and binding effect of decision**

(a) A declaratory decision shall contain the names of all parties to the proceeding, the particular facts on which it is based, and the reasons for its conclusion.

(b) A declaratory decision has the same status and binding effect as any other decision issued by the agency in an adjudicative proceeding.

Added Stats 1995 ch 938 § 21 (SB 523), operative July 1, 1997.



GOVERNMENT CODE

**§ 11465.70. Model regulations**

(a) The Office of Administrative Hearings shall adopt and promulgate model regulations under this article that are consistent with the public interest and with the general policy of this article to facilitate and encourage agency issuance of reliable advice. The model regulations shall provide for all of the following:

- (1) A description of the classes of circumstances in which an agency will not issue a declaratory decision.
- (2) The form, contents, and filing of an application for a declaratory decision.
- (3) The procedural rights of a person in relation to an application.
- (4) The disposition of an application.

(b) The regulations adopted by the Office of Administrative Hearings under this article apply in an adjudicative proceeding unless an agency adopts its own regulations to govern declaratory decisions of the agency.

(c) This article does not apply in an adjudicative proceeding to the extent an agency by regulation provides inconsistent rules or provides that this article is not applicable in a proceeding of the agency.

Added Stats 1995 ch 938 § 21 (SB 523), operative July 1, 1997.

**CHAPTER 5**

**Administrative Adjudication: Formal Hearing**

**§ 11522. Reinstatement of license or reduction of penalty**

A person whose license has been revoked or suspended may petition the agency for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition. The agency shall give notice to the Attorney General of the filing of the petition and the Attorney General and the petitioner shall be afforded an opportunity to present either oral or written argument before the agency itself. The agency itself shall decide the petition, and the decision shall include the reasons therefor, and any terms and conditions that the agency reasonably deems appropriate to impose as a condition of reinstatement. This section shall not apply if the statutes dealing with the particular agency contain different provisions for reinstatement or reduction of penalty.

Added Stats 1945 ch 867 § 1. Amended Stats 1985 ch 587 § 4.

**PART 2.8**

**Department of Fair Employment and Housing**

**CHAPTER 6**

**Discrimination Prohibited**

**ARTICLE 1**

**Unlawful Practices, Generally**

**§ 12944. Discrimination by licensing board**

(a) It shall be unlawful for a licensing board to require any examination or establish any other qualification for licensing that has an adverse impact on



BOARD OF PSYCHOLOGY

any class by virtue of its race, creed, color, national origin or ancestry, sex, gender, gender identity, gender expression, age, medical condition, genetic information, physical disability, mental disability, or sexual orientation, unless the practice can be demonstrated to be job related.

Where the commission, after hearing, determines that an examination is unlawful under this subdivision, the licensing board may continue to use and rely on the examination until such time as judicial review by the superior court of the determination is exhausted.

If an examination or other qualification for licensing is determined to be unlawful under this section, that determination shall not void, limit, repeal, or otherwise affect any right, privilege, status, or responsibility previously conferred upon any person by the examination or by a license issued in reliance on the examination or qualification.

(b) It shall be unlawful for a licensing board to fail or refuse to make reasonable accommodation to an individual's mental or physical disability or medical condition.

(c) It shall be unlawful for any licensing board, unless specifically acting in accordance with federal equal employment opportunity guidelines or regulations approved by the commission, to print or circulate or cause to be printed or circulated any publication, or to make any non-job-related inquiry, either verbal or through use of an application form, which expresses, directly or indirectly, any limitation, specification, or discrimination as to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, sex, gender, gender identity, gender expression, age, or sexual orientation or any intent to make any such limitation, specification, or discrimination. Nothing in this subdivision shall prohibit any licensing board from making, in connection with prospective licensure or certification, an inquiry as to, or a request for information regarding, the physical fitness of applicants if that inquiry or request for information is directly related and pertinent to the license or the licensed position the applicant is applying for. Nothing in this subdivision shall prohibit any licensing board, in connection with prospective examinations, licensure, or certification, from inviting individuals with physical or mental disabilities to request reasonable accommodations or from making inquiries related to reasonable accommodations.

(d) It is unlawful for a licensing board to discriminate against any person because the person has filed a complaint, testified, or assisted in any proceeding under this part.

(e) It is unlawful for any licensing board to fail to keep records of applications for licensing or certification for a period of two years following the date of receipt of the applications.

(f) As used in this section, "licensing board" means any state board, agency, or authority in the Business, Consumer Services, and Housing Agency that has the authority to grant licenses or certificates which are prerequisites to employment eligibility or professional status.

Added Stats 1980 ch 992 § 4. Amended Stats 1992 ch 912 § 6 (AB 1286), ch 913 § 24 (AB 1077); Stats 1999 ch 592 § 8 (AB 1001); Stats 2011 ch 261 § 15 (SB 559), effective January 1, 2012, ch 719 § 19.5 (AB 887), effective January 1, 2012; Stats 2012 ch 46 § 37 (SB 1038), effective June 27, 2012, operative January 1, 2013. See this section as modified in Governor's Reorganization Plan No. 2



GOVERNMENT CODE

§ 210 of 2012. Amended Stats 2012 ch 147 § 17 (SB 1039), effective January 1, 2013, operative July 1, 2013 (ch 147 prevails).



Misc.

**STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
BOARD OF PSYCHOLOGY**



**DISCIPLINARY GUIDELINES**

**ADOPTED 11/92 - EFFECTIVE 1/1/93 –  
AMENDED 7/1/96, AMENDED 4/1/99, AMENDED 2/07**





# BOARD OF PSYCHOLOGY

## INTRODUCTION

The Board of Psychology of the California Department of Consumer Affairs (hereinafter "the Board") is a consumer protection agency with the primary mission of protecting consumers of psychological services from potentially harmful practices. In keeping with its mandate to protect this particularly vulnerable population, the Board has adopted the following recommended guidelines for disciplinary orders and conditions of probation for violations of the Psychology Licensing Law.

The Board recognizes that a rare individual case may necessitate a departure from these guidelines for disciplinary orders. However, in such a rare case, the mitigating circumstances must be detailed in the "Finding of Fact" which is in every Proposed Decision.

If at the time of hearing, the Administrative Law Judge finds that the respondent, for any reason, is not capable of safe practice, the Board expects outright revocation of the license. This is particularly true in any case of patient sexual abuse. In less egregious cases, a stayed revocation with probation pursuant to the attached Penalty Guidelines would be appropriate.

## BOARD INFORMATION

Board of Psychology Contact Information:  
Board of Psychology  
1625 North Market Street, Suite N-215  
Sacramento, CA 95834  
(916) 574-7720 / FAX (916) 574-8672  
[www.psychboard.ca.gov](http://www.psychboard.ca.gov)

Staff with Authority to Negotiate Settlements:

Robert Kahane, Executive Officer	(916) 574-7113 CAL NET 435-2696
Jeffrey Thomas, Assistant Executive Officer	(916) 574-7116 CALNET 435-2696
Gina Bayless, Enforcement Coordinator	(916) 574-7118 CALNET 435-0321

Disciplinary Guidelines

## DISCIPLINARY GUIDELINES

### PENALTY GUIDELINES

The following is an attempt to provide information regarding the range of offenses under the Psychology Licensing Law and the California Code of Regulations and the appropriate penalty for each offense. Each penalty listed is followed in parenthesis by a number which corresponds with a number under the chapter "Terms and Conditions of Probation." Legal "enacted" dates follow the definition of some of the most frequently used disciplinary subdivisions. Examples are given for illustrative purposes, but no attempt is made to catalog all possible offenses. The Board recognizes that the penalties and conditions of probation listed are merely guidelines and that individual cases will necessitate variations that take into account unique circumstances.

If there are deviations or omissions from the guidelines in formulating a Proposed Decision, the Board requires that the Administrative Law Judge hearing the case include an explanation of the deviations or omissions in the Proposed Decision so that the circumstances can be better understood by the Board during its review and consideration of the Proposed Decision for final action.

#### **Business and Professions Code § 2960**

##### **2960 UNPROFESSIONAL CONDUCT – Enacted 3/30/94**

MAXIMUM: Unprofessional conduct involving inappropriate behavior resulting in substantial harm to patient(s).

Penalty: Revocation; denial of license or registration.

MINIMUM: Unprofessional conduct involving inappropriate behavior resulting in minimal or no harm to patient(s).

Penalty: Depending upon the circumstances, up to 5 year probation, psychological evaluation and/or therapy if appropriate (2) and (7), California Psychology Supplemental Examination (CPSE) (8), and standard terms and conditions (15-29)

##### **2960(a) CONVICTION OF A CRIME SUBSTANTIALLY RELATED TO THE PRACTICE OF PSYCHOLOGY - Enacted 1/1/67 for convictions involving moral turpitude. Amended 1/1/76 for convictions substantially related to the practice of psychology.**

MAXIMUM: Conviction of a crime of violence against a person or property or economic crime resulting in substantial harm to patient(s).

## BOARD OF PSYCHOLOGY

Penalty: Revocation; denial of license or registration application.

MINIMUM: Conviction of other crime resulting in minimal or no harm to patient(s).

Penalty: 5 year probation, billing monitor (if financial crime) (4), therapy (7), CPSE (8), restitution (if appropriate) (9), community service (14), and standard terms and conditions (15-29).

### **2960(b) USE OF CONTROLLED SUBSTANCE OR ALCOHOL IN A DANGEROUS MANNER**

MAXIMUM: Abuse of alcohol or a controlled substance resulting in substantial harm to patient(s).

Penalty: Revocation; denial of license or registration application.

MINIMUM: Abuse of alcohol or a controlled substance to the extent that ability to safely render psychological services is impaired.

Penalty: 5 year probation, physical examination (if appropriate) (3), practice monitor (4), psychological evaluation and ongoing therapy (if appropriate) (2) and (7), participation in an alcohol/drug abuse treatment program (10) and continuing therapy with a psychologist trained in substance abuse treatment (11), abstain from all non-prescribed, controlled drugs and alcohol/biological fluid testing (12), and standard terms and conditions (15-29).

### **2960(c) FRAUDULENTLY OR NEGLECTFULLY MISREPRESENTING THE TYPE OR STATUS OF LICENSE OR REGISTRATION ACTUALLY HELD**

MAXIMUM: Misrepresentation of status resulting in substantial harm to patient(s).

Penalty: Revocation; denial of license or registration application.

MINIMUM: Misrepresentation of status resulting in minimal or no harm to patient(s).

Penalty: 5 year probation, community service (14), and standard terms and conditions (15-29).

## DISCIPLINARY GUIDELINES

### **2960(d) IMPERSONATING ANOTHER PERSON HOLDING A PSYCHOLOGY LICENSE OR ALLOWING ANOTHER PERSON TO USE HIS OR HER LICENSE OR REGISTRATION**

MAXIMUM: Impersonation or use resulting in substantial harm to patient(s).

Penalty: Revocation; denial of license or registration application.

MINIMUM: Impersonation or use resulting in minimal or no harm to patient(s).

Penalty: 5 year probation, psychological evaluation (2), CPSE (8), community service (14), and standard terms and conditions (15-29).

### **2960(e) PROCURING A LICENSE BY FRAUD OR DECEPTION**

Penalty: Revocation is the only suitable penalty inasmuch as the license would not have been issued but for the fraud or deception. If the fraud is substantiated prior to issuance of the license or registration, then denial of the application is the only suitable penalty.

### **2960(f) ACCEPTING REMUNERATION OR PAYING FOR REFERRALS TO OTHER PROFESSIONALS - Enacted 1/1/68 (formerly subdivision (e))**

MAXIMUM: Accepting substantial remuneration or paying for referrals resulting in substantial harm to patient(s).

Penalty: Revocation, denial of license or registration application.

MINIMUM: Accepting remuneration in isolated instances resulting in minimal or no harm to patient(s).

Penalty: 5 year probation, billing monitor (4), CPSE (8), and standard terms and conditions (15-29).

### **2960(g) VIOLATING SECTION 17500 OF THE BUSINESS AND PROFESSIONS CODE REGARDING ADVERTISING**

Repeated infractions of statute regarding advertising.

BOARD OF PSYCHOLOGY

Penalty: 5 year probation, community service (14) and standard terms and conditions (15-29).

**2960(h) VIOLATION OF CONFIDENTIALITY - Enacted 1/1/68 (formerly subdivision (g))**

MAXIMUM: Unlawfully divulging information resulting in substantial harm to patient(s).

Penalty: Revocation, denial of license or registration application.

MINIMUM: Unlawfully divulging information resulting in minimal or no harm to patient(s).

Penalty: 5 year probation, practice monitor (4), CPSE (8), and standard terms and conditions (15-29).

**2960(i) VIOLATION OF RULES OF PROFESSIONAL CONDUCT (FOR EXAMPLE, VIOLATION OF SECTION 1396.1, INTERPERSONAL RELATIONSHIP) - Enacted 1/1/68 (formerly subdivision (h))**

See 2960

**2960(j) GROSS NEGLIGENCE IN THE PRACTICE OF PSYCHOLOGY - Enacted 1/1/68 (formerly subdivision (i))**

MAXIMUM: Gross negligence resulting in substantial harm to patient(s).

Penalty: Revocation; denial of license or registration application.

MINIMUM: Gross negligence resulting in minimal or no harm to patient(s).

Penalty: 5 year probation, psychological evaluation prior to resumption of practice (condition precedent) (2), practice monitor/billing monitor (4), patient population restriction (if appropriate) (6), therapy (7), CPSE (8), and standard terms and conditions (15-29).

**2960(k) VIOLATING ANY PROVISION OF THIS CHAPTER OR REGULATIONS DULY ADOPTED THEREUNDER - Enacted 1/1/68 (formerly subdivision (j))**

No guidelines. Refer to underlying statute or regulation.



## DISCIPLINARY GUIDELINES

### **2960(l) AIDING OR ABETTING UNLICENSED PRACTICE**

MAXIMUM: Multiple instances of aiding or abetting unlicensed practice, which results in substantial harm to patient(s).

Penalty: Revocation; denial of license or registration application.

MINIMUM: Isolated instance of aiding or abetting unlicensed practice resulting in minimal or no harm to patient(s).

Penalty: 5 year probation, CPSE (8), and standard terms and conditions (15-29).

### **2960(m) DISCIPLINARY ACTION BY ANOTHER STATE AGAINST A LICENSE OR REGISTRATION**

In evaluating the appropriate penalty, identify the comparable California statute(s) and corresponding penalty(s).

### **2960(n) DISHONEST, CORRUPT OR FRAUDULENT ACT - Enacted 1/1/80**

MAXIMUM: Dishonest or fraudulent act resulting in substantial harm to patient(s).

Penalty: Revocation; denial of license or registration application.

MINIMUM: Dishonest or fraudulent act resulting in minimal or no harm to patient(s).

Penalty: 5 year probation, psychological evaluation and ongoing therapy if appropriate (2), billing monitor (4), CPSE (8), full restitution (9), community service (14) and standard terms and conditions (15-29).

### **2960(o); 726 ANY ACT OF SEXUAL ABUSE, OR SEXUAL RELATIONS WITH A PATIENT OR FORMER PATIENT WITHIN TWO YEARS FOLLOWING TERMINATION OF THERAPY, OR SEXUAL MISCONDUCT THAT IS SUBSTANTIALLY RELATED TO THE QUALIFICATIONS, FUNCTIONS OR DUTIES OF A PSYCHOLOGIST OR PSYCHOLOGICAL ASSISTANT OR REGISTERED PSYCHOLOGIST.**

When a finding of sexual misconduct occurs, revocation or

## BOARD OF PSYCHOLOGY

surrender of license/registration and/or denial of application for license or registration MUST be the penalty ordered. **NO MINIMUM PENALTY.**

NOTE: Business and Professions Code Section 2960.1 states: Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any acts of sexual contact, as defined in Section 728, when that act is with a patient, or with a former patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.

**2960(p) FUNCTIONING OUTSIDE FIELD(S) OF COMPETENCE - Enacted 1/1/83 (Renumbered 1/1/93. Formerly subdivision (o))**

MAXIMUM: Functioning outside field(s) of competence resulting in substantial harm to patient(s).

Penalty: Revocation; denial of license or registration application.

MINIMUM: Functioning outside field(s) of competence resulting in minimal or no harm to patient(s).

Penalty: 5 year probation, practice monitor (4), patient population restriction (6), CPSE (8), and standard terms and conditions (15-29).

**2960(q) WILLFUL FAILURE TO VERIFY AN APPLICANT'S SUPERVISED EXPERIENCE (Renumbered 1/1/93. Formerly subdivision (p))**

Penalty: 5 year probation and standard terms and conditions (15-29).

**2960(r) REPEATED NEGLIGENT ACTS - Enacted 3/30/94**

MAXIMUM: Repeated negligent acts resulting in substantial harm to patient(s).

Penalty: Revocation; denial of license or registration application.

MINIMUM: Repeated negligent acts resulting in minimal or no harm to patient(s).



## DISCIPLINARY GUIDELINES

Penalty: Depending on the circumstances, up to 5 year probation, psychological evaluation prior to resumption of practice (condition precedent) (2), practice monitor (4), CPSE (8), and standard terms and conditions (15-29).



## BOARD OF PSYCHOLOGY

### TERMS AND CONDITIONS OF PROBATION

Terms and conditions of probation are divided into two categories. The first category consists of **optional terms and conditions** that may be appropriate as demonstrated in the Penalty Guidelines depending on the nature and circumstances of each particular case. The second category consists of the **standard terms and conditions**, which must appear in all Proposed Decisions and proposed stipulated agreements.

To enhance the clarity of a Proposed Decision or Stipulation, the Board requests that all optional conditions (1-14) that are being imposed be listed first in sequence followed immediately by all of the standard terms and conditions, which include cost recovery (15-29).



## DISCIPLINARY GUIDELINES

### OPTIONAL TERMS AND CONDITIONS

Listed below are optional conditions of probation that the Board would expect to be included in any Proposed Decision or Stipulation as appropriate.

#### 1. Actual Suspension

As part of probation, respondent is suspended from the practice of psychology for \_\_\_\_\_ days beginning with the effective date of this Decision. During the suspension, any probation period is tolled and will not commence again until the suspension is completed.

#### 2. Psychological Evaluation

Within 90 days of the effective date of this Decision and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-appointed California-licensed psychologist. Respondent shall sign a release that authorizes the evaluator to furnish the Board a current DSM IV diagnosis and a written report regarding the respondent's judgement and/or ability to function independently as a psychologist with safety to the public, and whatever other information the Board deems relevant to the case. The completed evaluation is the sole property of the Board. The evaluation should not be disclosed to anyone not authorized by the board or by court order.

If the Board concludes from the results of the evaluation that respondent is unable to practice independently and safely, respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within 30 days and shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice. During this suspension period, probation will be tolled and will not commence again until the suspension is completed.

If ongoing psychotherapy is recommended in the psychological evaluation, the Board will notify respondent in writing to submit to such therapy and to select a psychotherapist for approval by the Board or its designee within 30 days of such notification. The therapist shall 1) be a California-licensed psychologist with a clear and current license; 2) have no previous business, professional, personal or other relationship with respondent; 3) not be the same person as respondent's practice or billing monitor. Frequency of psychotherapy shall be determined upon recommendation of the treating psychotherapist with approval by the Board or its designee; however, psychotherapy shall, at a minimum, consist of one one-hour session per

## BOARD OF PSYCHOLOGY

week. Respondent shall continue psychotherapy until released by the approved psychologist and approved by the Board or its designee. The Board or its designee may order a re-evaluation upon receipt of the therapist's recommendation.

Respondent shall execute a release authorizing the therapist to provide to the Board any information the Board or its designee deems appropriate, including quarterly reports of respondent's therapeutic progress. Respondent shall furnish a copy of this Decision to the therapist. If the therapist determines that the respondent cannot continue to independently render psychological services, with safety to the public, he/she shall notify the Board immediately.

Respondent shall pay all costs associated with the psychological evaluation and ongoing psychotherapy. Failure to pay costs will be considered a violation of the probation order.

**NOTE: Psychological evaluations shall be utilized when an offense calls into question the judgement and/or emotional and/or mental condition of the respondent or where there has been a history of abuse or dependency of alcohol or controlled substances. When appropriate, respondent shall be barred from rendering psychological services under the terms of probation until he or she has undergone an evaluation, the evaluator has recommended resumption of practice, and the Board has accepted and approved the evaluation.**

### 3. Physical Examination

Within 90 days of the effective date of this Decision, respondent shall undergo a physical examination by a licensed physician and surgeon approved by the Board. Respondent shall sign a release authorizing the physician to furnish the Board a report that shall provide an assessment of respondent's physical condition and capability to safely provide psychological services to the public. If the evaluating physician determines that respondent's physical condition prevents safe practice, respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within 30 days and shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice. During this suspension period, probation will be tolled and will not commence again until the suspension is completed. If the evaluating physician determines it to be necessary, a recommended treatment program will be instituted and followed by the respondent with the physician providing written progress reports to the Board on a quarterly basis or as otherwise determined by the Board or its designee.

## DISCIPLINARY GUIDELINES

It shall be the respondent's responsibility to assure that the required quarterly progress reports are filed by the treating physician in a timely manner. Respondent shall pay all costs of such examination(s). Failure to pay these costs shall be considered a violation of probation.

**NOTE: This condition permits the Board to require the probationer to obtain appropriate treatment for physical problems/disabilities that could affect safe practice of psychology. The physical examination can also be conducted to ensure that there is no physical evidence of alcohol/drug abuse.**

#### 4. Practice Monitor/Billing Monitor

Within 90 days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval, the name and qualifications of a psychologist who has agreed to serve as a practice monitor/billing monitor. The monitor shall 1) be a California-licensed psychologist with a clear and current license; 2) have no prior business, professional, personal or other relationship with respondent; and 3) not be the same person as respondent's therapist. The monitor's education and experience shall be in the same field of practice as that of the respondent.

Once approved, the monitor shall submit to the Board or its designee a plan by which respondent's practice shall be monitored. Monitoring shall consist of a least one hour per week of individual face to face meetings and shall continue during the entire probationary period. The respondent shall provide the monitor with a copy of this Decision and access to respondent's fiscal and/or patient records. Respondent shall obtain any necessary patient releases to enable the monitor to review records and to make direct contact with patients. Respondent shall execute a release authorizing the monitor to divulge any information that the Board may request. It shall be respondent's responsibility to assure that the monitor submits written reports to the Board or its designee on a quarterly basis verifying that monitoring has taken place and providing an evaluation of respondent's performance.

Respondent shall notify all current and potential patients of any term or condition of probation that will affect their therapy or the confidentiality of their records (such as this condition, which requires a practice monitor/billing monitor). Such notifications shall be signed by each patient prior to continuing or commencing treatment.

If the monitor quits or is otherwise no longer available, respondent shall notify the Board within 10 days and get approval from the Board for a new monitor within 30 days. If no new monitor is approved within 30 days, respondent

## BOARD OF PSYCHOLOGY

shall not practice until a new monitor has been approved by the Board or its designee. During this period of non-practice, probation will be tolled and will not commence again until the period of non-practice is completed. Respondent shall pay all costs associated with this monitoring requirement. Failure to pay these costs shall be considered a violation of probation.

**NOTE: Monitoring shall be utilized when respondent's ability to function independently is in doubt or when fiscal improprieties have occurred, as a result of a deficiency in knowledge or skills, or as a result of questionable judgement.**

### 5. Notification to Employer

Respondent shall provide each of his or her employers, where respondent is providing psychological services, a copy of this Decision and the Accusation or Statement of Issues before commencing employment. Notification to the respondent's current employer shall occur no later than the effective date of the Decision. Respondent shall submit, upon request by the Board or its designee, satisfactory evidence of compliance with this term of probation.

### 6. Restriction of Patient Population

**NOTE: In cases wherein some factor of the patient population at large (e.g. age, gender) may put a patient at risk if in therapy with the respondent, language appropriate to the case may be developed to restrict such a population. The language would vary greatly by case.**

### 7. Psychotherapy

Within 90 days of the effective date of this Decision, a therapist shall be selected by the respondent for approval by the Board. The therapist shall 1) be a California-licensed psychologist with a clear and current license; 2) have no previous business, professional, personal, or other relationship with respondent; and 3) not be the same person as respondent's monitor. Respondent shall furnish a copy of this Decision to the therapist. Psychotherapy shall, at a minimum, consist of one hour per week over a period of 52 consecutive weeks after which it may continue or terminate upon the written recommendation of the therapist with approval by the Board or its designee. The Board or its designee may order a re-evaluation upon receipt of the therapist's recommendation.

Respondent shall execute a release authorizing the therapist to provide to the Board or its designee any information the Board deems appropriate, including

## DISCIPLINARY GUIDELINES

quarterly reports of respondent's therapeutic progress. It shall be respondent's responsibility to assure that the required quarterly reports are filed by the therapist in a timely manner. If the therapist notifies the Board that the therapist believes the respondent cannot continue to safely render psychological services, respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within 30 days and shall not resume practice until a Board-appointed evaluator determines that respondent is again safe to practice. During this period of non-practice, probation shall be tolled and will not commence again until the period of non-practice is completed.

If, prior to the termination of probation, respondent is found not to be mentally fit to resume the practice of psychology without restrictions, the Board shall retain continuing jurisdiction over the respondent's license and the period of probation shall be extended until the Board or its designee determines that the respondent is mentally fit to resume the practice of psychology without restrictions.

Cost of psychotherapy is to be paid by the respondent.

**NOTE: The need for psychotherapy may be determined pursuant to a psychological evaluation or as evident from the facts of the case. The frequency of psychotherapy shall be related to the offense involved and the extent to which the offense calls into question the judgement, motivation, and emotional and/or mental condition of the respondent.**

### 8. Examination(s)

California Psychology Supplemental Examination (CPSE) Term MUST INCLUDE Either Option 1 or Option 2:

#### Option 1 (Condition Subsequent)

Respondent shall take the CPSE within 90 days of the effective date of the decision. If respondent fails such examination, respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within 30 days and shall not resume practice until the re-examination has been successfully passed, as evidenced by written notice to respondent from the Board or its designee. During this period of non-practice, probation shall be tolled and will not commence again until the suspension is completed. It is respondent's responsibility to contact the Board in writing to make arrangements for such examination. Respondent shall pay the established examination fee(s).

## BOARD OF PSYCHOLOGY

### Option 2 (Condition Precedent)

Respondent shall not practice psychology until respondent has passed the CPSE. During this period of non-practice, probation is tolled and will not commence again until the suspension is completed. It is respondent's responsibility to contact the Board in writing to make arrangements for such examination(s). Respondent shall pay the established examination fee(s).

**NOTE: In cases involving evidence of serious deficiencies in the body of knowledge required to be minimally competent to practice independently, it may be appropriate to require the respondent to take and pass the CPSE during the course of the probation period. In some instances, it may be appropriate for practice to be suspended until the examination is passed (condition precedent).**

### 9. Restitution

Within 90 days of the effective date of this Decision, respondent shall provide proof to the Board or its designee of restitution in the amount of \$\_\_\_\_\_ paid to \_\_\_\_\_. Failure to pay restitution shall be considered a violation of probation. Restitution is to be paid regardless of the tolling of probation.

**NOTE: In offenses involving economic exploitation, restitution is a necessary term of probation. For example, restitution would be a standard term in any case involving Medi-Cal or other insurance fraud. The amount of restitution shall be at a minimum the amount of money that was fraudulently obtained by the licensee. Evidence relating to the amount of restitution would have to be introduced at the Administrative hearing.**

### 10. Alcohol and Drug Abuse Treatment Program

Effective 30 days from the date of this Decision, respondent shall enter an inpatient or outpatient alcohol or other drug abuse recovery program (a minimum of six (6) months duration) or an equivalent program as approved by the Board or its designee. Respondent shall provide the Board or its designee with proof that the approved program was successfully completed. Terminating the program without permission or being expelled for cause shall constitute a violation of probation by respondent. All costs associated with the program shall be paid by respondent.

However, if respondent has already attended such an inpatient or outpatient alcohol or other drug abuse recovery program, as described above, commencing with the current period of sobriety, respondent shall provide the

## DISCIPLINARY GUIDELINES

Board or its designee with proof that the program was successfully completed and this shall suffice to comply with this term of probation.

### 11. Ongoing Treatment Program

Respondent shall participate in on-going treatment and/or out-patient Treatment such as receiving individual and/or group therapy from a psychologist trained in alcohol and drug abuse treatment; and/or attend Twelve Step meetings or the equivalent as approved by the Board or its designee at least once a week during the entire period of probation. Respondent shall provide documentation of attendance at Twelve Step meetings or the equivalent on a quarterly basis to the Board or its designee. All expenses associated with the treatment shall be paid by respondent.

**NOTE: Alcohol and other drug abuse treatment shall be required in addition to other terms of probation in cases where the use of alcohol or other drugs by respondent has impaired respondent's ability to safely provide psychological services to patients. This condition must be accompanied by condition #12.**

### 12. Abstain from Drugs and Alcohol and Submit to Tests and Samples

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined by Section 4022 of the Business and Professions Code, or any drugs requiring a prescription unless respondent provides the Board or its designee with documentation from the treating physician and surgeon that the prescription was legitimately issued and is a necessary part of the treatment of respondent. Respondent shall abstain completely from the use of alcoholic beverages. Respondent shall undergo random, biological fluid testing as determined by the Board or its designee. Any confirmed positive finding will be considered a violation of probation. Respondent shall pay all costs associated with such testing. The length of time and frequency of this testing condition will be determined by the Board or its designee.

#### Drugs - Exception for Personal Illness

Orders forbidding respondent from personal use or possession of controlled substances or dangerous drugs do not apply to medications lawfully prescribed to respondent for a bona fide illness or condition by a physician and surgeon. Respondent shall provide the Board or its designee with written documentation from the treating physician and surgeon who prescribed medication(s).



## BOARD OF PSYCHOLOGY

**NOTE: This condition provides documentation that the probationer is substance or chemical free. It also provides the Board with a mechanism through which to require additional laboratory analyses for the presence of narcotics, alcohol and/or dangerous drugs when the probationer appears to be in violation of the terms of probation or appears to be under the influence of mood altering substances.**

### 13. Educational Review

Respondent shall submit to an educational review concerning the circumstances that resulted in this administrative action. The educational review shall be conducted by a board-appointed expert familiar with the case. Educational reviews are informational only and intended to benefit respondent's practice. Respondent shall pay all costs associated with this educational review.

### 14. Community Service - Free Services

Within 60 days of the effective date of this decision, respondent shall submit to the Board or its designee for its prior approval a community service program in which respondent shall provide free psychological services on a regular basis to community, charitable facility, governmental entity or a non-profit corporation tax exempt under the Internal Revenue Code for at least \_\_\_\_\_ hours a month for the first \_\_\_\_\_ months of probation.

**NOTE: In addition to other terms of probation, community service work may be required for relatively minor offenses that do not involve deficiencies in knowledge, skills or judgement. Community service may be appropriately combined with restitution or other conditions as a term of probation.**

# DISCIPLINARY GUIDELINES

## STANDARD TERMS AND CONDITIONS (To be included in all Proposed Decisions and Stipulations)

### 15. Coursework

Respondent shall take and successfully complete not less than \_\_\_\_\_ hours each year of probation in the following area(s) \_\_\_\_\_. Coursework must be pre-approved by the Board or its designee. All coursework shall be taken at the graduate level at an accredited educational institution or by an approved continuing education provider. Classroom attendance is specifically required; correspondence or home study coursework shall not count toward meeting this requirement. The coursework must be in addition to any continuing education courses that may be required for license renewal.

Within 90 days of the effective date of this Decision, respondent shall submit to the Board or its designee for its prior approval a plan for meeting the educational requirements. All costs of the coursework shall be paid by the respondent.

### 16. Ethics Course

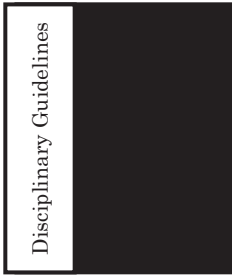
Within 90 days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval a course in laws and ethics as they relate to the practice of psychology. Said course must be successfully completed at an accredited educational institution or through a provider approved by the Board's accreditation agency for continuing education credit. Said course must be taken and completed within one year from the effective date of this Decision. This course must be in addition to any continuing education courses that may be required for license renewal. The cost associated with the law and ethics course shall be paid by the respondent.

### 17. Investigation/Enforcement Cost Recovery

Respondent shall pay to the Board its costs of investigation and enforcement in the amount of \$\_\_\_\_\_ within the first year of probation. Such costs shall be payable to the Board of Psychology and are to be paid regardless of whether the probation is tolled. Failure to pay such costs shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs.

### 18. Probation Costs



## BOARD OF PSYCHOLOGY

Respondent shall pay the costs associated with probation monitoring each and every year of probation. Such costs shall be payable to the Board of Psychology at the end of each fiscal year (June 30). Failure to pay such costs shall be considered a violation of probation. The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay probation monitoring costs.

**Authority: Business and Professions Code Section 2964.6 (effective 1/1/95).**

### 19. Obey All Laws

Respondent shall obey all federal, state, and local laws and all regulations governing the practice of psychology in California including the ethical guidelines of the American Psychological Association. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board or its designee in writing within seventy-two (72) hours of occurrence.

### 20. Quarterly Reports

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board or its designee, stating whether there has been compliance with all the conditions of probation. Quarterly reports attesting to non-practice status are to be submitted if probation is tolled.

### 21. Probation Compliance

Respondent shall comply with the Board's probation program and shall, upon reasonable notice, report to the assigned Board of Psychology probation monitor. Respondent shall contact the assigned probation monitor regarding any questions specific to the probation order. Respondent shall not have any unsolicited or unapproved contact with 1) complainants associated with the case; 2) Board members or members of its staff; or 3) persons serving the Board as expert evaluators.

### 22. Interview with Board or Its Designee

Respondent shall appear in person for interviews with the Board or its designee upon request at various intervals and with reasonable notice.

### 23. Changes of Employment

Respondent shall notify the Board in writing, through the assigned probation

## DISCIPLINARY GUIDELINES

monitor, of any and all changes of employment, location, and address within 30 days of such change.

### **24. Tolling for Out-of-State Practice, Residence or In-State Non-Practice**

In the event respondent should leave California to reside or to practice outside the State or for any reason should respondent stop practicing psychology in California, respondent shall notify the Board or its designee in writing within ten days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty days in which respondent is not engaging in any activities defined in Sections 2902 and 2903 of the Business and Professions Code. During periods of non-practice, the probationary period is tolled and respondent's license or registration shall be placed on inactive status. The probationary period will not commence again until respondent activates his or her license and resumes practicing psychology in the state of California. However, the Board may require respondent to complete certain terms of probation that are not associated with active practice and respondent will be required to pay cost recovery and restitution as ordered.

### **25. Employment and Supervision of Trainees**

If respondent is licensed as a psychologist, he/she shall not employ or supervise or apply to employ or supervise psychological assistants, interns or trainees during the course of this probation. Any such supervisory relationship in existence on the effective date of this probation shall be terminated by respondent and/or the Board.

### **26. Future Registration or Licensure**

If respondent is registered as a psychological assistant or registered psychologist and subsequently obtains other psychological assistant or registered psychologist registrations or becomes licensed as a psychologist during the course of this probationary order, this Decision shall remain in full force and effect until the probationary period is successfully terminated. Future registrations or licensure shall not be approved, however, unless respondent is currently in compliance with all of the terms and conditions of probation.

### **27. Violation of Probation**

If respondent violates probation in any respect, the Board may, after giving respondent notice and the opportunity to be heard, revoke probation and carry out the disciplinary order that was stayed. If an Accusation or Petition to Revoke Probation is filed against respondent during probation, the Board

## BOARD OF PSYCHOLOGY

shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final. No Petition for Modification or Termination of Probation shall be considered while there is an Accusation or Petition to Revoke Probation pending against respondent.

### **28. Completion of Probation**

Upon successful completion of probation, respondent's license shall be fully restored.

### **29. License Surrender**

Following the effective date of this Decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request the voluntary surrender of his or her license or registration. The Board of Psychology or its designee reserves the right to evaluate respondent's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall, within 15 calendar days, deliver respondent's pocket and/or wall certificate to the Board or its designee and respondent shall no longer practice psychology. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent re-applies for a psychology license or registration, the application shall be treated as a petition for reinstatement of a revoked license or registration.

### **STANDARD TERMS AND CONDITIONS**

**(To be included in ALL Stipulations for Surrender or Revocation)**

### **30. Reinstatement and Investigation/Enforcement Cost Recovery**

Respondent may not petition for reinstatement of a revoked or surrendered license/registration for three years from the effective date of this Decision. If the Board grants future reinstatement, respondent agrees to reimburse the Board for its costs of investigation and enforcement of this matter in the amount of \$\_\_\_\_\_ payable to the Board upon the effective date of such reinstatement Decision.

### **31. Relinquish License**

Respondent shall relinquish his/her wall and pocket certificate of licensure or registration to the Board or its designee once this Decision becomes effective and upon request.

### **ACCUSATIONS**

## DISCIPLINARY GUIDELINES

Effective January 1, 1993, the Board received authority pursuant to Section 125.3 of the Business and Professions Code to recover costs of investigation and prosecution of its cases. The Board requests that cost recovery be included in the pleading and made part of ALL Accusations.

Effective January 1, 1995, Business and Professions Code Section 2964.6 gives the Board the authority to recover probation monitoring costs. The Board requests that probation monitoring cost recovery be included in the pleading and made part of ALL Accusations.

### STATEMENTS OF ISSUES

The Board will file a Statement of Issues to deny an application of a candidate for the commission of an act, which if committed by a licensee or registrant would be cause for license or registration discipline.

### STIPULATED SETTLEMENTS

The Board will consider agreeing to stipulated settlements to promote cost effective consumer protection and to expedite disciplinary decisions. The respondent should be informed that in order to stipulate to a settlement with the Board, the Board would prefer that respondent admit to one or more of the principle violations set forth in the Accusation. In stipulated revocations or surrenders, the Board expects language that would cause respondents to admit to all charges upon filing future Petitions for Reinstatement. The Deputy Attorney General must accompany all proposed Stipulations submitted with a memo addressed to Board members explaining the background of the case, defining the allegations, mitigating circumstances, admissions and proposed penalty along with a recommendation.

### PROPOSED DECISIONS

**The Board requests that Proposed Decisions include the following:**

- A. Names and addresses of all parties to the action.
- B. Specific code section(s) violated with the definition of the code(s) in the Determination of Issues.
- C. Clear description of the acts or omissions which caused the violation.

## BOARD OF PSYCHOLOGY

- D. Respondent's explanation of the violation(s) in the Findings of Fact if he/she was present at the hearing.
- E. Description of all evidence of mitigation, rehabilitation and aggravation presented at the hearing.

F. Explanation of any deviation from the Board's Disciplinary Guidelines. When a probation order is imposed, the Board requests that the order first list any combination of the Optional Terms and Conditions (1-13) as they may pertain to the particular case followed by **all** of the Standard Terms and Conditions (14-29).

If the respondent fails to appear for his/her scheduled hearing or does not submit a Notice of Defense form, such inaction shall result in a default decision to revoke licensure or deny application.

### REINSTATEMENT/PENALTY RELIEF HEARINGS

The primary concerns of the Board at reinstatement or penalty relief hearings are 1) the Rehabilitation Criteria for Denials and Reinstatements in California Code of Regulations, Title 16, section 1395; and 2) the evidence presented by the petitioner of his/her rehabilitation. The Board will not retry the original revocation or probation case.

The Board will consider, pursuant to Section 1395, the following criteria of rehabilitation:

- (1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under section 480 of the Code.
- (3) The time that has elapsed since commission of the act(s) of crime(s) referred to in subdivision (1) or (2).
- (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
- (5) Evidence, if any, of rehabilitation submitted by the applicant.

The Board requests that comprehensive information be elicited from the petitioner regarding his/her rehabilitation. The petitioner should provide details that include:



## DISCIPLINARY GUIDELINES

- A. Why the penalty should be modified or why the license should be reinstated.
- B. Specifics of rehabilitative efforts and results which should include programs, psychotherapy, medical treatment, etc., and the duration of such efforts.
- C. Continuing education pertaining to the offense and its effect on the practice of psychology.
- D. If applicable, copies of court documents pertinent to conviction, including documents specifying conviction and sanctions, and proof of completion of sanctions.
- E. If applicable, copy of Certificate of Rehabilitation or evidence of expungement proceedings.
- F. If applicable, evidence of compliance with and completion of terms of probation, parole, restitution, or any other sanctions.

In the Petition Decision, the Board requests a summary of the offense and the specific codes violated that resulted in the revocation, surrender or probation of the license.

If the Board should deny a request for reinstatement of licensure or penalty relief, the Board requests that the Administrative Law Judge provide technical assistance in the formulation of language clearly setting forth the reasons for denial. Such language would include methodologies or approaches that demonstrate rehabilitation. Petitioners for reinstatement must wait three years from the effective date of their revocation decisions or one year from the last petition for reinstatement decisions before filing for reinstatement.

If a petitioner fails to appear for his/her scheduled reinstatement or penalty relief hearing, such inaction shall result in a default decision to deny reinstatement of the license or registration or reduction of penalty.

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AMERICAN PSYCHOLOGICAL ASSOCIATION

# ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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Adopted August 21, 2002  
Effective June 1, 2003

With the 2010 Amendments  
Adopted February 20, 2010  
Effective June 1, 2010

Ethics Code  
Principles

## ETHICS CODE PRINCIPLES

# ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

### CONTENTS

<p><b>INTRODUCTION AND APPLICABILITY</b> 4.02</p> <p><b>PREAMBLE</b> 4.03</p> <p><b>GENERAL PRINCIPLES</b></p> <p>Principle A: Beneficence and Nonmaleficence 4.05</p> <p>Principle B: Fidelity and Responsibility 4.06</p> <p>Principle C: Integrity 4.07</p> <p>Principle D: Justice</p> <p>Principle E: Respect for People's Rights and Dignity</p> <p><b>ETHICAL STANDARDS</b></p> <p><b>1. Resolving Ethical Issues</b></p> <p>1.01 Misuse of Psychologists' Work</p> <p>1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority</p> <p>1.03 Conflicts Between Ethics and Organizational Demands</p> <p>1.04 Informal Resolution of Ethical Violations</p> <p>1.05 Reporting Ethical Violations</p> <p>1.06 Cooperating With Ethics Committees</p> <p>1.07 Improper Complaints</p> <p>1.08 Unfair Discrimination Against Complainants and Respondents</p> <p><b>2. Competence</b></p> <p>2.01 Boundaries of Competence</p> <p>2.02 Providing Services in Emergencies</p> <p>2.03 Maintaining Competence</p> <p>2.04 Bases for Scientific and Professional Judgments</p> <p>2.05 Delegation of Work to Others</p> <p>2.06 Personal Problems and Conflicts</p> <p><b>3. Human Relations</b></p> <p>3.01 Unfair Discrimination</p> <p>3.02 Sexual Harassment</p> <p>3.03 Other Harassment</p> <p>3.04 Avoiding Harm</p> <p>3.05 Multiple Relationships</p> <p>3.06 Conflict of Interest</p> <p>3.07 Third-Party Requests for Services</p> <p>3.08 Exploitative Relationships</p> <p>3.09 Cooperation With Other Professionals</p> <p>3.10 Informed Consent</p> <p>3.11 Psychological Services Delivered to or Through Organizations</p> <p>3.12 Interruption of Psychological Services</p> <p><b>4. Privacy and Confidentiality</b></p> <p>4.01 Maintaining Confidentiality</p>	<p>4.04 Discussing the Limits of Confidentiality</p> <p>4.04 Minimizing Intrusions on Privacy</p> <p>4.05 Disclosures</p> <p>4.06 Consultations</p> <p>4.07 Use of Confidential Information for Didactic or Other Purposes</p> <p><b>5. Advertising and Other Public Statements</b></p> <p>5.01 Avoidance of False or Deceptive Statements</p> <p>5.02 Statements by Others</p> <p>5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs</p> <p>5.04 Media Presentations</p> <p>5.05 Testimonials</p> <p>5.06 In-Person Solicitation</p> <p><b>6. Record Keeping and Fees</b></p> <p>6.01 Documentation of Professional and Scientific Work and Maintenance of Records</p> <p>6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work</p> <p>6.03 Withholding Records for Nonpayment</p> <p>6.04 Fees and Financial Arrangements</p> <p>6.05 Barter With Clients/Patients</p> <p>6.06 Accuracy in Reports to Payors and Funding Sources</p> <p>6.07 Referrals and Fees</p> <p><b>7. Education and Training</b></p> <p>7.01 Design of Education and Training Programs</p> <p>7.02 Descriptions of Education and Training Programs</p> <p>7.03 Accuracy in Teaching</p> <p>7.04 Student Disclosure of Personal Information</p> <p>7.05 Mandatory Individual or Group Therapy</p> <p>7.06 Assessing Student and Supervisee Performance</p> <p>7.07 Sexual Relationships With Students and Supervisees</p> <p><b>8. Research and Publication</b></p> <p>8.01 Institutional Approval</p> <p>8.02 Informed Consent to Research</p> <p>8.03 Informed Consent for Recording Voices and Images in Research</p>	<p>8.04 Client/Patient, Student, and Subordinate Research Participants</p> <p>8.05 Dispensing With Informed Consent for Research</p> <p>8.06 Offering Inducements for Research Participation</p> <p>8.07 Deception in Research</p> <p>8.08 Debriefing</p> <p>8.09 Humane Care and Use of Animals in Research</p> <p>8.10 Reporting Research Results</p> <p>8.11 Plagiarism</p> <p>8.12 Publication Credit</p> <p>8.13 Duplicate Publication of Data</p> <p>8.14 Sharing Research Data for Verification</p> <p>8.15 Reviewers</p> <p><b>9. Assessment</b></p> <p>9.01 Bases for Assessments</p> <p>9.02 Use of Assessments</p> <p>9.03 Informed Consent in Assessments</p> <p>9.04 Release of Test Data</p> <p>9.05 Test Construction</p> <p>9.06 Interpreting Assessment Results</p> <p>9.07 Assessment by Unqualified Persons</p> <p>9.08 Obsolete Tests and Outdated Test Results</p> <p>9.09 Test Scoring and Interpretation Services</p> <p>9.10 Explaining Assessment Results</p> <p>9.11 Maintaining Test Security</p> <p><b>10. Therapy</b></p> <p>10.01 Informed Consent to Therapy</p> <p>10.02 Therapy Involving Couples or Families</p> <p>10.03 Group Therapy</p> <p>10.04 Providing Therapy to Those Served by Others</p> <p>10.05 Sexual Intimacies With Current Therapy Clients/Patients</p> <p>10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients</p> <p>10.07 Therapy With Former Sexual Partners</p> <p>10.08 Sexual Intimacies With Former Therapy Clients/Patients</p> <p>10.09 Interruption of Therapy</p> <p>10.10 Terminating Therapy</p> <p><b>2010 AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT"</b></p>
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# BOARD OF PSYCHOLOGY

## INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A–E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an op-

portunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010. The amendments became effective on June 1, 2010 (see p. 15 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279–282.
- American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56–60.
- American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357–361.
- American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22–23.
- American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633–638.
- American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390–395.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597–1611.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060–1073.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

## ETHICS CODE PRINCIPLES

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

### PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

### GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

### Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

### Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

### Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

### Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of



## BOARD OF PSYCHOLOGY

their competence, and the limitations of their expertise do not lead to or condone unjust practices.

### **Principle E: Respect for People's Rights and Dignity**

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

### **ETHICAL STANDARDS**

#### **1. Resolving Ethical Issues**

##### **1.01 Misuse of Psychologists' Work**

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

##### **1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority**

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

##### **1.03 Conflicts Between Ethics and Organizational Demands**

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

##### **1.04 Informal Resolution of Ethical Violations**

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that indi-

vidual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

##### **1.05 Reporting Ethical Violations**

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

##### **1.06 Cooperating With Ethics Committees**

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

##### **1.07 Improper Complaints**

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

##### **1.08 Unfair Discrimination Against Complainants and Respondents**

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

#### **2. Competence**

##### **2.01 Boundaries of Competence**

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

## ETHICS CODE PRINCIPLES

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

### 2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

### 2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

### 2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

### 2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the ser-

vices of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

### 2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

## 3. Human Relations

### 3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

### 3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

### 3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national



## BOARD OF PSYCHOLOGY

origin, religion, sexual orientation, disability, language, or socioeconomic status.

### 3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

### 3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

### 3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

### 3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g.,

therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

### 3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

### 3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

### 3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02,

## ETHICS CODE PRINCIPLES

Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

### 3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

### 3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

## 4. Privacy and Confidentiality

### 4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

### 4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

### 4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

### 4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

### 4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

### 4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

### 4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipi-



## BOARD OF PSYCHOLOGY

ents of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

### 5. Advertising and Other Public Statements

#### 5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

#### 5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

#### 5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

#### 5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

#### 5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

#### 5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

### 6. Record Keeping and Fees

#### 6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

#### 6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

## ETHICS CODE PRINCIPLES

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

### 6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

### 6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

### 6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

### 6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

### 6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employ-

er-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

## 7. Education and Training

### 7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

### 7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

### 7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

### 7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

## BOARD OF PSYCHOLOGY

### 7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

### 7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

### 7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

## 8. Research and Publication

### 8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

### 8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05,

Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

### 8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

### 8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

### 8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

## ETHICS CODE PRINCIPLES

### 8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

### 8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

### 8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

### 8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate

to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

### 8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

### 8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

### 8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

### 8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

## BOARD OF PSYCHOLOGY

### 8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

### 8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

## 9. Assessment

### 9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

### 9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

### 9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

### 9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

## ETHICS CODE PRINCIPLES

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

### 9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

### 9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

### 9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

### 9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

### 9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

### 9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by

automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

### 9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

## 10. Therapy

### 10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

### 10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such

## BOARD OF PSYCHOLOGY

as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

### 10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

### 10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

### 10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

### 10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

### 10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

### 10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the cli-

ent's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

### 10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

### 10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

## ETHICS CODE PRINCIPLES

### 2010 AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT”

The American Psychological Association’s Council of Representatives adopted the following amendments to the 2002 “Ethical Principles of Psychologists and Code of Conduct” at its February 2010 meeting. Changes are indicated by underlining for additions and striking through for deletions. A history of amending the Ethics Code is provided in the “Report of the Ethics Committee, 2009” in the July-August 2010 issue of the *American Psychologist* (Vol. 65, No. 5).

Original Language With Changes Marked

#### Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~

#### 1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. Under no circumstances may this standard be used to justify or defend violating human rights.~~

#### 1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code. ~~take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.~~





BOARD OF PSYCHOLOGY

NOTES



# ETHICS CODE PRINCIPLES



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# INDEX

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## A

### **ABATEMENT ORDERS.**

**Noncompliance**, 16 CCR §1397.52.

### **ABORTION.**

**Children and minors, consent to medical treatment**, Fam §6925.

### **ABUSE.**

#### **Child abuse or neglect.**

See CHILD ABUSE OR NEGLECT.

#### **Elder and dependent adult abuse.**

See ELDER AND DEPENDENT ADULT ABUSE.

**Personal injuries, reports**, Pen §11160.

### **ACCESS TO MEDICAL RECORDS.**

See MEDICAL RECORDS.

**ACCUSATIONS**, DiscipAccusations.

### **ADDRESSES.**

**Board of psychology, filing with**, 16 CCR §1380.5.

**Change of address, notice**, B&P §136.

### **ADMINISTRATIVE ADJUDICATION.**

**Declaratory decisions**, Gov §§11465.10 to 11465.70.

See DECLARATORY DECISIONS.

#### **Fines and penalties.**

Prohibition of penalties based on guidelines, criteria, bulletins, manuals, instructions, orders or standards, Gov §11425.50(e).

Reduction, Gov §11522.

Rules and regulations required, Gov §11425.50(e).

**References to prior law**, Gov §11400.

**Reinstatement of licenses**, Gov §11522.

### **ADULT ABUSE.**

#### **Dependent adult abuse.**

See ELDER AND DEPENDENT ADULT ABUSE.

### **ADULT PROTECTIVE SERVICES AGENCIES.**

#### **Elder and dependent adult abuse.**

Investigations, W&I §15650.

Reports, W&I §§15630, 15640, 15658.

### **ADVERTISING.**

**Ethical standards**, Ethics 5.01 to 5.06.

See ETHICAL STANDARDS.

#### **False advertising.**

See FALSE ADVERTISING.

#### **Rules of professional conduct**, 16

CCR §1397.

### **AGE.**

#### **Licensing boards, discrimination**,

Gov §12944.

### **AGING.**

**Continuing education**, B&P §2915.7.

**Education and training**, 16 CCR

§1382.6.

**Graduate study program curriculum**,

B&P §2915.5.

### **AIDS.**

See HIV/AIDS.

### **ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS.**

#### **Probation terms and conditions**,

DiscipProbation 10.

#### **Substance abuse generally.**

See SUBSTANCE ABUSE.

### **ALCOHOLISM.**

**Education and training**, 16 CCR

§1382.3.

#### **Substance abuse generally.**

See SUBSTANCE ABUSE.

### **ALIENS.**

#### **Suspension or revocation of licenses**

**for threatening to report**

**immigration status**, B&P §494.6.

### **ANIMALS.**

#### **Research, humane care and use**,

Ethics 8.09.

### **APPLICATIONS FOR LICENSURE,**

16 CCR §§1381 to 1381.9.

#### **Abandonment**, 16 CCR §1381.1.

Failure to appear for examination, 16 CCR §1381.4.

Failure to pay license fee, 16 CCR

§1381.5.

**Hearings, petitions**, 16 CCR §1381.2.

**Inactive status**, 16 CCR §1381.8, B&P §2988.

INDEX

**APPLICATIONS FOR LICENSURE**

—Cont'd

**Processing time**, 16 CCR §1381.6.

**Renewal of licenses**, 16 CCR §1381.7,  
B&P §2982.

Expiration of licenses, 16 CCR §1381.9.

**Requirements**, 16 CCR §1381, B&P  
§2940.

**Withdrawal**, 16 CCR §1381.4.

**ARBITRATION.**

**Awards, reports.**

Liability insurance, B&P §801.

Licensees, B&P §802.

Self-insurance, B&P §801.1.

**ARTICLES OF INCORPORATION.**

**Professional corporations**, Corp  
§13404.

**ASSAULT.**

**Personal injuries, reports**, Pen  
§11160.

**ASSESSMENTS.**

**Ethical standards**, Ethics 9.01 to 9.11.  
See ETHICAL STANDARDS.

**Test security, rules of professional  
conduct**, 16 CCR §1396.3.

**ASSISTANTS, PSYCHOLOGICAL**, 16  
CCR §§1391 to 1391.12.

See PSYCHOLOGICAL ASSISTANTS.

**ATTORNEYS' FEES.**

**Child abuse or neglect, reports**, Pen  
§11172.

**Patient access to medical records,  
enforcement actions**, H&S  
§123120.

**AUTOPSIES.**

**Interagency child death review  
teams, autopsy protocol**, Pen  
§11174.32.

**B**

**BARTER.**

**Fees**, Ethics 6.05.

**BILLING MONITORS.**

**Probation terms and conditions**,  
DiscipProbation 4.

**BIOFEEDBACK INSTRUMENTS.**

**Use**, B&P §2903.1.

**BIOLOGICAL BASIS OF BEHAVIOR.**

**Continuing education**, B&P §2914.2.

**BLOOD TESTS.**

**HIV/AIDS.**

See HIV/AIDS.

**BOARD OF PRISON TERMS.**

**Psychotherapist-patient privilege,  
exception for psychotherapists  
appointed by**, Evid §1017.

**BOARD OF PSYCHOLOGY**, 16 CCR  
§§1380 to 1380.7.

**Accusations**, DiscipAccusations.

**Addresses, filing with**, 16 CCR  
§1380.5.

**Consumer and professional  
education program**, B&P §2936.

**Declaratory decisions**, 16 CCR  
§1380.7.

**Definitions**, 16 CCR §1380.3.

**Delegation of authority**, 16 CCR  
§1380.4.

**Dissemination of information on  
licensees**, B&P §27.

**Donations**, B&P §2933.

**Enforcement powers**, B&P §§2920,  
2928.

**Ethical standards**, Ethics 1.01 to 10.10.  
See ETHICAL STANDARDS.

**Examinations**, B&P §2931.

**Expenditures**, B&P §2933.

**Failure to cooperate with board.**  
Unprofessional conduct, 16 CCR  
1397.2.

**Geographical directory of  
psychologists**, B&P §2934.

**Meetings**, B&P §2926.

Notice of regular meetings, B&P  
§2927.5.

Quorum, B&P §2927.

**Members.**

Appointment, B&P §2922.

Compensation, B&P §2935.

Number, B&P §2920.

Qualifications, B&P §§2922, 2923.

Removal, B&P §2924.

Terms of office, B&P §2921.

**Officers**, B&P §2925.

**Personnel**, B&P §2933.

**Powers and duties**, B&P §2928.

Delegation of authority, 16 CCR  
§1380.4.

**Principal office**, 16 CCR §1380.1.

**Probation terms and conditions**,  
DiscipProbation 1 to 31.  
See PROBATION.

Index

## INDEX

### **BOARD OF PSYCHOLOGY —Cont'd**

- Proposed decisions,**
  - DiscipProposedDec.
- Protection of public,** B&P §2920.1.
- Relief hearings,** DiscipReliefHear.
- Reports to board.**
  - Failure to make.
  - Unprofessional conduct, 16 CCR 1397.2.
- Rules and regulations,** B&P §2930.
  - Psychological corporations, B&P §2999.
- Seal,** B&P §2929.
- Short title,** 16 CCR §1380.
- Statement of issues,**
  - DiscipStatementIssues.
- Stipulated settlements,**
  - DiscipStipSettle.

## C

### **CALIFORNIA ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PROGRAM (CAP).**

**Legislative intent,** H&S §120800.

**CENTRAL FILES,** B&P §800.

### **CHEMICAL DEPENDENCY AND EARLY INTERVENTION.**

**Denial, suspension or revocation of licenses,** B&P §2960.5.

**Education and training,** 16 CCR §1382.3, B&P §29.

**Substance abuse generally.**  
See SUBSTANCE ABUSE.

### **CHILD ABUSE CENTRAL INDEX (CACI).**

**Inspection of records,** Pen §11170.

**Maintenance,** Pen §11170.

**Notice,** Pen §11170.

**Removal of names,** Pen §11170.

**Reports,** Pen §11169.

### **CHILD ABUSE OR NEGLECT.**

**Education and training,** 16 CCR §1382.4, B&P §28.

#### **Investigations.**

Confidentiality of information, Pen §11174.3.

Cooperative arrangements, Pen §11166.3.

Guidelines, Pen §§11174, 11174.1.

Rules and regulations, Pen §11174.1.

Schools, interviews, Pen §11174.3.

#### **Reports.**

Agencies to which reports made, Pen §11165.9.

### **CHILD ABUSE OR NEGLECT**

—Cont'd

#### **Reports —Cont'd**

Attorneys' fees, Pen §11172.

Child abuse central index (CACI), Pen §11169.

Clergy, Pen §11166.

Computer technicians, Pen §11166.

Confidentiality of information, Pen §11167.5.

Crimes and offenses, Pen §11167.5.

Fines and penalties, Pen §11167.5.

Identity of reporters, Pen §11167.

Violations, Pen §11167.5.

Contents, Pen §11167.

Crimes and offenses, Pen §11166.

#### **Definitions.**

Abuse or neglect in out-of-home care,  
Pen §11165.5.

Alcohol and drug counselor, Pen §11165.7.

Animal control officer, Pen §11165.7.

Any other person, Pen §11166.

Child, Pen §11165.

Child abuse or neglect, Pen §11165.6.

Child visitation monitor, Pen §11165.7.

Clergy member, Pen §11165.7.

Commercial computer technician,  
Pen §§11165.7, 11166.

Commercial film and photographic  
print or image processor, Pen  
§11165.7.

Electronic medium, Pen §11166.

General neglect, Pen §11165.2.

Hospital scan team, Pen §11167.5.

Humane society officer, Pen  
§11165.7.

Inconclusive report, Pen §11165.12.

Licensing agency, Pen §11165.11.

Mandated reporter, Pen §11165.7.

Neglect, Pen §11165.2.

Penitential communication, Pen  
§11166.

Person responsible for a child's  
welfare, Pen §11165.1.

Reasonable suspicion, Pen §11166.

Severe neglect, Pen §11165.2.

Sexual abuse, Pen §11165.1.

Sexual assault, Pen §11165.1.

Sexual conduct, Pen §11166.

Sexual exploitation, Pen §11165.1.

Substantiated report, Pen §11165.12.

INDEX

**CHILD ABUSE OR NEGLECT**

—Cont'd

**Reports** —Cont'd

Definitions —Cont'd

The willful harming or injuring of a child or the endangering of the person or health of a child, Pen §11165.3.

Unfounded report, Pen §11165.12.

Unlawful corporal punishment or injury, Pen §11165.4.

Disclosure, Pen §11167.5.

Emotional damage, Pen §11166.05.

Failure to report, Pen §§11166, 11172.

False reports, Pen §11172.

Film and photographic print or image processors, Pen §11166.

Fines and penalties, Pen §11166.

Homeless persons, Pen §11165.15.

Immunity from liability, Pen §11172.

Justice Department, Pen §11169.

Legislative intent, Pen §11164.

Licensing agencies, Pen §11166.2.

Mandatory reporters, Pen §11166.

Required statements, Pen §11166.5.

Maternal substance abuse, Pen §11165.13.

Public agencies, Pen §11166.1.

Purpose, Pen §11164.

Rules of professional conduct, 16 CCR §1397.1.

Short title, Pen §11164.

Unaccompanied youth, Pen §11165.15.

**X-rays**, Pen §11171.5.

**CHILDREN AND MINORS.**

**Consent to medical treatment**, Fam §§6920 to 6929.

Abortion, Fam §6925.

Capacity, Fam §6920.

Communicable diseases, diagnosis or treatment, Fam §6926.

Conditions, Fam §6922.

Effect of minority, Fam §6921.

Liability of parents or guardians, Fam §6922.

Mental health treatment, Fam §6924.

Pregnancy, prevention or treatment, Fam §6925.

Professional clinical counselors, Fam §6924.

Rape, diagnosis or treatment, Fam §6927.

Sexual assault, diagnosis or treatment, Fam §6928.

**CHILDREN AND MINORS** —Cont'd

**Consent to medical treatment**

—Cont'd

Substance abuse, diagnosis or treatment, Fam §6929.

**Disclosure of medical information**,

Civ §56.103.

Mental health, Civ §56.106.

**HIV/AIDS, blood tests**, H&S §120991.

Consent on behalf of, H&S §121020.

**Interagency child death review teams.**

Autopsy protocol, Pen §11174.32.

Confidentiality of information, Pen §11174.32.

Protocols, Pen §11174.33.

Recommendations, Pen §11174.32.

Reports, Pen §11174.32.

**Lewd or lascivious acts involving children**, Pen §288.

**Mental health.**

Consent to medical treatment, Fam §6924.

Disclosure of medical information, Civ §56.106.

**Patient access to medical records**, H&S §123115.

Minor removed from physical custody of parent or guardian, H&S §123116.

**Psychotherapist-patient privilege, exception for child crime victims**, Evid §1027.

**Sexual intercourse with person under 18**, Pen §261.5.

**Sexual orientation change efforts.**

Definitions, B&P §865.

Disciplinary actions, B&P §865.2.

Prohibited conduct, B&P §865.1.

Unprofessional conduct, B&P §865.2.

**CHILD SUPPORT.**

**Suspension or revocation of licenses for noncompliance**, B&P §490.5.

**CITATIONS.**

**Contest**, 16 CCR §1397.54.

**Issuance**, 16 CCR §1397.50.

**CLINICAL COUNSELORS.**

See PROFESSIONAL CLINICAL COUNSELORS.

**CLINICAL SOCIAL WORKERS.**

**Change of address, notice**, B&P §136.

**Child abuse or neglect, reports.**

See CHILD ABUSE OR NEGLECT.



## INDEX

### CLINICAL SOCIAL WORKERS

—Cont'd

**Children and minors, consent to medical treatment,** Fam §6924.

**Communicable diseases, reports.**  
See COMMUNICABLE DISEASES.

**Communication of evaluation, immunity from liability,** Civ §43.8.

**Continuing education.**  
See CONTINUING EDUCATION.

**Crimes and offenses.**  
See CRIMES AND OFFENSES.

**Criminal history record checks,** B&P §144.  
Investigations, B&P §144.5.

**Disclosure to patients,** B&P §680.5.

**Education and training.**  
Chemical dependency and early intervention, B&P §29.  
Child abuse or neglect, B&P §28.  
Elder and dependent adult abuse, B&P §28.  
HIV/AIDS, B&P §32.  
Human sexuality, B&P §25.

**Elder and dependent adult abuse, reports.**  
See ELDER AND DEPENDENT ADULT ABUSE.

**Examinations, suspension or revocation of licenses for violations regarding,** B&P §496.

**False advertising.**  
See FALSE ADVERTISING.

**False statements, suspension or revocation of licenses,** B&P §499.

**Fines and penalties.**  
See FINES AND PENALTIES.

**Fingerprints,** B&P §144.

**Fraud, suspension or revocation of licenses secured by,** B&P §498.

**Injunctions.**  
Fines and penalties for violations, B&P §17535.5.  
Obtaining, B&P §17535.

**Licenses.**  
Community mental health services, exemptions, W&I §5751.2.  
General provisions.  
See LICENSES.

**Medical records, patient access.**  
See MEDICAL RECORDS.

**Mental or physical illness.**  
See MENTAL OR PHYSICAL ILLNESS OF LICENTIATE.

### CLINICAL SOCIAL WORKERS

—Cont'd

**Name tags,** B&P §680.

**Out-of-state practitioners, exemption from licensure.**  
Emergencies, B&P §900.  
Sponsored events, B&P §901.

**Personal injuries, reports.**  
See REPORTS.

**Professional corporations, Corp** §§13400 to 13410.  
See PROFESSIONAL CORPORATIONS.

**Public reprovls,** B&P §495.

**Reports.**  
See REPORTS.

**Sexual misconduct.**  
See SEXUAL MISCONDUCT.

**Sexual orientation change efforts.**  
Definitions, B&P §865.  
Disciplinary actions, B&P §865.2.  
Prohibited conduct, B&P §865.1.  
Unprofessional conduct, B&P §865.2.

**Unprofessional conduct.**  
See UNPROFESSIONAL CONDUCT.

### CLINICS.

**Psychology clinics.**  
Defined, H&S §1204.1.  
Licenses, H&S §1204.1.

### COLOR.

**Licensing boards, discrimination,** Gov §12944.

### COMMUNICABLE DISEASES.

**Children and minors, consent to medical treatment,** Fam §6926.

**Exposure notification,** H&S §§120260 to 120263.

Applicability of law, H&S §120260.5.  
Crimes and offenses, H&S §120263.  
Definitions, H&S §120261.  
Disciplinary action, H&S §120263.  
Fines and penalties, H&S §120263.  
Guidelines and procedures, H&S §120262.

Informed consent, H&S §120262.  
Legislative findings, H&S §120260.  
Noncompliance, H&S §120263.

**Patient access to medical records,** H&S §123125.

### COMMUNITY MENTAL HEALTH SERVICES.

**Exemption from licensure,** W&I §5751.2.

Index



INDEX

**COMMUNITY MENTAL HEALTH SERVICES** —Cont'd

**Protocols for meeting statutory and regulatory requirements, W&I §5614.**

**COMMUNITY SERVICE.**

**Probation terms and conditions, DiscipProbation 14.**

**COMPENSATION.**

**Board of psychology, B&P §2935.**

**Educational institutions, B&P §2910.**

**Nonprofit community agency employees with certain qualifications, B&P §2909.**

**Professional organizations, B&P §2910.**

**Public agencies, B&P §2910.**

**School psychologists, B&P §2909.**

**COMPETENCE.**

**Ethical standards, Ethics 2.01 to 2.06.**  
See ETHICAL STANDARDS.

**Rules of professional conduct, 16 CCR §1396.**

**COMPETENCY TO STAND TRIAL.**

**Psychotherapist-patient privilege, exception for competency determinations, Evid §1025.**

**CONFIDENTIALITY OF INFORMATION.**

**Central files, B&P §800.**

**Child abuse or neglect.**

Investigations, Pen §11174.3.

Reports, Pen §11167.5.

Crimes and offenses, Pen §11167.5.

Fines and penalties, Pen §11167.5.

Identity of reporters, Pen §11167.

Violations, Pen §11167.5.

**Denial, suspension or revocation of licenses for violations, B&P §2960, DiscipPenGuide 2960(h).**

**805 reports, B&P §805.**

**Elder and dependent adult abuse, reports, W&I §§15633, 15633.5, 15658.**

**Ethical standards, Ethics 4.01 to 4.07.**  
See ETHICAL STANDARDS.

**HIV/AIDS, blood tests, H&S §121022.**

**Interagency child death review teams, Pen §11174.32.**

**Involuntary treatment, rights of detained persons, W&I §5328.**

**CONFIDENTIALITY OF**

**INFORMATION** —Cont'd

**Mandated reporters of child abuse or neglect.**

Identity of reporter to be confidential, Pen §11167.

Reports, confidentiality and disclosure, Pen §11167.5.

**Mandated reporters of elder or dependent adult abuse.**

Reports, W&I §15633.

**Mental or physical illness, B&P §828.**

**Patient access to medical records, applicability of law, H&S §123135.**

**Professional corporations, Corp §13406.**

**Psychotherapist-patient privilege, B&P §2918, Evid §§1010 to 1027.**

See PSYCHOTHERAPIST-PATIENT PRIVILEGE.

**CONFLICTS OF INTEREST.**

**Ethical standards, Ethics 3.06.**

**CONSENT.**

**Children and minors, consent to medical treatment, Fam §§6920 to 6929.**

See CHILDREN AND MINORS.

**Informed consent.**

See INFORMED CONSENT.

**CONSUMER AFFAIRS DEPARTMENT.**

**Board of psychology.**

See BOARD OF PSYCHOLOGY.

**Boards.**

Powers and duties, B&P §101.6.

Purpose of, B&P §101.6.

**CONSUMER INFORMATION.**

**Rules of professional conduct, 16 CCR §1396.5.**

**CONTINUING EDUCATION, 16 CCR §§1397.60 to 1397.71.**

**Accreditation agencies, 16 CCR §1397.64.**

**Aging, B&P §2915.7.**

**Biological basis of behavior, B&P §2914.2.**

**Chemical dependency and early intervention, B&P §29.**

**Child abuse or neglect, B&P §28.**

**Definitions, 16 CCR §1397.60.**

**Delinquent status, renewal following, 16 CCR §1397.67.**

## INDEX

### **CONTINUING EDUCATION —Cont'd**

**Denial, suspension or revocation of licenses, following**, B&P §2964.5.

**Elder and dependent adult abuse**, B&P §28.

**Exceptions**, 16 CCR §1397.62.

**Exemptions**, 16 CCR §1397.62.

#### **Fees.**

Licensee fees, 16 CCR §1397.69.

Provider fees, 16 CCR §1397.68.

**Geriatric pharmacology**, B&P §2914.1.

**HIV/AIDS**, B&P §32.

**Hour value system**, 16 CCR §1397.63.

**Human sexuality**, B&P §25.

**Inactive status**, B&P §2988.

Renewal of licenses following, 16 CCR §1397.67.

**Licensee fees**, 16 CCR §1397.69.

**Long-term care**, B&P §2915.7.

**Military forces, waiver of fees for persons called to active duty**, B&P §114.3.

**National guard, waiver of fees for persons called to active duty**, B&P §114.3.

**Noncompliance, sanctions**, 16 CCR §1397.70.

**Proof of**, B&P §2915.

#### **Providers.**

Approved providers, 16 CCR §1397.65.

Audits, 16 CCR §1397.66.

Denial, suspension or revocation of status, 16 CCR §1397.71.

Fees, 16 CCR §1397.68.

**Psychopharmacology**, B&P §2914.2.

**Requirements**, 16 CCR §1397.61.

**Sanctions for noncompliance**, 16 CCR §1397.70.

### **CONVICTIONS.**

#### **Reports to board.**

Failure to make.

Unprofessional conduct, 16 CCR 1397.2.

### **COOPERATION.**

**Ethical standards**, Ethics 3.09.

### **CORPORATIONS.**

**Applicability of law, professional corporations**, Corp §13403.

**Practice of psychology**, B&P §2907.

**Professional corporations**, Corp §§13400 to 13410.

See PROFESSIONAL CORPORATIONS.

### **CORPORATIONS —Cont'd**

**Psychological corporations**, B&P §§2995 to 2999.

See PSYCHOLOGICAL CORPORATIONS.

### **CORRUPTION.**

**Denial, suspension or revocation of licenses**, B&P §2960,

DiscipPenGuide 2960(n).

### **COSTS AND EXPENSES.**

**Patient access to medical records, enforcement actions**, H&S §123120.

#### **Probation terms and conditions.**

Investigation and enforcement, DiscipProbation 17.

Probation, DiscipProbation 18.

Reinstatement of licenses, DiscipProbation 30.

### **COUNSELORS.**

See PROFESSIONAL CLINICAL COUNSELORS.

### **COURSEWORK.**

**Probation terms and conditions**, DiscipProbation 15.

### **CRIMES AND OFFENSES.**

**Administration of drugs, excessive**, B&P §725.

#### **Child abuse or neglect, reports.**

Confidentiality of information, violations, Pen §11167.5.

Failure to report, Pen §11166.

**Communicable diseases, exposure notification, noncompliance**, H&S §120263.

**Denial, suspension or revocation of licenses**, B&P §§490, 2960, 2963,

DiscipPenGuide 2960(a).

Evidence of, B&P §493.

Felonies, B&P §2966.

Hearings, B&P §2966.

Incarceration, B&P §2966.

**805 reports**, B&P §805.5.

**Elder and dependent adult abuse, failure to report**, W&I §15630.

**HIV/AIDS, blood tests, unauthorized disclosure**, H&S §120980.

**Lewd or lascivious acts**, Pen §288.

**Licenses, crimes and offenses regarding**, B&P §119.

**Mandated reporters of child abuse or neglect.**

Failure to report, Pen §11166.

INDEX

**CRIMES AND OFFENSES —Cont'd**

- Mandated reporters of elder or dependent adult abuse.**
  - Punishment for failure to report, W&I §15630.
- Personal injuries, reports, Pen** §11162.
- Prescription drugs, excessive use of, B&P** §725.
- Psychotherapist-patient privilege, exception, Evid** §1018.
- Registration of sex offenders, Pen** §290.
- Reports.**
  - Charges against licensees, B&P §803.5.
  - Felony preliminary hearing transcripts, B&P §803.6.
  - Probation reports, B&P §803.6.
- Sexual exploitation, B&P** §729.
- Unlawful sexual intercourse with person under 18, Pen** §261.5.
- Unprofessional conduct, B&P** §731.
- Violations, B&P** §2970.

**CRIMINAL HISTORY RECORD CHECKS.**

- Licensees, B&P** §144.
- Investigations, B&P §144.5.

**D**

**DAMAGES.**

- Medical records, abandonment, H&S** §123145.

**DANGEROUS PERSONS.**

- Involuntary treatment, W&I** §5150.
- Psychotherapist-patient privilege, exception, Evid** §1024.

**DEATH.**

- Interagency child death review teams.**
  - Autopsy protocol, Pen §11174.32.
  - Confidentiality of information, Pen §11174.32.
  - Protocols, Pen §11174.33.
  - Recommendations, Pen §11174.32.
  - Reports, Pen §11174.32.
- Psychotherapist-patient privilege, exception for deceased patients, Evid** §1018.

**DECEPTION.**

- Research, ethical standards, Ethics** 8.07.

**DECLARATORY DECISIONS, Gov**

- §§11465.10 to 11465.70.
- Agency action, Gov** §11465.50.
- Applicability of law, Gov** §11465.40.
- Applications, Gov** §11465.20.
- Authority, Gov** §11465.10.
- Board of psychology, 16 CCR** §1380.7.
- Contents, Gov** §11465.60.
- Effect, Gov** §11465.60.
- Issuance, Gov** §11465.20.
- Model regulations, Gov** §11465.70.
- Notice, Gov** §11465.30.

**DEFINED TERMS.**

- Abandonment.**
  - Elder and dependent adult abuse, W&I §15610.05.
- Abduction.**
  - Elder and dependent adult abuse, W&I §15610.06.
- Abuse of an elder or dependent adult.**
  - Elder and dependent adult abuse, W&I §15610.07.
- Abuse or neglect in out-of-home care.**
  - Child abuse or neglect, Pen §11165.5.
- Accredited.**
  - Psychologists, B&P §2902.
- Adult.**
  - Unlawful sexual intercourse with person under 18, Pen §261.5.
- Agency.**
  - Reports, B&P §805.
- Alcohol and drug abuse counselor.**
  - Unprofessional conduct, B&P §729.
- Alcohol and drug abuse records.**
  - Patient access to medical records, H&S §123105.
- Alcohol and drug counselor.**
  - Child abuse or neglect, Pen §11165.7.
- Animal control officer.**
  - Child abuse or neglect, Pen §11165.7.
- Any other person.**
  - Child abuse or neglect, Pen §11166.
- Applicant.**
  - Licenses, B&P §144.
- Application.**
  - Licenses, B&P §478.
- Approved.**
  - Psychologists, B&P §2902.
- Assaultive or abusive conduct.**
  - Crimes and offenses, Pen §11160.
- Asynchronous store and forward.**
  - Health care providers, B&P §2290.5.

## INDEX

### DEFINED TERMS —Cont'd

#### **Attending physician of the source patient.**

Communicable diseases, H&S §120261.

#### **Available blood or patient sample.**

Communicable diseases, H&S §120261.

#### **Board.**

Board of psychology, 16 CCR §1380.3.

Licenses, B&P §§118, 477, 494, 901.

Psychologists, B&P §2902.

Reports, B&P §683.

#### **Board and care facilities.**

Lewd or lascivious acts, Pen §288.

#### **Board official.**

Psychologists, 16 CCR §1397.50.

#### **Board within the department of consumer affairs.**

Advertising, B&P §17506.5.

#### **Bodily harm.**

Lewd or lascivious acts, Pen §288.

#### **Care custodian.**

Elder and dependent adult abuse, W&I §15610.17.

#### **Caretaker.**

Lewd or lascivious acts, Pen §288.

#### **Certified list.**

Licenses, B&P §494.5.

#### **Certifying physician.**

Communicable diseases, H&S §120261.

#### **Change of location.**

Private postsecondary educational institutions, Educ §94823.5.

#### **Child.**

Child abuse or neglect, Pen §11165.

#### **Child abuse or neglect,** Pen §11165.6.

#### **Child visitation monitor.**

Child abuse or neglect, Pen §11165.7.

#### **Child welfare services.**

Involuntary treatment, W&I §5328.

#### **Clergy member.**

Child abuse or neglect, Pen §11165.7.

#### **Clinic.**

Crimes and offenses, Pen §11162.5.

#### **Code.**

Board of psychology, 16 CCR §1380.3.

#### **Commercial computer technician.**

Child abuse or neglect, Pen §§11165.7, 11166.

#### **Commercial film and photographic print or image processor.**

Child abuse or neglect, Pen §11165.7.

#### **Communicable disease,** H&S §120261.

#### **Conference.**

Continuing education, 16 CCR §1397.60.

### DEFINED TERMS —Cont'd

#### **Confidential communication between patient and psychotherapist.**

Privileged communications, Evid §1012.

#### **Continuing education,** 16 CCR §1397.60.

#### **Counseling.**

Children and minors, Fam §6929.

#### **Course.**

Continuing education, 16 CCR §1397.60.

#### **Denial or termination of staff privileges, membership, or employment.**

Reports, B&P §805.

#### **Dependent adult.**

Elder and dependent adult abuse, W&I §§15610.23, 15630.

#### **Dependent person.**

Lewd or lascivious acts, Pen §288.

#### **Designated officer.**

Involuntary treatment, W&I §5328.

#### **Director.**

Licenses, B&P §900.

#### **Disclosed.**

HIV/AIDS, H&S §120980.

#### **Disqualified person.**

Professional corporations, Corp §13401.

#### **Distant site.**

Health care providers, B&P §2290.5.

#### **Drug or alcohol.**

Children and minors, Fam §6929.

#### **805 report.**

Reports, B&P §805.

#### **Elder.**

Elder and dependent adult abuse, W&I §15610.27.

#### **Electronic medium.**

Child abuse or neglect, Pen §11166.

#### **Emergency response employee.**

Involuntary treatment, W&I §5328.

#### **Exposed individual.**

Communicable diseases, H&S §120261.

#### **Facility.**

Involuntary treatment, W&I §5328.

#### **Fee.**

Psychologists, B&P §2903.

#### **Financial abuse.**

Elder and dependent adult abuse, W&I §15610.30.

#### **First responder.**

Communicable diseases, H&S §120261.

Index

## INDEX

### DEFINED TERMS —Cont'd

#### **Foreign professional corporation.**

Professional corporations, Corp §13401.

#### **Fully executed.**

Inspection of records, Gov §6254.

#### **General neglect.**

Child abuse or neglect, Pen §11165.2.

#### **Grand rounds.**

Continuing education, 16 CCR §1397.60.

#### **Gravely disabled.**

Involuntary treatment, W&I §5250.

#### **Health care facility.**

Denial, suspension or revocation of licenses, B&P §2969.

#### **Health care practitioner, B&P §680.**

Licenses, B&P §§900, 901.

#### **Health care provider, B&P §2290.5.**

Communicable diseases, H&S §120261.  
Patient access to medical records, H&S §123105.

#### **Health facility.**

Crimes and offenses, Pen §11162.5.

#### **Health practitioner.**

Crimes and offenses, Pen §11162.5.  
Elder and dependent adult abuse, W&I §15610.37.

#### **Holder of the privilege.**

Privileged communications, Evid §1013.

#### **Hospital scan team.**

Child abuse or neglect, Pen §11167.5.

#### **Humane society officer.**

Child abuse or neglect, Pen §11165.7.

#### **Inconclusive report.**

Child abuse or neglect, Pen §11165.12.

#### **Independent learning.**

Continuing education, 16 CCR §1397.60.

#### **Injury.**

Crimes and offenses, Pen §11160.

#### **In-service training program.**

Continuing education, 16 CCR §1397.60.

#### **Intimate part.**

Unprofessional conduct, B&P §§728, 729.

#### **LAAM.**

Children and minors, Fam §6929.

#### **License.**

Denial of license, B&P §477.  
Discipline of licensees, B&P §§118, 477.  
Certified list of tax delinquents, licensee on list, B&P §494.5.

### DEFINED TERMS —Cont'd

#### **License —Cont'd**

##### **Discipline of licensees —Cont'd**

Conviction relating to qualifications, B&P §493.

Misdemeanors relating to use of licenses, B&P §119.

Practice while renewal pending, B&P §121.

Withdrawal of application, B&P §118.

#### **Licensed person.**

Professional corporations, Corp §13401.

#### **Licensed psychologist.**

Psychologists, B&P §2902.

#### **Licensee.**

Licenses, B&P §494.5.

#### **Licensing agency.**

Child abuse or neglect, Pen §11165.11.

#### **Licensing board.**

Discrimination, Gov §12944.

#### **Licentiate.**

Reports, B&P §805.

#### **Limited psychological functions.**

Psychological assistants, 16 CCR §1391.4.

#### **Local consumer affairs agency.**

Advertising, B&P §17506.5.

#### **Mandated reporter.**

Child abuse or neglect, Pen §11165.7.  
Elder or dependent adult abuse, W&I §15630.

#### **Material.**

Licenses, B&P §478.

#### **Medical disciplinary cause or reason.**

Reports, B&P §805.

#### **Medical information.**

Disclosure of medical information, Civ §56.103.

#### **Mental health provider.**

Sexual orientation change efforts, B&P §865.

#### **Mental health records.**

Patient access to medical records, H&S §§123105, 123116.

#### **Mental health treatment or counseling services.**

Children and minors, Fam §6924.

#### **Minor.**

Disclosure of medical information, Civ §56.103.

Unlawful sexual intercourse with person under 18, Pen §261.5.

#### **Multidisciplinary personnel team.**

Elder and dependent adult abuse, W&I §15610.55.

INDEX

**DEFINED TERMS —Cont'd**

**Neglect.**

Child abuse or neglect, Pen §11165.2.  
Elder and dependent adult abuse, W&I §15610.57.

**Official information.**

Privileged communications, Evid §1040.

**Originating site.**

Health care providers, B&P §2290.5.

**Other potentially infectious materials.**

Communicable diseases, H&S §120261.

**Patient.**

Patient access to medical records, H&S §123105.  
Privileged communications, Evid §1011.

**Patient records.**

Patient access to medical records, H&S §123105.

**Patient's representative.**

Patient access to medical records, H&S §123105.

**Peer review.**

Reports, B&P §805.

**Peer review body.**

Reports, B&P §805.

**Penitential communication.**

Child abuse or neglect, Pen §11166.  
Elder and dependent adult abuse, W&I §15630.

**Permit.**

Psychologists, 16 CCR §1381.6.

**Person responsible for a child's welfare.**

Child abuse or neglect, Pen §11165.1.

**Physical abuse.**

Elder and dependent adult abuse, W&I §15610.63.

**Postdoctorally.**

Psychologists, 16 CCR §1387.

**Presentation.**

Continuing education, 16 CCR §1397.60.

**Primacy care clinic.**

HIV/AIDS, H&S §120991.

**Proceeding.**

Privileged communications, Evid §901.

**Professional corporation, Corp**

§13401.

**Professional person.**

Children and minors, Fam §§6924, 6929.

**DEFINED TERMS —Cont'd**

**Professional services.**

Professional corporations, Corp §§13401, 13401.3.

**Provider.**

Continuing education, 16 CCR §1397.60.

**Providers of health care.**

HIV/AIDS, H&S §120985.

**Psychological assistant.**

Psychologists, B&P §2913.

**Psychology clinic.**

Licenses, H&S §1204.1.

**Psychotherapist.**

Patient access to medical records, H&S §123116.

Personal rights, Civ §43.93.

Privileged communications, Evid §1010.

Unprofessional conduct, B&P §§728, 729.

**Psychotherapy.**

Personal rights, Civ §43.93.

Psychologists, B&P §2903.

**Reasonable suspicion.**

Child abuse or neglect, Pen §11166.

**Reasonably suspects.**

Crimes and offenses, Pen §11162.5.

**Representative.**

Patient access to medical records, H&S §123105.

**Residential shelter services.**

Children and minors, Fam §6924.

**Responsible relative.**

Involuntary treatment, W&I §5150.

**Serious bodily injury.**

Elder and dependent adult abuse, W&I §15610.67.

**Severe neglect.**

Child abuse or neglect, Pen §11165.2.

**Sexual abuse.**

Child abuse or neglect, Pen §11165.1.

**Sexual assault.**

Child abuse or neglect, Pen §11165.1.

**Sexual conduct.**

Child abuse or neglect, Pen §11166.

**Sexual contact.**

Personal rights, Civ §43.93.

Unprofessional conduct, B&P §§728, 729.

**Sexual exploitation.**

Child abuse or neglect, Pen §11165.1.

**Sexually assaulted.**

Children and minors, Fam §6928.

## INDEX

### **DEFINED TERMS —Cont'd**

**Sexual orientation change efforts,**  
B&P §865.

**Significant exposure.**  
Communicable diseases, H&S §120261.

**Source patient.**  
Communicable diseases, H&S §120261.

**Sponsored event.**  
Licenses, B&P §901.

**Sponsoring entities.**  
Licenses, B&P §901.

**Staff privileges.**  
Reports, B&P §805.

**State governmental licensing entity.**  
Licenses, B&P §494.5.

**Substantiated report.**  
Child abuse or neglect, Pen §11165.12.

**Synchronous interaction.**  
Health care providers, B&P §2290.5.

**Telehealth.**  
Health care providers, B&P §2290.5.

**The course of a prior treatment.**  
Unprofessional conduct, B&P §728.

**Therapeutic deception.**  
Personal rights, Civ §43.93.

**Therapeutic relationship.**  
Personal rights, Civ §43.93.

**Touching.**  
Unprofessional conduct, B&P §§728,  
729.

**Trainee.**  
Psychologists, 16 CCR §1387.

**Unfounded report.**  
Child abuse or neglect, Pen §11165.12.

**Uninsured or underinsured person.**  
Licenses, B&P §901.

**Unlawful corporal punishment or injury.**  
Child abuse or neglect, Pen §11165.4.

**Unlinked testing.**  
HIV/AIDS, H&S §120990.

**Unprofessional conduct, B&P §2960.**  
Rules of professional conduct, 16 CCR  
§1397.2.

**Willful.**  
Reports, B&P §805.

**Willful harming or injuring of a child or the endangering of the person or health of a child.**  
Child abuse or neglect, Pen §11165.3.

**Written authorization.**  
HIV/AIDS, H&S §120980.

**DELEGATION OF AUTHORITY.**  
**Board of psychology, 16 CCR §1380.4.**

### **DELEGATION OF AUTHORITY**

—Cont'd

**Competence, ethical standards,**  
Ethics 2.05.

**DELINQUENCY FEES, B&P §2984.**

**DENIAL, SUSPENSION OR REVOCATION OF LICENSES,**  
B&P §§2960 to 2969.

**Accusations, DiscipAccusations.**

**Chemical dependency, B&P §2960.5.**

**Conduct of proceedings, B&P §2965.**

**Confidentiality of information, violations, B&P §2960, DiscipPenGuide 2960(h).**

**Continuing education following, B&P §2964.5.**

**Corruption, B&P §2960, DiscipPenGuide 2960(n).**

**Crimes and offenses, B&P §§2960, 2963, DiscipPenGuide 2960(a).**  
Evidence of, B&P §493.  
Felonies, B&P §2966.  
Hearings, B&P §2966.  
Incarceration, B&P §2966.

**Denial of licenses, B&P §§480 to 489.**  
Acts disqualifying applicant, B&P §480.  
Criteria, development of, B&P §481.  
Good moral character, lack of, B&P §489.  
Grounds, B&P §475.  
Procedures, B&P §485.  
Reapplication following, B&P §486.

**Disciplinary action.**  
Foreign states, B&P §2960.6.  
Licensing boards, B&P §2960.6.  
Manner of, B&P §2961.

**Dishonesty, B&P §2960, DiscipPenGuide 2960(n).**

**Examination following, B&P §2964.5.**

**False impersonation, B&P §2960, DiscipPenGuide 2960(d).**

**False statements, B&P §2960, DiscipPenGuide 2960(g).**

**Fees following, B&P §2964.5.**

**Fraud.**  
See FRAUD.

**Functioning outside field of competence, B&P §2960, DiscipPenGuide 2960(p).**

**Gross negligence, B&P §2960, DiscipPenGuide 2960(j).**

**Grounds, B&P §2960.**

**Limitations period, B&P §2960.05.**

## INDEX

### **DENIAL, SUSPENSION OR REVOCAION OF LICENSES** —Cont'd

**Medical records, noncompliance with requests**, B&P §2969.  
**Mental illness**, B&P §2960.5.  
**Modification of penalty**, B&P §2962.  
**Monitoring costs**, B&P §2964.6.  
**Out-of-state violations**, B&P §2960, DiscipPenGuide 2960(m).  
**Probation**, 16 CCR §1393, B&P §2964.6.  
**Probation terms and conditions**, DiscipProbation 1.  
**Procedure for discipline.**  
Accusations, DiscipAccusations.  
Proposed decisions, DiscipProposedDec.  
Relief hearings, DiscipReliefHear.  
Statement of issues, DiscipStatementIssues.  
Stipulated settlements, DiscipStipSettle.  
**Proposed decisions**, DiscipProposedDec.  
**Psychotherapist-patient sexual contact**, B&P §2960.1.  
**Rehabilitation criteria.**  
Denial, 16 CCR §1395.  
Suspension or revocation, 16 CCR §1395.1.  
**Reinstatement following**, B&P §§2962, 2985.  
**Relief hearings**, DiscipReliefHear.  
**Renewal of licenses following**, B&P §2985.  
**Repeated negligence**, B&P §2960, DiscipPenGuide 2960(r).  
**Reports**, B&P §2964.  
**Rules and regulations, violations**, B&P §2960, DiscipPenGuide 2960(k).  
**Rules of professional conduct, violations**, B&P §2960, DiscipPenGuide 2960(i).  
**Settlements.**  
Stipulated settlements, DiscipStipSettle.  
**Sex offenders**, B&P §2964.3.  
**Sexual misconduct**, B&P §2960, DiscipPenGuide 2960(o).  
**Solicitation**, B&P §2960, DiscipPenGuide 2960(f).  
**Statement of issues**, DiscipStatementIssues.  
**Statutory violations**, B&P §2960, DiscipPenGuide 2960(k).

### **DENIAL, SUSPENSION OR REVOCAION OF LICENSES** —Cont'd

**Stipulated settlements**, DiscipStipSettle.  
**Substance abuse**, B&P §2960, DiscipPenGuide 2960(b).  
**Substantial relationship of crime or act**, 16 CCR §1394.  
**Supervised professional experience, violations**, B&P §2960, DiscipPenGuide 2960(q).  
**Suspension or revocation of licenses**, B&P §§490 to 494.6.  
Child support, noncompliance, B&P §490.5.  
Crimes and offenses, B&P §490.  
Evidence of, B&P §493.  
Drug diversion programs, effect, B&P §492.  
Examinations, violations regarding, B&P §496.  
False statements, B&P §499.  
Fraud, licenses secured by, B&P §498.  
Immigration status, threatening to report, B&P §494.6.  
Information provided to licensees, B&P §491.  
Mental or physical illness, noncompliance with orders, B&P §821.  
Procedures, B&P §494.  
Reports, B&P §683.  
Tax delinquencies, B&P §494.5.  
**Unlicensed practice, aiding or abetting**, B&P §2960, DiscipPenGuide 2960(l).  
**DEPENDENT ADULT ABUSE.**  
See ELDER AND DEPENDENT ADULT ABUSE.  
**DESTRUCTION OF RECORDS.**  
**Case records**, H&S §123150.  
**Mental or physical illness**, B&P §828.  
**DETENTION.**  
**Involuntary treatment.**  
See INVOLUNTARY TREATMENT.  
**DEVELOPMENTAL CENTERS.**  
**Elder and dependent adult abuse, reports**, W&I §15630.  
**DIRECTORS.**  
**Professional corporations.**  
Licensed persons serving as, Corp §13401.5.



INDEX

**DIRECTORS** —Cont'd  
**Professional corporations** —Cont'd  
Selection, Corp §13403.  
**Psychological corporations**, B&P §2997.

**DISABLED PERSONS.**  
**Licensing boards, discrimination**, Gov §12944.

**DISCIPLINARY ACTIONS.**  
**Communicable diseases, exposure notification**, H&S §120263.  
**Denial of licenses**, B&P §§480 to 489, 2960 to 2969.  
See DENIAL, SUSPENSION OR REVOCATION OF LICENSES.  
**Ethical standards**, B&P §2936.  
**Probation.**  
See PROBATION.  
**Public reprovals**, B&P §495.  
**Reports to board.**  
Failure to make.  
Unprofessional conduct, 16 CCR 1397.2.  
**Rules of professional conduct**, 16 CCR §1397.12.  
**Sexual orientation change efforts**, B&P §865.2.  
**Suspension or revocation of licenses**, B&P §§490 to 494.6, 2960 to 2969.  
See DENIAL, SUSPENSION OR REVOCATION OF LICENSES.  
**Unprofessional conduct.**  
See UNPROFESSIONAL CONDUCT.

**DISCLOSURE.**  
**Child abuse or neglect, reports**, Pen §11167.5.  
**Clinical social workers, disclosure to patients**, B&P §680.5.  
**Education and training, disclosure of personal information, ethical standards**, Ethics 7.04.  
**Elder and dependent adult abuse, reports**, W&I §15633.  
**Ethical standards**, Ethics 4.05.  
**HIV/AIDS, blood tests.**  
Authorized disclosure, H&S §121015.  
Compelled disclosure prohibited, H&S §121015.  
Disclosure to health care providers, H&S §120985.  
Unauthorized disclosure, H&S §120980.  
**Involuntary treatment, rights of detained persons**, W&I §5328.



**DISCLOSURE** —Cont'd  
**Marriage and family therapists, disclosure to patients**, B&P §680.5.  
**Medical records.**  
See MEDICAL RECORDS.  
**Personal injuries, reports**, Pen §11163.2.  
**Professional clinical counselors, disclosure to patients**, B&P §680.5.  
**To patients**, B&P §680.5.

**DISCRIMINATION.**  
**Ethical standards**, Ethics 3.01.  
**Ethical violations, complainants and respondents**, Ethics 1.08.  
**Licensing boards**, Gov §12944.

**DISEASES.**  
**Communicable diseases.**  
See COMMUNICABLE DISEASES.

**DISHONESTY.**  
**Denial, suspension or revocation of licenses**, B&P §2960, DiscipPenGuide 2960(n).

**DISPLAY OF LICENSES**, B&P §104.

**DONATIONS.**  
**Board of psychology**, B&P §2933.

**DRUG ABUSE.**  
See SUBSTANCE ABUSE.

**DRUG DIVERSION PROGRAMS.**  
**Suspension or revocation of licenses, effect on**, B&P §492.

**E**

**EDUCATIONAL INSTITUTIONS.**  
**Change of location.**  
Defined, Ed §94823.5.  
**Child abuse or neglect, investigations, interviews**, Pen §11174.3.  
**Psychologists in institution**, B&P §2910.  
**School psychologists**, B&P §2909.

**EDUCATION AND TRAINING.**  
**Aging**, 16 CCR §1382.6.  
**Alcoholism**, 16 CCR §1382.3.  
**Chemical dependency and early intervention**, 16 CCR §1382.3, B&P §29.

## INDEX

### EDUCATION AND TRAINING

—Cont'd

**Child abuse or neglect**, 16 CCR §1382.4, B&P §28.

**Elder and dependent adult abuse**, B&P §28.

**Ethical standards**, Ethics 7.01 to 7.07.  
See ETHICAL STANDARDS.

**HIV/AIDS**, B&P §32.

**Human sexuality**, 16 CCR §1382, B&P §25.

**Long-term care**, 16 CCR §1382.6.

**Non-degree-granting educational programs, descriptions of, ethical standards**, Ethics 5.03.

**Probation terms and conditions**, DiscipProbation 13.

**Psychological assistants.**

Registration, 16 CCR §1391.3.

**Revised evaluation criteria**, 16 CCR §1386.

**Spousal or partner abuse**, 16 CCR §1382.5.

**Workshops, descriptions of, ethical standards**, Ethics 5.03.

### 805 REPORTS.

**Confidentiality of information**, B&P §805.

**Crimes and offenses regarding**, B&P §805.5.

**Fines and penalties regarding**, B&P §805.

**Reports**, B&P §805.

**Staff privileges.**

Effect on, B&P §805.5.

Filing requirements, B&P §805.

### ELDER AND DEPENDENT ADULT ABUSE.

**Definitions**, W&I §§15610 to 15610.67.

**Education and training**, B&P §28.

**Investigations**, W&I §15650.

**Reports.**

Confidentiality of information, W&I §§15633, 15633.5, 15658.

Crimes and offenses, W&I §15630.

Disclosure of information, W&I §15633.

Employee statements, W&I §15659.

Failure to report, W&I §15630.

Fines and penalties, W&I §15630.

Forms, W&I §15658.

Identity of persons, W&I §15633.5.

Immunity from liability, W&I §15634.

Internet, W&I §§15630, 15658.

Investigations, W&I §15650.

### ELDER AND DEPENDENT ADULT

**ABUSE** —Cont'd

**Reports** —Cont'd

Investigators, W&I §15633.5.

Local agency cross-reporting, W&I §15640.

Mandated reporters, W&I §15630.

Nonmandated reporters, W&I §15631.

Physician-patient privilege, W&I §§15632, 15637.

Psychotherapist-patient privilege, W&I §§15632, 15637.

Telephones, W&I §15630.

Written reports, W&I §15658.

### ELECTRO-CONVULSIVE THERAPY.

**Practice of psychology, excluded acts**, B&P §2904.

### EMERGENCIES.

**Out-of-state practitioners, exemption from licensure**, B&P §900.

**Providing services during, ethical standards**, Ethics 2.02.

### EMPLOYER AND EMPLOYEE.

**Disclosure of medical information.**

Authorization for disclosure, Civ §56.21.

Prohibited disclosure, Civ §56.20.

**Mandated reporters of child abuse or neglect.**

Employee statement acknowledging awareness of reporting duties and promising compliance, Pen §11166.5.

**Mandated reporters of elder or dependent adult abuse.**

Employee statement acknowledging awareness of reporting duties and promising compliance, W&I §15659.

**Probation terms and conditions, change of employment**, DiscipProbation 23.

### ENGLISH LANGUAGE.

**Services provided to non-English speaking clients.**

Translations of mandated notices or publications provided to clients, 16 CCR §1396.5.

**ETHICAL STANDARDS**, Ethics 1.01 to 10.10.

**Adoption**, B&P §2936.

**Advertising**, Ethics 5.01 to 5.06.

False statements, avoiding, Ethics 5.01.

Index

## INDEX

### **ETHICAL STANDARDS —Cont'd**

#### **Advertising —Cont'd**

- In-person solicitation, Ethics 5.06.
- Media presentations, Ethics 5.04.
- Non-degree-granting educational programs, descriptions of, Ethics 5.03.
- Statements by others, Ethics 5.02.
- Testimonials, Ethics 5.05.
- Workshops, descriptions of, Ethics 5.03.

#### **Assessments, Ethics 9.01 to 9.11.**

- Basis, Ethics 9.01.
- Construction of tests, Ethics 9.05.
- Explanation of results, Ethics 9.10.
- Informed consent, Ethics 9.03.
- Interpretation of results, Ethics 9.06.
- Interpretation services, Ethics 9.09.
- Maintaining test security, Ethics 9.11.
- Obsolete tests, Ethics 9.08.
- Outdated test results, Ethics 9.08.
- Release of test data, Ethics 9.04.
- Scoring of tests, Ethics 9.09.
- Unqualified persons, Ethics 9.07.
- Use, Ethics 9.02.

#### **Competence, Ethics 2.01 to 2.06.**

- Boundaries, Ethics 2.01.
- Delegation of authority, Ethics 2.05.
- Emergencies, providing services during, Ethics 2.02.
- Maintaining, Ethics 2.03.
- Personal problems and conflicts, Ethics 2.06.
- Professional judgment, basis, Ethics 2.04.
- Scientific judgment, basis, Ethics 2.04.

#### **Confidentiality of information, Ethics**

- 4.01 to 4.07.
- Consultations, Ethics 4.06.
- Didactic purposes, use, Ethics 4.07.
- Disclosure, Ethics 4.05.
- Discussing limits, Ethics 4.02.
- Maintaining, Ethics 4.01.
- Privacy, minimization of intrusions, Ethics 4.04.
- Professional work, Ethics 6.02.
- Recording voices and images, Ethics 4.03.
- Scientific work, Ethics 6.02.

#### **Disciplinary actions, B&P §2936.**

#### **Education and training, Ethics 7.01 to 7.07.**

- Accuracy in teaching, Ethics 7.03.
- Assessment of student and supervisee performance, Ethics 7.06.

### **ETHICAL STANDARDS —Cont'd**

#### **Education and training —Cont'd**

- Description of programs, Ethics 7.02.
- Design of programs, Ethics 7.01.
- Mandatory individual or group therapy, Ethics 7.05.
- Personal information, disclosure, Ethics 7.04.
- Sexual misconduct, Ethics 7.07.

#### **Ethics course, probation terms and conditions, DiscipProbation 16.**

#### **Fees.**

- Barter, Ethics 6.05.
- Financial arrangements, Ethics 6.04.
- Referrals, Ethics 6.07.
- Reports, accuracy, Ethics 6.06.

#### **Human relations, Ethics 3.01 to 3.12.**

- Conflicts of interest, Ethics 3.06.
- Cooperation with other professionals, Ethics 3.09.
- Discrimination, Ethics 3.01.
- Exploitative relationships, Ethics 3.08.
- Harassment, Ethics 3.03.
- Harm, avoiding, Ethics 3.04.
- Informed consent, Ethics 3.10.
- Interruption of services, Ethics 3.12.
- Multiple relationships, Ethics 3.05.
- Organizations, services delivered to or through, Ethics 3.11.
- Sexual harassment, Ethics 3.02.
- Third-party requests for services, Ethics 3.07.

#### **Psychotherapy, Ethics 10.01 to 10.10.**

- Couples or families, Ethics 10.02.
- Education and training, mandatory individual or group therapy, Ethics 7.05.
- Former sexual partners, Ethics 10.07.
- Group therapy, Ethics 10.03.
- Informed consent, Ethics 10.01.
- Interruption, Ethics 10.09.
- Providing therapy to persons served by others, Ethics 10.04.
- Sexual misconduct.
  - Current clients or patients, Ethics 10.05.
  - Former sexual partners, Ethics 10.08.
  - Relatives or significant others of current clients or patients, Ethics 10.06.
- Termination, Ethics 10.10.

#### **Records.**

- Professional work, Ethics 6.01.
- Scientific work, Ethics 6.01.

## INDEX

### **ETHICAL STANDARDS —Cont'd**

#### **Records —Cont'd**

Withholding for nonpayment, Ethics 6.03.

#### **Research, Ethics 8.01 to 8.15.**

Animals, humane care and use, Ethics 8.09.

Clients, patients, students and subordinates, Ethics 8.04.

Debriefing, Ethics 8.08.

Deception in research, Ethics 8.07.

Inducements for participation, Ethics 8.06.

Informed consent, Ethics 8.02.

Dispensing with consent, Ethics 8.05.

Recording voices and images, Ethics 8.03.

Institutional approval, Ethics 8.01.

Plagiarism, Ethics 8.11.

Publication.

Credit, Ethics 8.12.

Duplicate publication of data, Ethics 8.13.

Sharing data for verification, Ethics 8.14.

Reports, Ethics 8.10.

Reviewers, Ethics 8.15.

#### **Resolution of ethical issues, Ethics**

1.01 to 1.08.

Discrimination against complainants and respondents, Ethics 1.08.

Ethics committees, cooperation, Ethics 1.06.

Improper complaints, Ethics 1.07.

Informal resolution of ethical violations, Ethics 1.04.

Misuse of work, Ethics 1.01.

Organizational demands, conflicts, Ethics 1.03.

Reporting of violations, Ethics 1.05.

Rules and regulations, conflicts, Ethics 1.02.

Statutes, conflicts, Ethics 1.02.

#### **EXAMINATIONS, 16 CCR §§1388 to 1389.1.**

**Authority of board, B&P §2931.**

**Board of psychology, B&P §2931.**

**Commissioners, B&P §2947.**

**Conduct of, B&P §2942.**

**Denial, suspension or revocation of licenses, following, B&P §2964.5.**

**Failure to appear, 16 CCR §1381.4.**

**Grading of, B&P §2944.**

#### **EXAMINATIONS —Cont'd**

**Inspection of, 16 CCR §1389.1.**

**Licenses, B&P §2941.**

**Mental or physical illness, B&P §820.**  
Reinstatement of licenses following, B&P §823.

**New licenses, B&P §2986.**

**Out-of-state practitioners, B&P §2946.**

**Passing grades, 16 CCR §1388, B&P §2942.**

#### **Physical examinations.**

Probation terms and conditions, DiscipProbation 3.

**Probation terms and conditions, DiscipProbation 13.**

**Reconsideration precluded, 16 CCR §1389.**

**Records, B&P §2944.**

**Requirements, 16 CCR §1388.**

**Scope, B&P §2943.**

**Suspension or revocation of licenses for violations regarding, B&P §496.**

**Uniformity, B&P §2942.**

**Waiver, 16 CCR §1388.6.**

#### **EXEMPTION FROM LICENSURE.**

**Community mental health services, W&I §5751.2.**

#### **Out-of-state practitioners.**

Emergencies, B&P §900.

Sponsored events, B&P §901.

#### **EXPENSES.**

See COSTS AND EXPENSES.

#### **EXPIRATION OF LICENSES.**

**Renewal of licenses, applications, 16 CCR §1381.9, B&P §2982.**

**Time of expiration, B&P §2982.**

#### **EXPLOITATIVE RELATIONSHIPS.**

**Ethical standards, Ethics 3.08.**

#### **EXPOSURE TO COMMUNICABLE DISEASES.**

**Notification, H&S §§120260 to 120263.**  
See COMMUNICABLE DISEASES.

## F

#### **FALSE ADVERTISING.**

**Comparison with other goods or services, B&P §17508.**

**Denial, suspension or revocation of licenses, B&P §2960, DiscipPenGuide 2960(g).**

Index

## INDEX

- FALSE ADVERTISING** —Cont'd  
**Ethical standards**, Ethics 5.01.  
**Factual evidence, based on**, B&P §17508.  
**Fines and penalties**, B&P §17500.  
**Multiple goods or services, pertaining to**, B&P §17507.  
**Prohibited conduct**, B&P §17500.  
**Rules and regulations**, B&P §17500.1.
- FALSE IMPERSONATION.**  
**Denial, suspension or revocation of licenses**, B&P §2960, DiscipPenGuide 2960(d).
- FALSE STATEMENTS.**  
**Child abuse or neglect, reports**, Pen §11172.  
**Denial, suspension or revocation of licenses**, B&P §499.  
**False advertising generally.**  
See FALSE ADVERTISING.
- FAMILY THERAPISTS.**  
See MARRIAGE AND FAMILY THERAPISTS.
- FEES.**  
**Additional fees**, B&P §2987.2.  
**Applications**, B&P §2940.  
**Continuing education.**  
Licensee fees, 16 CCR §1397.69.  
Providers, 16 CCR §1397.68.  
**Delinquency fees**, B&P §2984.  
**Denial, suspension or revocation of licenses, following**, B&P §2964.5.  
**Ethical standards.**  
Barter, Ethics 6.05.  
Financial arrangements, Ethics 6.04.  
Referrals, Ethics 6.07.  
Reports, accuracy in, Ethics 6.06.  
**Inactive status**, B&P §2988.  
**Initial fee.**  
Failure to pay, 16 CCR §1381.5.  
Requirements, B&P §2983.  
**New licenses**, B&P §2986.  
**Psychological assistants**, 16 CCR §1392.1.  
**Reinstatement of licenses**, B&P §2985.  
**Renewal of licenses**, B&P §2984.  
Denial, suspension or revocation of licenses, following, B&P §2985.  
Exemptions, B&P §2987.5.  
**Rules and regulations**, B&P §2989.  
**Schedule of fees**, 16 CCR §1392, B&P §2987.
- FEES** —Cont'd  
**Time requirements**, B&P §2941.
- FEE SPLITTING.**  
**Professional corporations**, Corp §13408.5.
- FELONIES.**  
**Preliminary hearing transcripts**, B&P §803.6.
- FINANCIAL STATEMENTS.**  
**Professional corporations**, Corp §13406.
- FINES AND PENALTIES**, 16 CCR §§1397.50 to 1397.55.  
**Abatement orders, noncompliance**, 16 CCR §1397.52.  
**Amount**, 16 CCR §1397.51.  
**Child abuse or neglect, reports.**  
Confidentiality of information, violations, Pen §11167.5.  
Failure to report, Pen §11166.
- Citations.**  
Contest, 16 CCR §1397.54.  
Issuance, 16 CCR §1397.50.
- Communicable diseases, exposure notification, noncompliance**, H&S §120263.  
**805 reports, regarding**, B&P §805.  
**Elder and dependent adult abuse, failure to report**, W&I §15630.  
**False advertising**, B&P §17500.  
**HIV/AIDS, blood tests, unauthorized disclosure**, H&S §120980.  
**Injunctions, violations**, B&P §17535.5.  
**Personal injuries, reports**, Pen §11162.  
**Prohibition of penalties based on guidelines, criteria, bulletins, manuals, instructions, orders or standards**, Gov §11425.50(e).  
**Reduction**, Gov §11522.  
**Rules and regulations required**, Gov §11425.50(e).  
**Telephones, disconnection**, 16 CCR §1397.55.  
**Unlicensed practice**, 16 CCR §1397.53.  
**Violations**, B&P §2970.
- FINGERPRINTS.**  
**Licensees**, B&P §144.
- FIREARMS.**  
**Personal injuries, reports**, Pen §11160.

## INDEX

### FOREIGN LANGUAGES.

#### Services provided to non-English speaking clients.

Translations of mandated notices or publications provided to clients, 16 CCR §1396.5.

### FORMS.

#### Disclosure of medical information, authorization for disclosure, W&I §15658.

#### Reports, B&P §804.

Elder and dependent adult abuse, W&I §15658.

### FRAUD.

#### Denial, suspension or revocation of licenses.

Applications, B&P §2960, DiscipPenGuide 2960(e).

Examinations, B&P §2960, DiscipPenGuide 2960(e).

Grounds for, B&P §2960, DiscipPenGuide 2960(n).

Licenses secured by, B&P §498.

Type or status of license, B&P §2960, DiscipPenGuide 2960(c).

### FREE SERVICES.

#### Probation terms and conditions,

DiscipProbation 14.

### FUNDS.

#### Psychology fund.

Deposits, B&P §2980.

Reports, B&P §2980.

Use of, B&P §2981.

## G

### GENDER.

#### Licensing boards, discrimination, Gov §12944.

### GENETIC INFORMATION.

#### Licensing boards, discrimination, Gov §12944.

### GERIATRIC PHARMACOLOGY.

#### Continuing education, B&P §2914.1.

### GOOD MORAL CHARACTER.

#### Licenses.

Attestation not required, B&P §484.

Denial for lack of, B&P §489.

### GRADING OF EXAMINATIONS.

#### Board of psychology, B&P §2944.

### GRADING OF EXAMINATIONS

—Cont'd

#### Passing grades, 16 CCR §1388, B&P §2942.

### GRADUATE STUDY AND STUDENTS.

#### Program curriculum.

Aging, B&P §2915.5.

Long-term care, B&P §2915.5.

#### Psychologists as, B&P §2911.

#### Use of titles, B&P §2911.

### GROSS NEGLIGENCE.

#### Denial, suspension or revocation of licenses, B&P §2960, DiscipPenGuide 2960(j).

### GROUP THERAPY.

#### Ethical standards, Ethics 10.03.

Education and training, mandatory individual or group therapy, Ethics 7.05.

### GUARDIAN AND WARD.

#### Children and minors, liability for medical treatment, Fam §6922.

Counseling, Fam §6924.

Mental health, Fam §6924.

Substance abuse, Fam §6929.

#### Patient access to medical records, minor removed from physical custody of parent or guardian, H&S §123116.

### GUILTY PLEAS.

#### Reports to board.

Failure to make.

Unprofessional conduct, 16 CCR 1397.2.

## H

### HARASSMENT.

#### Ethical standards, Ethics 3.03.

Sexual harassment, Ethics 3.02.

### HARM, AVOIDING.

#### Ethical standards, Ethics 3.04.

### HEALTH CARE PROVIDERS.

#### Clinical social workers.

See CLINICAL SOCIAL WORKERS.

#### Marriage and family therapists.

See MARRIAGE AND FAMILY THERAPISTS.

#### Professional clinical counselors.

See PROFESSIONAL CLINICAL COUNSELORS.

Index

INDEX

**HEALTH CARE PROVIDERS —Cont'd**  
**Psychologists.**

See PSYCHOLOGISTS.

**HEARINGS.**

**Denial, suspension or revocation of licenses for crimes and offenses,** B&P §2966.

**Licenses,** B&P §487.

**Relief hearings,** DiscipReliefHear.

**HIV/AIDS.**

**Blood tests.**

Authorized disclosure, H&S §121015.

Children and minors, H&S §120991.

Consent on behalf of child, H&S §121020.

Communication of results, H&S §§120990, 120991.

Compelled disclosure prohibited, H&S §121015.

Compelled identification of test subjects prohibited, H&S §120975.

Conduct, H&S §120990.

Confidentiality of information, H&S §121022.

Conformity with federal recommendations and guidelines, H&S §120991.

Crimes and offenses, H&S §120980.

Disclosure to health care providers, H&S §120985.

Fines and penalties, H&S §120980.

Immunity from liability, H&S §121015.

Incompetent persons, consent on behalf of, H&S §121020.

Informed consent, H&S §120990.

Reports, H&S §§120980, 121022.

Unauthorized disclosure, H&S §120980.

**California acquired immune deficiency syndrome (AIDS) program (CAP), legislative intent,** H&S §120800.

**Education and training,** B&P §32.

**HOMELESS PERSONS.**

**Child abuse or neglect,** Pen §11165.15.

**HUMAN RELATIONS.**

**Ethical standards,** Ethics 3.01 to 3.12.

See ETHICAL STANDARDS.

**HUMAN SEXUALITY.**

**Education and training,** B&P §25.

**I**

**IDENTIFICATION.**

**Professional identification.**

Rules of professional conduct, 16 CCR §1396.4.

**ILLNESS.**

**Communicable diseases.**

See COMMUNICABLE DISEASES.

**Mental or physical illness.**

See MENTAL OR PHYSICAL ILLNESS OF LICENTIATE.

**IMMIGRATION.**

**Suspension or revocation of licenses for threatening to report immigration status,** B&P §494.6.

**IMMUNITY FROM LIABILITY.**

**Child abuse or neglect, reports,** Pen §11172.

**Communication of evaluation,** Civ §43.8.

**Elder and dependent adult abuse, reports,** W&I §15634.

**HIV/AIDS, blood tests,** H&S §121015.

**Personal injuries, reports,** Pen §11161.9.

**Psychotherapists, violent behavior of patients,** Civ §43.92.

**INACTIVE STATUS.**

**Applications,** 16 CCR §1381.8, B&P §2988.

**Renewal of licenses following,** 16 CCR §1397.67.

**INCARCERATION.**

**Denial, suspension or revocation of licenses,** B&P §2966.

**Licensure during,** B&P §480.5.

**INCOMPETENT PERSONS.**

**HIV/AIDS, blood tests, consent on behalf of,** H&S §121020.

**INDIVIDUAL THERAPY.**

**Education and training, mandatory individual or group therapy, ethical standards,** Ethics 7.05.

**INFORMATION PRACTICES ACT.**

**Patient access to medical records, applicability of law,** H&S §123140.

**INFORMED CONSENT.**

**Assessments, ethical standards,** Ethics 9.03.

## INDEX

- INFORMED CONSENT** —Cont'd  
**Communicable diseases, exposure notification**, H&S §120262.  
**Ethical standards**, Ethics 3.10.  
**HIV/AIDS, blood tests**, H&S §120990.  
**Psychotherapy, ethical standards**, Ethics 10.01.  
**Research, ethical standards**, Ethics 8.02.  
    Dispensing with standards, Ethics 8.05.  
    Recording voices and images, Ethics 8.03.  
**Telehealth**, B&P §2290.5.
- INITIAL FEE.**  
**Failure to pay**, 16 CCR §1381.5.  
**Requirements**, B&P §2983.
- INJUNCTIONS.**  
**Fines and penalties for violations**, B&P §17535.5.  
**Obtaining**, B&P §17535.  
**Violations**, B&P §2971.
- INSANITY DEFENSE.**  
**Psychotherapist-patient privilege, exception for sanity determinations**, Evid §1023.
- INSPECTION OF RECORDS.**  
**Child abuse or neglect index (CACI)**, Pen §11170.  
**Examinations**, 16 CCR §1389.1.  
**Exemptions**, Gov §6254.  
**Patient access to medical records**, H&S §123110.
- INTENSIVE TREATMENT.**  
**Certification for**, W&I §5250.  
**Grounds for certification**, W&I §5250.  
**Time limitations**, W&I §5250.
- INTERAGENCY CHILD DEATH REVIEW TEAMS.**  
**Autopsy protocol**, Pen §11174.32.  
**Confidentiality of information**, Pen §11174.32.  
**Protocols**, Pen §11174.33.  
**Recommendations**, Pen §11174.32.  
**Reports**, Pen §11174.32.
- INTERNET.**  
**Board of psychology, dissemination of information on licensees**, B&P §27.  
**Elder and dependent adult abuse, reports**, W&I §§15630, 15658.
- INTERNET** —Cont'd  
**Patient access to medical records**, H&S §123148.
- INTERNS, PSYCHOLOGICAL.**  
**Activities**, B&P §2911.  
**Probation terms and conditions, restrictions regarding**, DiscipProbation 25.  
**Use of titles**, B&P §2911.
- INTERPERSONAL RELATIONS.**  
**Rules of professional conduct**, 16 CCR §1396.1.
- INTERRUPTION OF SERVICES.**  
**Ethical standards**, Ethics 3.12.
- INTERVIEWS.**  
**Probation terms and conditions**, DiscipProbation 22.
- INVESTIGATIONS.**  
**Child abuse or neglect.**  
    Confidentiality of information, Pen §11174.3.  
    Cooperative arrangements, Pen §11166.3.  
    Guidelines, Pen §§11174, 11174.1.  
    Rules and regulations, Pen §11174.1.  
    Schools, interviews, Pen §11174.3.  
**Elder and dependent adult abuse**, W&I §15650.
- INVOLUNTARY TREATMENT.**  
**Dangerous persons**, W&I §5150.  
**Intensive treatment.**  
    Certification, W&I §5250.  
    Grounds for certification, W&I §5250.  
    Time limitations, W&I §5250.  
**Mentally disordered persons**, W&I §5150.  
**Rights of detained persons.**  
    Coextensive with rights of other persons, W&I §5325.1.  
    Confidentiality of information, W&I §5328.  
    Disclosure of information, W&I §5328.  
    Discrimination prohibited, W&I §5325.1.  
    Posting, W&I §5325.  
    Records, W&I §5328.  
    Waiver, W&I §5325.

## J

- JUDGMENTS.**  
**Reports**, B&P §803.



INDEX

**JUSTICE DEPARTMENT.**

**Child abuse or neglect index (CACI).**

Inspection of records, Pen §11170.  
Maintenance, Pen §11170.  
Notice, Pen §11170.  
Removal of names, Pen §11170.  
Reports, Pen §11169.

**K**

**KICKBACKS.**

**Professional corporations, Corp**  
§13408.5.

**L**

**LABOR AND EMPLOYMENT.**

**Disclosure of medical information.**

Authorization for disclosure, Civ  
§56.21.  
Prohibited disclosure, Civ §56.20.  
**Probation terms and conditions,**  
**change of employment,**  
DiscipProbation 23.

**LANGUAGE ASSISTANCE.**

**Services provided to non-English**  
**speaking clients.**

Translations of mandated notices or  
publications provided to clients, 16  
CCR §1396.5.

**LAW ENFORCEMENT AGENCIES.**

**Child abuse or neglect.**

Investigations, Pen §11166.3.  
Reports, Pen §11166.

**Elder and dependent adult abuse,**  
**reports, W&I §15630.**

**LAW ENFORCEMENT OFFICERS.**

**Evaluation of physical, emotional**  
**and mental condition, B&P**  
§2960.2.

**LEWD OR LASCIVIOUS ACTS.**

**Crimes and offenses, Pen §288.**  
**Registration of sex offenders, Pen**  
§290.

**LIABILITY INSURANCE.**

**Arbitration awards, reports, B&P**  
§801.  
**Settlements, reports, B&P §801.**

**LICENSES.**

**Applicability of law, B&P §476.**

**LICENSES —Cont'd**

**Applications for licensure, 16 CCR**  
§§1381 to 1381.9.

See APPLICATIONS FOR  
LICENSURE.

**Authority of board, B&P §§118, 488.**

**Child abuse or neglect, reports, Pen**  
§11166.2.

**Community mental health services,**  
**exemption from licensure, W&I**  
§5751.2.

**Crimes and offenses regarding, B&P**  
§119.

**Delinquent status, renewal of**  
**licenses following, 16 CCR**  
§1397.67.

**Denial of licenses, B&P §§480 to 489,**  
2960 to 2969.

See DENIAL, SUSPENSION OR  
REVOCAION OF LICENSES.

**Discrimination, Gov §12944.**

**Display of, B&P §104.**

**Examinations, B&P §2941.**

**Exemption from licensure.**

Community mental health services,  
W&I §5751.2.

Out-of-state practitioners.

Emergencies, B&P §900.

Sponsored events, B&P §901.

**Expiration of licenses.**

Renewal of licenses, applications, 16  
CCR §1381.9, B&P §2982.

Time of expiration, B&P §2982.

**Fees.**

See FEES.

**Good moral character.**

Attestation not required, B&P §484.

Denial for lack of, B&P §489.

**Hearings, B&P §487.**

**Inactive status.**

Applications, 16 CCR §1381.8, B&P  
§2988.

Renewal of licenses following, 16 CCR  
§1397.67.

**Incarceration, during, B&P §480.5.**

**Issuance, B&P §2948.**

**Legality of practice between renewal**  
**and receipt, B&P §121.**

**Military forces.**

Applications, inquiries regarding  
service, B&P §114.5.

Expiration while on active duty, B&P  
§114.

Fees, waiver, B&P §114.3.

INDEX

**LICENSES —Cont'd**

**National guard.**

Applications, inquiries regarding service, B&P §114.5.

Expiration while on active duty, B&P §114.

Fees, waiver, B&P §114.3.

**New licenses**, B&P §2986.

**Numbers, display**, 16 CCR §1380.6.

**Out-of-state practitioners, exemption from licensure.**

Emergencies, B&P §900.

Sponsored events, B&P §901.

**Probation terms and conditions**, DiscipProbation 26.

**Psychological corporations**, B&P §2997.

**Psychology clinics**, H&S §1204.1.

**Reapplication following denial**, B&P §486.

**Rehabilitation, evaluation**, B&P §482.

**Reinstatement of licenses.**

See REINSTATEMENT OF LICENSES.

**Relinquishment of licenses, probation terms and conditions**, DiscipProbation 31.

**Renewal of licenses.**

See RENEWAL OF LICENSES.

**Revocation of licenses**, B&P §§490 to 494.6, 2960 to 2969.

See DENIAL, SUSPENSION OR REVOCATION OF LICENSES.

**Surrender of licenses, probation terms and conditions**, DiscipProbation 29.

**Suspension of licenses**, B&P §§490 to 494.6, 2960 to 2969.

See DENIAL, SUSPENSION OR REVOCATION OF LICENSES.

**Unlicensed practice.**

Denial, suspension or revocation of licenses for aiding and abetting, B&P §2960, DiscipPenGuide 2960(1).

Fines and penalties, 16 CCR §1397.53.

Prohibited conduct, B&P §2903.

**LONG-TERM CARE.**

**Continuing education**, B&P §2915.7.

**Education and training**, 16 CCR §1382.6.

**Graduate study program curriculum**, B&P §2915.5.

**LONG-TERM CARE FACILITIES.**

**Elder and dependent adult abuse, reports**, W&I §15630.

**LONG-TERM CARE OMBUDSMAN PROGRAM.**

**Elder and dependent adult abuse.**

Investigations, W&I §15650.

Reports, W&I §§15640, 15658.

**M**

**MANDATED REPORTERS OF CHILD ABUSE OR NEGLECT.**

**Agencies receiving reports.**

Duties, Pen §§11166.1, 11166.2.

**Confidentiality.**

Identity of reporter, Pen §11167.

Reports, Pen §11167.5.

**Defined and listed**, Pen §11165.7.

**Disclosure of reports**, Pen §11167.5.

**Employee statement acknowledging awareness of reporting duties and promising compliance**, Pen §11166.5.

**Homeless or unaccompanied youth.**

Limitations on reporting as abused or neglected, Pen §11165.15.

**Medium for reporting**, Pen §11166.

**Serious emotional damage.**

Duties of mandated reporters, Pen §11166.05.

**Statement acknowledging awareness of reporting duties and promising compliance**, Pen §11166.5.

**Suspected abuse or neglect.**

Duties of mandated reporters, Pen §§11165.9, 11166.

**Training of mandated reporters**, Pen §11165.7.

**MANDATED REPORTERS OF ELDER OR DEPENDENT ADULT ABUSE.**

**Confidentiality.**

Reports, W&I §15633.

**Defined**, W&I §15630.

**Duties**, W&I §15630.

**Employee statement acknowledging awareness of reporting duties and promising compliance**, W&I §15659.

**Form and contents of reports**, W&I §15658.

Index

## INDEX

### **MANDATED REPORTERS OF ELDER OR DEPENDENT ADULT ABUSE —Cont'd**

**Immunity from liability, W&I §15634.**

#### **Physician-patient privilege.**

Applicability of privilege, W&I §§15632, 15637.

#### **Psychotherapist-patient privilege.**

Applicability of privilege, W&I §§15632, 15637.

**Punishment for failure to report, W&I §15630.**

**Statement acknowledging awareness of reporting duties and promising compliance, W&I §15659.**

### **MARRIAGE AND FAMILY THERAPISTS.**

**Change of address, notice, B&P §136.**

**Child abuse or neglect, reports.**  
See CHILD ABUSE OR NEGLECT.

**Children and minors, consent to medical treatment, Fam §6924.**

**Communicable diseases, reports.**  
See COMMUNICABLE DISEASES.

**Communication of evaluation, immunity from liability, Civ §43.8.**

**Continuing education.**  
See CONTINUING EDUCATION.

**Crimes and offenses.**  
See CRIMES AND OFFENSES.

**Criminal history record checks, B&P §144.**

Investigations of, B&P §144.5.

**Disclosure to patients, B&P §680.5.**

#### **Education and training.**

Chemical dependency and early intervention, B&P §29.

Child abuse or neglect, B&P §28.

Elder and dependent adult abuse, B&P §28.

HIV/AIDS, B&P §32.

Human sexuality, B&P §25.

**Elder and dependent adult abuse, reports.**

See ELDER AND DEPENDENT ADULT ABUSE.

**Examinations, suspension or revocation of licenses for violations regarding, B&P §496.**

**False advertising.**  
See FALSE ADVERTISING.

**False statements, suspension or revocation of licenses for, B&P §499.**

### **MARRIAGE AND FAMILY THERAPISTS —Cont'd**

#### **Fines and penalties.**

See FINES AND PENALTIES.

**Fingerprints, B&P §144.**

**Fraud, suspension or revocation of licenses secured by, B&P §498.**

#### **Injunctions.**

Fines and penalties for violations, B&P §17535.5.

Obtaining, B&P §17535.

#### **Licenses.**

See LICENSES.

**Medical records, patient access.**

See MEDICAL RECORDS.

**Mental or physical illness.**

See MENTAL OR PHYSICAL ILLNESS OF LICENTIATE.

**Name tags, B&P §680.**

**Out-of-state practitioners, exemption from licensure.**

Emergencies, B&P §900.

Sponsored events, B&P §901.

**Personal injuries, reports.**

See REPORTS.

**Professional corporations, Corp §§13400 to 13410.**

See PROFESSIONAL CORPORATIONS.

**Public reprimands, B&P §495.**

#### **Reports.**

See REPORTS.

**Sexual misconduct.**

See SEXUAL MISCONDUCT.

**Sexual orientation change efforts.**

Definitions, B&P §865.

Disciplinary actions, B&P §865.2.

Prohibited conduct, B&P §865.1.

Unprofessional conduct, B&P §865.2.

**Unprofessional conduct.**

See UNPROFESSIONAL CONDUCT.

### **MEDIA PRESENTATIONS.**

**Ethical standards, Ethics 5.04.**

**MEDICAL CORPORATIONS, Corp §13403.**

### **MEDICAL RECORDS.**

**Case records, destruction, H&S §123150.**

**Denial, suspension or revocation of licenses for noncompliance with requests, B&P §2969.**

**Destruction, H&S §123150.**

## INDEX

### **MEDICAL RECORDS —Cont'd**

#### **Disclosure of medical information.**

- Authorization for disclosure, Civ §56.10.
  - Contents, Civ §56.11.
  - Employers, Civ §56.21.
  - Forms, Civ §56.11.
- Children and minors, Civ §56.103.
  - Mental health, Civ §56.106.
- Compelled disclosure, Civ §56.10.
  - Employers.
    - Authorization for disclosure, Civ §56.21.
    - Prohibited disclosure, Civ §56.20.
  - Permitted disclosure, Civ §56.10.

#### **Patient access.**

- Abandonment of records, H&S §123145.
- Attorneys' fees, H&S §123120.
- Children and minors, H&S §123115.
  - Minor removed from physical custody of parent or guardian, H&S §123116.
- Communicable diseases, H&S §123125.
- Confidentiality of information,
  - applicability of law, H&S §123135.
- Copies, H&S §123110.
- Costs and expenses, H&S §123120.
- Definitions, H&S §123105.
- Electronic recordkeeping, H&S §123149.
- Enforcement actions, H&S §123120.
- Extent of access, H&S §123135.
- Information practices act, applicability of law, H&S §123140.
- Inspection of records, H&S §123110.
- Internet, H&S §123148.
- Mental health records, H&S §123115.
  - Minor removed from physical custody of parent or guardian, H&S §123116.
- Plain language requirement, H&S §123148.
- Preservation of records, H&S §123145.
- Revocation of consent, H&S §123148.
- Substance abuse records, H&S §123125.
- Summary of records, H&S §123130.
- Test results, H&S §123148.

#### **X-rays, destruction, H&S §123150.**

### **MEETINGS.**

#### **Board of psychology, B&P §2926.**

- Notice of regular meetings, B&P §2927.5.

### **MEETINGS —Cont'd**

#### **Board of psychology —Cont'd**

- Quorum, B&P §2927.

### **MENTAL HEALTH.**

#### **Children and minors.**

- Consent to medical treatment, Fam §6924.
- Disclosure of medical information, Civ §56.106.

#### **Community mental health services.**

- Exemption from licensure, W&I §5751.2.
- Protocols for meeting statutory and regulatory requirements, W&I §5614.

#### **Denial, suspension or revocation of licenses, B&P §2960.5.**

#### **Involuntary treatment.**

- See INVOLUNTARY TREATMENT.

#### **Patient access to medical records,**

- H&S §123115.
- Minor removed from physical custody of parent or guardian, H&S §123116.

### **MENTAL HOSPITALS.**

#### **Elder and dependent adult abuse, reports, W&I §15630.**

### **MENTALLY DISORDERED PERSONS.**

#### **Involuntary treatment, W&I §5150.**

#### **MENTAL OR PHYSICAL ILLNESS OF LICENTIATE, B&P §§820 to 828.**

#### **Alternative dispositions, B&P §§822, 824.**

#### **Confidentiality of information, B&P §828.**

#### **Destruction of records, B&P §828.**

#### **Examinations, B&P §820.**

#### **Law governing, B&P §826.**

#### **Proceedings.**

- Closed sessions, B&P §827.
- Law governing, B&P §826.
- Selection, B&P §824.

#### **Reinstatement of licenses, B&P §822.**

- Procedures, B&P §823.

#### **Reports, B&P §820.**

#### **Suspension or revocation of licenses for noncompliance with orders, B&P §821.**

### **MILITARY FORCES.**

#### **Continuing education, waiver of fees for persons called to active duty, B&P §114.3.**

INDEX

**MILITARY FORCES** —Cont'd

**Licenses.**

- Applications, inquiries regarding service, B&P §114.5.
- Expiration while on active duty, B&P §114.
- Fees, waiver for persons called to active duty, B&P §114.3.

**MISREPRESENTATION.**

- Rules of professional conduct**, 16 CCR §1396.2.

**MULTIPLE RELATIONSHIPS.**

- Ethical standards**, Ethics 3.05.

N

**NAMES.**

- Professional corporations**, Corp §13409.
- Psychological corporations**, B&P §2998.

- NAME TAGS**, B&P §680.

**NATIONAL GUARD.**

- Continuing education, waiver of fees for persons called to active duty**, B&P §114.3.

**Licenses.**

- Applications, inquiries regarding service, B&P §114.5.
- Expiration while on active duty, B&P §114.
- Fees, waiver for persons called to active duty, B&P §114.3.

**NATIONAL ORIGIN.**

- Licensing boards, discrimination**, Gov §12944.

**NEGLECT.**

- Child abuse or neglect.**  
See CHILD ABUSE OR NEGLECT.

**NEGLIGENCE, REPEATED.**

- Denial, suspension or revocation of licenses**, B&P §2960, DiscipPenGuide 2960(r).

- NEW LICENSES**, B&P §2986.

**NO CONTEST PLEAS.**

- Reports to board.**  
Failure to make.  
Unprofessional conduct, 16 CCR 1397.2.

**NONPROFIT PUBLIC BENEFIT CORPORATIONS.**

- Professional corporations**, Corp §13406.

**NOTICE.**

- Board of psychology, notice of regular meetings**, B&P §2927.5.
- Change of address**, B&P §136.
- Child abuse or neglect index (CACI)**, Pen §11170.

- Communicable diseases, exposure notification**, H&S §§120260 to 120263.

See COMMUNICABLE DISEASES.

- Declaratory decisions**, Gov §11465.30.

**Probation terms and conditions.**

- DiscipProbation 15.
- Notification of employer, DiscipProbation 5.

O

**OFFICE OF ADMINISTRATIVE HEARINGS.**

- Declaratory decisions, model regulations**, Gov §11465.70.

**OFFICERS.**

- Board of psychology**, B&P §2925.
- Professional corporations**, Corp §13401.5.
- Psychological corporations**, B&P §2997.

**OFFICIAL INFORMATION PRIVILEGE**, Evid §1040.

**OPEN MEETINGS.**

- Board of psychology**, B&P §2927.5.

**ORGANIZATIONS.**

- Delivery of services to or through, ethical standards**, Ethics 3.11.

**OUT-OF-STATE PRACTICE.**

- Examinations**, B&P §2946.
- Exemption from licensure.**  
Emergencies, B&P §900.  
Sponsored events, B&P §901.
- Statutory construction**, B&P §2912.
- Supervised professional experience**, 16 CCR §1387.4.

- Tolling of probation terms and conditions for**, DiscipProbation 24.

- Violations, denial, suspension or revocation of licenses for**, B&P §2960, DiscipPenGuide 2960(m).

## INDEX

### P

#### **PARENT AND CHILD.**

**Children and minors, liability for medical treatment,** Fam §6922.  
Counseling, Fam §6924.  
Mental health, Fam §6924.  
Substance abuse, Fam §6929.

**Patient access to medical records, minor removed from physical custody of parent or guardian,** H&S §123116.

#### **PEACE OFFICERS.**

**Evaluation of physical, emotional and mental condition,** B&P §2960.2.

#### **PEER REVIEW.**

**Reports,** B&P §805.

#### **PENITENTIAL COMMUNICATIONS.**

**Mandated reporters of child abuse or neglect.**

Exceptions to reporting requirement, Pen §11166.

**Mandated reporters of elder or dependent adult abuse.**

Exceptions to reporting requirement, W&I §15630.

#### **PERSONAL INJURIES.**

**Reports,** Pen §§11160 to 11163.2.  
See **REPORTS.**

#### **PHYSICAL EXAMINATIONS.**

**Probation terms and conditions,** DiscipProbation 3.

#### **PHYSICIAN-PATIENT PRIVILEGE.**

**Elder and dependent adult abuse, reports,** W&I §§15632, 15637.

**Mandated reporters of elder or dependent adult abuse.**

Applicability of privilege, W&I §§15632, 15637.

#### **PHYSICIANS.**

**Elder and dependent adult abuse, reports.**

Mandated reporters, W&I §15630.  
Physician-patient privilege, W&I §§15632, 15637.

**Personal injuries, reports,** Pen §11161.

#### **PLAGIARISM.**

**Research, ethical standards,** Ethics 8.11.

#### **POLICE.**

**Evaluation of physical, emotional and mental condition,** B&P §2960.2.

#### **POSTSECONDARY EDUCATIONAL INSTITUTIONS.**

##### **Change of location.**

Defined, Ed §94823.5.

##### **PRACTICE MONITORS.**

**Probation terms and conditions,** DiscipProbation 4.

##### **PRACTICE OF PSYCHOLOGY.**

**Corporate practice,** B&P §2907.

**Defined,** B&P §2903.

**Excluded acts,** B&P §2904.

**License requirement,** B&P §2903.

**Statutory construction,** B&P §2905.

##### **PREGNANCY.**

**Children and minors, consent to medical treatment,** Fam §6925.

##### **PRESCRIPTION DRUGS.**

**Crimes and offenses,** B&P §725.

**Excessive use,** B&P §725.

**Practice of psychology, excluded acts,** B&P §2904.

##### **PRIVACY.**

**Minimization of intrusions,** Ethics 4.04.

##### **PRIVATE POSTSECONDARY EDUCATIONAL INSTITUTIONS.**

###### **Change of location.**

Defined, Ed §94823.5.

##### **PRIVILEGED COMMUNICATIONS.**

**Official information,** Evid §1040.

**Physician-patient privilege, elder and dependent adult abuse, reports,** W&I §§15632, 15637.

**Psychotherapist-patient privilege,** B&P §2918, Evid §§1010 to 1027.

See **PSYCHOTHERAPIST-PATIENT PRIVILEGE.**

##### **PROBATION.**

**Costs and expenses,** B&P §2964.6.

**Optional terms and conditions,** DiscipProbation 1 to 14.

Actual suspension, DiscipProbation 1.

Billing monitors, DiscipProbation 4.

Community service, DiscipProbation 14.

Education and training, review, DiscipProbation 13.

## INDEX

### **PROBATION —Cont'd**

#### **Optional terms and conditions**

—Cont'd

- Examinations, DiscipProbation 8.
- Free services, DiscipProbation 14.
- Notification of employer,  
DiscipProbation 5.
- Physical examination, DiscipProbation  
3.
- Practice monitors, DiscipProbation 4.
- Psychological evaluation,  
DiscipProbation 2.
- Psychotherapy, DiscipProbation 7.
- Restitution, DiscipProbation 9.
- Restriction of patient population,  
DiscipProbation 6.
- Substance abuse.
  - Abstention, DiscipProbation 12.
  - Alcohol and drug abuse treatment  
programs, DiscipProbation 10.
  - Ongoing treatment program,  
DiscipProbation 11.
  - Personal illness exception,  
DiscipProbation 12.
  - Tests and samples, DiscipProbation  
12.

**Reports, B&P §803.6.**

**Requirements, 16 CCR §1393.**

#### **Standard terms and conditions,**

- DiscipProbation 15 to 31.
- Change of employment,  
DiscipProbation 23.
- Completion of probation,  
DiscipProbation 28.
- Compliance with laws, DiscipProbation  
19.
- Compliance with probation,  
DiscipProbation 21.
- Costs and expenses.
  - Investigation and enforcement,  
DiscipProbation 17.
  - Probation, DiscipProbation 18.
  - Reinstatement of licenses,  
DiscipProbation 30.
- Coursework, DiscipProbation 15.
- Ethics course, DiscipProbation 16.
- Future licensure, DiscipProbation 26.
- Interviews, DiscipProbation 22.
- Non-practice, tolling for,  
DiscipProbation 24.
- Out-of-state practice, tolling for,  
DiscipProbation 24.
- Psychological assistants, restrictions  
regarding, DiscipProbation 25.

### **PROBATION —Cont'd**

#### **Standard terms and conditions**

—Cont'd

- Psychological interns, restrictions  
regarding, DiscipProbation 25.
- Psychological trainees, restrictions  
regarding, DiscipProbation 25.
- Relinquishment of licenses,  
DiscipProbation 31.
- Reports, DiscipProbation 20.
- Surrender of licenses, DiscipProbation  
29.
- Violation of probation, DiscipProbation  
27.

### **PROBATION DEPARTMENTS.**

#### **Child abuse or neglect.**

- Investigations, Pen §11166.3.
- Reports, Pen §11166.

### **PROFESSIONAL CLINICAL COUNSELORS.**

**Change of address, notice, B&P §136.**

#### **Child abuse or neglect, reports.**

See CHILD ABUSE OR NEGLECT.

**Children and minors, consent to  
medical treatment, Fam §6924.**

**Communicable diseases, reports.**  
See COMMUNICABLE DISEASES.

**Communication of evaluation,  
immunity from liability, Civ  
§43.8.**

#### **Continuing education.**

See CONTINUING EDUCATION.

#### **Crimes and offenses.**

See CRIMES AND OFFENSES.

**Criminal history record checks, B&P  
§144.**

Investigations of, B&P §144.5.

**Disclosure to patients, B&P §680.5.**

#### **Education and training.**

- Chemical dependency and early  
intervention, B&P §29.
- Child abuse or neglect, B&P §28.
- Elder and dependent adult abuse, B&P  
§28.
- HIV/AIDS, B&P §32.
- Human sexuality, B&P §25.

#### **Elder and dependent adult abuse, reports.**

See ELDER AND DEPENDENT  
ADULT ABUSE.

**Examinations, suspension or  
revocation of licenses for  
violations regarding, B&P §496.**

## INDEX

### **PROFESSIONAL CLINICAL COUNSELORS —Cont'd**

#### **False advertising.**

See FALSE ADVERTISING.

#### **False statements, suspension or revocation of licenses for, B&P §499.**

#### **Fines and penalties.**

See FINES AND PENALTIES.

#### **Fingerprints, B&P §144.**

#### **Fraud, suspension or revocation of licenses secured by, B&P §498.**

#### **Injunctions.**

Fines and penalties for violations of,  
B&P §17535.5.

Obtaining, B&P §17535.

#### **Licenses.**

See LICENSES.

#### **Medical records, patient access.**

See MEDICAL RECORDS.

#### **Mental or physical illness.**

See MENTAL OR PHYSICAL  
ILLNESS OF LICENTIATE.

#### **Name tags, B&P §680.**

#### **Out-of-state practitioners, exemption from licensure.**

Emergencies, B&P §900.

Sponsored events, B&P §901.

#### **Personal injuries, reports.**

See REPORTS.

#### **Professional corporations, Corp §§13400 to 13410.**

See PROFESSIONAL  
CORPORATIONS.

#### **Public reprovals, B&P §495.**

#### **Reports.**

See REPORTS.

#### **Sexual misconduct.**

See SEXUAL MISCONDUCT.

#### **Sexual orientation change efforts.**

Definitions, B&P §865.

Disciplinary actions, B&P §865.2.

Prohibited conduct, B&P §865.1.

Unprofessional conduct, B&P §865.2.

#### **Unprofessional conduct.**

See UNPROFESSIONAL CONDUCT.

### **PROFESSIONAL CORPORATIONS, Corp §§13400 to 13410.**

#### **Applicability of law, Corp §13402.**

Corporations, Corp §13403.

#### **Articles of incorporation, Corp §13404.**

#### **Certificate of registration, Corp §13404.**

Foreign professional corporations, Corp  
§13404.5.

### **PROFESSIONAL CORPORATIONS —Cont'd**

#### **Certificate of registration —Cont'd**

Suspension or revocation, Corp §13408.  
Grounds, Corp §13408.5.

#### **Conduct of business, Corp §13402.**

#### **Definitions, Corp §§13401, 13401.3.**

#### **Directors.**

Licensed persons serving as, Corp  
§13401.5.

Selection, Corp §13403.

#### **Fee splitting, Corp §13408.5.**

#### **Financial statements, Corp §13406.**

#### **Foreign professional corporations, Corp §13404.5.**

#### **Formation, Corp §13404.**

#### **Kickbacks, Corp §13408.5.**

#### **Medical corporations, Corp §13403.**

#### **Names, Corp §13409.**

#### **Nonprofit public benefit**

**corporations, Corp §13406.**

#### **Officers, Corp §13401.5.**

#### **Professional services.**

Defined, Corp §13401.3.

Rendition, Corp §13405.

#### **Prohibited conduct, Corp §13408.5.**

#### **Proxies, Corp §13406.**

#### **Psychological corporations, B&P §§2995 to 2999.**

See PSYCHOLOGICAL  
CORPORATIONS.

#### **Purposes, Corp §13404.**

#### **Rules and regulations, Corp §13410.**

#### **Shareholders.**

Foreign professional corporations, Corp  
§13404.5.

Licensed persons serving as, Corp  
§13401.5.

Qualifications, Corp §13406.

#### **Short title, Corp §13400.**

#### **Stock, Corp §13406.**

Purchase by corporation, Corp §13407.

Transfer of shares, Corp §13407.

#### **Voting trusts, Corp §13406.**

### **PROFESSIONAL IDENTIFICATION.**

#### **Rules of professional conduct, 16 CCR §1396.4.**

### **PROFESSIONAL WORK.**

#### **Basis for judgment, ethical standards, Ethics 2.04.**

#### **Confidentiality of information, Ethics 6.02.**

#### **Documentation, Ethics 6.01.**

#### **Records, Ethics 6.01.**



## INDEX

### **PROPOSED DECISIONS,**

DiscipProposedDec.

### **PROVIDERS OF CONTINUING EDUCATION.**

**Approved providers,** 16 CCR §1397.65.

**Audits,** 16 CCR §1397.66.

**Denial, suspension or revocation of  
status,** 16 CCR §1397.71.

**Fees,** 16 CCR §1397.68.

### **PROXIES.**

**Professional corporations, Corp**  
§13406.

**PSYCHOLOGICAL ASSISTANTS,** 16  
CCR §§1391 to 1391.12.

**Defined, B&P** §2913.

**Employer-employee business  
relationship,** 16 CCR §1391.8.

**Fees,** 16 CCR §1392.1.

**Limited psychological functions,** 16  
CCR §1391.4.

**Probation terms and conditions,  
restrictions regarding,**  
DiscipProbation 25.

**Registration,** 16 CCR §1391.1.

Duration of, 16 CCR §1391.1.

Education and training, 16 CCR  
§1391.3.

Renewal, 16 CCR §1391.12.

Statement of purpose, 16 CCR §1391.5.

Withdrawal of applications, 16 CCR  
§1391.2.

**Reports,** 16 CCR §1391.10.

**Short title,** 16 CCR §1391.

**Supervised professional experience,**  
16 CCR §§1387.6, 1391.7.

Responsibility of supervisors, 16 CCR  
§1391.6.

Supervision requirements, 16 CCR  
§1391.5.

### **Termination.**

Notice of termination, 16 CCR  
§1391.11.

**PSYCHOLOGICAL CORPORATIONS,**  
B&P §§2995 to 2999.

**Applicability of law, B&P** §2907.5.

**Corporate status, B&P** §2995.

**Directors, B&P** §2997.

**Income, B&P** §2996.2.

**Licenses, B&P** §2997.

**Names, B&P** §2998.

**Officers, B&P** §2997.

**Rules and regulations, B&P** §2999.

### **PSYCHOLOGICAL CORPORATIONS**

—Cont'd

#### **Rules of professional conduct.**

Corporate activities, 16 CCR §1397.39.

Requirements, 16 CCR §1397.35.

Shareholders, 16 CCR §1397.37.

Short title, 16 CCR §1397.30.

Trusts, 16 CCR §1397.40.

#### **Shareholders, B&P** §2997.

Disqualified shareholders, B&P  
§2996.2.

Rules of professional conduct, 16 CCR  
§1397.37.

**Trusts, rules of professional conduct,**  
16 CCR §1397.40.

#### **Unprofessional conduct.**

Conduct of practice, B&P §2996.1.

Violations, B&P §2996.

### **PSYCHOLOGICAL EVALUATION.**

#### **Probation terms and conditions,**

DiscipProbation 2.

### **PSYCHOLOGICAL INTERNS.**

**Activities, B&P** §2911.

**Probation terms and conditions,  
restrictions regarding,**  
DiscipProbation 25.

**Use of titles, B&P** §2911.

### **PSYCHOLOGICAL TRAINEES.**

**Activities, B&P** §2911.

**Defined,** 16 CCR §1387.

**Probation terms and conditions,  
restrictions regarding,**  
DiscipProbation 25.

**Use of titles, B&P** §2911.

### **PSYCHOLOGISTS.**

**Abatement orders, noncompliance,**  
16 CCR §1397.52.

**Accusations, DiscipAccusations.**

**Addresses, filing, 16 CCR** §1380.5.

**Administration, B&P** §§2920 to 2936.

**Applications, 16 CCR** §§1381 to 1381.9.

**Billing monitors, probation terms  
and conditions, DiscipProbation 4.**

**Biofeedback instruments, B&P**  
§2903.1.

**Board of psychology.**

See BOARD OF PSYCHOLOGY.

**Change of address, notice, B&P** §136.

**Change of employment, probation  
terms and conditions,**  
DiscipProbation 23.

**Child abuse or neglect, reports.**

See CHILD ABUSE OR NEGLECT.

## INDEX

- PSYCHOLOGISTS** —Cont'd
- Children and minors, consent to medical treatment.**  
Mental health treatment, Fam §6924.
- Citations.**  
Contest, 16 CCR §1397.54.  
Issuance, 16 CCR §1397.50.
- Communicable diseases, reports.**  
See COMMUNICABLE DISEASES.
- Communication of evaluation, immunity from liability, Civ §43.8.**
- Community service, probation terms and conditions, DiscipProbation 14.**
- Compensation.**  
Board of psychology, B&P §2935.  
Educational institutions, B&P §2910.  
Nonprofit community agency employees with certain qualifications, B&P §2909.  
Professional organizations, B&P §2910.  
Psychometrist, B&P §2909.  
Public agencies, B&P §2910.  
School psychologists, B&P §2909.
- Competence.**  
Ethical standards, Ethics 2.01 to 2.06.  
See ETHICAL STANDARDS.  
Rules of professional conduct, 16 CCR §1396.
- Completion of probation, probation terms and conditions, DiscipProbation 28.**
- Compliance with laws, probation terms and conditions, DiscipProbation 19.**
- Compliance with probation, probation terms and conditions, DiscipProbation 21.**
- Confidentiality of information, B&P §2918.**  
Denial, suspension or revocation of licenses for violations, B&P §2960, DiscipPenGuide 2960(h).
- Continuing education, 16 CCR §§1397.60 to 1397.71.**  
See CONTINUING EDUCATION.
- Corporate practice, B&P §2907.**
- Corruption, denial, suspension or revocation of licenses, B&P §2960, DiscipPenGuide 2960(n).**
- Costs and expenses, probation terms and conditions.**  
Investigation and enforcement, DiscipProbation 17.
- PSYCHOLOGISTS** —Cont'd
- Costs and expenses, probation terms and conditions** —Cont'd  
Probation, DiscipProbation 18.  
Reinstatement of licenses, DiscipProbation 30.
- Coursework, probation terms and conditions, DiscipProbation 15.**
- Crimes and offenses.**  
See CRIMES AND OFFENSES.
- Criminal history record checks, B&P §144.**  
Investigations of, B&P §144.5.
- Definitions, B&P §2902.**
- Delinquent status, renewal of licenses following, 16 CCR §1397.67.**
- Denial of licenses, B&P §§480 to 489, 2960 to 2969.**  
See DENIAL, SUSPENSION OR REVOCATION OF LICENSES.
- Disciplinary actions.**  
See DISCIPLINARY ACTIONS.
- Disclosure to patients, B&P §680.5.**
- Dishonesty, denial, suspension or revocation of licenses for, B&P §2960, DiscipPenGuide 2960(n).**
- Doctorate degree program curriculum, B&P §2914.3.**
- Education and training.**  
See EDUCATION AND TRAINING.
- Elder and dependent adult abuse, reports.**  
See ELDER AND DEPENDENT ADULT ABUSE.
- Ethical standards, Ethics 1.01 to 10.10.**  
See ETHICAL STANDARDS.
- Examinations, 16 CCR §§1388 to 1389.1.**  
See EXAMINATIONS.
- Expiration of licenses.**  
Renewal of licenses, applications, 16 CCR §1381.9, B&P §2982.  
Time of expiration, B&P §2982.
- False advertising.**  
See FALSE ADVERTISING.
- False impersonation, denial, suspension or revocation of licenses for, B&P §2960, DiscipPenGuide 2960(d).**
- False statements, denial, suspension or revocation of licenses for, B&P §§499, 2960, DiscipPenGuide 2960(g).**

## INDEX

### **PSYCHOLOGISTS —Cont'd**

#### **Fees.**

See FEES.

**Fines and penalties**, 16 CCR §§1397.50 to 1397.55.

See FINES AND PENALTIES.

**Fingerprints**, B&P §144.

**Fraud, denial, suspension or revocation of licenses.**

See FRAUD.

**Free services, probation terms and conditions**, DiscipProbation 14.

**Functioning outside field of competence, denial, suspension or revocation of licenses for**, B&P §2960, DiscipPenGuide 2960(p).

**General provisions**, B&P §§2900 to 2919.

**Geographical directory**, B&P §2934.

**Graduate students**, B&P §2911.

**Graduate study program curriculum.**

Aging, B&P §2915.5.

Long-term care, B&P §2915.5.

**Gross negligence, denial, suspension or revocation of licenses for**, B&P §2960, DiscipPenGuide 2960(j).

**Health care provider status**, B&P §2904.5.

#### **Hearings.**

Denial, suspension or revocation of licenses for crimes and offenses, B&P §2966.

Licenses, B&P §487.

Relief hearings, DiscipReliefHear.

#### **Inactive status.**

Applications, 16 CCR §1381.8, B&P §2988.

Renewal of licenses following, 16 CCR §1397.67.

#### **Injunctions.**

Fines and penalties for violations of, B&P §17535.5.

Obtaining, B&P §17535.

Violations, B&P §2971.

**Interviews, probation terms and conditions**, DiscipProbation 22.

**Law enforcement officers, evaluation of physical, emotional and mental condition**, B&P §2960.2.

**Legislative findings**, B&P §2900.

**Licenses**, B&P §§2940 to 2969.

See LICENSES.

#### **Long-term care.**

Continuing education, B&P §2915.7.

### **PSYCHOLOGISTS —Cont'd**

#### **Long-term care —Cont'd**

Education and training, 16 CCR §1382.6.

Graduate study program curriculum, B&P §2915.5.

**Medical records, patient access.**

See MEDICAL RECORDS.

**Mental or physical illness.**

See MENTAL OR PHYSICAL ILLNESS OF LICENTIATE.

**Name tags**, B&P §680.

#### **Non-practice.**

Tolling of probation terms and conditions, DiscipProbation 24.

**Nonprofit community agency employees with certain qualifications.**

Applicability of provisions, B&P §2909.

**Notification of employer, probation terms and conditions,**

DiscipProbation 5.

#### **Out-of-state practice.**

See OUT-OF-STATE PRACTICE.

**Personal injuries, reports.**

See REPORTS.

**Physical examination, probation terms and conditions,**

DiscipProbation 3.

#### **Practice of psychology.**

Corporate practice, B&P §2907.

Defined, B&P §2903.

Excluded acts, B&P §2904.

License requirement, B&P §2903.

Statutory construction, B&P §2905.

**Privileged communications**, B&P

§2918, Evid §§1010 to 1027.

See PSYCHOTHERAPIST-PATIENT PRIVILEGE.

#### **Probation.**

Costs and expenses, B&P §2964.6.

Requirements, 16 CCR §1393.

Terms and conditions, DiscipProbation 1 to 31.

See PROBATION.

#### **Professional corporations.**

General provisions, Corp §§13400 to 13410.

See PROFESSIONAL CORPORATIONS.

Psychological corporations generally, B&P §§2995 to 2999.

See PSYCHOLOGICAL CORPORATIONS.

## INDEX

### **PSYCHOLOGISTS —Cont'd**

**Proposed decisions,**  
DiscipProposedDec.

**Psychological activities.**  
Educational institutions, B&P §2910.  
Nonprofit community agency  
employees with certain  
qualifications, B&P §2909.  
Professional organizations.  
Compensation from, B&P §2910.  
Membership, B&P §2910.  
Use of titles, B&P §2910.  
Psychometrist, B&P §2909.  
Public agencies, B&P §2910.  
School psychologists, B&P §2909.

**Psychological assistants,** 16 CCR  
§§1391 to 1391.12.  
See PSYCHOLOGICAL ASSISTANTS.

**Psychological corporations,** B&P  
§§2995 to 2999.  
See PSYCHOLOGICAL  
CORPORATIONS.

**Psychological evaluation, probation  
terms and conditions,**  
DiscipProbation 2.

**Psychological interns,** B&P §2911.  
Probation terms and conditions  
regarding, DiscipProbation 25.  
Use of titles, B&P §2911.

**Psychological trainees,** B&P §2911.  
Defined, 16 CCR §1387.  
Probation terms and conditions  
regarding, DiscipProbation 25.  
Use of titles, B&P §2911.

**Psychology fund.**  
Deposits, B&P §2980.  
Reports, B&P §2980.  
Use of, B&P §2981.

**Psychometrist.**  
Applicability of provisions, B&P §2909.

**Psychotherapist-patient privilege,**  
B&P §2918, Evid §§1010 to 1027.  
See PSYCHOTHERAPIST-PATIENT  
PRIVILEGE.

**Psychotherapist-patient sexual  
contact.**  
See SEXUAL MISCONDUCT.

**Psychotherapy, probation terms and  
conditions,** DiscipProbation 7.

**Public reprovals,** B&P §495.

**Qualifications,** B&P §2914.

**Records,** B&P §2919.  
Examinations, B&P §2944.

### **PSYCHOLOGISTS —Cont'd**

**Registered psychologists,** 16 CCR  
§§1390 to 1390.3.  
Applications, 16 CCR §1390.1.  
Withdrawal, 16 CCR §1390.2.  
Short title, 16 CCR §1390.  
Statement of purpose, 16 CCR §1390.3.  
Supervised professional experience, 16  
CCR §1387.7.

**Reinstatement of licenses.**  
See REINSTATEMENT OF  
LICENSES.

**Relief hearings,** DiscipReliefHear.

**Relinquishment of licenses,  
probation terms and conditions,**  
DiscipProbation 31.

**Renewal of licenses.**  
See RENEWAL OF LICENSES.

**Repeated negligence, denial,  
suspension or revocation of  
licenses for,** B&P §2960,  
DiscipPenGuide 2960(r).

**Reports.**  
Affecting psychologists, B&P §808.5.  
General provisions.  
See REPORTS.  
Probation terms and conditions,  
DiscipProbation 20.

**Restitution, probation terms and  
conditions,** DiscipProbation 9.

**Restraining orders, violations,** B&P  
§2971.

**Restriction of patient population,  
probation terms and conditions,**  
DiscipProbation 6.

**Revocation of licenses,** B&P §§490 to  
494.6, 2960 to 2969.  
See DENIAL, SUSPENSION OR  
REVOCATION OF LICENSES.

**Rules and regulations.**  
Denial, suspension or revocation of  
licenses for violations, B&P §2960,  
DiscipPenGuide 2960(k).  
Fees, B&P §2989.

**Rules of professional conduct,** 16  
CCR §§1396 to 1397.40.  
See RULES OF PROFESSIONAL  
CONDUCT.

**School psychologists.**  
Applicability of provisions, B&P §2909.

**Severability of provisions,** B&P  
§2916.

**Sexual exploitation,** B&P §729.

**Sexual misconduct.**  
See SEXUAL MISCONDUCT.

## INDEX

### **PSYCHOLOGISTS —Cont'd**

#### **Sexual orientation change efforts.**

- Definitions, B&P §865.
- Disciplinary actions, B&P §865.2.
- Prohibited conduct, B&P §865.1.
- Unprofessional conduct, B&P §865.2.

#### **Short title, B&P §2901.**

#### **Solicitation, denial, suspension or**

- revocation of licenses, B&P §2960,**  
DiscipPenGuide 2960(f).

#### **Statement of issues,**

- DiscipStatementIssues.

#### **Statutory violations, denial,**

- suspension or revocation of**  
**licenses, B&P §2960,**  
DiscipPenGuide 2960(k).

#### **Stipulated settlements,**

- DiscipStipSettle.

#### **Substance abuse, DiscipPenGuide**

- 2960(b).

See SUBSTANCE ABUSE.

#### **Supervised professional experience.**

See SUPERVISED PROFESSIONAL

EXPERIENCE.

#### **Surrender of licenses, probation**

**terms and conditions,**

- DiscipProbation 29.

#### **Suspension of licenses, B&P §§490 to**

**494.6, 2960 to 2969.**

See DENIAL, SUSPENSION OR  
REVOCAION OF LICENSES.

#### **Telephones, disconnection of, 16 CCR**

**§1397.55.**

#### **Training.**

See EDUCATION AND TRAINING.

#### **Unlicensed practice.**

Denial, suspension or revocation of  
licenses for aiding and abetting,  
B&P §2960, DiscipPenGuide  
2960(l).

Fines and penalties, 16 CCR §1397.53.

Prohibited conduct, B&P §2903.

#### **Unprofessional conduct.**

See UNPROFESSIONAL CONDUCT.

#### **Use of titles.**

Educational institutions, B&P §2910.

Graduate students, interns and  
trainees, B&P §2911.

Nonprofit community agency  
employees with certain  
qualifications, B&P §2909.

Professional organizations, B&P §2910.

Psychometrist, B&P §2909.

Public agencies, B&P §2910.

### **PSYCHOLOGISTS —Cont'd**

#### **Use of titles —Cont'd**

Representation as psychologist, B&P  
§2902.

School psychologists, B&P §2909.

#### **Violation of probation, probation**

**terms and conditions,**

DiscipProbation 27.

#### **Violations.**

Crimes and offenses, B&P §2970.

Fines and penalties, B&P §2970.

Injunctions, B&P §§2971, 17535.5.

Restraining orders, B&P §2971.

#### **Violent behavior of patients,**

**immunity from liability, Civ**

**§43.92.**

### **PSYCHOLOGY CLINICS.**

**Defined, H&S §1204.1.**

**Licenses, H&S §1204.1.**

### **PSYCHOLOGY FUND.**

**Deposits, B&P §2980.**

**Reports, B&P §2980.**

**Use, B&P §2981.**

### **PSYCHOPHARMACOLOGY.**

**Continuing education, B&P §2914.2.**

**Doctorate degree program**  
**curriculum, B&P §2914.3.**

### **PSYCHOTHERAPIST-PATIENT**

**PRIVILEGE, B&P §2918, Evid**  
**§§1010 to 1027.**

#### **Claim of privilege.**

By patient, Evid §1014.

By psychotherapist, Evid §1015.

#### **Confidentiality of information, B&P**

**§2918.**

#### **Definitions.**

Confidential communication between  
patient and psychotherapist, Evid  
§1012.

Holder of the privilege, Evid §1013.

Patient, Evid §1011.

Psychotherapist, Evid §1010.

#### **Elder and dependent adult abuse,**

**reports, W&I §§15632, 15637.**

#### **Exceptions.**

Board of prison terms, psychotherapist  
appointed by, Evid §1017.

Breach of duty, Evid §1020.

Competency determinations, Evid  
§1025.

Court-appointed psychotherapist, Evid  
§1017.

Crimes and offenses, Evid §1018.

INDEX

**PSYCHOTHERAPIST-PATIENT  
PRIVILEGE —Cont'd**

**Exceptions —Cont'd**

Dangerous patients, Evid §1024.  
Deceased patients, Evid §1019.  
Mandatory reporting, Evid §1026.  
Minor crime victims, Evid §1027.  
Patient-litigant exception, Evid §1016.  
Sanity determinations, Evid §1023.  
Torts, Evid §1018.

**Extent of privilege**, Evid §1010.5.

**Mandated reporters of elder or  
dependent adult abuse.**

Applicability of privilege, W&I  
§§15632, 15637.

**Personal injuries, reports**, Pen  
§11163.2.

**PSYCHOTHERAPY.**

**Education and training, mandatory  
individual or group therapy,  
ethical standards**, Ethics 7.05.

**Ethical standards**, Ethics 10.01 to  
10.10.

See ETHICAL STANDARDS.

**Probation terms and conditions**,  
DiscipProbation 7.

**PUBLIC AGENCIES.**

**Child abuse or neglect, reports**, Pen  
§11166.1.

**Official information privilege**, Evid  
§1040.

**Psychologists in**, B&P §2910.

**PUBLICATION.**

**Research, ethical standards.**

Credit, Ethics 8.12.  
Duplicate publication of data, Ethics  
8.13.  
Sharing data for verification, Ethics  
8.14.

**PUBLIC REPROVALS**, B&P §495.

**Q**

**QUORUM.**

**Board of psychology**, B&P §2927.

**R**

**RACE.**

**Licensing boards, discrimination**,  
Gov §12944.

**RAPE.**

**Children and minors, consent to  
medical treatment**, Fam §6927.

**RECIPROCITY.**

**Examinations**, B&P §2946.

**RECORDS.**

**Destruction of records.**

Case records, H&S §123150.  
Mental or physical illness, B&P §828.

**Duration of retention**, B&P §2919.

**Electronic recordkeeping**, H&S  
§123149.

**Ethical standards.**

Professional work, Ethics 6.01.  
Scientific work, Ethics 6.01.  
Withholding for nonpayment, Ethics  
6.03.

**Examinations**, B&P §2944.

**Inspection of records.**

Child abuse or neglect index (CACI),  
Pen §11170.  
Examinations, 16 CCR §1389.1.  
Exemptions, Gov §6254.  
Patient access to medical records, H&S  
§123110.

**Involuntary treatment, rights of  
detained persons**, W&I §5328.

**Medical records.**

See MEDICAL RECORDS.

**REFERRALS.**

**Fees**, Ethics 6.07.

**REGISTERED PSYCHOLOGISTS**, 16  
CCR §§1390 to 1390.3.

**Applications**, 16 CCR §1390.1.

Withdrawal, 16 CCR §1390.2.

**Short title**, 16 CCR §1390.

**Statement of purpose**, 16 CCR  
§1390.3.

**Supervised professional experience**,  
16 CCR §1387.7.

**REGISTRATION.**

**Applications**, 16 CCR §1390.1.

Withdrawal, 16 CCR §1390.2.

**Psychological assistants**, 16 CCR  
§1391.1.

Duration of, 16 CCR §1391.1.

Education and training, 16 CCR  
§1391.3.

Renewal, 16 CCR §1391.12.

Statement of purpose, 16 CCR §1391.5.

Withdrawal of applications, 16 CCR  
§1391.2.

Index

INDEX

**REGISTRATION —Cont'd**

**Sex offenders**, Pen §290.  
**Short title**, 16 CCR §1390.  
**Statement of purpose**, 16 CCR §1390.3.  
**Supervised professional experience**, 16 CCR §1387.7.

**REGULATIONS.**

See RULES AND REGULATIONS.

**REHABILITATION.**

**Denial of licenses, rehabilitation criteria**, 16 CCR §1395.  
**Evaluation**, B&P §482.  
**Reinstatement of licenses, rehabilitation criteria**, 16 CCR §1395.  
**Suspension or revocation of licenses, rehabilitation criteria**, 16 CCR §1395.1.

**REINSTATEMENT OF LICENSES.**

**Administrative adjudication**, Gov §11522.  
**Denial, suspension or revocation of licenses, following**, B&P §§2962, 2985.  
**Fees**, B&P §2985.  
**Mental or physical illness of licentiate.**  
Recovery, reinstatement following, B&P §822.  
Criteria for rehabilitation, 16 CCR §1395.  
Evaluation of rehabilitation, B&P §482.  
Procedures, B&P §823.  
**Rehabilitation criteria**, 16 CCR §1395.  
**Requirements**, B&P §2915.

**RELIEF HEARINGS**, DiscipReliefHear.

**RELIGION.**

**Licensing boards, discrimination**, Gov §12944.

**RELINQUISHMENT OF LICENSES.**

**Probation terms and conditions**, DiscipProbation 31.

**RENEWAL OF LICENSES.**

**Applications**, 16 CCR §1381.7, B&P §2982.  
Expiration of licenses, 16 CCR §1381.9.  
**Denial, suspension or revocation of licenses, following**, B&P §2985.  
**Expiration of licenses**, 16 CCR §1381.9.

**RENEWAL OF LICENSES —Cont'd**

**Fees**, B&P §2984.  
Exemptions, B&P §2987.5.  
**Requirements**, B&P §2915.  
**Time requirements**, B&P §§2984, 2986.

**REPEATED NEGLIGENCE.**

**Denial, suspension or revocation of licenses**, B&P §2960, DiscipPenGuide 2960(r).

**REPORTS.**

**Arbitration, awards.**  
Liability insurance, B&P §801.  
Licensees, B&P §802.  
Self-insurance, B&P §801.1.  
**Central files**, B&P §800.  
**Child abuse or neglect.**  
See CHILD ABUSE OR NEGLECT.  
**Confidentiality of information**, B&P §800.  
**Copies**, B&P §804.  
**Crimes and offenses.**  
Charges against licensees, B&P §803.5.  
Felony preliminary hearing transcripts, B&P §803.6.  
Probation reports, B&P §803.6.  
**Denial, suspension or revocation of licenses**, B&P §2964.  
**805 reports**, B&P §805.  
Staff privileges, effect on, B&P §805.5.  
**Elder and dependent adult abuse.**  
See ELDER AND DEPENDENT ADULT ABUSE.  
**Ethical violations**, Ethics 1.05.  
**Fees, accuracy**, Ethics 6.06.  
**Forms**, B&P §804.  
Disclosure of medical information, authorization for disclosure, W&I §15658.  
Elder and dependent adult abuse, W&I §15658.  
**HIV/AIDS, blood tests**, H&S §§120980, 121022.  
**Interagency child death review teams**, Pen §11174.32.  
**Judgments**, B&P §803.  
**Liability insurance**, B&P §801.  
**Mental or physical illness**, B&P §820.  
**Peer review**, B&P §805.  
**Personal injuries.**  
Assault or abuse, Pen §11160.  
Crimes and offenses, Pen §11162.  
Disclosure, Pen §11163.2.  
Fines and penalties, Pen §11162.  
Firearms, Pen §11160.

Index

## INDEX

### REPORTS —Cont'd

#### Personal injuries —Cont'd

- Health care practitioners, Pen §11160.
- Immunity from liability, Pen §11161.9.
- Physicians and surgeons, Pen §11161.
- Private cause of action, Pen §11163.
- Psychotherapist-patient privilege, Pen §11163.2.
- Violations, Pen §11162.

#### Probation terms and conditions, DiscipProbation 20.

#### Psychological assistants, 16 CCR §1391.10.

#### Psychology fund, B&P §2980.

#### Psychotherapist-patient privilege, exception for mandatory reporting, Evid §1026.

#### Reports affecting, B&P §808.5.

#### Research, ethical standards, Ethics 8.10.

#### Self-insurance, B&P §801.1.

#### Settlements.

- Liability insurance, B&P §801.
- Licensees, B&P §802.
- Self-insurance, B&P §801.1.

#### Statistical reports, B&P §806.

#### Suspension or revocation of licenses, B&P §683.

#### REPROVALS, PUBLIC, B&P §495.

### RESEARCH.

#### Ethical standards, Ethics 8.01 to 8.15. See ETHICAL STANDARDS.

### RESIDENTIAL CARE FACILITIES.

#### Elder and dependent adult abuse, reports, W&I §15630.

### RESOLUTION OF ETHICAL ISSUES,

Ethics 1.01 to 1.08.

See ETHICAL STANDARDS.

### RESTITUTION.

#### Probation terms and conditions, DiscipProbation 9.

### RESTRAINING ORDERS.

#### Violations, B&P §2971.

### REVOCAION OF LICENSES, B&P

§§490 to 494.6, 2960 to 2969.

See DENIAL, SUSPENSION OR  
REVOCAION OF LICENSES.

### RULES AND REGULATIONS.

#### Board of psychology, B&P §2930.

Psychological corporations, B&P §2998.

#### Child abuse or neglect, investigations, Pen §11174.1.

### RULES AND REGULATIONS —Cont'd

#### Declaratory decisions, model regulations, Gov §11465.70.

#### Denial, suspension or revocation of licenses for violations, B&P §2960, DiscipPenGuide 2960(k).

#### Ethical standards, conflicts with, Ethics 1.02.

#### False advertising, B&P §17500.1.

#### Fees, B&P §2989.

#### Fines and penalties, required for, Gov §11425.50(e).

#### Professional corporations, Corp §13410.

#### Psychological corporations, B&P §2999.

### RULES OF PROFESSIONAL CONDUCT, 16 CCR §§1396 to 1397.40.

#### Advertising, 16 CCR §1397.

#### Child abuse or neglect, reports, 16 CCR §1397.1.

#### Competence, 16 CCR §1396.

#### Conduct constituting unprofessional conduct, 16 CCR 1397.2, B&P §2960.

#### Consumer information, 16 CCR §1396.5.

#### Denial, suspension or revocation of licenses for violations, B&P §2960, DiscipPenGuide 2960(i).

#### Disciplinary actions, 16 CCR §1397.12.

#### Interpersonal relations, 16 CCR §1396.1.

#### Misrepresentation, 16 CCR §1396.2.

#### Professional identification, 16 CCR §1396.4.

#### Psychological corporations.

Corporate activities, 16 CCR §1397.39.

Requirements, 16 CCR §1397.35.

Shareholders, 16 CCR §1397.37.

Short title, 16 CCR §1397.30.

Trusts, 16 CCR §1397.40.

#### Test security, 16 CCR §1396.3.

#### Unprofessional conduct, 16 CCR §1397.2.

## S

#### SCHEDULE OF FEES, 16 CCR §1392, B&P §2987.

### SCHOOLS.

#### Child abuse or neglect, investigations, interviews, Pen §11174.3.

Index



## INDEX

- SCHOOLS** —Cont'd  
**Psychologists in schools**, B&P §2909.
- SCIENTIFIC WORK.**  
**Basis for judgment, ethical standards**, Ethics 2.04.  
**Confidentiality of information**, Ethics 6.02.  
**Documentation**, Ethics 6.01.  
**Records**, Ethics 6.01.
- SELF-INSURANCE.**  
**Arbitration awards, reports**, B&P §801.1.  
**Settlements, reports**, B&P §801.1.
- SETTLEMENTS.**  
**Reports.**  
Liability insurance, B&P §801.  
Licensees, B&P §802.  
Self-insurance, B&P §801.1.  
**Stipulated settlements**,  
DiscipStipSettle.  
**Unprofessional conduct.**  
Gag clauses and other prohibited provisions, 16 CCR 1397.2.
- SEX OFFENDERS.**  
**Denial, suspension or revocation of licenses**, B&P §2964.3.  
**Registration**, Pen §290.
- SEXUAL ASSAULT.**  
**Children and minors, consent to medical treatment**, Fam §6928.  
**Registration of sex offenders**, Pen §290.
- SEXUAL EXPLOITATION**, B&P §729.
- SEXUAL HARASSMENT.**  
**Ethical standards**, Ethics 3.02.
- SEXUAL MISCONDUCT.**  
**Brochure for victims**, B&P §§337, 728.  
**Children and minors.**  
Lewd or lascivious acts involving children, Pen §288.  
Sexual intercourse with person under 18, Pen §261.5.  
**Denial, suspension or revocation of licenses**, B&P §2960,  
DiscipPenGuide 2960(o).  
**Education and training, ethical standards**, Ethics 7.07.  
**Private cause of action**, Civ §43.93.  
**Psychotherapy, ethical standards.**  
Current clients or patients, Ethics 10.05.
- SEXUAL MISCONDUCT** —Cont'd  
**Psychotherapy, ethical standards** —Cont'd  
Former sexual partners, Ethics 10.08.  
Relatives or significant others of current clients or patients, Ethics 10.06.  
**Unprofessional conduct**, B&P §726.  
Brochure for victims, B&P §728.  
Evidence, B&P §727.  
Prior sexual contact, B&P §728.  
Sexual exploitation, B&P §729.
- SEXUAL OFFENSES.**  
**Lewd or lascivious acts**, Pen §288.  
**Registration of sex offenders**, Pen §290.  
**Unlawful sexual intercourse with person under 18**, Pen §261.5.
- SEXUAL ORIENTATION.**  
**Change efforts.**  
Definitions, B&P §865.  
Disciplinary actions, B&P §865.2.  
Prohibited conduct, B&P §865.1.  
Unprofessional conduct, B&P §865.2.  
**Licensing boards, discrimination**,  
Gov §12944.
- SHAREHOLDERS.**  
**Professional corporations.**  
Foreign professional corporations, Corp §13404.5.  
Licensed persons serving as shareholder, Corp §13401.5.  
Qualifications, Corp §13406.  
**Psychological corporations**, B&P §2997.  
Disqualified shareholders, B&P §2996.2.
- SOCIAL WORKERS.**  
See CLINICAL SOCIAL WORKERS.
- SOLICITATION.**  
**Denial, suspension or revocation of licenses**, B&P §2960,  
DiscipPenGuide 2960(f).  
**In-person solicitation, ethical standards**, Ethics 5.06.
- SPE.**  
See SUPERVISED PROFESSIONAL EXPERIENCE.
- SPONSORED EVENTS.**  
**Out-of-state practitioners, exemption from licensure**, B&P §901.

## INDEX

### **STAFF PRIVILEGES.**

#### **805 reports.**

- Effect, B&P §805.5.
- Filing requirements, B&P §805.

### **STATEMENT OF ISSUES,**

- DiscipStatementIssues.

### **STATISTICAL REPORTS, B&P §806.**

### **STATUTORY CONSTRUCTION.**

#### **Practice of psychology, B&P §2905.**

### **STIPULATED SETTLEMENTS,**

- DiscipStipSettle.

### **STOCK.**

- See SHAREHOLDERS.

### **SUBSTANCE ABUSE.**

#### **Alcoholism, education and training,** 16 CCR §1382.3.

#### **Chemical dependency and early intervention.**

- Denial, suspension or revocation of  
licenses, B&P §2960.5.
- Education and training, 16 CCR  
§1382.3, B&P §29.

#### **Child abuse or neglect, maternal substance abuse, Pen §11165.13.**

#### **Children and minors, consent to medical treatment, Fam §6929.**

#### **Denial, suspension or revocation of licenses, B&P §2960, DiscipPenGuide 2960(b).**

- Chemical dependency and early  
intervention, B&P §2960.5.

#### **Patient access to medical records, H&S §123125.**

### **Probation terms and conditions.**

- Abstention, DiscipProbation 12.
- Alcohol and drug abuse treatment  
programs, DiscipProbation 10.
- Ongoing treatment program,  
DiscipProbation 11.
- Personal illness exception,  
DiscipProbation 12.
- Tests and samples, DiscipProbation 12.

### **SUPERVISED PROFESSIONAL EXPERIENCE.**

#### **Alternate plan in non-mental health services, 16 CCR §1387.3.**

#### **Assessment of performance, ethical standards, Ethics 7.06.**

#### **Delegated supervisors, 16 CCR §1387.2.**

#### **Denial, suspension or revocation of licenses for violations, B&P §2960, DiscipPenGuide 2960(q).**

### **SUPERVISED PROFESSIONAL EXPERIENCE —Cont'd**

#### **Out-of-state experience, 16 CCR §1387.4.**

#### **Primary supervisors, 16 CCR §1387.1.**

#### **Psychological assistants, 16 CCR §§1387.6, 1391.7.**

- Responsibility of supervisors, 16 CCR  
§1391.6.

- Supervision requirements, 16 CCR  
§1391.5.

#### **Registered psychologists, 16 CCR §1387.7.**

#### **Requirements, 16 CCR §1387.**

#### **SPE log, 16 CCR §1387.5.**

### **SURGEONS.**

#### **Elder and dependent adult abuse, reports, W&I §15630.**

- Physician-patient privilege, W&I  
§§15632, 15637.

#### **Personal injuries, reports, Pen §11161.**

### **SURGERY.**

#### **Practice of psychology, excluded acts, B&P §2904.**

### **SURRENDER OF LICENSES.**

#### **Probation terms and conditions, DiscipProbation 29.**

### **SUSPENSION OR REVOCATION OF LICENSES, B&P §§490 to 494.6, 2960 to 2969.**

- See DENIAL, SUSPENSION OR  
REVOCATION OF LICENSES.

## T

### **TAX DELINQUENCIES.**

#### **Suspension or revocation of licenses, B&P §494.5.**

### **TELEHEALTH.**

#### **Applicability of law, B&P §686.**

#### **Information provided to patients, B&P §2290.5.**

#### **Informed consent, B&P §2290.5.**

#### **Psychologists as health care provider for telemedicine purposes, B&P §2904.5.**

#### **Unprofessional conduct, B&P §2290.5.**

### **TELEPHONES.**

#### **Disconnection, 16 CCR §1397.55.**

#### **Elder and dependent adult abuse, reports, W&I §15630.**

## INDEX

### TESTIMONIALS.

**Ethical standards**, Ethics 5.05.

### TESTS.

**Ethical standards**, Ethics 9.01 to 9.11.

See ETHICAL STANDARDS.

### HIV/AIDS, blood tests.

See HIV/AIDS.

**Test security, rules of professional conduct**, 16 CCR §1396.3.

### THERAPY.

#### Psychotherapy.

Education and training, mandatory individual or group therapy, ethical standards, Ethics 7.05.

Ethical standards, Ethics 10.01 to 10.10.

See ETHICAL STANDARDS.

### THIRD PARTIES.

**Requests for services, ethical standards**, Ethics 3.07.

### TITLES, USE OF.

**Educational institutions**, B&P §2910.

**Graduate students, interns and trainees**, B&P §2911.

**Nonprofit community agency employees with certain qualifications**, B&P §2909.

**Professional organizations**, B&P §2910.

**Psychometrist**, B&P §2909.

**Public agencies**, B&P §2910.

**Representation as psychologist**, B&P §2902.

**School psychologists**, B&P §2909.

### TORTS.

**Psychotherapist-patient privilege, exceptions**, Evid §1018.

### TRAINEES, PSYCHOLOGICAL.

**Activities**, B&P §2911.

**Defined**, 16 CCR §1387.

**Probation terms and conditions, restrictions regarding**, DiscipProbation 25.

**Use of titles**, B&P §2911.

### TRAINING.

See EDUCATION AND TRAINING.

### TRANSCRIPTS.

**Felony preliminary hearing transcripts**, B&P §803.6.

### TRUSTS.

**Psychological corporations, rules of professional conduct**, 16 CCR §1397.40.

## U

### UNACCOMPANIED YOUTH.

**Child abuse or neglect**, Pen §11165.15.

### UNLICENSED PRACTICE.

**Denial, suspension or revocation of licenses for aiding and abetting**, B&P §2960, DiscipPenGuide 2960(l).

**Fines and penalties**, 16 CCR §1397.53.

**Prohibited conduct**, B&P §2903.

### UNPROFESSIONAL CONDUCT.

**Administration of drugs, excessive**, B&P §725.

#### Board of psychology.

Failure to cooperate with board, 16 CCR 1397.2.

Reports to board, failure to make, 16 CCR 1397.2.

**Conduct constituting unprofessional conduct**, 16 CCR 1397.2, B&P §2960.

**Crimes and offenses**, B&P §731.

**Diagnostic or treatment facilities, excessive use**, B&P §725.

**Diagnostic procedures, excessive use**, B&P §725.

**Prescription drugs, excessive use**, B&P §725.

#### Psychological corporations.

Conduct of practice, B&P §2996.1.

Violations, B&P §2996.

**Rules of professional conduct**, 16 CCR §1396.2.

#### Settlements.

Gag clauses and other prohibited provisions, 16 CCR 1397.2.

**Sexual misconduct**, B&P §726.

Brochure for victims, B&P §728.

Evidence, B&P §727.

Prior sexual contact, B&P §728.

Sexual exploitation, B&P §729.

**Sexual orientation change efforts**, B&P §865.2.

**Telehealth**, B&P §2290.5.

### USE OF TITLES.

**Educational institutions**, B&P §2910.

**Graduate students, interns and trainees**, B&P §2911.

INDEX

**USE OF TITLES —Cont'd**  
**Nonprofit community agency employees with certain qualifications, B&P §2909.**  
**Professional organizations, B&P §2910.**  
**Psychometrist, B&P §2909.**  
**Public agencies, B&P §2910.**  
**Representation as psychologist, B&P §2902.**  
**School psychologists, B&P §2909.**

V

**VICTIMS.**  
**Psychotherapist-patient sexual contact.**  
Brochure for victims, B&P §§337, 728.  
Private cause of action, Civ §43.93.

**VICTIMS OF CRIMES.**  
**Psychotherapist-patient privilege, exception for child crime victims, Evid §1027.**

**VOTING TRUSTS.**  
**Professional corporations, Corp §13406.**

W

**WAIVER.**  
**Continuing education, fees.**  
Military forces, waiver for persons called to active duty, B&P §114.3.  
National guard, waiver for persons called to active duty, B&P §114.3.  
**Examinations, 16 CCR §1388.6.**  
**Involuntary treatment, rights of detained persons, W&I §5325.**

**WELFARE DEPARTMENTS.**  
**Child abuse or neglect.**  
Investigations, Pen §11166.3.  
Reports, Pen §11166.

**WORKSHOPS.**  
**Descriptions of, ethical standards, Ethics 5.03.**

X

**X-RAYS.**  
**Child abuse or neglect, Pen §11171.5.**  
**Destruction of, H&S §123150.**

