

NOTICE TO PSYCHOTHERAPY CLIENTS FOR UNLICENSED/UNREGISTERED PRACTITIONERS

This is to notify you that the below practitioner is unlicensed/unregistered. The practitioner is a student or clinical trainee in a graduate training program formally affiliated with Asian Pacific Counseling and Treatment Centers, a Division of Special Service for Groups. The practitioner is under the direct supervision of a licensed practitioner.

A complaint can be filed with Asian Pacific Counseling and Treatment Centers (APCTC) regarding the services received from the practitioner. This notice complies with AB 630, Chapter 229, Statutes of 2019 and SB 1024 to provide this information to clients who receive psychotherapy.

HOW TO FILE A COMPLAINT

To file a complaint regarding the practice of psychotherapy by any unlicensed or unregistered practitioner providing services at APCTC, please contact the practitioner's supervisor and/or clinical manager of the center where you receive services.

Supervisor: _____

Manager: _____

Office Number: _____

Practitioner's Full Name

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ATTESTATION

I attest that I have provided the below named client the Notice to Psychotherapy Clients in accord with applicable Board of Behavioral Sciences (BBS) requirements.

Name of Practitioner

Name of Supervisor

Signature of Practitioner

Date

To learn more about . AB 630, Chapter 229, Statutes of 2019, and SB 1024, refer to
https://www.bbs.ca.gov/pdf/ab_630.pdf or
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB630

and

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

Upon providing the client the Notice to Psychotherapy Clients, Provider shall
file the completed attestation in the chart.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

IS #:

Agency:

Provider #: