



Chapter 1: California Psychology Laws and Ethics

4 CE Hours

Learning objectives

After completing this course, the participant will be able to:

- Describe specific changes to laws and regulations in the practice of psychology in the state of California.
- Discuss the amendments to mandatory training requirements for obtaining and renewing licensure.
- Identify on which grounds the Board may suspend or revoke a license.

- Describe how licensees' information is accessed and shared in the public domain.
- Describe the elements of and consequences of sexual exploitation.
- Analyze requirements with Telehealth services.
- Assess the impact of recent changes on licensed professionals and the manner in which they provide services.
- Review the proposed legislative bills introduced in 2015.

Introduction

The state of California has experienced many changes to the laws and regulations regarding the practice of psychology. In the last several years, the California Board of Psychology (Board) has been actively involved in following and proposing legislative changes in a number of areas that are important to psychologists and consumers.

Psychologists face many demands in their profession, from remaining current on new treatments, methodologies, and research, along with fulfilling patient needs; never mind the business aspect of the profession. Time is limited for all professionals in today's economic market, thus the need for a review of new, amended, or repealed legislation. This course is a compilation of selected laws and regulations that affect the psychology professionals of today. The statutes and rules mentioned within this course are up to date with statutes enacted through January 16, 2015.

Besides reviewing the most recent statutes and regulations affecting California psychologists, we will also provide an overview of the status of the 2015 legislation. This first section will summarize the highlights of recent changes that affect psychologists. Subsequent sections include all changes within the designated time period using legal terminology in a detailed manner.

Overall, changes that have been implemented include recent changes to requirements for licensure, supervision guidelines, ethical standards of conduct, training and continued education requirements, and responsibilities of information sharing via the Internet along with the authority the board has when requesting specific information from licensees. This course summarizes and details the laws and regulation changes that have occurred; including a few that will become effective in early 2016.

- First, effective July 1, 2015, the California Psychology Supplemental Exam (CPSE) will be discontinued and the California Psychology Law and Ethics Examination (CPLEE) will be required for all applicants for psychology licensure.

The California Psychology Licensing Law requires all applicants to take and pass the national Examination for Professional Practice in Psychology (EPPP) and the California Psychology Laws and Ethics Examination (CPLEE). The CPSE is no longer used.

- Secondly, In the fall of 2014, the Board was in the process of redeveloping and redesigning the current continuing education (CE) model and replacing it with a more comprehensive and relevant model. Current regulations only allow for "traditional" continuing education (CE) courses. The proposed language provided a wide variety of options for licensees to obtain their CE.

There has been much debate on whether to move forward with the new CE requirements discussed but in August of 2015, the board decided not to proceed with the rulemaking action they had previously published in October of the previous year. That proposal set forth amendments to existing regulations that covered continuing education (CE) content, approved providers of CE, and CE exemptions of active duty military personnel.

California has seen a significant change in the requirements for continuing education for licensed professionals. One of the most notable is that individuals are now required to track and maintain their own completion certificates and number of hours. Random audits will occur where licensees will be requested to submit documentation of their CE activity directly to the Board of Psychology for further review.

As it stands now, upon license renewal, psychologists are required to self-certify that they have accrued the required 36 hours of continuing education (CE), nine (9) of which must be "live," within the preceding two years of their license expiration date. If it is their first renewal, the amount of required CE hours is prorated, depending upon the amount of months in the first renewal cycle multiplied by 1.5. More of this will be discussed in the later section.

- Thirdly, changes have also occurred in the mandatory training requirements (§ 2915.5). To obtain or perhaps, renew their licenses, licensees must complete a one-time training on the following topics: human sexuality, elder and dependent abuse, child abuse assessment, chemical dependency and alcoholism, aging and long-term care, and spousal or partner abuse assessment detection, and intervention strategies.
- Requirements related to ethics were also changed. The first applies to the category just discussed, the mandatory training requirements. A specific ethics training course is no longer required, but instead, the rules allow more flexibility for psychologists to meet the intent of the original requirement, which is to stay abreast of changes in law, regulation, ethical standards and standards of practice in their specialty area. Other changes in ethical requirements are included throughout this course, appearing in various sections of code, including these topics: conviction of crime, sexual exploitation, peer reviews and reports, as well as the acceptance and application of The Ethical Principles and Code of Conduct published by the APA as the official ethical standards within the state of California.
- There is also considerable change that is noted within the field of telehealth, which is outlined in further detail below, and is a fairly new method of service brought on by advancements in technology.

- Another new bill which became effective January 1, 2015, would allow licensees to use Federal taxpayer identification numbers instead of social security numbers when applying for licensure. It also prohibits any program within the DCA from processing an application that omits these numbers.
- Finally, there are changes in administrative requirements, such as: information provided on the Internet, procedures related to malpractice, exceptions and exemptions, background checks, requirements of the members of the Board of Psychology, and the acceptance and application of “The Ethical Principles and Code of Conduct published by the APA” within the state of California.

OVERVIEW OF LEGISLATIVE CHANGES

Summary of licensing law amendments

As the practice of psychology has evolved, the policies and rules have to be revised to reflect this progression. The regulation of psychology in California is located in more than just one area. The California Business and Professions Code and the California Code of Regulations are the two primary places to locate regulatory language. Psychologists also have to follow certain rules within the California Health and Safety Code, the California Welfare and Institutions Code,

the California Penal Code, the California Evidence Code, the California Civil Code the California Corporations Code and the California Family Code. This course reviews some of the language within these codes, but not all. Please reference the California Board of Psychology website, http://www.psychology.ca.gov/laws_regs/index.shtml#recentlaws to reference the complete language of the rule or regulation.

Examinations

To provide clarity, reduce redundancy for exams, and to simplify the licensing exam process, the California Psychology Supplemental Exam is discontinued and in its place, is the California Psychology Law and Ethics Examination (CPLEE) is now required. The CPLEE must be taken and passed, along with passing the National EPPP exam in order for applicants to apply for psychology licensure.

The second part of the rule ensures all applicants are treated equally when determining language barriers and when to qualify applicants for additional time during the exam process. The additional language for applicants, who speak a language other than English, is as follows:

“An applicant for whom English is his or her second language may be eligible for additional time when taking the EPPP and/or the CPLEE. The applicant must complete and submit a request for additional time that states under penalty of perjury that English is his or her second language. The Test of English as a Foreign Language (TOEFL) certification score of 85 or below must be sent by Educational Testing Service directly to the board. The TOEFL must have been taken within the previous two years prior to application. If approved, the applicant will be allotted time—and-a-half (1.5x) when taking the examination.”

Fingerprint requirements

Effective March 4, 2011, as a condition of license or registration renewal, Board licensees and registrants who have not previously submitted fingerprints to the Department of Justice (DOJ) or for whom

an electronic fingerprint record does not exist must submit a set of fingerprints to the DOJ, as directed by the board, for the purpose of conducting a criminal history record check.

Use of Individual Taxpayer Identification Numbers (ITINS)

The Board of Psychology is now accepting individual taxpayer identification numbers (ITINs) for an individual applicant that does not have a social security number (SSN).

Whether applying online or completing a paper application, if you do not have an SSN, please provide your ITIN in any fields requesting an

SSN. An SSN or ITIN is required for licensure and an application is not complete without an SSN or ITIN. Should you have any additional questions please do not hesitate to contact us at (916) 574-7720 or by e-mail at bopmail@dca.ca.gov.

Continuing education

Continuing education means the variety of forms of learning experiences, including lectures, conferences, seminars, workshops, grand rounds, video conferencing, and distant learning technologies. These include courses delivered via the Internet, CD-ROM, satellite download, correspondence and home study.

As of January 2013, the Mandatory Continuing Education for Psychology (MCEP) Accrediting Agency ceased operations because of a change in the Board of Psychology’s (BOP) regulations governing mandatory CE. Previously, all licensees reported their continuing education (CE) activity to the accrediting agency, which performed an audit and reported the results to the Board of Psychology.

As of January 2013, licensees will be randomly selected for audit and required to present their CE activity directly to the Board of Psychology. This means that psychologists will be responsible for proving compliance and providing all CE documents, upon request. A

licensee may keep track of their own certificates of completion or they may hire a third party to track their continuing education.

The California Psychological Association (CPA) has established two fee-for-service plans for psychologists to help them do this. Check with their website for updated information; otherwise as previously mentioned, the licensee is responsible for keeping track of their continuing education certificates.

Each licensed psychologist shall certify on the application for license renewal that he, or she, has completed the 36 hours of continuing education. A licensee who renews 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 (distance courses) must 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 misrepresents the fact they completed the hours

necessary for renewal or who cannot verify completion by producing verification of attendance, is subject to disciplinary action.

Ethics and law requirements for psychologists

Since 2007, there has been a change in the Board's ethics and law requirement in order to allow more flexibility to psychologists, to stay abreast of changes in law, regulation, ethical standards and standards of practice, in their specialty area. A licensee will no longer be required to take a four-hour course in laws and ethics.

The new approach to the law and ethics requirement requires the use of professional judgment. It is not a prescribed, one-size-fits-all formula. The burden has always been on the professional to stay abreast of the changes. You now have the flexibility to select activities that are both useful and appropriate for your practice. Please be aware though, that this is still a requirement to renew. This does not change the CE regulation that requires 36 hours of approved coursework to renew your license. This only effects the ethics and law requirement.

Any person renewing or reactivating their license shall certify under penalty of perjury to the Board of Psychology, as requested on the application for license renewal, that they have obtained training in the subject of laws and ethics as they apply to the practice of psychology in California.

The training shall include:

1. Recent changes/updates on the laws and regulations related to the practice of psychology.
2. Recent changes/updates in the Ethical Principles of Psychologists and Code of Conduct published by the American Psychological Association.
3. Accepted standards of practice.
4. Other applications of laws and ethics as they affect the licensee's ability to practice psychology with safety to the public.

Training may be obtained by:

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 the topic of laws and ethics to meet the foregoing requirement, such a course must meet the content requirements previously mentioned, and may be applied to the 36 hours of approved continuing education required.

Record keeping

A licensed psychologist is required to maintain documentation (generally attendance certificates) of your fulfillment of all re-licensure requirements for four (4) years from the renewal period and must

submit verification of completion to the Board, upon request. You can keep the documentation yourself or use a third-party, secure service such as the CPA CE Banking Service.

Non-compliance of continuing education

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. Misrepresentation of compliance shall constitute grounds for disciplinary action or denial.

Accrual period

A licensee renews on the last day of their birth month. It is possible to begin accruing hours on the first day of the month, after your renewal, and continue to acquire hours until the last day of the renewal cycle. Each two-year renewal cycle requires 36 approved CE hours. If you are renewing for

the first-time and were licensed for less than the full two years, your hours will be prorated at 1.5 hours for each month or partial month your license was active. If you accrue extra hours during any renewal cycle, the excess cannot be applied forward. Everyone starts fresh each renewal cycle.

Exemptions from fulfilling the continuing education requirement

Exemptions are available (pursuant to California Code of Regulations, Title 16, §1397.62) for the following reasons:

- Total physical or mental disability of the psychologist for a period of at least one year,
- Total physical 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, or
- Engagement in active military service.

A licensee may request a reasonable accommodation according to the Americans with Disabilities Act (ADA) which would exempt them from the on-site participation requirement.

If a licensee wishes to request an exemption or reasonable accommodation, they should send a written request to the Board (to the letterhead address or via e-mail to bopmail@dca.ca.gov), with supporting documentation from a licensed physician and surgeon or, in the case of a mental disability, a licensed psychologist or board certified or board eligible psychiatrist.

The "Out-of-State CE Waiver" is no longer available (effective January 1, 2013).

Inactive license

You do not need continuing education hours to maintain or place your license on inactive status. However, to reactivate an inactive license, 36 hours of qualifying continuing education, including any mandatory

courses at the time, are required. These hours of coursework must have been completed no more than 24 months prior to the date of reactivation.

Independent learning, also known as distance learning

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. Since 2006, psychologists have been allowed to accrue up to 75 percent of their continuing education via distance learning each renewal cycle. Distance learning courses may be taught via the Internet, CD-ROM, satellite downlink or traditional home study. Distance learning

courses must meet the same accreditation requirements as all other approved courses.

You are responsible for determining whether you meet the following requirements and must certify your compliance on your license renewal form. 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.

Supervision requirement

The Board of Psychology's supervision requirement is completely unrelated to the MCE license renewal requirement. No outside authority reviews or authorizes whether a course, in any way,

meets the board's supervision requirement. You are to make the determination whether a particular course or subject of study, does or does not, meet your educational requirements, as a supervisor.

Aging/long-term care requirement

Before an applicant can acquire a license to practice psychology, Pursuant to section 2915.5 of the Business and Professions Code, an applicant who began graduate study on or after January 1, 2004, must show evidence of having completed a minimum of (10) ten contact hours of training in aging and long term care. The course content may include, but need not be limited to, the biological, social, and psychological aspects of aging and shall also include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

In order to satisfy the coursework requirement, 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 is included within the institution's required curriculum for graduation, or within the coursework, that was completed by the applicant. This is a one-time requirement.

Those licensee who began graduate study before January 1, 2004, must also have this training and shall complete a (3) 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 (2011) and shall submit to the board evidence acceptable to the board of the person's satisfactory completion of that course. This is a one-time requirement.

Spousal and partner abuse requirement

Additionally, an applicant who began graduate training on or after January 1, 2004, must complete a minimum of fifteen (15) contact hours of coursework in spousal or partner abuse assessment, detection and intervention strategies. This training must be completed in a single course. Written evidence of course completion must be submitted to the board. Equivalent teaching or practice experience may be submitted and accepted by the board for this requirement.

The course must cover 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 or proof of equivalent teaching or practice may be submitted to the board, and at its discretion may be accepted in satisfaction of this requirement. This coursework must be completed in a single course. Coursework taken outside the regular course of study may fulfill this requirement at the Board's discretion. This is a one-time requirement.

Compliance with continuing education requirement

The Board will randomly audit to verify CE compliance. You will not be required to send your certificates to anyone, unless requested by the Board. You are responsible for keeping these records in case you are selected for an audit. California Psychological Association-approved CE sponsor courses can be used as well as APA and ACCME/CME to accrue hours. The Board will no longer waive the CE requirement for out-of-state licensees.

- 36 credit hours are needed at your licensure renewal date.
- 27 credit hours in the licensing renewal period may be independent learning (distant learning) courses and for the first-time license renewals, only 18 credit hours of distant learning continuing education are allowed.

The Board of Psychology recognizes and accepts for continuing education credit courses that are:

- Provided by American Psychological Association (APA) approved sponsors.
- Provided by the California Psychological Association (CPA) or its approved sponsors.

- 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).

The Board of Psychology does not approve continuing education providers or courses.

Psychologists with inactive licenses do not need to comply with continuing education mandates until their licenses are reactivated. Additionally, psychologists requiring reasonable accommodations 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 APA- or accreditation agency-approved independent learning continuing education program.

Fingerprints and criminal record checks

Changes to requirements of fingerprints and criminal record checks are listed in this section, along with a list of affiliations that are required to comply with this requirement.

Section 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.
 - (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.

Section 144.5. Board authority (Newly added statute in 2013, effective January 1, 2014)

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.

Training in human sexuality-business and professions code

A new addition to the list of mandatory trainings of licensed professionals is the topic of Human Sexuality. Section 25 of the Business and Professions Code requires all applicants for licensure to take training in human sexuality, prior to being issued a Psychologist license. Section 1382 of the California Code of Regulations further defines this requirement by stating that among other things, the training or coursework must be taken after 1/1/70, that it be a minimum length of ten (10) contact hours and that the course include the study of physiological and social-cultural variables associated with sexual identity, sexual behavior or sexual disorders. This training must be completed in a single course.

Section 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 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.

Training in child abuse assessment

Another topic added to the list of required training to obtain and maintain licensure is that of child abuse assessment. As professionals working with people, there is a high likelihood of interacting with

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 (SB2026); Stats 2005 ch 658 § 1 (SB 229), effective January 1, 2006; Stats 2011 ch 381 § 1 (SB 146), effective January 1, 2012.

victims or abusers. Licensed professionals must now take this training in order to be compliant. This is a one-time training. Section 28 of the Business and Professions Code requires all applicants for licensure to

take coursework or training in child abuse assessment and reporting before being issued a Psychologist license. This law states that the coursework or training must be taken after 1/1/83 and that the course be a minimum of seven (7) contact hours. This law further requires that the course “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. The training shall also include physical and behavioral indicators of abuse, 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.

Section 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.

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.

Continuing education on chemical dependency and alcoholism

Section 2914 (e) of the Business and Professions Code requires that every applicant for licensure who began graduate training on or after 9/1/85 must show evidence of having completed training in the detection and treatment of alcohol and other chemical substance dependency. Section 1382.3 of the California Code of Regulations further defines this requirement. This regulation requires that this training be completed in a single course, and the course must be a semester or quarter in length (or 15 contact hours). This regulation also lists the content requirements for this course.

Section 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 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.

Section 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.

Aging and long term care requirement

Section 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.

Section 2915.7. Continuing education course in aging and long-term care required for first license renewal; Instruction on

AIDS training

Section 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

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.

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.

Expired license of licensee in military

This section addresses the ability and process for those enlisted in the military to reinstate their license without examination or penalty. The following laws were enacted in 2012, 2013, and a law about the board inquiring about military status on the application for licensure, in 2014.

Section 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.
- (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.

Suspension and revocation of licenses

Changes in procedure in regard to revocation of licensure related to conviction of crime is outlined in this section, which was amended in 2010, though implemented on January 1, 2011 and is stating that some of professions are exempt from this law. Last amended in 1992, this section (475) is included as it relates to changes in ethical standards and requirements. The exemptions that follow became effective in 2012.

Section 475. Applicability of Suspension and Revocation of Licenses

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

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.

Section 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.
- (a) 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.

Section 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.

- (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).*

Section 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.*

Section 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).*

Section 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).*

Section 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.
 - (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.*

Non-compliance with child support

Changes in this section clarify that an individual's license may be suspended if he or she fails to comply with a child support order or judgment.

Section 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.

Exemptions from licensure

This section describes the steps that need to be taken and the requirements that need to be met for exemption of licensure requirements. An example of this is a licensed practitioner who was previously licensed and in good standing in another state in his or her identified field of service. Changes to this section include the significant implementation of this section being set for repeal, effective on January 1, 2018.

Section 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.
- (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.
 - (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, 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.*

Information required to be provided on internet

Changes have been implemented to address the topic of public access and the sharing of information; particularly as related to what is to be provided on the Internet. This law was enacted in 2015.

Section 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) Bus. & Prof. Code of Title 1.8 of Part 4 of Division 3 of the Civil Code). Bus. & Prof. 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.
 - (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.*

Additional disclosures

This section pertains to how, when, and where health care practitioners must inform patients of their name, license type, and highest level of academic degree; including the format in which it must be presented.

Section 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: _____
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.

Sexual exploitation

The issue of sexual exploitation also received attention and amendment, where changes were operationalized in October 2011. This section outlines the penalties for licensed professionals who engage in any of the acts associated with sexual exploitation with a current or former patient or client.

Section 729: Sexual Exploitation – Penalties

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

- 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.
- 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.
- 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:

“Psychotherapist” has the same meaning as defined in Section 728. “Alcohol and drug abuse counselor” means an individual who holds himself or herself out to be an alcohol or drug abuse professional or paraprofessional.

“Sexual contact” means sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual arousal, gratification, or abuse.

“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.

- (a) 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.
- (b) 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.

Amended by Stats. 2011 ch. 15, § 6 (AB 109), effective April 4, 2011, operative October 1, 2011.

Malpractice settlements and arbitration awards

The following three sections each address changes to levels of coverage of liability insurance for various licensed professionals and the required process of reporting of claims, settlements, and arbitrations as related to insurers.

Section 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 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.

Stats 2009 ch308 § 10 (SB 819), effective January 1, 2010; Stats 2011 ch 381 § 6 (SB 146), effective January 1, 2012.

Section 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 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.

Section 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).

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.

Peer review and reports

The following section outlines changes to the requirements surrounding the use of peer reviews and reports.

Section 805. Peer review; Reports

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 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.

(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 subdivision, "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

Telehealth

Assembly Bill 809 (Logue, Chapter 404, Statutes of 2014) was signed by the Governor and became effective September 18, 2014. The legislation amended Business & Professions Code section 2290.5, and affects the provision of services via telehealth. The law requires psychologists initiating the provision of services, via use of telehealth, to obtain verbal or written consent from the patient for the use of telehealth. The law requires that a health care provider document the consent in the patient's medical file. One of the changes for patients is they have the right to be informed before any telehealth is initiated and must provide verbal or written consent to the psychologist, before the first instance of telehealth.

A few of the changes for psychologists is to inform the patient about the use of telehealth, obtain their verbal or written consent, as explained previously, and document the consent in the patient's medical record or file. Only obtain consent prior to the first instance of telehealth. Additional consent does not need to be obtained for subsequent instances of telehealth.

There is also some new language added and definition of terms. Following is the exact language.

Section 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.
 - (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

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.
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.

- 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 about 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.*

Administration

Section 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.
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.

Section 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.

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.

Section 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:

NOTICE TO CONSUMERS: The Department of Consumer Affairs’s 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, on the Internet at 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

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.

Overview of proposed legislation in 2015

Assembly Bill 1374 (Levine), if passed and signed into law, would change the definition of the practice of psychology to no longer include that a fee be charged for services rendered. Currently, the practice of psychology is defined as only occurring when a fee is charged for services. This means that volunteer, pro bono, or free services could fall outside the practice of psychology and not be included under a licensee’s insurance coverage and may not fall under the jurisdiction of the Board. This not only discourages volunteer pro bono work by licensed psychologists but also does not allow the Board to carry out its primary function of consumer protection by having jurisdiction over these services. This bill is sponsored and supported by the Board.

AB 750 (Low), if passed and signed into law, would allow the Board to establish, by regulation, a system for a retired category of license for persons not actively engaged in the practice of psychology. Under current regulation, for individuals who decide to retire, the Board has “inactive” status, which may hold negative connotations and not appropriately recognize or reflect the decades of service from the license holder. The Board Strategic Plan calls for the creation of “retired” status for licensed psychologists and this bill will permit the Board to achieve this goal by the end of 2016 through regulation. This bill is supported by the Board.

AB 832 (Garcia) – Child Abuse: Reportable Conduct, if passed and signed into law, pertains to mandated reporting under the Child Abuse and Neglect Reporting Act. The bill specifies that voluntary sexual acts between minors are not considered acts of sexual assault that must be

reported by a mandated reporter, unless it is between a person age 21 or older and a minor under age 16. The bill would revise the definition of “sexual assault” under Penal Code 11165.1 to not include voluntary conduct between minors where there are no other signs of abuse, unless the conduct is between a person 21 years of age or older and a minor who is under 16 years of age. This bill is also supported by the Board.

AB 705 (Eggman) is Board-sponsored and, if passed and signed into law, would require individuals performing psychological functions in exempt settings—certain academic institutions, public schools, and governmental agencies—be supervised by a licensed psychologist and become licensed within five years in order to continue providing mental health services.

Currently, individuals practicing psychology in exempt settings do not have to be supervised by a licensed psychologist or working toward licensure while seeing clients. This bill will clarify that employees in exempt settings may provide direct health/mental health services and accumulate hours toward licensure, but only under a licensed psychologist’s supervision.

The Board also has been working to document the extent of psychologist training in suicide prevention to be used in responding to the Governor’s veto message of AB 2198 (Levine, 2014), which would have mandated a six-hour one-time continuing education requirement on the subject of suicide prevention, assessment, and training for licensees of the Board. The Governor asked “... licensing Boards to evaluate the issues which this bill raises, and take whatever actions are needed.

In closing

As with any educational offering, the information and provided updates here are subject to being accurate within one snapshot in time. At the time of the development of this course, the current status reflected is accurate. However, to ensure compliance with regulations and to obtain updates on any given section, one of the most useful ongoing resources is the Board of Psychology’s website which is located at <http://www.psychology.ca.gov/index.shtml>.

There, you may also register to receive automated updates via e-mail communication as well as the ability to renew your license directly online.

Additional news, updates, and information on upcoming events can also be accessed at the website of the California Psychological Association at <http://www.cpapsych.org>.

References

- California Board of Psychology (2015). Laws and regulations. (15th ed.) California Department of Consumer Affairs. Retrieved September 22, 2015, from website http://www.psychology.ca.gov/laws_regs/index.shtml
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- Department of Consumer Affairs Board of Psychology (2015). Continuing education requirements. Retrieved September 18, 2015, from <http://www.psychology.ca.gov/licenses/ce.shtml>
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CALIFORNIA PSYCHOLOGY LAWS AND ETHICS

Final Examination Questions

Select the best answer for each question and proceed to *Psychology.EliteCME.com* to complete your final examination.

- California has seen significant changes in the requirements regarding continuing education for licensed professionals. One of the most notable is that individuals are now required to _____ their own completion certificates and number of hours.
 - Provide monthly reports of.
 - Submit quarterly for verification of.
 - Track and maintain.
 - Pay for.
- Continuing education means the variety of forms of learning experiences, including lectures, conferences, seminars, workshops, grand rounds, video conferencing, and _____ technologies.
 - Advanced.
 - On-the-job.
 - Distance learning.
 - Interactive.
- Psychologists must now certify under penalty of perjury to the Board of Psychology as requested on the application for license renewal that they have obtained training in the subject of _____ as it applies to the practice of psychology in California.
 - Laws and ethics.
 - Family counseling.
 - Family assessment.
 - Billing.
- Human sexuality as used in this section means the study of a human being as a _____ and how he or she functions with respect thereto.
 - Sexual being.
 - Strong individual.
 - Victim.
 - Potential victim.
- On and after January 1, 2012, required coursework on aging and long-term care shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult _____.
 - Development.
 - Living facilities.
 - Abuse and neglect.
 - Health.
- The term _____ 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.
 - Licensed professional.
 - Health care worker.
 - Licensing entity.
 - Health care practitioner.
- Any physician, 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 is guilty of:
 - Sexual harassment.
 - Sexual exploitation.
 - Sexual engagement.
 - Sexual abuse.
- The term, "Asynchronous store and forward" means the transmission of a patient's _____ information from an originating site to the health care provider at a distant site without the presence of the patient.
 - Personal.
 - Medical.
 - Longitudinal.
 - Employment.
- As of January 1, 2017, the requirement that the Board of Psychology shall consist of nine members, _____ of whom shall be public members, is set for repeal.
 - Two.
 - Three.
 - Four.
 - Five.
- 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 that refers clients to _____ for questions or concerns.
 - The Board of Psychology.
 - The Health Department.
 - The Department of Human Services.
 - The American Psychological Association.