

REQUIRED NOTICE TO MEMBERS

Provider Instructions: The following notices must be provided to members, as appropriate. The use of this form is optional. Providers may use their own forms as long as they meet all requirements. Keep a copy of the signed form in the member's record.

Physician Open Payments Database¹

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

Board of Behavioral Sciences (BBS) Complaint Process²

BBS receives and responds to complaints regarding services provided within the scope of practice of Marriage and Family Therapists, Licensed Educational Psychologists, Clinical Social Workers and Professional Clinical Counselors. To file a complaint with the Board, you may contact them online at www.bbs.ca.gov or call 916-574-7830.

BBS requires licensed and unlicensed clinicians to provide the following information to you upon initiating psychotherapy services or as soon as possible thereafter:

Provider's full name as filed with the Board: _____

Provider's License/Registration Number: _____

License/Registration Type: _____

License/Registration Expiration Date: _____

Unlicensed BBS providers must also provide the following information³:

Supervisor's Name and License Type: _____

Provider Instructions: Check the box if you are providing the member with additional provider information on the 2nd page or a current roster of clinical providers.

By signing this form, I acknowledge that I have received a copy of this notice from my provider.

Member/Legal Representative's Name: _____

Member/Legal Representative's Signature: _____ **Date:** _____

¹ [AB 1278](#) ,

² [SB-1024](#)

³ [BPC §4980.48\(a\)](#)

Provider's full name as filed with the Board: _____

Provider's License/Registration Number: _____

License/Registration Type: _____

License/Registration Expiration Date: _____

Unlicensed BBS providers must also provide the following information:

Supervisor's Name and License Type: _____

Provider's full name as filed with the Board: _____

Provider's License/Registration Number: _____

License/Registration Type: _____

License/Registration Expiration Date: _____

Unlicensed BBS providers must also provide the following information:

Supervisor's Name and License Type: _____

Provider's full name as filed with the Board: _____

Provider's License/Registration Number: _____

License/Registration Type: _____

License/Registration Expiration Date: _____

Unlicensed BBS providers must also provide the following information:

Supervisor's Name and License Type: _____

Provider's full name as filed with the Board: _____

Provider's License/Registration Number: _____

License/Registration Type: _____

License/Registration Expiration Date: _____

Unlicensed BBS providers must also provide the following information:

Supervisor's Name and License Type: _____