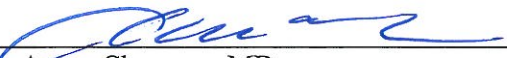
	Date Approved: <u>7/25/2013</u> By:  Aaron Chapman, MD Interim Mental Health Director
POLICY: Duty to Warn: Tarasoff	Date Revised: <u>7/20/2013</u> Policy No.: _____

**POLICY: Duty to Warn: Tarasoff Policy**

It is the Policy of Alameda County Behavioral Health Care Services (ACBHCS) that all mandated reporters will comply with the legal and ethical requirements as set forth in Tarasoff v. Regents of University of California, WIC Section 5328 (r), Evidence Code Sections 1010 & 1024; Civil Code Section 43.92., and each profession’s Ethical Conduct Guidelines.

**Definitions:**

Mandated Reporters: Health care personnel who are mandated reports: All Licensed and unlicensed LPHA’s and trainees are mandated reporters. For an exhaustive list of mandated reporters reference the above referenced regulations.

**Knowledge of Legal Requirements:**

- All Clinical staff are expected to know, understand, and follow State and Federal laws regarding all mandatory reporting requirements and the related ethical standards that pertain to their profession.
- Any staff member who is not a legally mandated reporter and who becomes aware of any form of child abuse or neglect or suspected form of child abuse or neglect, will so inform a legally mandated reporter on staff.

**Tarasoff: “Duty to Warn” (Civil Code Section 43.92)**

Under Civil Code Section 43.92 and subsequent judicial rulings establishing a duty to warn and protect, anytime a psychotherapist is reasonably convinced that a client has communicated a current, serious threat of physical violence against a reasonably identifiable victim or victims, regardless of how or from whom the psychotherapist learns of the threat. The key is whether the psychotherapist actually believes that a client has made a credible threat. The duty to warn and protect is discharged by the psychotherapist making reasonable efforts to communicate the threat to the victim or victims and to a law enforcement agency.

If a psychotherapist issues a Tarasoff warning, an incident report need not be filed, but chart documentation must include:

- a. Identification of the person reporting the threat and the exact statement made
- b. If the client is the reporter and is available, mental status assessment and disposition of client;
- c. If the client is not the reporter, client's whereabouts if known;
- d. Name of the intended victim(s) and when notified, or description of the attempt to notify;
- e. Name of the law enforcement official notified; and
- f. Follow-up notes of the outcome of the situation.

If a *possible* threat has been made or reported to a psychotherapist, but the psychotherapist decides not to issue a warning, either because the report of a threat is not believed or the threat itself is not deemed to be serious, then the psychotherapist shall document in the client's clinical record the facts and reasoning that led to the decision not to issue a warning. Consultation is advisable and should be documented.