References for Consumer Complaints about Health Care Professionals and Facilities
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## Disability Rights California
### References for Consumer Complaints About Health Care Professionals and Facilities

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<thead>
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<th>For problems with or question regarding</th>
<th>Organizations</th>
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</table>
| Community Care Facilities               | Community Care Licensing-  
(323) 981-3350 – Child Care  
(323) 981-3300 – Residential Facilities  
(800) 474-1116 – General Phone Number |
| Counselors- Marriage, family, and child and clinical social Workers | Board of Behavioral Science Examiners – Central Complaint Unit  
(916) 574-7830 or (916)445-4933 |
| Dentists                                | Board of Dental Examiners  
(916) 263-2300 |
| Doctors, Medical & Physician Assistants, Psychologists, Speech Pathologists. | BMQA/ Medical Board Of California  
(800) 633-2322 or (916) 263-2424 |
| HMO’s & other health care services plans | Department of Managed Care  
(800) 400-0815  
Consumer Help Line: (888) HMO-2219 |
| Hospitals, Medical Clinics, Home Health Agencies. Also, home health aides and certified nursing assistants | Department of Health Services (Licensing & Certification)  
In LA: (323)869-8500  
General: (800)228-1019 |
| Medi-Cal personnel/ county workers      | California Dept. of Social Services  
(800) 952-5253 |
| Nursing Homes                           | Ombudsman Offices:  
Statewide Number: (800)231-4024  
If they do not resolve problem, call Dept. of Health Services  
(213)351-8271 |
| Registered Nurses                       | Board of Registered Nurses  
(916) 322-3350 |

For address and additional information, see attached materials.
### Statewide Help Phone Numbers
#### Useful Phone Numbers for Consumers
State-wide phone numbers to get information or to file a complaint. In some cases you may be referred to a local office.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Alzheimer’s Disease and Related Disorders</td>
<td>Alzheimer’s Association: (800) 660-1993</td>
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<tr>
<td>L.V.N.S and Psychiatric Technicians</td>
<td>Board of Vocational Nurses and Psychiatric Technicians: (916) 263-7800</td>
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<tr>
<td>Nursing Homes, Board, &amp; Care Homes</td>
<td>Long-Term Care Ombudsmen: (800) 231-4024</td>
<td></td>
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<tr>
<td>C.N.A.s</td>
<td>Aide and Technician Certification (CNAs) and Home Health Aides: (916) 327-2445</td>
<td></td>
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<tr>
<td>Medi-Cal Beneficiary Fraud</td>
<td>State of California, Attorney Generals Office: (800) 722-0432</td>
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<tr>
<td>Optometry</td>
<td>Board of Optometry: (916) 575-7170 General: (866) 585-2666</td>
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<tr>
<td>Family Care Givers Caring for Brain Impaired Adults</td>
<td>Care Giver Resource Center: (800) 445-8106</td>
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<tr>
<td>Medi-Cal Provider Fraud</td>
<td>Patient’s Abuse Bureau of Medical Fraud and Patient Abuse: (800) 822-6222</td>
<td></td>
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<tr>
<td>Pharmacy</td>
<td>Board of Pharmacy: (916) 574-7900</td>
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<tr>
<td>Civil Rights</td>
<td>Department of Health and Human Services, Office of Civil Rights: (800) 368-1019</td>
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<tr>
<td>Medicare Bills, Claims Coverage</td>
<td>(Region IX) Center for Medicare/Medicaid Services: (415) 744-3501</td>
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<tr>
<td>Physicians</td>
<td>Medical Board Of California/ Complaints: (800) 633-2322</td>
<td></td>
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<tr>
<td>Consumer Information</td>
<td>Consumer Info Center Dept. of Consumer Affairs: (800) 952-5210</td>
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<tr>
<td>Medicare Health Care Rights</td>
<td>California Medical Review, Inc.: (800) 841-1602</td>
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<tr>
<td>Pre-Placement &amp; Legal Referrals</td>
<td>California Advocates for Nursing Home Reform (CANHR): (800)474-1116</td>
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<tr>
<td>Fire Safety/Laws</td>
<td>Office of State Fire Marshall: (916) 445-8200</td>
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<tr>
<td>Medicare Provider Fraud</td>
<td>Office of Inspector General: (800)700-5952</td>
<td></td>
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<tr>
<td>R.N.s</td>
<td>Board of Registered Nurses: (916) 322-3350</td>
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<tr>
<td>FUNERAL DIRECTORS</td>
<td>MEDICARE, MEDIGAP, HEALTH INSURANCE</td>
<td>RESIDENTIAL CARE FACILITIES</td>
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<td>BOARD OF FUNERAL DIRECTORS, DEPT. OF CONSUMER AFFAIRS (800) 952-5210</td>
<td>HEALTH INSURANCE COUNSELING &amp;ADVOCACY PROJECT (HICAP) (800)434-0222</td>
<td>DEPT. OF SOCIAL SERVICES COMMUNITY CARE LICENSING: (916) 324-4031</td>
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<tr>
<td>Health Insurance</td>
<td>Mentally Ill and Developmentally Disabled Persons</td>
<td>Social Security Social Security Administration (800)772-1213</td>
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<td>Calif. Insurance Help Line, State Dept. of Insurance: (800)927-4357</td>
<td>Disability Rights CA (800)776-5746</td>
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<tr>
<td>HMOs &amp; Health Plan Questions</td>
<td>Nursing Home Administrators Nursing Home Administrator Program (NHAP) (916)552-8780</td>
<td>State Employees and Agencies Bureau of State Audits (800)952-5665</td>
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<tr>
<td>HMO Consumer Services Unit Dept. of Managed Health Care (800)400-0815</td>
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<tr>
<td>HIV Related AIDS Hotline N: (800)367-2437 S: (800)922-2437</td>
<td>Nursing Homes Dept. of Public Health Licensing &amp;Certification (916)552-8700</td>
<td>Veteran’s Benefits Veteran’s Administration Benefits (800)827-1000</td>
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Filing a Complaint

The Board of Behavioral Sciences (Board) licenses and regulates Marriage and Family Therapists (MFT), Licensed Clinical Social Workers (LCSW), and Licensed Educational Psychologists (LEP). The Board registers and regulates MFT Interns, Associate Clinical Social Workers (ASW) and Continuing Education Providers.

A complaint should be filed by anyone who believes that a licensee, registrant or applicant has engaged in unprofessional conduct, related to his or her professional responsibilities. The Board will review each complaint regardless of the source.

Complaints must be submitted in writing. The most effective complaints are those containing firsthand, verifiable information. While anonymous complaints will be reviewed, they may be impossible to pursue unless they contain documented evidence of the allegations made. Third party complaints filed by someone other than the client may be impossible for the Board to pursue because each therapy client has the legal right to confidentiality of their treatment records. Unless all persons are willing to be contacted and provide authorizations for release of information, the Board may be unable to investigate and prosecute a complaint.

Individuals who file complaints are notified in writing of the status of their complaint or any actions taken as a result of the complaint.

When filing a complaint, please provide a statement, that clearly explains the nature of your complaint. Include as much detail as possible as well as copies of any documentary evidence you might have, e.g., bills, statements, cancelled checks, insurance reimbursement statements, correspondence, court documents, etc. Whenever possible, include the name, address and phone number of any witness or other person who can corroborate the issues or events described in your complaint. Include dates, times and locations of therapy when possible. It is not necessary to refer to specific sections of law which may have been violated. The emphasis should be on providing details of the complaint rather than drawing conclusions.

Attached to the Consumer Complaint Form is a Release of Information for Complaints form. This form authorizes the licensee to respond to the Board’s inquiries regarding the complaint, and to share confidential information about the complainant/client as needed. Failure to provide a signed release form precludes the Board from contacting the licensee for information. A release form must be completed for each therapist, including any subsequent treating therapists, as well as entities such as hospitals and insurance companies.

Complaint forms and additional information may be obtained by contacting the Board office at (916) 574-7830,

You may download the complaint form from our website, fill it out and mail it along with any supporting documents you may have to our office, or

You may file a complaint using our online process.

Are Psychotherapists Required to Report Unprofessional Conduct by Colleagues?

This question is most frequently raised by licensees/registrants who have been told by a patient that the patient has had a sexual relationship with one or more previous psychotherapists. While no law requires a licensee/registrant to report sexual misconduct by a colleague, he or she may do so on behalf of a client, but only if the client gives written authorization. If you are in this situation, you may find it more comfortable to call the Board and learn more about the complaint process before you file your written complaint.

Licensees/registrants who are told by a patient of sexual involvement with another therapist are required to give the patient the Department of Consumer Affairs brochure Professional Therapy Never Includes Sex.

The brochure explains patient rights and complaint procedures. The brochure is available for downloading or may be obtained free of charge by contacting the Board office at (916) 574-7830.
### PUBLIC COMMENTS, COMPLAINTS & SUGGESTIONS

The Citizen Complaint Act of 1997 requires that we provide a method for use by California citizens to comment/complain about the *Boards, Bureaus, Programs, or Divisions* within the Department of Consumer Affairs.

#### PERSON FILING COMMENT/COMPLAINT:
- WHICH BOARD/BUREAU/PROGRAM/ DIVISION IS THIS COMMENT/COMPLAINT ABOUT?
- ADDRESS: (NUMBER AND STREET)
- CITY, STATE AND ZIP
- TELEPHONE NUMBER: (8am-5pm, include area code)
- DO YOU WANT TO REMAIN ANONYMOUS? □ YES □ NO

#### PERSON WITH WHOM YOU DEALT:
- LOCATION OF ABOVE (Sacramento, District Office, etc.)
- TELEPHONE NUMBER(S): (Include area code)
- IF YOU WISH TO REMAIN ANONYMOUS, WE MAY NOT BE ABLE TO ADDRESS YOUR SPECIFIC ISSUE.

#### DESCRIBE YOUR COMMENT OR COMPLAINT (Be specific - who, what, when, where, how):

Mail this completed form to the address listed on the top of this form.
Notice on Collection of Personal Information

Collection and Use of Personal Information. The Consumer Relations Unit of the Department of Consumer Affairs collects the information requested on this form as authorized by Business and Professions Code Sections 325 and 326. The Department uses this information to follow up on your complaint.

Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help you resolve your complaint.

Access to Your Information. You may review the records maintained by the Department that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:
- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice, the Department's privacy policy, or access to your records, you may contact the Information Security Office in the Department of Consumer Affairs, 1625 N. Market Blvd., Ste. S202 Sacramento, CA 95834, or email privacy@dca.ca.gov.
The following information is intended to inform consumers of the procedures for filing a complaint against individuals licensed by the Dental Board of California (Board). Board licensees are those who practice in the following license categories:

- Dentist (DDS)
- Registered Dental Assistant (RDA)
- Registered Dental Assistant in Extended Functions (RDAEF)

If you need information, or have a problem with a Health Maintenance Organization (HMO), contact the Department of Managed Health Care at 1-800-400-0815, or www.hmohelp.ca.gov.

Who Can/Should File a Complaint?
A complaint should be filed by anyone who believes that a licensee of the Board has engaged in illegal activities which are related to his/her professional responsibilities. This includes substandard dental care rendered by any of the license categories mentioned above.

Note: Please refer to the Dental Practice Act, Business and Professions Code, Section 1680 at the following link: http://www.leginfo.ca.gov to view definitions of unprofessional conduct.

In addition, if you have evidence which indicates that an unlicensed person is participating in activities for which a license is required, you should report such activity to the Board.

Complaints involving allegations which are not within the jurisdiction of this Board may be referred to other agencies or organizations which may be better able to assist the complainant.

How Do I File a Complaint?
Complaint forms can be found at the following link: http://www.dbc.ca.gov/consumers/complaint_info.shtml. To expedite proper handling of your complaint, please complete a complaint form and mail it to the Board. This form cannot be submitted on-line. If you cannot print the form, please call the Board to have a form mailed to you.

The information contained in your complaint will determine what action the Board will take. Please provide a statement which describes the nature of your complaint. Include as many specific details as possible as well as any documentary evidence related to your complaint. This may include photographs, invoices and correspondence.

While anonymous complaints will be reviewed, they may be impossible to pursue without support from the complainant.

How Are Complaints Processed?
Within 10 business days of receipt, the Board will notify you in writing that we have received your complaint. The memo will indicate acknowledgement, the name and telephone number of the Consumer Services Analyst (CSA) assigned to your case and a case number. The CSA will then determine whether the accusations fall under the Board's jurisdiction. If they do, the CSA will request your records and any information necessary to review the complaint from the subject dentist and any applicable subtreater(s). After receipt of the records, the case will be forwarded to an independent dental consultant for determination of possible violations of the Dental Practice Act. (See Business and Professions Code, Section 1680)

Complaints containing allegations that would warrant disciplinary action (e.g., sexual abuse, negligence, incompetence, etc.), are immediately referred to an investigator. An investigator is a trained peace officer employed by the Board.

If it has been determined that a complaint must be formally investigated, the complainant is advised and can expect to be interviewed by the investigator assigned to the case. This interview will provide the complainant an opportunity to fully discuss the details of the complaint, answer the investigator's questions, and ask any questions regarding the overall process. The investigator may also interview the subject (licensee) of the complaint who will be advised of the nature of the complaint. To ensure that the success of the investigation is not jeopardized in any way, the details of the investigation remain confidential and are not public record.

http://www.dbc.ca.gov/consumers/consumer_faqss.shtml
Once the investigation is completed and the allegations are confirmed, the case may be submitted to the Office of the Attorney General for formal administrative disciplinary action. In signing the Accusation, the Board’s Executive Officer becomes the complainant. Once the Accusation is filed, it becomes a public document. The licensee may request a hearing to contest the charges. At the hearing, the Board must demonstrate “by clear and convincing evidence to a reasonable certainty” that the allegations are true. For that reason, it may be necessary for the person who made the original complaint to testify.

In many cases, defense counsel and the Deputy Attorney General representing the Board may engage in discussions of proposals for stipulated settlements prior to the hearing. Stipulated settlements generally include admission to one or more of the violations alleged and a proposal for appropriate discipline. The Board encourages negotiated settlements because they eliminate the need for costly administrative hearings. To this end, the Board has adopted Disciplinary Guidelines which are designed to set forth the Board’s penalty standards. (A copy may be obtained upon written request.)

When a case does go to hearing, the hearing is presided over by an Administrative Law Judge (ALJ). After the hearing is completed, the ALJ will issue a "Proposed Decision" stating the findings (facts that were proven in the hearing) and offer a recommendation for resolution (i.e., dismissal, revocation, probation). The ALJ utilizes the Board’s Disciplinary Guidelines in formulating a recommendation. The proposed decision is distributed to the Board members for a vote. If the Board votes to non-adopt the proposed decision, the hearing transcript is then circulated among Board members, along with written arguments from the defense counsel and the Board's counsel, and the Board issues its own Final Decision. Final Decisions are a matter of public record and are available upon written request.

My dentist’s office is filthy and disgusting. What should I do?
Fill out a complaint form and send to the Board for review and possible inspection.

Should Unlicensed Practice be Reported to the Board?
If you have evidence which indicates that an unlicensed person is participating in activities for which a license is required, you should definitely report such activity to the Board. However, you should be aware that as a licensing agency the Board only has jurisdiction to take disciplinary action against its licensees. In certain circumstances, however, the Board will investigate allegations of unlicensed practice, and, if sufficient evidence is found, will forward this information to the local District Attorney’s Office for criminal prosecution.

Applicants for licensure, interns and trainees may also be engaged in unlicensed practice. In those cases, the Board will investigate and pursue appropriate administrative action.

If you have further questions regarding the complaint process, please write or call the Board.

I filed a complaint months ago and have not heard anything yet. Why?
A CSA reviews all complaints received by the Board. The review may take an extended length of time (up to six (6) months depending on the complexity and type of review necessary to address the allegation(s)).

What should I do after I file a complaint?
Do not wait for the outcome of your complaint to continue necessary treatment. If you are in need of dental treatment, we suggest you seek dental treatment from another provider. The Board takes several months to process complaints and we do not want you to jeopardize your health.

Can you tell me if a Dentist has any Complaints filed Against their License?
Complaints are confidential and are not public record unless an accusation is filed. You can view accusations filed on our website at the following link: http://www.dbc.ca.gov/consumers/hotsheets.shtml

Is this Dentist licensed? What else can you tell me about him/her?
On the Board’s website, you can look up the status of a California licensed dentist at the following link: http://www.dbc.ca.gov/verification/index.shtml
On the Board’s Web site, you can verify if the dentist is licensed, the license number, issue date, expiration date; additional licenses held by the dentist; current address of record and also if there have been any disciplinary actions filed.

What if I want my money back?
Refunds or any types of monetary compensation are beyond the authority of the Board. You may wish to consult a private attorney, file in small claims court, contact the Better Business Bureau, or if your dentist is a member, contact the California Dental Association, at www.cda.org to request a peer review.

Do you have lawyers to assist me?
No, You will need to locate and consult with your own private legal counsel.

My dentist was very unpleasant. He/she had a bad attitude. Can I file a complaint against him/her for that?
Yes, but please be advised that the Board has no jurisdiction over personality conflicts. The Board may close your
case without any action taken. However, you are welcome to file the complaint and the Board will review it to determine if it has jurisdiction to act on the complaint.

**Once my complaint is filed, what are the possible outcomes?**
Cases are closed as non-jurisdictional, no negligence, possible simple negligence, or referred to the Enforcement Unit for further investigation.

I have left many messages for the person handling my case. No one calls me back. Why?
A CSA may be handling numerous cases simultaneously. Phone calls are returned in order received. Please leave one message and reference your case number. If an analyst does not return your call within a few business days, please send us an email at dentalboard@dca.ca.gov, or fax to (916) 263-2140. Include your complete name, case number and issue.

Why was my case dismissed/closed?
Cases are closed if they do not fall under the jurisdiction of the Board; insufficient evidence was substantiated; or, if the allegations if proven true would only constitute simple negligence which is not a violation of the Dental Practice Act.

**What other avenues of recourse do I have when I feel I have been wronged by my dentist?**
You may file a complaint with your insurance company, the California Dental Association at www.cda.org, or consult an attorney and/or pursue the matter through the court system.

I think my dentist may be abusing drugs/alcohol. What should I do about this?
Please report this activity in writing and contact the Board immediately.

**My dentist has physically abused me. Who should I call?**
You should immediately contact your local law enforcement agency (police) and the Enforcement Unit of the Board.

I refuse x-rays, can my dentist refuse to provide me treatment?
YES. Your dentist may feel that x-rays are necessary to make a proper diagnosis or treatment plan. Treatment without the necessary radiographs is considered negligence. A patient also has a right to refuse any dental treatment proposed by the dentist.

This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.
Instructions for Completing the Consumer Complaint Form

1. Please print or type all information.
2. Provide the full name and address of the person your complaint is against. It is important to identify the Dentist, Registered Dental Assistant (RDA), or Registered Dental Assistant in Extended Functions (RDAEF) who provided the treatment you are complaining about. Please obtain the name of the treating dentist prior to filing this complaint. The complaint cannot be filed against a company or clinic unless it concerns unsafe or unsanitary conditions.
3. Provide the full name and address of all subsequent treating dentists. This should be provided on the form.
4. Please state your complaint in chronological order, in detail, and include dates of treatment, if known. It is important to be specific regarding allegations of substandard care. Failing to completely describe your complaint or fill out all necessary documents may result in unnecessary delays in our review.
5. Please attach a copy of any supporting documents you may have in your possession pertaining to your specific complaint.
7. Please return the completed forms to the Dental Board.

Note: The Authorization for Release of Dental/Medical Patient Records must be signed in order for the Board to process your complaint.

For more information, contact Tina Wilson or Dan Owen at 877-729-7789 or Tina.Wilson@dca.ca.gov or Dan.Owen@dca.ca.gov.

This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.
CONSUMER COMPLAINT FORM

PLEASE PRINT OR TYPE

COMPLAINT REGISTERED AGAINST

Name: Name of Dental Office:  
Address:  
City: State: Zip Code: Office Phone Number:  

PERSON REGISTERING COMPLAINT

Mr. ☐ Mrs. ☐ Name: ☐ Ms. ☐ Relationship to Patient:  
Address:  
City: State: Zip Code:  
Home Phone Number: Work Phone Number:  
Patient Name: ☐ Male ☐ Female  
Patient's Date of Birth:  
Legal authority to act on patient's behalf?

Has patient been examined or treated by another dentist for this same complaint? ☐ YES ☐ NO  
If yes, please provide full names and addresses on the back of this on supplemental complaint information form.

DESIRED OUTCOME OF THIS COMPLAINT

DETAILS OF COMPLAINT

Dates of Visits:

State your complaint in detail:

_________________________________________________  
_________________________________________________  
_________________________________________________  
_________________________________________________  
_________________________________________________  
_________________________________________________  
_________________________________________________  
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NOTICE: As much information as possible should be provided in addition to any supporting documents pertaining to your specific complaint. Failure to provide sufficient information or documentation may prevent or delay the review of your complaint. The information will be used to determine whether a violation of law has occurred. If a violation is substantiated, the information may be transmitted to other governmental agencies, including the Attorney General's Office. The Dental Board of California does not have jurisdiction over fee disputes or office business procedures.

Signature ___________________________ Date ________________  

DO NOT WRITE IN THIS SPACE  

ENF-10A (10/09)
**SUPPLEMENTAL COMPLAINT INFORMATION**

Please provide the name, address, telephone number and date of visit to any other dentists you have seen since being treated by the subject of your complaint.

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<tr>
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<th>SUITE #</th>
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Authorization for Release of Dental/Medical Patient Records

Patient Name: ___________________ Date of Birth: ___________________

AUTHORIZATION TO RELEASE INFORMATION: I, the undersigned, authorize any physician, dentist, medical practitioner, hospital, clinic or other dental or dental related facility having records (original and/or electronic) available as to diagnosis, treatment and prognosis with respect to any dental or medical condition and/or treatment of me (or the patient) to release to the Dental Board of California or any Board representatives, related local, state and federal governmental agencies, including but not limited to, investigators and legal staff.

I understand that this information will be maintained in confidence, and will be used solely in conjunction with any investigation and possible legal proceeding regarding any violations of California laws and regulations. I further agree to allow the Board, Board representatives and related governmental agencies, to process and possibly file other charges based on my complaint.

I also understand that the subject of my complaint (the dentist or dental auxiliary I am complaining about) may receive a summary of my complaint and records pursuant to the Administrative Procedures Act and the Information Practices Act.

I agree that a photocopy of this authorization shall be as valid as the original. This Authorization shall remain valid until the Dental Board of California or other authorized Government Agency completes its review and the proceedings arising out of the investigation.

I understand that I have a right to receive a copy of this authorization if requested by me.

Patient/Guardian

Signature: ___________________ Date: ________________

If applicable, please attach written proof of authorization to act on patient's behalf.

This release is in compliance with the requirements of Civil Code § 56.11.
Contact the Help Center

The Help Center is a part of the Department of Managed Health Care (DMHC). The DMHC oversees HMOs and some other health plans in California.

The Help Center can help you with your complaint. We can also give you an Independent Medical Review if you qualify.

File a Complaint with the Help Center If:

- Your problem is urgent and waiting to finish your health plan’s complaint (grievance) process will be a serious risk to your health.
- You have not received a decision from your health plan within 30 days, or within 3 days if your problem is urgent.
- You are not satisfied with your health plan’s decision.

How to File a Complaint with the Help Center

To file an urgent complaint, call the Help Center.

To file a complaint that is not urgent, fill out and mail a Complaint Form.

Help Center
Call 1-888-466-2219
TDD: 1-711-688-9891
There is no charge for your call.
The Help Center can help in many languages.

For email questions, please use the Contact Form.

Questions and Answers

Can I still take legal action if I file a complaint?

Yes. You can take legal action at any time during the complaint process.

- In some health plans, you must use arbitration. This is a way to solve problems between plans and patients without a lawsuit. In arbitration, an independent person or several people settle the dispute. Check your Evidence of Coverage, which is your contract with your plan.
- In some cases, you may have to ask for an Independent Medical Review before you can take legal action.

- You may also want to speak with a private attorney.

Does the Help Center act as my attorney?

No. The Help Center does not give legal advice or act as your attorney. We will review your complaint and let you know if your health plan has followed the law.

How will my complaint be decided?

The Help Center will send you and your health plan a letter that explains our decision. If the complaint is decided in your favor, we will require your health plan to provide or pay for the service, or do whatever is needed to resolve the complaint. If the complaint is not decided in your favor, you cannot appeal the decision. However, you can still take legal action.
Problems and complaints with health plan, appeals, denied claims, grievances, insurance

Problems & Complaints

There are several things you can do if you have a problem with your health plan. First, contact your health plan to file a complaint. (A complaint is also called a grievance or an appeal.) You can file a complaint with your health plan over the phone or in writing. You may also be able to file a complaint on your health plan's website.

If your health problem is urgent, or if you already filed a complaint and are not satisfied with your health plan's decision, contact the Help Center at the Department of Managed Health Care (DMHC). An urgent problem is a serious threat to your health. You can also file a complaint with the Help Center if your HMO does not make a decision within 30 days.

The Help Center can help you with your complaint. We will also provide you with an Independent Medical Review (IMR), if you qualify.

Tips

- If you are told that you cannot get the care you need, ask for the reason in writing.
- Talk to your doctor about your problem.
- When you make a phone call, take notes. Write down the date of your call, the name of the person you talk to, and what the person says.
- Have someone with you for extra support.

Act soon. If you wait longer than 6 months, you may lose the right to file a complaint, ask for an IMR, or take other action against your health plan.

Read about some common problems people have with their health plans.
Complete and sign this form if you filed a complaint or grievance with your health plan and:

- You are not satisfied with your plan's decision or
- You have not received your plan's decision within 30 days.

If you want to give another person the authority to assist you with your complaint, you must also complete the Authorized Assistant Form.

If your complaint is about a serious health risk, call the HMO Help Center now. Calls to these numbers are free.
1-888-HMO-2219 / 1-888-466-2219  TDD 1-877-688-9891

**PATIENT INFORMATION**

First Name ___________________________ Middle Initial ________ Last Name ___________________________

Name of Parent or Guardian if Filing for Minor Child ______________________________________________

Street Address ________________________________________________________________

City __________________________ State ____________ Zip __________________________

Daytime Phone # __________________________ Evening Phone # __________________________

Health Plan Name _____________________________________________________________

Patient's Membership Number* __________________________ Patient's Date of Birth mm/dd/yyyy __________________________

Medical Group Name* __________________________ Medical Group Number* __________________________

*on your insurance card

---

1. Do you have Medi-Cal? [ ] Yes [ ] No
2. Do you have Medicare or Medicare Advantage? [ ] Yes [ ] No
3. Have you filed a complaint or grievance with your health plan? [ ] Yes [ ] No
4. Did your health plan cancel your insurance? [ ] Yes [ ] No
5. Please explain your complaint: (use a separate sheet if necessary)

   *For example: What service did you want from your health plan, or provider?
   What was wrong with the service you got from your health plan, or provider?
   What billing problem do you have with your health plan, or provider?*

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________
What is your health problem related to this complaint?


What treatment(s) have you had for this health problem?


Please list the providers who have treated you for your health problem, if you have their names.


Have you filed another complaint about this problem?

☐ With the HMO Help Center? Complaint File # (if known)

☐ With another government agency? Complaint File # (if known)

Please list government agency:


Attach copies of documents related to your complaint, such as denials, letters, bills, and explanations of benefits. We cannot return originals.

I am asking the Department of Managed Health Care (DMHC) for a decision about my problem with my health plan. I understand that a copy of my complaint will be sent to my health plan. I allow my providers, past and present, and my health plan to release my medical records to the DMHC. These records may include medical, mental health, substance abuse, HIV, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case. I allow the DMHC to review these records and information. My permission will end one year from the date below, except as allowed by law. For example, the law allows the DMHC to continue to use my information internally. I can end my permission sooner if I wish. All the information that I have provided on this sheet is true.

Authorized Assistant Form attached? ☐ Yes ☐ No

Patient or Parent Signature _____________________________ Date _____________________________

Mail or fax this form and any attachments to: HMO Help Center, Department of Managed Health Care, Complaint Unit, 980 9th St., Suite 500, Sacramento, CA 95814; FAX: 1-916-255-5241
If you want to give someone the authority to assist you in your Independent Medical Review (IMR) or complaint, fill in Parts A and B below.

If you are a parent or legal guardian filing this IMR or complaint for a child under the age of 18, you do not need to complete this form.

If you are filing this IMR or complaint for a patient who cannot complete this form and you have legal authority to act for this patient, please complete Part B only. Also send a copy of the power of attorney for health care decisions or other legal document that says you can make decisions for the patient.

**PART A: PATIENT**

I allow the person named below in Part B to assist me in my IMR or complaint filed with the Department of Managed Health Care (DMHC). I allow the DMHC and IMR staff to share information about my medical condition(s) and care with the person named below. This information may include mental health treatment, HIV treatment or testing, alcohol or drug treatment, or other health care information.

I understand that only information related to my IMR or complaint will be shared.

My approval of this assistance is voluntary and I have the right to end it. If I want to end it, I must do so in writing.

Patient Signature ___________________________________________ Date __________________

**PART B: PERSON ASSISTING PATIENT**

Name of Person Assisting (print) __________________________________________

Signature of Person Assisting __________________________________________

Address ____________________________________________________________

Relationship to Patient _________________________________________________

Daytime Phone # ______________________________________________________

Evening Phone # ______________________________________________________

☐ My power of attorney for health care decisions or other legal document is attached.
California's Knox-Keene Act gives the Department of Managed Health Care (DMHC) the authority to regulate health plans and investigate the complaints of health plan members.

- The DMHC's HMO Help Center uses your personal information to investigate your problem with your health plan and to provide an Independent Medical Review if you qualify for one.

- You give us this information voluntarily. You do not have to give us this information.

- However, if you do not give us the information, we may not be able to investigate your complaint or provide an Independent Medical Review.

- We may share your personal information, as needed, with the health plan and the doctors who are doing the Independent Medical Review.

- We may also share your information with other government agencies as required or allowed by law.

- You have a right to see your personal information. To do this, contact the DMHC Records Request Coordinator, DMHC, Office of Legal Services, 980 Ninth Street, Suite 500, Sacramento, CA 95814-2725, (1-916-322-6727).

* The law that requires this notice is the Information Practices Act of 1977 (California Civil Code Section 1798.17).
Ask for an Independent Medical Review (IMR)

If your health plan denies your request for medical services or treatment, you can file a complaint (grievance) with your plan. If you disagree with your plan's decision, you can ask the Help Center for an Independent Medical Review (IMR). An IMR is a review of your case by doctors who are not part of your health plan. If the IMR is decided in your favor, your plan must give you the service or treatment you requested. You pay no costs for an IMR.

You Can Apply for an IMR If Your Health Plan:

- Denies, changes, or delays a service or treatment because the plan determines it is not medically necessary.
- Will not cover an experimental or investigational treatment for a serious medical condition.
- Will not pay for emergency or urgent medical services that you have already received.

Before You Apply

In most cases, you must complete your health plan's complaint process before you apply for an IMR. Your plan must give you a decision within 30 days or within 3 days if your problem is an immediate and serious threat to your health.

If your plan denied your treatment because it was experimental/investigational, you do not have to take part in your plan's complaint process before you apply for an IMR.

You must apply for an IMR within 6 months after your health plan sends you a written decision about your complaint.

How to Apply

Fill out the IMR Application Form.

Attach copies of letters or other documents about the treatment or service that your health plan denied. This can speed up the IMR process. Send copies of documents, not originals. The Help Center cannot return any documents.

If you have questions about filling out your application form, call the Help Center at 1-866-466-2219 or (TDD) 1-877-688-9891. There is no charge for this call.

Mail or fax your form and any attachments to:

Help Center
Department of Managed Health Care
920 Ninth Street, Suite 600
Sacramento, CA 95814-2725

FAX: 916-258-6241

What Happens Next?

The Help Center will review your application and send you a letter within 5 days. This letter will tell you if you qualify for an IMR. The IMR decision is then made within 30 days, or within 3 to 7 days if your problem is urgent.

Questions and Answers About IMR
IMR Application Form
Search IMR Decisions

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Questions and Answers About IMR

Can I get an IMR if I am in Medi-Cal?

Who cannot get an IMR?

What if my plan says the service I want is not covered in my benefit package?

Can I get an IMR if my plan will not pay for the medicine I think I need?

What does it mean if my plan says a service is not medically necessary?

What happens if my problem does not qualify for an IMR?

How long does an IMR take?

What happens if the IMR is decided in my favor?

Will my medical condition and treatment stay private?

Where can I get the IMR form?

Can I get an IMR if I am in Medi-Cal?

If you are in a Medi-Cal managed care plan, you can apply for an IMR or you can file for a Fair Hearing through the Department of Health Services. A Fair Hearing is a meeting where a neutral person listens to both you and your health plan, and then decides if your health plan followed the law. Once you start the Fair Hearing process, you cannot apply for an IMR.

Who cannot get an IMR?

If you have Medicare, you cannot get an IMR. If you are in Medicare Advantage, you must file an appeal with the health plan. Or you can call the Health Services Advisory Group at 1-818-409-9229. HSAG is an organization that has a contract with Medicare to help members with appeals.

Medi-Cal fee-for-service members (Medi-Cal members who are not in managed care) cannot get an IMR.

Members of self-insured or self-funded group health plans cannot get an IMR. These are health plans that are usually through a large employer. The employer pays doctors, hospitals, and other providers directly for employees' health care, instead of paying a premium to an HMO or other insurance company to provide the health care.

What if my plan says the service I want is not covered in my benefit package?

Complete and mail the IMR application anyway. The Help Center will review your IMR application to decide if the service you want is covered. If the service is not covered, we will tell you that you cannot get an IMR.

Can I get an IMR if my plan will not pay for the medicine I think I need?

If your plan covers prescription drugs and it says that the drug you asked for is not medically necessary or is experimental or investigational, you can apply for an IMR.

What does it mean if my health plan says a service is not medically necessary?

It means that your plan thinks that the service you asked for is not appropriate for your medical condition, or the plan wants you to try a different treatment. Sometimes doctors and health plans do not agree on what is medically necessary.

What happens if my problem does not qualify for an IMR?

The Help Center will send you a letter saying that your problem does not qualify. If this happens, the Help Center will review your case through its regular complaint process and send you a written decision within 30 days. You do not need to send in another form.

How long does an IMR take?

If your health problem is urgent an IMR is usually decided within 3-7 days. This is called an expedited IMR. A health problem is urgent if it is a serious and immediate threat to your health. Your doctor must send us written documentation that your health problem is urgent.

If your health problem is not urgent, an IMR is usually decided within 30 days after we receive the supporting documentation from you, the doctor and the health plan. An IMR can take longer if we do not receive all the medical records that we need from you. If you are seeing a doctor who is not in your health plan's network, it is important that you send us your medical records from that doctor. Your health plan is required to get copies of your medical records from doctors who are in the network.

What happens if the IMR is decided in my favor?

If the IMR is decided in your favor, your health plan must provide the service or treatment. The Help Center will make sure that you receive the service or treatment.

Will my medical condition and treatment stay private?
Yes. Your name, medical records, and all other personal medical information are kept private and confidential under California law.

IMR decisions are public, but they do not show the names of any patients, doctors, or facilities. You can read past IMR decisions.

Where can I read the IMR laws?

See sections 1374.30 and 1370.4 of the Know-Your-Health Care Service Plan Act of 1975 (part of the California Health and Safety Code). You can also see the rules that the DMHC has created for the IMR process. They are in Title 28 of the California Code of Regulations in sections 1300.74.30 and 1300.70.4. You can read these and other health care laws.
For over two decades, Bet Tzedek's Nursing Home Advocacy Project (NHAP) has been a signature program that has influenced and shaped the development of Bet Tzedek's nationally regarded elderlaw practice. Begun in 1981 with funding from the City of Los Angeles, the project was established in response to a critical need for effective legal assistance for frail, elderly residents of nursing homes. Today, Bet Tzedek aggressively works to improve the quality of care for the institutionalized elderly and provides legal protection against abuse and neglect through advice, education, advocacy, and litigation.

Among the many milestones in NHAP's history are:

- Comprehensive legislation to reform admissions and discharge practices and financial responsibility and billing practices by nursing homes
- A landmark study of Los Angeles County nursing homes which brought to light disturbing patterns of serious noncompliance with state and federal regulations and prompted the passage of reform legislation
- Major litigation against a national nursing home chain for fraudulent admissions contracts which resulted in sweeping national changes.

Additionally, NHAP has published and widely distributed acclaimed consumer publications: The Nursing Home Companion (in English and Spanish); If Only I Had Known: Misrepresentations Made by Nursing Homes (published with a grant from the Archstone Foundation), and How to Get Care From a Residential Care Facility. Over 200,000 copies of these guides have been distributed nationally, and they remain the first resource consulted by ombudspersons throughout California.

In its 24 years of service, NHAP has represented hundreds of individuals and their families on issues relating to eviction, MediCare payments, quality of care, illegal transfers, liability waivers, conservatorships and other long-term care issues.

Advance Directives for Health Care in California >>

NURSING HOME CONSUMER GUIDES:

Assisted Living Companion English (PDF) >>
Nursing Home Companion en Espanol (PDF) >>
How to Get Care From a Residential Care Facility (PDF) >>
## Local Ombudsman Programs

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<thead>
<tr>
<th>County</th>
<th>Center</th>
<th>Phone</th>
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<td>Alameda</td>
<td>Alameda County Long-Term Care Ombudsman Program</td>
<td>(510) 638-6878</td>
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<tr>
<td>Alpine</td>
<td>Mother Lode Long-Term Care Ombudsman Program Catholic Charities – Diocese of Stockton</td>
<td>(209) 532-7632</td>
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<td>Amador</td>
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<td>(209) 532-7632</td>
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<td>Butte</td>
<td>PASSAGES Long-Term Care Ombudsman Program</td>
<td>(530) 898-5923</td>
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<td>(800) 822-0109</td>
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<td>Calaveras</td>
<td>Mother Lode Long-Term Care Ombudsman Program Catholic Charities – Diocese of Stockton</td>
<td>(209) 532-7632</td>
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<td>(800) 822-0109</td>
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<td>Contra Costa</td>
<td>Ombudsman Services of Contra Costa, Inc.</td>
<td>(925) 685-2070</td>
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<td>Del Norte</td>
<td>Long-Term Care Ombudsman Program</td>
<td>(707) 443-9747</td>
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<tr>
<td>El Dorado</td>
<td>El Dorado County Long-Term Care Ombudsman Program C/O El Dorado Area Agency on Aging</td>
<td>(530) 642-4860</td>
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<td>Fresno</td>
<td>Fresno-Madera Ombudsman Program</td>
<td>(559) 224-9177</td>
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<td>Glenn</td>
<td>PASSAGES Long-Term Care Ombudsman Program</td>
<td>(530) 898-5923</td>
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<td>Humboldt</td>
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<td>(707) 443-9747</td>
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<tr>
<td>Imperial</td>
<td>Long-Term Care Ombudsman Program</td>
<td>(760) 339-6457</td>
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<tr>
<td>Inyo</td>
<td>Ombudsman/Advocacy Services for Inyo and Mono Counties</td>
<td>(760) 872-4128</td>
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| Kern         | Kern County Long-Term Care Ombudsman Program C/O Greater Bakersfield Legal Assistance, Inc. | (661) 323-7884  
<pre><code>                    |                                                                       | Outside (661) area, use: (888) 292-4252, ext. 1109 |
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<td>Kings</td>
<td>Long-Term Care Ombudsman Program</td>
<td>(559) 582-3211 ext. 2824</td>
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<td>C/O Kings County Commission on Aging Council</td>
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<td>Lake</td>
<td>Ombudsman Program of Lake and Mendocino Counties</td>
<td>(707) 467-5835</td>
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<td>Only (707) area:</td>
<td>(800) 997-3675</td>
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<td>Lassen</td>
<td>Ombudsman Services of Northern California</td>
<td>(530) 229-1435</td>
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<td>(530) 229-1816</td>
<td>(666) 699-6191</td>
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<td>WISE &amp; Healthy Aging Long-Term Care Ombudsman Program</td>
<td>(310) 393-3618</td>
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<td>Region I - Santa Monica</td>
<td>(800) 334-9473</td>
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<td>Region II - Reseda</td>
<td>(310) 899-1483</td>
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<td>Region IV - Lakewood</td>
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<td>Region V - Los Angeles</td>
<td>(213) 617-8957</td>
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<td>Madera</td>
<td>Fresno-Madera Ombudsman Program</td>
<td>(559) 224-9177</td>
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<td>Marin</td>
<td>Marin County Ombudsman Program</td>
<td>(415) 499-7446</td>
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<td>Mother Lode Long-Term Care Ombudsman Program</td>
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<td>(707) 467-5835</td>
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<td>(800) 997-3675</td>
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<td>Merced</td>
<td>Merced County Long-Term Care Ombudsman Program</td>
<td>(209) 385-7402</td>
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<td>Modoc</td>
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<td>(530) 229-1816</td>
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<td>Mono</td>
<td>Ombudsman/Advocacy Services for Inyo and Mono Counties</td>
<td>(760) 872-4128</td>
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<tr>
<td>Monterey</td>
<td>Alliance on Aging Ombudsman for Long-Term Care</td>
<td>(831) 655-1334</td>
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<td>Salinas Office</td>
<td>(831) 758-4011</td>
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<td>Napa</td>
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<td>(707) 255-4236</td>
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<td>Nevada</td>
<td>Ombudsman Services of Northern California</td>
<td>(916) 376-8910</td>
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<td>(530) 274-2825</td>
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<td>Orange</td>
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<td>(714) 479-0107</td>
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<td>C/O COUNCIL on AGING – Orange County</td>
<td>Only (562) and (949) areas:</td>
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<td>(800) 300-6222</td>
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<td>Placer</td>
<td>Ombudsman Services of Northern California</td>
<td>(916) 376-8910 (530) 823-8422</td>
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<td>(530) 898-5923 (800) 822-0109</td>
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<td>Riverside</td>
<td>Long-Term Care Ombudsman Program</td>
<td>(951) 686-4402 (800) 464-1123</td>
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<td>San Benito</td>
<td>Advocacy, Inc.</td>
<td>(831) 429-1913</td>
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<td>(909) 891-3928 (866) 229-0284</td>
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<td>San Diego</td>
<td>San Diego County Long-Term Care Ombudsman Program</td>
<td>(800) 640-4661 San Diego County only (858) 560-2507 Outside of San Diego County</td>
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<td>San Francisco</td>
<td>San Francisco Long-Term Care Ombudsman Program C/O Family Services Agency of San Francisco</td>
<td>(415) 751-9788</td>
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<td>San Joaquin</td>
<td>San Joaquin County Long-Term Care Ombudsman Program</td>
<td>(209) 468-3785</td>
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<td>San Luis Obispo</td>
<td>Long Term Care Ombudsman Services of San Luis Obispo County</td>
<td>(805) 785-0132</td>
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<td>San Mateo</td>
<td>Ombudsman Services of San Mateo County, Inc.</td>
<td>(650) 780-5707</td>
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<td>Santa Barbara</td>
<td>Long-Term Care Ombudsman Services of Santa Barbara County</td>
<td>(805) 925-0499</td>
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<td>Santa Clara</td>
<td>Long-Term Care Ombudsman Program of Santa Clara County</td>
<td>(408) 944-0567</td>
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<td>Santa Cruz</td>
<td>Advocacy, Inc.</td>
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<td>Ombudsman Services of Northern California</td>
<td>(530) 229-1435 (530) 229-1816 (866) 699-6191</td>
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<td>Sierra</td>
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<td>Siskiyou</td>
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<td>Solano</td>
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<td>(707) 644-4194 Only (707) area: (800) 644-4194</td>
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<td>Sonoma</td>
<td>Long-Term Care Ombudsman Program C/O Senior Advocacy Services</td>
<td>(707) 526-4108</td>
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<td>Stanislaus</td>
<td>Stanislaus Long-Term Care Ombudsman Program - Catholic Charities</td>
<td>(209) 529-3764</td>
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<td>Sutter</td>
<td>Ombudsman Services of Northern California</td>
<td>(916) 376-8910 (530) 755-2018</td>
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<td>(530) 898-5923 (800) 822-0109</td>
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<td>Tulare</td>
<td>Long-Term Care Ombudsman Program C/O Kings County Commission on Aging Council</td>
<td>(559) 582-3211 ext. 2824 (800) 293-9714</td>
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<td>Trinity</td>
<td>Mother Lode Long-Term Care Ombudsman Program Catholic Charities – Diocese of Stockton</td>
<td>(209) 532-7632</td>
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<td>Tuolumne</td>
<td>Long-Term Care Ombudsman Services of Ventura County, Inc.</td>
<td>(805) 656-1986</td>
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<td>Yolo</td>
<td>Ombudsman Services of Northern California</td>
<td>(916) 376-8910 (530) 668-5775</td>
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<td>Yuba</td>
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<td>(916) 376-8910 (530) 755-2018</td>
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Last updated: January 28, 2010
To find out more about Child Health and Disability Prevention (CHDP) services or the application process, please contact your county CHDP office.

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<td>Alameda</td>
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<td>1000 San Leandro Boulevard, Suite 200, San Leandro, CA 94577-1674</td>
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<td>1947 Center Street, 2nd Floor, Berkeley, CA 94704</td>
<td>510-981-5300</td>
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<td>Calaveras</td>
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<td>Mail: 891 Mountain Ranch Road, San Andreas, CA 95249-9713 Street: 700 Mountain Ranch Road, Suite C2, San Andreas, CA 95249</td>
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<td>Colusa</td>
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<td>Contra Costa</td>
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<td>Del Norte</td>
<td>08</td>
<td>880 Northcrest Drive, Crescent City, CA 95531-9988</td>
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<td>El Dorado</td>
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<td>929 Spring Street, Placerville, CA 95667-4543</td>
<td>530-621-6110</td>
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<td>Fresno</td>
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<td>Mail: P.O. Box 11867, Fresno, CA 93775-1867 Street: 1221 Fulton Mall, Fresno, CA 93721</td>
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<td>Imperial</td>
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<td>Inyo</td>
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<td>760-878-0241</td>
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<td>Kings</td>
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<td>330 Campus Drive, Hanford, CA 93230-4375</td>
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<td>City of Long Beach</td>
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<td>3820 Cherry Avenue, Long Beach, CA 90807-4323</td>
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<td>Los Angeles</td>
<td>9320 Telstar Avenue, Suite 226, El Monte, CA 91731-2849</td>
<td>800-993-2437</td>
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<td>Madera</td>
<td>14215 Road 28, Madera, CA 93538-5715</td>
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<td>Marin</td>
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<tr>
<td>Mariposa</td>
<td>Mail: P.O. Box 5, Mariposa, CA 95338; Street: 4888 Eleventh Street, Mariposa, CA 95338</td>
<td>209-966-3689</td>
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<td>Mendocino</td>
<td>1120 South Dora Street, Ukiah, CA 95482-8333</td>
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<td>Merced</td>
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<td>Modoc</td>
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<td>Mono</td>
<td>Mail: P.O. Box 3329, Mammoth Lakes, CA 93546; Street: 437 Old Mammoth Road, Suite Q, Mammoth Lakes, CA 93546</td>
<td>760-924-1830</td>
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<td>Monterey</td>
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<td>831-755-4960</td>
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<td>Napa</td>
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<td>Nevada</td>
<td>500 Crown Point Circle, Suite 110, Grass Valley, CA 95945</td>
<td>520-265-1462</td>
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<td>Orange</td>
<td>Mail: P.O. Box 6099, Santa Ana, CA 92706-0099; Street: 1725 West 17th Street, Santa Ana, CA 92706</td>
<td>714-834-8119</td>
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<td>City of Pasadena</td>
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<td>626-744-6015</td>
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<td>Placer</td>
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<td>Plumas</td>
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<td>Riverside</td>
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<td>Sacramento</td>
<td>9333 Tech Center Drive, Suite 800, Sacramento, CA 95826-2258</td>
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<td>San Diego</td>
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<td>San Mateo</td>
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<td>Mail: P.O. Box 7, Loyalton, CA 96118-0007; Street: 202 Front Street, Loyalton, CA 96118</td>
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<td>Mail: P.O. Box 1510, Yuba City, CA 95992-1510; Street: 1445 Veterans Memorial Circle, Yuba City, CA 95993</td>
<td>530-822-7215</td>
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<td>530-527-6824</td>
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<td>2240 East Gonzales Road, Suite 270, Oxnard, CA 93036-8210</td>
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<td>5730 Packard Avenue, Suite 100, Marysville, CA 95901</td>
<td>530-749-6366</td>
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Complaint Process - Frequently Asked Questions

What will happen once I send the Board my complaint?
How long does the whole complaint process take?
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I am having difficulty with the care I am receiving right now from my physician. Can the Board assist me?
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What can the Board do for me? What's the purpose in sending a complaint to the Board?
I have heard that Dr. X is prescribing large amounts of pain medication to people who are addicted to this medication. Will the Board investigate Dr. X?
Can I file a complaint without giving my name?
Can I find out whether any complaints have been filed against my physician?
Can I file my complaint electronically from the Web site?
How long do I have to file my complaint?
Why does the operator insist that I speak to or leave a message with the analyst assigned to my case?
Can the Medical Board help me in filing a lawsuit or malpractice case against the physician?
Can the Medical Board provide help in finding a physician who takes MediCare or MediCal?
As a senior citizen, how can I obtain information for medical services?
As a licensed physician, am I required to report another physician to the Board if I am concerned that the physician may be physically or mentally impaired?

What will happen once I send the Board my complaint?

When the Board receives your complaint, it will be entered into our automated system and assigned a "control number." If your complaint is not within the jurisdiction of the Board, it will be referred to the appropriate agency and you will be notified by mail. If the complaint appears to be within the Board's jurisdiction, an acknowledgment letter will be sent advising you that the Board has received your complaint and that it will be forwarded to an analyst for review. If your complaint concerns the care and treatment you received from a physician, the analyst will request copies of your medical records and a written summary of your care from the physician, with your Authorization for Release of Medical Information. The analyst also may contact any subsequent physician(s) listed on your authorization form. When all of the requested records have been received, you will be notified that your complaint is being sent to a medical consultant for review. The reviews are completed by physicians practicing in the same medical specialty as...
the physician named in your complaint. For more information on complaints or the consultant review process, please link to our brochures, "How Complaints are Handled" and "Questions and Answers About Medical Consultants." The analyst handling your complaint will notify you in writing of the findings once the review has been completed.

**How long does the whole complaint process take?**

There is no specific time frame in which complaints are handled. Once a complaint is received, it will be reviewed by an analyst. The analyst will gather the necessary information to evaluate the complaint. Depending on the complexity of the complaint, it may take several months to review and/or resolve. Refer to our brochure, "How Complaints are Handled" for more information.

**Will the doctor know I have filed a complaint?**

The "source" of the complaint information (the complainant) is confidential and is not disclosed by the Medical Board. However, if the complaint deals with your care and treatment, the Board's staff will request a copy of your medical records so the physician involved knows that a complaint has been filed regarding your treatment. He/she will not be told who filed the complaint.

**I am having difficulty with the care I am receiving right now from my physician. Can the Board assist me?**

The Medical Board is responsible for reviewing the care and treatment provided by physicians and will review the concerns you are having. However, the Board cannot intervene or alter a physician's medical care while he/she is providing treatment. You might wish to consult with another physician or, if possible, change doctors.

**If I am unhappy with the disposition of the complaint I filed with the Board, what documentation is needed to pursue an appeal?**

If you do not agree with the Medical Board's findings, you may request another review by writing a letter describing the specific area(s) of concern and include any additional information you may have such as subsequent physician findings or medical information not previously provided.

**What can the Board do for me? What's the purpose in sending a complaint to the Board?**

The Medical Board of California is charged with ensuring that physicians are practicing medicine within "the standard of practice in the medical community." The Board's authority is limited to pursuing administrative action against the physician's license to practice medicine (e.g., suspension, revocation, issuing citations for some violations of law and requiring probation or monitoring). The Medical Board cannot assist you in pursuing civil litigation against the physician for "malpractice." The Medical Board cannot share any of the information, records or reports gathered during the course of its review or investigation with the patient or family members.

**I have heard that Dr. X is prescribing large amounts of pain medication to people who are addicted to this medication. Will the Board investigate Dr. X?**

This concern can be investigated by the Board. However, to investigate a physician's care/treatment, the Board needs information on a patient or patients. The Board can't assess the "quality" of care without focusing on a particular patient, as the Board has no authority to audit or review a physician's medical records without patient consent (or a subpoena which needs to be specific to a patient). If you have any information which you think would be helpful or if you know of any patients who are willing to cooperate with our investigation, please feel free to contact the Board at 800-633-2322 or file a complaint with the Board.
Can I file a complaint without giving my name?

A complaint can be filed anonymously; however, the Board has a difficult time investigating these complaints. If the Board is unable to obtain documentation or evidence of the complaint allegations, the complaint may not be able to be pursued. The Board does accept complaints from individuals who wish to designate themselves as "confidential informants." A "code name" can be used which would allow investigative personnel to discuss the allegations with the "complainant" without disclosing the individual's name. But, again, if medical records are required, the patient's name will have to be disclosed to the physician.

Can I find out whether any complaints have been filed against my physician?

Complaint investigations being conducted by the Medical Board are not public information, so this information cannot be disclosed to you. It would become public information at the point that formal "charges" (or an "Accusation") has been filed. Enforcement-related documents are available on our Web site by selecting "Enforcement Public Document Search."

Can I file my complaint electronically from the Web site?

Not at this time. Eventually, the Board may be able to offer this service, however, an original signature is still needed on the Authorization for Release of Medical Information.

How long do I have to file my complaint?

Business and Professions Code section 2230.5 states that any accusation (or formal charges against the physician's license) filed against a licensee shall be filed within seven years after the act or omission/incident. This means that the Board's investigation must be concluded, the case transmitted to the Attorney General's office and the accusation filed by the Attorney General's office before the seven years expires. If a complaint is filed just before the seven-year time limit, the Board may not pursue the case because there won't be enough time to obtain all the documents and have them reviewed before the seven-year statute of limitations expires. There are several exceptions to the statute of limitations including complaints involving sexual misconduct and care and treatment provided to a minor. You may contact the Board for more specific information on the statute of limitations.

Why does the operator insist that I speak to or leave a message with the analyst assigned to my case?

The operators in the Complaint Unit answering calls on the toll-free lines assist hundreds of consumers daily with various inquiries. By connecting you to the staff person assigned to your complaint, the case file will be readily available and the staff person will have the most recent information about the complaint status.

Can the Medical Board help me in filing a lawsuit or malpractice case against the physician?

The Board's authority is limited to pursuing administrative action against the physician's license to practice medicine (e.g., suspension, revocation, issuing citations for some violations of law and requiring probation or monitoring). The Medical Board cannot assist you in pursuing civil litigation against the physician for "malpractice." The Medical Board cannot share any of the information, records or reports gathered during the course of its review or investigation with the patient or family members, nor can the Board provide referrals to attorneys.

Can the Medical Board provide help in finding a physician who takes MediCare or MediCal?

The Medical Board does not provide physician referrals. You may contact your local medical society in your area for assistance.
As a senior citizen, how can I obtain information for medical services?

The Medical Board of California is not a "medical service" provider. You may wish to look in your local yellow pages under Community Services for Seniors or contact the Department of Aging at 800-510-2020 (in California) or 800-677-1116 (outside California).

As a licensed physician, am I required to report another physician to the Board if I am concerned that the physician may be physically or mentally impaired?

There is no mandatory reporting requirement in the Medical Practice Act to report a colleague for possible impairment. However, as the Board's mission is to provide patient protection, the Board clearly is concerned about physicians who potentially present a danger to their patients. Reporting an impaired colleague to the Medical Board will allow the Board to ensure adequate protections are in place so the public will not be harmed by a colleague who requires assistance. The sources of complaint information are kept confidential by the Board.
The Medical Board has no authority over the following:

- **Chiropractors** (contact Board of Chiropractic Examiners)
- **Dentists** (contact Board of Dental Examiners)
- **Ethical/Office Issues** (contact local medical society)
  Ethical issues include "bedside manner" (attitude, demeanor) and office staff.
- **Health Maintenance Organizations (HMOs)** (contact Department of Managed Health Care)
- **Hospitals** (contact Dept. of Public Health)
- **Insurance Companies** (contact Department of Insurance)
- **Malpractice actions/civil lawsuits**
  If you are seeking damages and restitution only, you need to seek legal advice. The Medical Board cannot share information or assist with lawsuits.
- **Medi-Cal** (contact Department of Health Care Services or Department of Justice, Medi-Cal Fraud)
- **Medicare** (contact the federal centers for Medicare and Medicaid)
- **Nurses** (contact the Board of Registered Nursing or the Board of Vocational Nurse and Psychiatric Technicians)
- **Optometrists** (contact Board of Optometry)
- **Osteopathic Physicians (DOs)** (contact Osteopathic Medical Board of California)
- **Prices Charged** (contact your local medical society for medical services actually provided to the patient)

The Medical Board also has no authority to obtain a refund from a medical provider unless there is a double payment by the insurance company.

**MEDICAL BOARD OF CALIFORNIA**

Central Complaint Unit
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

To check on a specific doctor or obtain information about the complaint process, call our Consumer Information Unit:

- 1-800-633-2322
- or (916) 263-2424
- Fax: (916) 263-2435
- TDD: (916) 263-0935

Or visit our Web site:
www.mbc.ca.gov

The mission of the Medical Board of California is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.
OVERVIEW OF THE COMPLAINT REVIEW PROCESS

The Medical Board of California has authority over licensed medical doctors (MDs) in California and has the authority to enforce the provisions of the Medical Practice Act (within the California Business & Professions Code). The Board also handles complaints against certain allied health care professionals: podiatrists, physician assistants, registered dispensing opticians, research psychoanalysts and midwives.

Your complaint will be assigned to a consumer services analyst for review. The analyst will gather the information necessary to evaluate your complaint. The initial review of your complaint will be undertaken immediately; however, depending on the complexity of the case, it may take several months to resolve.

Below are the most common types of complaint issues filed with the Board as well as an outline of the normal review process.

Quality of Care Complaints
When you file a complaint involving medical care and treatment, the Medical Board will obtain copies of all your medical records pertaining to that treatment. If you have not completed the "Authorization for Release of Medical Records" on the back of the Consumer Complaint Form, the analyst handling your complaint will send you one to complete and sign. The release form must be completed and signed to avoid a delay in processing your complaint.

When a completed release form is received, the analyst will request the needed records, as well as a written summary of the care from each of the treating medical providers. Once all records and summaries are received, the entire file will be forwarded to one of the Board's medical consultants for a thorough review. You will be notified by letter when this occurs.

The medical consultant's evaluation will determine whether the complaint requires further review by one of the Board's investigative offices, or whether the Central Complaint Unit will close the complaint.

If the review determines that the actions of the doctor were not below the acceptable standard of medical care, the Board has no authority to proceed, and the complaint will be closed. If the Board finds that the treatment fell below the standard of care but does not represent gross negligence, the complaint will be closed but will be maintained on file for the Board's future reference. If a complaint is referred to an investigative office and a violation is confirmed, the case may be submitted to the Office of the Attorney General for a formal charge that may lead to disciplinary action against the doctor's license.

The Board cannot review matters that occurred more than seven years ago (with some limited exceptions) or 10 years ago on complaints alleging sexual misconduct.

Failure to Provide Medical Records
If a medical provider fails to release a copy of your medical records to you upon your written request, he or she may be in violation of Health and Safety Code Section 123110. If you have difficulty obtaining a copy of your records, please call us as we may be able to assist you in obtaining your records.

High Priority Complaints
Complaints alleging negligence that involve patient death or serious bodily injury are given the highest priority. Complaints alleging sexual misconduct, excessive prescribing, unlicensed practice of medicine, or a physician's substance abuse will usually be forwarded to one of our district offices for investigation. However, if the complaint allegations are not clear, you may be contacted for further information before determining whether an immediate field investigation is warranted.

Injury, Disability, Fitness for Duty Evaluations
Medical providers often conduct evaluations to determine an individual's medical condition related to an injury, disability, or fitness for duty. The Medical Board has limited jurisdiction in this area as no "care and treatment" is provided. If you are dissatisfied with the results of your evaluation, appeal processes may be available through the agency or individual who requested the evaluation. It is recommended that the appeal options be pursued.
MEDICAL BOARD OF CALIFORNIA
Central Complaint Unit
2005 Evergreen Street, Suite 1200
Sacramento, California 95815
1-800-633-2322
(916) 263-2424 – Fax (916) 263-2435

CONSUMER COMPLAINT FORM

Instructions for Filing Your Complaint

✓ Fill in the full name and address, telephone number, license number (if known) of the person your complaint is against. Also write this information in the first section of the Authorization for Release of Medical Records on the reverse side of the Complaint Detail Form.
✓ If the patient has seen another doctor for the same problem, include the name, address and date(s) of treatment on the release section of the complaint form.
✓ Write your complaint and include as many specific details as possible (who, what, when, where, why). Include the date(s) of treatment and specific examples of the problems with the care and treatment and use extra sheets of paper, if needed. Send us copies of any documents in support of your complaint which may include patient records, photographs, audiotapes, correspondence, billing statements, proof of payments, etc.
✓ Sign and date the complaint form at the bottom of the page and on the Authorization Release Form.

Authorization for Release of Medical Information

The Authorization for Release of Medical Information found on the reverse side of the Complaint Details form is a legal authorization for the Medical Board’s staff to obtain information about the patient’s care from the doctors and/or medical facilities involved in the medical care. ANY EXTRA COMMENTS, NOTATIONS, ETC. MAKE THE FORM VOID AND WE WILL HAVE TO ASK YOU TO COMPLETE ANOTHER RELEASE FORM. If you wish to provide us with additional information, please do so using a separate sheet of paper. If there are more than four physicians or medical facilities, you may copy the blank form in order to have enough spaces. When this form is completed and signed, it allows the Medical Board to order records from ONLY the doctors or facilities you have listed on the medical record release form.

Print or type the patient’s name, date of birth, date of death, and medical record number if applicable. If we need to contact you to clarify your information, it will delay the review process. FILL IN THE FULL NAME AND ADDRESS OF THE PERSON YOU ARE COMPLAINING ABOUT IN THE FIRST SECTION. Fill in the names and addresses of all other health care providers where the patient was seen for the medical problems in this specific complaint (doctors and/or clinics or hospitals, etc.) using the other sections on the medical release.

NOTE: The release form must be signed and dated by either the patient or the individual legally authorized to make medical decisions for the patient. If the patient is unable to sign the release, the form may be signed by: 1) the next of kin, if the patient is deceased (provide a copy of the Death Certificate); 2) the parent of a minor child; or 3) the person named by the patient in a signed Power of Attorney granting the person authority to make medical decisions for the patient (provide a copy of this document).
MEDICAL BOARD OF CALIFORNIA
CONSUMER COMPLAINT FORM

PERSON REGISTERING THE COMPLAINT

☐ Mr. ☐ Ms.
Name:

(Last Name) (First Name) (M.I.)

Mailing Address:

(City) (State) (Zip)

Phone Number:

(Daytime Number) (Evening Number) (Cell phone/E-mail address)

☐ Mr. ☐ Ms.
Patient Name:

(Last Name) (First Name) (M.I.)

Patient Date of Birth: Your Relationship to Patient:

NATURE OF COMPLAINT

Please check the box which best describes the nature of your complaint and provide details on the next page

☐ Substandard Care (e.g., Misdiagnosis, Negligent Treatment, Delay in Treatment, etc.)

☐ Prescribing Issues (e.g., excessive/under prescribing, Internet)

☐ Unlicensed Provider or Aiding/Abetting unlicensed practice

☐ Sexual Misconduct

☐ Physician/Provider Impairment (e.g., Drug, Alcohol, Mental, Physical)

☐ Unprofessional Conduct (e.g., Breach of Confidence, Record Alteration, Fraud, Misleading Advertising, Arrest or conviction)

☐ Office Practice (e.g., Failure to Provide Medical Records to Patient, Failure to Sign Death Certificate, Patient Abandonment)

Other

Notice: The information included on the complaint form is requested per Section 2220 of the Business and Professions Code. Except for the name of the physician, all information requested is voluntary, but failure to provide the requested information may delay or prevent the investigation of your complaint. Provide as much information as possible in connection with the complaint. The information on the complaint form will be used in part to determine whether a violation of State Law has occurred. If a violation is substantiated, the information may be transmitted to other government agencies, including the Attorney General’s Office.
I wish to complain about the individual named below. I understand that the Medical Board does not assist citizens seeking return of their money or other personal remedies. I am, however, submitting this information so that it may be determined whether disciplinary action against this practitioner’s license should be considered.

Check one:
- [ ] Physician (M.D.)
- [ ] Podiatrist (DPM)
- [ ] Physician Assistant (PA)
- [ ] Registered Dispensing Optician (RDO)
- [ ] Midwife
- [ ] Unlicensed Provider

COMPLAINT REGISTERED AGAINST

Please Print or Type

Name: ____________________________  (Last Name)  ____________________________  (First Name)  ____________________________  (M.I.)

Office/Facility Name: ____________________________  License No. (If known): ____________________________

Street Address: ____________________________  (Address)  ____________________________  (City)  ____________________________  (State)  ____________________________  (Zip Code)

Phone Number: ____________________________

Has the patient been examined/treated by another professional for this same condition?
- [ ] No  - [ ] Yes  If yes, provide name and address on the Authorization for Release of Medical Information

Reason for Treatment: ____________________________

Date(s) of Treatment: ____________________________

DETAILS OF COMPLAINT

(Attach additional sheets if necessary)
# Authorization for Release of Medical Information

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Record Number (If applicable)</td>
<td>Date of Death (If applicable)</td>
</tr>
<tr>
<td>Control Number</td>
<td>Social Security No. (Optional)</td>
</tr>
</tbody>
</table>

I, the undersigned hereby authorize:

**Physician/Facility**

**Address**

**City/State/Zip Code**

**Phone Number(s)**

**Treatment Date(s)**

To disclose medical records in the course of my diagnosis and treatment to the Medical Board of California, Enforcement Program, a healthcare oversight agency. This disclosure of records authorized herein is required for official use, including investigation and possible administrative proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid for three years from the date of signature. **A copy of this authorization shall be as valid as the original.** I understand that I have a right to receive a copy of this authorization if requested by me. I understand that I have the right to revoke this authorization by sending written notification to the Medical Board of California at the above address. My written revocation will be effective upon receipt by the Medical Board of California but will not be effective to the extent that such persons have acted in reliance upon this Authorization. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

**Patient Signature**

**Date**

**or Legal Representative**

**Date**

**Relationship**

**NOTE:** Failure by a physician, podiatrist or health care provider to provide the requested records within 15 days, or a health care facility in 30 days, of receipt of this request and authorization may constitute a violation of Section 2225.5 of the Medical Practice Act and may result in further action by the Board. This release is compliant with the requirements of HIPAA and Civil Code Section 56.11.
Filing a Complaint with the Board of Psychology

This document:

explains how to file a complaint against a psychologist, psychological assistant, or registered psychologist,

describes the review and investigation process, and

lists the types of actions the Board may take in response to a complaint.

Who May File a Complaint?

Anyone who thinks that a psychologist, psychological assistant or registered psychologist has acted illegally, irresponsibly, or unprofessionally may file a complaint with the Board of Psychology. In this document the person who files a complaint is referred to as the "complainant," and the person against whom the complaint is filed is the "licensee/registrant."

Note: Everyone has the right to file a complaint without fear of harassment. If you feel you are being harassed by the licensee/registrant you’ve complained about, you should notify the Board immediately.

What Types of Complaints Does the Board Handle?

Complaints under the Psychology Board's jurisdiction include the following behavior by a psychologist, psychological assistant or registered psychologist:

- sexual contact with a patient
- violating the patient's confidentiality
- providing services for which the individual has not been trained or licensed
- drug abuse
- fraud or other crimes
- false advertising
- paying or accepting payment for patient referral
- unprofessional, unethical, or negligent acts
- focusing therapy on the licensee's/registrant's own problems, rather than the patient's
- serving in multiple roles, i.e., having social relationships with patients, lending them money, employing them, etc.

What Types of Complaints Are Outside the Board's Jurisdiction?

The Board has no authority over fee or billing disputes, general business practices, personality conflicts, or persons who are licensed by other boards (for example, clinical social workers; marriage, family, and child counselors; educational psychologists; psychiatrists; or psychiatric technicians). Complaints that are not within the Board's jurisdiction will be referred to the appropriate agency, and the complainant will be notified.

How Do I File a Complaint?

Your complaint may be filed electronically.

Click here for the California Board of Psychology's On-line Consumer Complaint Form

You may wish to download a complaint form for submission by mail.

The California Board of Psychology Consumer Complaint Form is available here in Adobe Acrobat format.

http://www.psychboard.ca.gov/consumers/filecomplaint.shtml
To obtain this form,

Download the Consumer Complaint Form and print it.
Complete, sign and mail the form to:
Board Of Psychology
2005 Evergreen Street, Suite 1400
Sacramento CA 95815

You can also contact us for a consumer complaint form at (866) 503-3221. Include as much specific information as you can, including names, addresses, and phone numbers for yourself and the licensee/registrant. State your complaint in as much detail as possible, and include copies of any documents, such as patient records, photographs, contracts, invoices, and correspondence, that can be used as evidence. Don't mail the originals.

You don't need to refer to specific sections of the law that you feel have been violated. Be sure to list all health care providers who may have patient records concerning your complaint. Your signature on the form authorizes the Board to obtain patient records that can be analyzed and evaluated by expert case reviewers. Mail the complaint form and attachments to the address indicated on the form.

The most effective complaints contain firsthand, verifiable information. While the Board will review anonymous complaints, they may be impossible to investigate unless they include documented evidence.

How Will My Complaint Be Processed?

We will notify you that we have received your complaint within ten days of its arrival.

Minor Violations

If your complaint involves a minor violation, it may be handled in one of several ways. We may mediate an agreement between you and the licensee/registrant, issue the licensee/registrant a letter of warning, or set up an educational conference between the licensee/registrant and an expert case reviewer and/or Board staff.

Serious Violations

If your complaint involves a more serious violation, such as an allegation of sexual abuse, gross negligence, or incompetence, it will be immediately referred for formal investigation by a trained peace officer employed by the Medical Board of California. You will be informed of this step and will later be interviewed by the investigator assigned to the case. During the interview, you will be able to discuss the details of your complaint and ask questions regarding the overall process. The investigator will also interview the licensee/registrant. While details of your complaint and the investigation are confidential and are not public record, they must be disclosed to the licensee/registrant at some point during the administrative process.

Referral to Attorney General

If the investigation finds evidence to support your allegations, the Board will submit the case to the Attorney General for consideration of formal disciplinary action against the psychologist's license. You will be notified of this referral.

The Deputy Attorney General will then draft an "accusation," which is a formal statement of the charges and the first public document in the disciplinary process. A copy is mailed to you and to the licensee/registrant. The licensee/registrant may request that an administrative hearing be scheduled so that he or she can contest the charges.

Stipulated Agreements

In most cases, the attorney for the licensee/registrant and the Deputy Attorney General work out what is called a "stipulated agreement," instead of holding a hearing. The licensee/registrant usually "stipulates," or admits to one or more of the allegations and agrees that discipline is warranted. The Board encourages stipulated agreements because they reduce the need for costly administrative hearings and enable the Board to more quickly impose disciplinary measures that protect consumers. A free copy of the Board's disciplinary measures, Disciplinary Guidelines, is available on request.
If no stipulated agreement can be negotiated, an administrative hearing is scheduled. An Administrative Law Judge presides over the hearing, and the Board’s witnesses, the licensee/registrant, and the licensee’s/registrant’s witnesses may testify. The Board must provide clear and convincing evidence to satisfy the judge that the allegations are true. For this reason, in the unlikely event that a hearing is held, you will probably be required to testify in person. Within 30 days after the hearing, the Administrative Law Judge will issue a “Proposed Decision,” which states the “findings” (the facts that were proven in the hearing) and includes his or her recommendations. If the charges were proven, the judge may recommend that disciplinary action be taken against the licensee/registrant, such as probation, suspension, or revocation. The judge may recommend dismissal of the charges if they were not proven.

Board members then vote on the proposed decision. If the proposed decision is adopted, it becomes final. The Board may instead vote to nonadopt the decision and to issue its own final decision after reviewing the hearing transcripts and written and oral arguments. Final decisions are matters of public record and are available on request. You, as the complainant, will receive a complimentary copy of the final decision.

The administrative disciplinary process may take up to two years.

Should I Report Unlicensed Practice to the Board?

Yes. If you have evidence that an unlicensed person is participating in activities that require a license, you should report the individual to the Board. The Board will investigate the allegations and, if sufficient evidence is found, will forward the information to the local District Attorney for criminal prosecution.

Are Psychologists Required to Report Unprofessional Conduct by Colleagues?

This question is most frequently raised by licensees/registrants who have been told by a patient that the patient has had a sexual relationship with one or more previous psychologists. While no law requires a psychologist to report sexual misconduct by a colleague, he or she may do so on behalf of a patient, but only if the patient gives written authorization. If you are in this situation, you may find it more comfortable to call the Board and learn more about the complaint process before you file your written complaint.

Licensees/registrants who are told by a patient of sexual involvement with another therapist are required to give the patient the Department of Consumer Affairs brochure Professional Therapy Never Includes Sex (PDF).

The brochure explains patient rights and complaint procedures. For a free copy, call (916) 263-2699 or toll-free at (866) 503-3221.

CITIZENS COMPLAINT FORM
To register comments/complaints about the Board of Psychology

This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.

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Copyright © 2010 State of California
CONSUMER COMPLAINT FORM

Please Print or Type:

1. Last Name
   First
   Middle Initial

Office/Facility Name: Email: Phone Number: ( )

Street Address: City County State Zip Code

PERSON REGISTERING COMPLAINT

2. ☐ Mr. Last Name First Middle Initial
   ☐ Mrs. ☐ Ms.

Mailing Address: City County State Zip Code

Home phone: ( ) Daytime phone: ( ) Email:

Your Relationship to Patient:

Patient's Name: Patient's Date of Birth:
   ☐ Mr. ☐ Mrs. ☐ Ms.

3. Does this complaint concern a Child Custody issue? ☐ Yes ☐ No
   (b) Was the person named in this complaint appointed by the court to prepare a custody recommendation for the court?
   ☐ Yes ☐ No

(a) Do you have joint legal custody of the child/children involved in this matter? ☐ Yes ☐ No

4. Reason for Treatment:

Treatment Date(s):

Details of your complaint: (use additional paper if necessary)

5. Signature: ___________________________ Date __________________

**CONTINUE ON BACK**

Rev.11/03
# BOARD OF PSYCHOLOGY

**AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, the undersigned hereby authorize:</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>4.</td>
</tr>
<tr>
<td>2.</td>
<td>5.</td>
</tr>
<tr>
<td>3.</td>
<td>6.</td>
</tr>
</tbody>
</table>

...to disclose records made in the course of my diagnosis and treatment, to include medical, psychiatric, alcohol and drug abuse records, to the CALIFORNIA BOARD OF PSYCHOLOGY AND MEDICAL BOARD OF CALIFORNIA, ENFORCEMENT PROGRAM. This disclosure of records authorized herein is required for official use including investigation and possible administrative proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid until the California Board of Psychology/Medical Board of California completes its investigation and proceedings arising out of the investigations.

A copy of this authorization shall be as valid as the original. I understand that I have a right to receive a copy of this authorization if requested by me. I understand that I have the right to revoke this authorization by sending written notification to the Board of Psychology, 2500 Evergreen Street, Suite 1400 Sacramento, CA 95815. My written revocation will be effective upon receipt by the California Board of Psychology but will not be effective to the extent that such persons have acted in reliance upon this Authorization. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

Signature: _______________________________ Date: ________________

Patient

Legal Representative (Sign here only if you are NOT the patient) Relationship: _______________________________ Date: ________________

NOTE: Failure by a psychologist to provide the requested records within 15 days, or a health care facility in 30 days, of receipt of this request and authorization may constitute a violation of Section 2969, of the Business and Professions Code. This release is compliant with the requirements of HIPAA and Civil Code Section 56.11.
INSTRUCTIONS FOR COMPLETING THE COMPLAINT FORM

FRONT OF THE COMPLAINT FORM

Clearly print or type all information.

1. Fill in the full name and address of the person your complaint is against.

2. Fill in your name and address, and the patient's name and birth date.

3. Complete this section if your complaint involves a child custody issue. If it pertains to an evaluation, please include a copy of the report. If it pertains to court testimony, please include a copy of the court transcripts. If you do not have full or joint legal custody, we may be limited in our ability to pursue the complaint.

4. Write your complaint and include as many specific details as possible (who, what, when, where, how, why). Include the date(s) of treatment and specific examples of the problems with the care and treatment. Please use extra sheets of paper, if needed. Send us copies of any documents that substantiate your complaint. This may include patient records, photographs, correspondence, billing statements, reports, etc.

5. Sign and date the complaint form at the bottom of the front page and keep a copy for your records.

BACK OF THE COMPLAINT FORM

Complete the Authorization for Release of Records section on the back of the complaint form as follows:

- This document is a legal authorization for the Board of Psychology/Medical Board Investigation Unit staff to obtain information about the patient's care from the doctor involved in the treatment. ANY EXTRA COMMENTS, NOTATIONS, ETC., MAKE THE FORM VOID, AND WE WILL HAVE TO ASK YOU TO FILL OUT ANOTHER RELEASE FORM. If you wish to provide us with additional information, please do so on a separate piece of paper. This form, when it is filled out and signed, allows the Board of Psychology/Medical Board Investigation Unit to get records from ONLY the doctors you list on this records release form.

- Print or Type the patient's name and date of birth.

- Print or type the names and addresses of all of the patient's health care providers you want the Board to consult regarding this complaint. Put the name of the person you are complaining about in the first section. Then use the other sections for the other health care providers.

- Sign the release form. The release form must be signed and dated by either the patient or the individual legally authorized to make medical decisions for the patient. If the patient is unable to sign the release, the form may be signed by: 1) the parent of a minor child (parent must have legal custody of child) or 2) the person named by the patient in a signed "Power of Attorney" granting the person authority to make medical decisions for the patient (provide a copy of this document).
THE COMPLAINT AND DISCIPLINARY PROCESS:

The California Board of Psychology has authority over licensed psychologists, registered psychologists and registered psychological assistants in California and has the authority to enforce the provisions of the Laws and Regulations Related to the Practice of Psychology (within the California Business and Professions Code and California Code of Regulations). The Board also handles complaints for the unlicensed practice of psychology.

Complaints involving allegations that are not within the jurisdiction of the Board will be returned to the complainant with information about other agencies or organizations that may be better able to assist the complainant. Allegations that are not within the authority of the Board include fee/billing disputes, general business practices, personality conflicts, providers who are licensed by other boards/bureaus such as social workers, marriage family therapists, educational psychologists, psychiatrists, and psychiatric technicians.

You may file a complaint with the Board of Psychology by using the attached Consumer Complaint Form or by submitting it electronically from the Board's website:

www.psychboard.ca.gov.

Anonymous complaints will be reviewed by the Board although it may be impossible to pursue them unless they contain documented evidence of the allegations made.

Allegations of unlicensed practice will be investigated by the Board and, if sufficient evidence is found, will be forwarded to the local District Attorney’s Office for criminal prosecution. Please submit proof of the unlicensed practice with your complaint (i.e. appointment card, invoices, website information, advertisements, business letterhead etc.).

Allegations of misconduct by a psychologist working in an exempt setting should be directed to the agency overseeing the setting:

- State mental hospitals - Department of Mental Health
- Correctional facilities – Department of Corrections
- Educational institutions – Agency overseeing the particular institution

If the agency takes action against a psychologist, then that information should be forwarded to the Board for review.

Complaints concerning child custody issues must include, not only a release signed by the complaining party, but a release for each child involved signed by the adult with legal custody. If applicable, a copy of the order appointing custody, the order appointing the psychologist evaluator, and the evaluation or testimony in question, must also accompany the complaint.

Upon receipt, your complaint will be assigned to a Consumer Services Analyst for review. Within 10 days of receipt of the complaint, you will be notified of receipt. The analyst will gather the information necessary to review and evaluate your complaint. The information necessary may include patient records or written reports, a written response from the subject of the complaint, an opinion from a board consultant psychologist, or possibly, a legal opinion. If the complaint file is sent for consultant review, the complainant will be notified.

If the review determines that the actions of the psychologist were not below the Standard of Care for psychologists, the Board has no authority to proceed, and the complaint will be closed. If the Board finds that the care fell below the Standard of Care, but does not represent gross negligence, generally the complaint will be closed and will be maintained on file for the Board’s future reference.

Often, complaints such as these are dealt with through a variety of non-disciplinary methods which may include direct mediation between the parties involved, educational letters, cease and desist letters, warning letters or face-to-face educational interventions between the licensee and Board consultant.

If a complaint warrants formal investigation, the complainant can expect to be interviewed by
the investigator assigned to the case. Details of the complaint and investigation remain confidential and are not public record; however, details must be disclosed to the subject of the complaint at some point. The complainant is notified when a complaint is referred to investigation.

If a complaint is referred to an investigative office and a violation is confirmed, the case may be submitted to the Office of the Attorney General for a formal charge that may lead to disciplinary action against the psychologist’s license. Once a case has been accepted by the Office of the Attorney General, an Accusation is then drafted. The Accusation is the first public document in the disciplinary process. Once the Accusation is filed, the licensee may request a hearing to contest the charges. At the hearing, the Board must demonstrate by "clear and convincing evidence to a reasonable certainty" that the allegations are true. For that reason, it is generally necessary for the person who made the original complaint to testify in person at the administrative hearing.

In many cases, defense counsel and the Deputy Attorney General representing the Board may engage in discussions of proposals for stipulated agreements prior to hearing. Stipulated agreements generally include admission to one or more of the allegations and a proposal for appropriate discipline. The Board encourages negotiated settlements because they eliminate the need for costly administrative hearings and protect consumers by imposing disciplinary action sooner. To this end, the Board has adopted Disciplinary Guidelines that are designed to set forth the Board’s penalty standards. You may obtain a copy of the guidelines by contacting the Board office, or by downloading it from the Board’s website. When a case goes to hearing, the hearing is presided over by an Administrative Law Judge (ALJ). After the hearing is completed, the ALJ will issue a “Proposed Decision” stating the judge’s findings (facts proven in the hearing) and offer a recommendation for resolution of the case (i.e. revocation, suspension, probation, dismissal). The ALJ utilizes the Board’s Disciplinary Guidelines in formulating his or her recommendations. The Proposed Decision is distributed to the Board members for vote. If the Board votes in favor of the Proposed Decision, it becomes the Final Decision.

Are therapists required to report misconduct by colleagues? There is no law that requires such. However, therapists who are told by a patient of sexual involvement with another therapist are required to give that patient a brochure that explains the complaint procedure. The brochure is titled: Professional Therapy Never Includes Sex and is available by writing to the Board of Psychology or you may download the brochure from the Board’s website. The patient must file their own complaint, or give their consent for the psychologist to file the complaint on their behalf.

If you have questions regarding the complaint process, wish to discuss the possibility of filing a complaint, or wish to discuss a complaint you have already filed, you may call the Board’s Complaint Unit toll-free at 1-866-503-3221.
The Complaint Process

The Board of Registered Nursing regulates the practice of registered nurses and certified advanced practice nurses in order to protect the public health, safety and welfare. The Board exists to protect patients by ensuring that registered nurses are competent and safe to practice. The Nursing Practice Act located in the California Business and Professions Code is the body of the law that authorizes the Board to accomplish this.

The following information is provided to help you understand the complaint process:

Who Can/Should file a complaint with the Board of Registered Nursing?
How Do I File a Complaint?
How are Complaints Processed?
General Information
The Diversion Program
Complaint Form
Submit a Complaint Electronically

Who Can/Should file a complaint with the Board of Registered Nursing?

A complaint should be filed by anyone who believes that a licensee of the Board has engaged in illegal activities which are related to his/her professional responsibilities. ALLEGATIONS MAY INCLUDE gross negligence or incompetence, unprofessional conduct, license application fraud, misrepresentation, substance abuse, mental illness and unlicensed activity. Complaints received by the Board of Registered Nursing are reviewed to determine if the Board has the authority to investigate the complaint. The Board can only investigate registered nurses (RNs) who are licensed by the Board, applicants for licensure, or individuals who hold themselves out to the public as RNs. The Board can only investigate complaints that, if found to be valid, are violations of the Nursing Practice Act or the regulations that have been adopted by the Board.

Complaints involving allegations which are not within the jurisdiction of this Board will be referred to other agencies which may be better able to assist the complainant. If the Board does not know of another agency that can investigate the complaint, a letter is sent to the person who filed the complaint advising that no investigation will be conducted. ALLEGATIONS WHICH ARE NOT WITHIN THE AUTHORITY OF THE BOARD include fee/billing disputes, general business practices, personality conflicts, providers licensed by other boards/bureaus, such as physicians, chiropractors, dentists, hospitals, vocational nurses, psychiatric technicians, nursing assistants, physician assistants, respiratory therapists, and pharmacists. Complaints related to facilities such as hospitals and nursing homes should be brought to the attention of the California Department of Public Health.

How Do I File a Complaint?

Complaints may be filed by completing the complaint form and submitting to:

Board of Registered Nursing
Attn: Complaint Intake
PO Box 944210
Sacramento, CA 94244-2100
Fax: (916) 574-7693
In filing your complaint, the information you provide will determine the action the Board will take. The most effective complaints are those that contain firsthand, verifiable information. Therefore, please provide a statement, in your own words, which describes the nature of your complaint. Please include as many specific details as possible, including dates and times, as well as any documentary evidence related to your complaint. The emphasis should be on providing necessary factual information. While anonymous complaints will be reviewed, they may be impossible to pursue unless they document evidence of the allegations made.

How are Complaints Processed?

Within 10 days after receipt of the complaint, the Board sends a written notification of receipt to the complainant. Complaints containing allegations of the greatest consequences (e.g., gross negligence/incompetence, patient abuse, etc.) are given priority attention. The complaint is then investigated by the Department of Consumer Affairs Division of Investigation and/or Board nursing consultants. If no violation can be substantiated, the case is closed and the complainant is notified. Investigations which provide evidence that the nurse has violated the Nursing Practice Act and that the violation warrants formal disciplinary action will be resolved by informal or formal proceedings. If a case involves unlicensed or criminal activity, it is referred to the local district attorney for prosecution.

To ensure that the success of the investigation is not jeopardized in any way, the details of the investigation remain confidential and are not public record. If, however, disciplinary or criminal action is taken, some information may become a matter of public record. In addition, if disciplinary action or criminal action is taken, you may be called to testify as a possible witness.

General Information

The entire complaint review, investigation and legal review process may take an extended period of time depending on the complexity of the case. During the investigation stage, all information is confidential and may not be discussed. When a case is finally resolved, you will be notified of the action taken by the Board except in the case of anonymous complaints. Please keep in mind that any action taken by the Board of Registered Nursing has no impact on civil remedies which may be available to you. If you have questions about filing a complaint please call (916) 557-1213.

The Diversion Program

The Board of Registered Nursing’s Diversion Program is a rehabilitation program for nurses whose practice may be impaired due to chemical dependency and/or mental illness. The program is designed to provide intervention at the earliest signs of impaired practice which point to chemical dependency or mental illness, long before public harm occurs. When a report or complaint comes to the Board, it is analyzed to determine whether the nurse is a candidate for the Diversion Program. When a nurse who qualifies to participate in the program is identified, the nurse is given an opportunity to participate in the program as an alternative to disciplinary action against the license. The Diversion Program strictly monitors participants to ensure public safety. For more information on the Diversion Program, please call (916) 574-7692 (Note: By law, this is a confidential program. The complainant will not be notified if a nurse enters the Diversion Program or successfully completes the Diversion Program.) Link to Diversion Program pages.

This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.

http://www.ca.oas.gov/enforcement/complaint.shtml

2/6/2010
COMPLAINT

Please print or type

SUBJECT INFORMATION (Registered Nurse (RN), Applicant Or Unlicensed Person Claiming To Be An RN – Complete All Known Information.)

Name (Last, First, Middle): ___________________________ RN Number: ___________________________

Home Address (Number & Street):

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Employer:

Business Address (Number & Street):

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Home Phone: ___________________________ Business Phone: ___________________________

Additional Information (Birthdate, Former Name, etc.):

PERSON REGISTERING COMPLAINT

Name (Last, First, Middle):

Address (Number & Street):

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Home Phone: ___________________________ Business Phone: ___________________________

Relationship to Nurse (*Patient, Coworker, Friend, etc.):

"If you are the patient or a patient's legal representative, please complete the attached Release Form"

DETAILS OF COMPLAINT (Who, What, Where, When, Why, How; Include Copy of Relevant Documents; List Any Witnesses & Telephone Numbers. Use "Tab" to continue on next page if additional room is necessary.)

_________________________  ___________________________
Your Signature  Date

cptfrm.doc (rev 12/06, 6/07)
RELEASE OF CONFIDENTIAL INFORMATION

If you are filing a complaint and you were the patient or if you are a patient's legal representative, the Board of Registered Nursing (BRN) requests that you complete this "Release of Information" form in order to assist us in the investigation of your complaint. For the purpose of investigation and adjudication of your complaint to the BRN.

I, ____________________________, hereby authorize
(Complainant/Client/Patient – include date of birth*)

(Person or entity and telephone number from which information may be obtained)

to disclose all records and information and answer any questions pertaining to the diagnosis and course of my (or patient’s) treatment to the Board of Registered Nursing ("Board"), any Board representatives, related local, state and federal governmental agencies, including but not limited to, investigators and legal staff. I further agree to allow the Board, Board representatives and related governmental agencies, to process and possibly file other charges based on my complaint against:

(If known, include name and/or license number of subject(s))

I understand that this information will be maintained in confidence, and will be used solely in conjunction with any investigation and possible legal proceeding regarding any violations of California laws and regulations. I also understand that the subject of my complaint (the Registered Nurse I am complaining about) may receive a copy of my records pursuant to the Administrative Procedures Act.

This authorization shall be valid until completion of an investigation and prosecution, including any investigation and preceding by another governmental agency that has requested your records and information.

__________________________________________  ______________________________
Client Signature                                      Date

OR:

__________________________________________  ______________________________
Client’s Representative/Relationship                 Date

(Attach written proof of authorization to act on client’s behalf. You have a right to receive a copy of this authorization.)

*Date of birth is needed to positively establish the identity of the complainant/client