



County of Stanislaus Behavioral Health and Recovery Services

INFORMATION NOTICE 11-02

Date:	January 1, 2012
To:	Department of Behavioral Health Staff and Contract Agencies
From:	Madelyn Schlaepfer, Ph.D., CEAP
Subject:	Assembly Bill (AB) 583
Regulation:	<p>The passage of AB 583 added Section 680.5 to Business and Professions (B&P) Code Requiring certain health care practitioners disclose information to clients, including the following:</p> <ul style="list-style-type: none">• Name of practitioner and license type• Highest level of academic degree• Board certification, if applicable <p>In order to comply with the regulation, health care practitioners are required to choose one of the following methods to notify clients of the aforementioned information:</p> <ul style="list-style-type: none">• In writing at the client's initial office visit• In a prominent display in an area visible to clients in the practitioner's office
Applicable Health Care Practitioners	<p>The following disciplines are subject to the regulations stated in the B&P Code Section 680.5:</p> <ul style="list-style-type: none">• Medical Doctors/Psychiatrists• Licensed Psychiatric Technicians• Licensed Psychologists• Licensed Occupational Therapists• Registered Nurses
Effective Date	<p>The regulation became effective January 1, 2011. In order to comply, DMH shall prominently post appropriate notification in the office of each applicable health care practitioners. See the attached Sample Notice.</p>
Exceptions	<p>The following disciplines are not subject to the notification requirement</p> <ul style="list-style-type: none">• Licensed Marriage and Family Therapists• Licensed Clinical Social Workers <p>Registered Nurses are not required to disclose the highest level of academic degree.</p>
Questions	<p>Questions regarding this Information Notice may be directed to the Department of Behavioral Health Office of Compliance (909) 382-3127.</p>

HEALTHCARE PRACTITIONER INFORMATION

Name: _____

License Number: _____

Highest Level of Academic Degree: _____

Board Certified: _____



HEALTHCARE PRACTITIONER INFORMATION

Nombre: _____

Numero de Licencia: _____

Nivel más Alto de grado Académico: _____

Consejo de Médicos: _____

