

## MEMORANDUM

<b>DATE</b>	October 27, 2017
<b>TO</b>	Board Members
<b>FROM</b>	<i>Stephanie Cheung</i> Stephanie Cheung Licensing Manager
<b>SUBJECT</b>	<b>Agenda Item 17(b) – PSB #1</b> Consideration of Licensing Committee Recommendations Regarding an Extension to the 72-Month Registration Period Limitation for Registered Psychological Assistant Pursuant to Section 1391.1(b) of Title 16 of the California Code of Regulations

### **Background:**

California Code of Regulations, Title 16, section 1391.1 provides in part:

(b) Registration as a psychological assistant shall be limited to a cumulative total of six years (72 months). Each registration shall be subject to annual renewal pursuant to section 1391.12.

For any psychological assistant registered prior to the effective date of this subdivision, subsequent renewals or registrations shall be limited to a cumulative total of six years (72 months) from the date of the psychological assistant's next registration or renewal, whichever occurs first.

Upon showing of good cause as determined by the Board, these specified time limitations may be reasonably modified.

### **Psychological Assistant #1 – Request for a Two-year Extension of the 72-month registration period**

At the June 6, 2017 Licensing Committee meeting, the Committee had questions for Psychological Assistant (PSB) #1. PSB #1 was given until June 9, 2017 to provide a response to the Board to be reviewed at the Board meeting on June 15-16, 2017; however, no response had been received by the Board as of June 12, 2017. PSB #1 was notified that the Committee will review the request at its October 13, 2017 meeting upon receipt of the requested information. Specifically, the Committee asked how many hours of supervised professional experience (SPE) PSB #1 has accrued. As stated on the Verification of Experience forms provided by PSB #1, a total of 3,403 hours of pre-doctoral SPE has been verified by the primary supervisor (see Attachment B).

PSB #1 was issued a psychological assistant registration on May 17, 2011, which will expire on October 23, 2017 according to the 72-month limitation rule with the genesis

date beginning on October 23, 2011. A second psychological assistant registration was issued on August 26, 2014, which has been expired since August 26, 2016.

PSB #1 is requesting an extension to accrue the remaining 1,500 hours post-doctoral SPE due to medical reasons and involvement with a civil litigation during the past five years.

**Attachment:**

A: Letter of Request and Supporting Documents

B: Verification of Experience Forms

**Action Requested:**

Review and consider Licensing Committee's recommendation to grant the two-year extension request of the 72-month limitation for the psychological assistant registration.

From: PSB #1  
 To: [Cheung.Stephanie@DCA](mailto:Cheung.Stephanie@DCA)  
 Cc: Supervisor  
 Subject: PSB #1 Request for Extension as Psych Assistant  
 Date: Thursday, March 30, 2017 3:26:01 PM  
 Attachments: PSB #1 [Medical Letter from <sup>Medical Doctor</sup> .pdf](#)  
 PSB #1 [Psych Assistant Repristration.pdf](#)  
 Importance: High

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To: Stephanie Cheung,

RE: Request for Extension as Psych Assistant  
 PSB #1 (Registration No. PSB )  
 Supervised by Supervisor (CA Lic. #PSY- )

My intention is to request a two-year extension as a registered Psych Assistant. My renewal date is May 17, 2017 and the 72-month limited period ends October 2017. I am requesting a two-year extension to October 2019.

The extension request 1) is due to being diagnosed with a permanent disability which caused a tremendous amount of time required for medical reasons, such as out of state specialists, cumbersome doctor appointments and procedures (attached: <sup>Medical Doctor</sup> report-see below) 2) being involved with a civil litigation (refer to http: below) regarding a wrongful foreclosure on my home; this has caused copious amounts of detailed research and writing during these past five years. Presently, I am in Pro Per and at the final stages within the appellate court of my lawsuit ).

Thank you for your consideration, this extension is very important to my future sustainability.

Sincerely,

PSB #1  
 Cell  
 Fax:

*Confidentiality Notice: This e-mail message, including any attachments, is for official use only and by the intended recipient and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.*

# Neurological Associates

[REDACTED]

Medical Doctor M.D., F.A.A.N.

Medical Doctor's Address and Phone Numbers

## Neurology and Pain Medicine Report

Date: 2-2-17

Patient: PSB #1

The patient is treated in my offices. She is completely and permanently disabled due to an ongoing medical condition and she will need accommodations with regards to the doctoral program completion.

Yours truly

Medical Doctor Signature

[REDACTED]

Medical Doctor M.D., F.A.A.N.

*ABMS Board Certification in Neurology, Pain Medicine and Clinical Neurophysiology*



**BOARD OF PSYCHOLOGY**  
 2005 Evergreen Street, Suite 1400  
 SACRAMENTO, CA 95815-3831  
 (916) 263-2699  
 www.psychboard.ca.gov



**CALIFORNIA BOARD OF PSYCHOLOGY**  
**VERIFICATION OF EXPERIENCE FORM**

THIS FORM IS TO BE COMPLETED BY THE PRIMARY SUPERVISOR UPON COMPLETION OF THE SUPERVISED PROFESSIONAL EXPERIENCE. THE PRIMARY SUPERVISOR SHALL COMPLETE THIS FORM, ATTACH IT TO THE SUPERVISION AGREEMENT FOR SUPERVISED PROFESSIONAL EXPERIENCE IN HEALTH SERVICES OR TO THE PLAN FOR ALTERNATIVE SUPERVISED PROFESSIONAL EXPERIENCE IN NON-MENTAL HEALTH SERVICES (WHICHEVER PERTAINS) AND SEND THE DOCUMENTS DIRECTLY TO THE BOARD OF PSYCHOLOGY.

**TRAINEE**

Name: Last [redacted] First [redacted] M.I. [redacted] AKA(s)/Alias(es) Last [redacted] First [redacted] M. [redacted] Date of Birth: [redacted]

Email Address [redacted] Telephone Number [redacted]

Registration Number (if applicable) [redacted]

**PRIMARY SUPERVISOR**

Name: Last Heller, TRACY First L. M.I. [redacted] Telephone Number 805 485 7951 Email Address Tracy.Heller@cedcr.ca.gov

Address: Street [redacted] City [redacted] Zip [redacted]

License Type Psychology License Number PSY 22823 Issue Date 07/07/09 Jurisdiction (State or Province) CALIFORNIA

**VERIFICATION OF EXPERIENCE**

Start/ing Date	Completion Date	# of hours worked per week	Total # of hours of supervision per E week including delegated or group supervision	Total # of hours being verified as meeting performance at or above the expected level of minimal competency during this period.
<u>11/15/10</u>	<u>11/10/11</u>	<u>38</u>	<u>5.5</u>	<u>1889</u>

ALL OF THE CONDITIONS AND ACKNOWLEDGEMENTS SET FORTH IN THE SUPERVISION AGREEMENT FOR SUPERVISED PROFESSIONAL EXPERIENCE WERE COMPLIED WITH BY THE TRAINEE AND MYSELF. Yes  No

THE TRAINEE DEMONSTRATED OVERALL PERFORMANCE AT OR ABOVE THE LEVEL OF MINIMAL COMPETENCE EXPECTED FOR HIS/HER CURRENT LEVEL OF TRAINING. Yes  No

NOTE: IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS "NO," PLEASE THOROUGHLY EXPLAIN ON A SEPARATE SHEET AND ATTACH IT TO THIS FORM AS AN ADDENDUM.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL THE FOREGOING IS TRUE AND CORRECT.

Primary Supervisor's Name Tracy Heller, Ph.D.  
 (Print or Type)

Primary Supervisor's Signature [Signature]  
 City/State [redacted], CA

Date 11/10/11  
 (Revised 04/13/06)

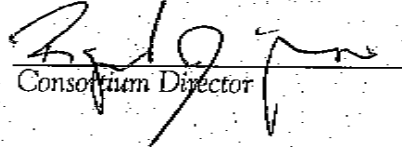
*Southern California Psychology  
Internship Consortium*

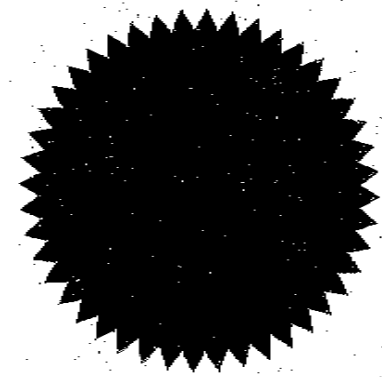
*certifies that*

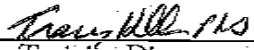


*has faithfully and satisfactorily completed an  
Internship in Professional Psychology*

*2010-2011*

  
Consortium Director



  
Training Director



# VERIFICATION OF EXPERIENCE FORM

THIS FORM IS TO BE COMPLETED BY THE PRIMARY SUPERVISOR UPON COMPLETION OF THE SUPERVISED PROFESSIONAL EXPERIENCE. THE PRIMARY SUPERVISOR SHALL COMPLETE THIS FORM, ATTACH IT TO THE SUPERVISION AGREEMENT FOR SUPERVISED PROFESSIONAL EXPERIENCE IN HEALTH SERVICES OR TO THE PLAN FOR ALTERNATIVE SUPERVISED PROFESSIONAL EXPERIENCE IN NON-MENTAL HEALTH SERVICES (WHICHEVER PERTAINS), AND SEND THE DOCUMENTS DIRECTLY TO THE BOARD OF PSYCHOLOGY.

**TRAINEE:** \_\_\_\_\_  
 Last First M.I. Date of Birth

Aliases: N/A  
 Last First M.I.

\_\_\_\_\_ PSB \_\_\_\_\_  
 E-mail Phone Registration Number (if applicable)

**PRIMARY SUPERVISOR:** Gladstone Bruce W  
 Last First M.I.

\_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail CA \_\_\_\_\_

Street City State Zip  
 Psychologist 6173 12/21/1979 California

License Type License No. Issue Date Jurisdiction (State or Province)

### VERIFICATION OF EXPERIENCE

Starting Date	Completion Date	# of hours worked per week	Total # of hours of supervision per week including delegated or group supervision	Total # of hours being verified as meeting performance at or above the expected level of minimal competency during this period
2012	present	6	1	1514

All of the conditions and acknowledgement set forth in the Supervision Agreement for Supervised Professional Experience were complied by the trainee and myself.  Yes  No

The trainee demonstrated overall performance at or above the level of minimal competence expected for his/her current level of training.  Yes  No

**NOTE: If the answer to either of the above questions is "no," please thoroughly explain on a separate sheet and attach it to this form as an addendum.**

*I declare under penalty or perjury under the laws of the State of California that all the foregoing is true and correct.*

Primary Supervisor's Name (Print or Type) Bruce W. Gladstone

Primary Supervisor's Signature *Bruce W. Gladstone* Date 6/15/2017

City/State CA

(Revised 3/15)

15\_165

www.psychology.ca.gov  
P (916) 574-7720  
1625 N. Market Blvd. N-215, Sacramento, CA 95834





[Redacted]

6/15/17

Attached Agreement For Supervised  
Professional Experience

Director  
Bruce W. Gladstone, Ph.D.

Associates  
Rich Van Sol, M.S., LEP

Psychological Asst.  
[Redacted]

for [Redacted] "post doc" hours,

I expect to graduate from Antioch August 2017-  
I am requesting pre-approval for my 'post doc'  
hours.

[Redacted]

[Redacted]

Doctoral Candidate, Antioch Santa Barbara, CA.





CALIFORNIA BOARD OF PSYCHOLOGY SUPERVISION
AGREEMENT FOR SUPERVISED PROFESSIONAL EXPERIENCE

(PURSUANT TO SECTION 1387 OF TITLE 16, CALIFORNIA CODE OF REGULATIONS (CCR)
(All CCR sections refer to Title 16))

Post Doc Hours

The purpose of an agreement is to ensure that both the supervisor and supervisee understand and have a plan to comply with the laws and regulations related to the accrual of supervised professional experience (SPE). Please review CCR sections 1387 et seq. prior to developing your plan for SPE. This agreement is to be reviewed, completed, and signed by both the primary supervisor and supervisee prior to the commencement of the supervised professional experience. Experience prior to preparation of a plan may not count toward qualifying the supervisee for licensure. The primary supervisor agrees to maintain this agreement until the trainee completes the SPE and requests the primary supervisor to rate and verify the experience. The primary supervisor is responsible for submitting this agreement directly to the Board along with the Verification of Experience upon completion of the experience outlined in this document. FOR PSYCHOLOGICAL ASSISTANTS IN PRIVATE PRACTICE SETTINGS, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE BOARD FOR PRE-APPROVAL PRIOR TO THE ACCRUAL OF HOURS.

POST DOC HOURS

PRIMARY SUPERVISOR: Gladstone Bruce W
Psychologist PSY6173
License Type License No.

DELEGATED SUPERVISOR(S):
License Type License No.

TRAINEE:
PSB
Registration Number (if applicable)

INTRODUCTION

The above trainee will be delivering psychological services described below under one of the following categories under the California Business and Professions Code (check appropriate category):

- Business and Professions Code (BPC) Section 2909(d) - registered psychologist
BPC Section 2910 - salaried employee of an exempt setting
BPC Section 2911 - intern in a formal internship placement
BPC Section 2913 - registered psychological assistant
Department of Mental Health (DMH) Waiver
Out-of-State Experience

(Revised 7/14)

**What is the start and anticipated completion dates of the checked category on previous page?**

Start Date: TBD (via approval of Board) Anticipated Completion Date: \_\_\_\_\_

**What professional title is the trainee being assigned in this setting? (Only use titles that are consistent with Sections 2909(d), 2911, 2913 of the Business and Professions Code.)**

Psychological Assistant  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide the address(es), location(s), and telephone number(s) where the supervisee will perform psychological services.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On a separate page, type your responses to the following items:**

1. Describe the specific duties the supervisee will perform as they engage in psychological activities that directly serve to prepare the supervisee for the independent practice of psychology once he or she is licensed.
2. Summarize the goals and objectives of this plan for SPE, including how socialization into the profession will be achieved.

When answering each of the above questions, describe how the plan will meet the requirements of SPE as:

- an organized program that consists of a planned, structured, and administered sequence of professionally supervised comprehensive clinical training experiences. SPE shall have a logical training sequence that builds upon the skills and competencies of the trainee to prepare him or her for the independent practice of psychology once he or she becomes licensed.
- a plan that includes socialization into the profession of psychology and how this socialization will be augmented by integrated modalities including mentoring, didactic exposure, role modeling, enactment, observational/ vicarious learning, supervision, and consultative guidance.
- planned activities that address the integration of current and evolving psychological knowledge, principles, and theories to the professional delivery of psychological services to the consumer public.

**-----SUPERVISION REQUIREMENTS-----**

IN ADDITION TO THE ABOVE PROVISIONS, THE FOLLOWING PROVISIONS OF THIS AGREEMENT ARE TO BE COMPLETED BY BOTH THE PRIMARY SUPERVISOR AND THE TRAINEE, AND REVIEWED BY ALL SUPERVISORS:

In any supervised professional experience, the primary supervisor assumes professional and ethical responsibility for the psychological functions performed by the trainee. The supervisor is also responsible for ensuring that the supervised professional experience meets all requirements set forth in CCR Section 1387 and, in the case of registered psychological assistants, in CCR Section 1391. **Supervised professional experience under Section 1387 states: SPE is defined as an organized program that consists of a planned, structured and administrative sequence of professional supervised comprehensive training experiences.**

(Revised 7/14)

**SUPERVISION REQUIREMENTS (CCR Section 1387):**

<b>THE SUPERVISOR(S) AND TRAINEE AGREE AS FOLLOWS</b> (please check yes or no as it is reviewed):	Yes	No
The trainee will be provided with at least 1 hour of face-to-face, direct, individual supervision by the primary supervisor each week.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The trainee will be provided with supervision for 10% of the total time worked each week.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A maximum of forty-four (44) hours per week, including the required 10% supervision will be credited toward meeting the supervised professional experience requirement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The trainee shall have no proprietary interest in the business of the primary or delegated supervisor(s) and shall not serve in any capacity that would hold influence over the primary or delegated supervisor(s) judgment in providing supervision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neither the primary supervisor nor any delegated supervisors will receive payment, monetary, or otherwise, from the trainee for the purpose of providing supervision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The trainee will not function under any other license to accrue SPE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The supervisor(s) will maintain a clear and accurate record of trainee supervision. This record may be in the form of the SPE log required to be maintained by the trainee pursuant to Section 1387.5 of Title 16 of the Code of Regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**QUALIFICATIONS AND RESPONSIBILITIES OF PRIMARY SUPERVISORS (CCR Section 1387.1):**

<b>THE PRIMARY SUPERVISOR:</b>	Yes	No
Must be a licensed psychologist, except Board-certified psychiatrists may be primary supervisors of their own registered psychological assistants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee of any disciplinary action that affects his or her ability or qualifications to supervise.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall be employed by the same work setting as the trainee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall be available to the trainee 100% of the time the trainee is working. This availability may be in person or through telephone, beeper, or other appropriate technologies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall complete a minimum of 6 hours of supervision coursework every 2 years as described in Section 1387.1(b).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall be in compliance at all times with the provisions of the Psychology Licensing Law or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall be responsible for ensuring that the trainee is in compliance at all times with the provisions of the Psychology Licensing Law or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall ensure that all SPE and record keeping is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall monitor the welfare of the trainee's assigned clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior to rendering services shall ensure that the trainee inform each client or patient is unlicensed and is functioning under the direction and supervision of the supervisor and that any fees paid for the services of the trainee must be paid directly to the primary supervisor or employer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall monitor the performance and professional development of the trainee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall ensure that the supervisor has the education, training, and experience in the area(s) of psychological practice supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall have no familial, intimate, or other relationship with the trainee that would compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall not exploit or engage in sexual relationships or any other sexual contact with the trainee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall provide a copy of the pamphlet "Professional Therapy Never Includes Sex" to the trainee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shall monitor the supervision performance of all delegated supervisors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(Revised 7/14)

**PRIMARY SUPERVISOR'S SIGNATURE**

*I understand and accept this agreement, including, but not limited to, my duties as a supervisor, and will ensure to the best of my abilities that the trainee and all delegated supervisors will comply with the terms and conditions of this agreement. All the foregoing is true and correct.*

Name: (Print or Type) Bruce W. Gladstone License #: PSY 6173

Signature: *Bruce W. Gladstone PhD* Date: 6-16-17

E-mail Address: [REDACTED]

**QUALIFICATIONS AND RESPONSIBILITIES OF DELEGATED SUPERVISORS (CCR Section 1387.2):**

<b>THE DELEGATED SUPERVISOR(S):</b>	Yes	No
Must be a licensed psychologist or those other licensed mental health professionals listed in Section 1387(c)(1).	<input type="checkbox"/>	<input type="checkbox"/>
Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee and primary supervisor of any disciplinary action or change in license status that affects his or her ability or qualifications to supervise.	<input type="checkbox"/>	<input type="checkbox"/>
Shall be in compliance at all times with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to this law.	<input type="checkbox"/>	<input type="checkbox"/>
Shall be responsible for ensuring compliance at all times by the trainee with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to this law.	<input type="checkbox"/>	<input type="checkbox"/>
Shall ensure that all SPE and record keeping conducted under the supervision delegated to them is in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.	<input type="checkbox"/>	<input type="checkbox"/>
Shall monitor the welfare of the trainee's clients while under their delegated supervision.	<input type="checkbox"/>	<input type="checkbox"/>
Shall be responsible for monitoring the performance and professional development of the trainee and for reporting this performance and development to the primary supervisor.	<input type="checkbox"/>	<input type="checkbox"/>
Shall ensure that they have the education, training, and experience in the area(s) of psychological practice to be supervised.	<input type="checkbox"/>	<input type="checkbox"/>
Shall have no familial, intimate, business, or other relationship with the trainee that would compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association.	<input type="checkbox"/>	<input type="checkbox"/>
Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.	<input type="checkbox"/>	<input type="checkbox"/>
Shall not exploit or engage in sexual relationships, or any other sexual contact with the trainee.	<input type="checkbox"/>	<input type="checkbox"/>

**DELEGATED SUPERVISOR(S) SIGNATURE(S)**

*I understand and accept this agreement, including, but not limited to, my duties and responsibilities as a delegated supervisor and will ensure to the best of my abilities that the trainee and I will comply with the terms and conditions of this agreement. All the foregoing is true and correct.*

Name (Print or Type): \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City & State: \_\_\_\_\_

Name (Print or Type): \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City & State: \_\_\_\_\_

**TRAINEE'S SIGNATURE**

*I understand and will comply with the terms and conditions of this agreement. I will cooperate with my supervisor(s) to ensure that conditions of the supervision are fulfilled and will provide my supervisor(s) with all information necessary to supervise me on matters involving professional, ethical, or legal concerns. All of the foregoing is true and correct.*

Name (Print or Type): [REDACTED] \_\_\_\_\_

Signature: [REDACTED] \_\_\_\_\_ Date: 6-15-17

Address: [REDACTED] \_\_\_\_\_

City & State: [REDACTED] \_\_\_\_\_

Phone: [REDACTED] \_\_\_\_\_ E-mail Address: [REDACTED] \_\_\_\_\_

**FOR BOARD USE ONLY**

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

**Collection and Use of Personal Information**

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act. The California Board of Psychology uses this information to follow up on your complaint.

**Access to Your Information**

You may review the records maintained by the California Board of Psychology that contain your personal information, as permitted by the Information Practices Act. See contact information below.

**Possible Disclosure of Personal Information**

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us 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 or access to your records, you may contact the California Board of Psychology, 1625 North Market Boulevard, Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by e-mail at [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov). For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834; by phone at (800) 952-5210; or by e-mail at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).