



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
www.bbs.ca.gov



HEALTH FACILITY REPORTING FORM (805.8)

Licensee Sexual Abuse or Sexual Misconduct

(Required by [Section 805.8](#) of the California Business and Professions Code)

A health care facility or any other entity that makes any arrangement under which an Associate or Licensed Clinical Social Worker, Licensed Educational Psychologist, Associate or Licensed Marriage Family Therapist, or Associate or Licensed Professional Clinical Counselor (Licensee) is allowed to practice or provide care for patients must report certain actions to the Board of Behavioral Sciences.

An 805.8 Report must be filed within 15 days of receiving a written allegation of sexual abuse or sexual misconduct.

This report is not a waiver of the confidentiality of medical records and committee reports. Only those persons specified in BPC [section 800\(c\)](#) may view the contents of this report. Failure to report may result in a \$50,000 fine per violation; intentional or willful failure to report may result in a \$100,000 fine per violation.

1. Name of Reporting Entity		2. Telephone Number	
3. Address of Reporting Entity			
4. Name of Person Preparing Report		5. Email Address of Person Preparing Report	
6. Name of Licensee		7. License Type and Number: <input type="checkbox"/> Clinical Social Worker No. _____ <input type="checkbox"/> Licensed Educational Psychologist No. _____ <input type="checkbox"/> Marriage and Family Therapist No. _____ <input type="checkbox"/> Professional Clinical Counselor No. _____	
8. Date the allegations of sexual abuse and/or sexual misconduct were reported by the patient or patient's legal representative in writing to reporting entity:			
9. Summarize the reported incident:			
10. Attach Investigation Report			

 Signature of Person Preparing Report

 Date

 Printed Name of Person Preparing Report