



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



RELEASE OF INFORMATION FOR COMPLAINTS

I, _____, hereby authorize
 (Complainant/Client - 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 treatment to the Board of Behavioral Sciences ("Board") and its representatives, including, but not limit to, investigators and legal staff, upon their request. I further agree to allow the Board and its representatives to process and possibly file an administrative action based upon my complaint against:

 (Person being complained about - include license/registration number, if known)

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 statutes and regulations.

I further agree that the Board and its representatives may release any and all of my records and treatment information to the Board of Psychology and/or any other governmental agency which requests such information as part of an investigation into other possible violations of California statutes and regulations.

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

 Client Signature

 Date

 Client Printed Name

OR

 Client's Representative Signature

 Date

 Client's Representative Printed Name/Relationship

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