



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



HEALTH FACILITY/PEER REVIEW REPORTING FORM

(Required by [Section 805.01](#) of the California Business and Professions Code)

NOTE: Certain actions, with respect to staff privileges, membership or employment of Associate or Licensed Clinical Social Workers, Associate or Licensed Marriage Family Therapists, and Associate or Licensed Professional Clinical Counselors (Licentiatees) must be reported to the Board of Behavioral Sciences when they are imposed or voluntarily accepted for a medical disciplinary cause or reason. **Please see page 2 for further information, including who must report and when this report must be filed.**

1. Name of Reporting Entity		2. Telephone Number of Reporting Entity	
3. Address of Reporting Entity			
4. Name of Licentiate		5. License Type and Number: <input type="checkbox"/> Clinical Social Worker No. _____ <input type="checkbox"/> Marriage and Family Therapist No. _____ <input type="checkbox"/> Professional Clinical Counselor No. _____	
6. REASON FOR FORMAL INVESTIGATION THAT RESULTED IN RECOMMENDED ACTION:			
<input type="checkbox"/> Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients in such a manner as to be dangerous or injurious to any person or the public. <input type="checkbox"/> The use of, or administering to himself or herself, any controlled substance; or the use of any dangerous drug, as defined in Section 4022, or of alcoholic beverages, to the extent or in such a manner as to be dangerous or injurious to the licentiate, any other person, or the public, or to the extent that such use impairs the ability of the licentiate to practice safely. <input type="checkbox"/> Sexual misconduct with one or more patients during a course of treatment or an examination.			
7. RECOMMENDED ACTION:			
<input type="checkbox"/> Termination or revocation of staff privileges, membership or employment <input type="checkbox"/> Summary suspension of staff privileges, membership or employment <input type="checkbox"/> Restriction of staff privileges, membership or employment			
8. List of proposed specific restrictions:			
9. Date final decision/recommendation made:			

Name of Reporting Entity:	Name of Licentiate:
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Signature of Chief Executive Officer/Medical Director/Administrator _____ Date _____

Printed Name of Chief Executive Officer/Medical Director/Administrator _____

Signature of Chief of Medical Staff (if any) _____ Date _____

Printed Name of Chief of Medical Staff _____

**BOARD OF BEHAVIORAL SCIENCES
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INSTRUCTIONS

Who Must Report

- The chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body as defined in Business and Professions Code (BPC) [section 805\(a\)\(1\)\(B\)](#).
- The chief executive officer or administrator of any licensed health care facility or clinic.

When to File

An 805.01 Report must be filed within 15 days after a peer review body makes a final decision or recommendation regarding the disciplinary action, resulting in a final proposed action to be taken against a licentiate based on the peer review body's determination, following formal investigation of the licentiate, that any of the acts listed on the prior page may have occurred, regardless of whether a hearing is held. (see BPC [sections 805, 805.1 and 809.2](#) for more information). **This report shall be in addition to any report required under BPC section 805.**

Confidentiality

This report is not a waiver of the confidentiality of medical records and committee reports. Only those persons specified in BPC [section 805.01\(d\)](#) may view the contents of this report.

Failure to File

Per BPC [section 805.01\(g\)&\(h\)](#), 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.