



MEMORANDUM

DATE	January 8, 2025
TO	Policy & Advocacy Committee
FROM	Rosanne Helms, Legislative Manager
SUBJECT	Implementation Issues Related to SB 1024 (Chapter 160, Statutes of 2024) – Required Notice to Consumers

Background

SB 1024 (Chapter 160, Statutes of 2024), sponsored by the Board of Behavioral Sciences (Board) in 2024 and enacted in 2025, updated the procedures for licensees and registrants of the Board to provide their license or registration information to clients. This change was prompted by the increasing use of telehealth, which made the physical display of a license outside of a traditional office setting impractical or impossible in many cases.

Instead of requiring the display of a license at the primary place of practice in all instances, the law now only requires its display at the primary place of practice when services are rendered in person. To ensure clients have access to their therapist’s license information, the bill also requires licensees and registrants to include their full name as filed with the Board, license or registration number, type, and expiration date into the written notice that must be given to clients prior to initiating psychotherapy services. This is intended ensure transparency while minimizing administrative burden on licensees.

Current Implementation Issues

Since the law’s enactment, two concerns have emerged:

1. Safety Concerns for Those Working with Incarcerated Populations:

Licensees who work with incarcerated individuals have expressed concern that disclosing their full name and license number may pose a safety risk to themselves and their families. These individuals may be particularly vulnerable to harassment or retaliation, and the mandatory disclosure of identifying information could increase these risks.

Staff has received direct feedback from numerous licensees working with incarcerated populations, who have expressed serious safety concerns about the disclosure requirements. In response, staff committed to bringing these concerns to the Committee for discussion and consideration.

2. Scope of Disclosure Requirement:

There is confusion among licensees regarding when the notice must be provided. The law states that the notice must be provided prior to “initiating psychotherapy services.” Questions have arisen regarding whether the intent is to provide the notice only when actual psychotherapy is being conducted, or when any activities within the scope of practice of the licensee’s profession (e.g., assessments, consultations, or supervision) are provided.

As an example, one licensee wrote to request clarification because she works for a mobile crisis response program, where she noted that clinicians are not initiating psychotherapy, but responding to acute psychiatric crises in the field. As these instances do not involve ongoing weekly sessions or voluntary informed consent, she requested clarification regarding the need to provide the written notice.

Board of Psychology Requirements

The Board of Psychology, whose licensees may also work in similar circumstances, also has disclosure requirements. Psychologists must provide their name, license type, and highest degree either in writing at the initial office visit, or prominently displayed in an area visible to patients in the office ([BPC §680.5](#)). The law does include an exemption for certain facilities licensed under Health and Safety Code (HSC) [§§1250](#) and [1265](#). The exemption includes general acute care hospitals and psychiatric hospitals, correctional treatment centers, and nursing facilities.

Previous Committee Discussion

The Committee considered this issue at its October 24, 2025 meeting. It directed staff to reach out to applicable agencies within the criminal justice system to obtain more information.

Additional Research

Staff reached out to several agencies within the correctional system to gather information regarding their complaint processes, their policies to protect providers’ personal information, and implementation challenges related to SB 1024. California Correctional Health Care Services (CCHCS), which oversees medical, dental, and mental health care for individuals incarcerated in all of the California Department of Corrections and Rehabilitation’s (CDCR) 31 institutions, responded with detailed feedback.

CCHCS confirmed that historically, mental health providers in CDCR facilities typically identify themselves verbally using their last name and professional title (e.g., “Ms. Jones, LCSW”), and written materials generally include only the last name and title unless otherwise required by law. These practices are consistent with CDCR’s longstanding security protocols aimed at minimizing risks of harassment or retaliation.

CCHCS also outlined existing policies that protect provider identity, including not using full legal names in patient-facing documents and internal procedures that allow incarcerated

individuals to file complaints without needing full provider identification. These include CDCR's Health Care Grievance Process and supervisory review mechanisms that allows leadership to identify the provider even when the patient does not know the full legal name, and in the case of complaints made directly to the Board, CDCR assistance to the Board in identifying the provider.

Concerns regarding the disclosure of full legal names and licensing details were echoed by CCHCS. They noted that while providers have some tools to protect personal privacy, such as using institutional addresses or professional mailing services, these do not fully address the risks posed by mandatory written disclosures.

As part of this discussion, the CDCR Legislative Office reviewed the text of the proposal staff is presenting today (**Attachment A**). They have indicated they have not received any concerns from their program experts to date on the proposed language, and stated that if the proposed language is adopted, CDCR already has processes in place to ensure clients are able to receive appropriate disclosures, consistent with ethical clinical practice, while also taking clinician safety into account.

Proposed Language

The draft language shown in **Attachment A** uses a provision in BPC section [680](#) as a model, which sets a name tag requirement for certain health care practitioners but allows the employing entity or agency the discretion in certain settings to make an exception for individual safety concerns

The draft language utilizes this same exception allowance for the identifying information in the required notice, but only in very narrow settings:

- (1) A facility licensed as an acute psychiatric hospital pursuant to Health and Safety Code section [1250\(b\)](#) (*Note: see full text of this subdivision in **Attachment B***);
- (2) A correctional treatment center licensed pursuant to Health and Safety Code section [1250\(j\)](#) (*Note: see full text of this subdivision in **Attachment B***);
- (3) Any setting where mental health services are provided to incarcerated individuals under the jurisdiction of a local, state, or federal correctional authority, including but not limited to state prisons, county jails, juvenile detention facilities, or other correctional settings operated by or under contract with a governmental entity.

To ensure that there is a process in place for the incarcerated individual to file a complaint the employer or agency may only exercise the discretion if the facility has an established process by which the client may request and obtain sufficient identification information to file a complaint with the Board, AND if this process is disclosed to the client as part of the required notice. A copy of the notice must be preserved with the client's records to prove that this was done.

Further Discussion: Scope of Disclosure Requirement

As part of this discussion, the Committee should also circle back to discuss whether the requirement to provide the notice prior to initiating “psychotherapy services” is intended just to apply to an ongoing psychotherapeutic relationship, or if it is intended to apply to any services provided when a licensee or registrant is working within the scope of practice of the profession. Clarifying amendments should be discussed if they are determined to be needed.

Recommendation

Conduct an open discussion regarding the proposed language shown in **Attachment A** and provide direction on whether further clarification is needed to the requirement to provide the notice prior to initiating “psychotherapy services”.

Direct staff to make any discussed changes and any nonsubstantive changes. Determine whether to direct staff to bring revised language back to this Committee for further discussion, or whether to bring the revised language to the Board for consideration as a legislative proposal.

Links

- **Attachment A:** Proposed Language
- **Attachment B:** Health and Safety Code §1250(b) and (j)
- **FAQ:** [Display of License/Registration Requirements and Required Notice to Consumers](#)
- **Relevant Law:**
 - BPC §§[680](#), [680.5](#), [4980.01](#), [4980.31](#), [4980.32](#), [4989.17](#), [4989.48](#), [4996.7](#), [4996.75](#), [4996.14](#), [4999.22](#), [4999.70](#), [4999.71](#)
 - HSC §[1250](#), [1265](#)

**ATTACHMENT A
PROPOSED LANGUAGE**

BPC § 4980.32 REQUIRED NOTICE TO CLIENTS (CURRENT LAW)

(a) A licensee or registrant shall provide a client with a notice written in at least 12-point type prior to initiating psychotherapy services, or as soon as practicably possible thereafter, that reads as follows:

NOTICE TO CLIENTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

(b) On and after July 1, 2025, upon initiation of psychotherapy services with a client, the notice described in subdivision (a) shall also include the licensee's or registrant's full name as filed with the board, the license or registration number, the type of license or registration, and the license or registration expiration date.

(c) Delivery of the notice required by this section to the client shall be documented.

ADD BPC § 4980.33 REQUIRED NOTICE TO CLIENTS: CORRECTIONAL AND PSYCHIATRIC FACILITIES

(a) In the following settings, the employing entity or agency of a licensee or registrant may exercise discretion to modify the disclosure of identifying information required by subdivision (b) of Section 4980.32, based on individual safety concerns, provided both of the conditions in subdivision (b) are met. This discretion applies only to the disclosure of the licensee's or registrant's full name, license or registration number, type, and expiration date, and does not affect the requirement to provide the notice described in subdivision (a) of Section 4980.32. This discretion may only be exercised when the licensee or registrant is providing services in one of the following settings:

(1) A facility licensed as an acute psychiatric hospital pursuant to Health and Safety Code section 1250(b);

(2) A correctional treatment center licensed pursuant to Health and Safety Code section 1250(j); or

(3) Any setting where mental health services are provided to incarcerated individuals under the jurisdiction of a local, state, or federal correctional authority, including but not limited to state prisons, county jails, juvenile detention facilities, or other correctional settings operated by or under contract with a governmental entity.

(b) An employer may only exercise the discretion described in subdivision (a) if both of the following conditions are met:

(1) The facility has an established process by which the client may request and obtain sufficient identification information to file a complaint with the board.

(2) The process for the client to request the information required by paragraph (1) is disclosed to the client as part of the notice required by subdivision (a) of section 4980.32. A copy of the notice shall be preserved as part of the client's records.

ATTACHMENT B
HEALTH AND SAFETY CODE §1250(b) and (j)

HSC §1250 As used in this chapter, “health facility” means a facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer, and includes the following types:

(a) “General acute care hospital” means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. A general acute care hospital may include more than one physical plant maintained and operated on separate premises as provided in Section 1250.8. A general acute care hospital that exclusively provides acute medical rehabilitation center services, including at least physical therapy, occupational therapy, and speech therapy, may provide for the required surgical and anesthesia services through a contract with another acute care hospital. In addition, a general acute care hospital that, on July 1, 1983, provided required surgical and anesthesia services through a contract or agreement with another acute care hospital may continue to provide these surgical and anesthesia services through a contract or agreement with an acute care hospital. The general acute care hospital operated by the State Department of Developmental Services at Agnews Developmental Center may, until June 30, 2007, provide surgery and anesthesia services through a contract or agreement with another acute care hospital. Notwithstanding the requirements of this subdivision, a general acute care hospital operated by the Department of Corrections and Rehabilitation or the Department of Veterans Affairs may provide surgery and anesthesia services during normal weekday working hours, and not provide these services during other hours of the weekday or on weekends or holidays, if the general acute care hospital otherwise meets the requirements of this section.

A “general acute care hospital” includes a “rural general acute care hospital.” However, a “rural general acute care hospital” shall not be required by the department to provide surgery and anesthesia services. A “rural general acute care hospital” shall meet either of the following conditions:

(1) The hospital meets criteria for designation within peer group six or eight, as defined in the report entitled Hospital Peer Grouping for Efficiency Comparison, dated December 20, 1982.

(2) The hospital meets the criteria for designation within peer group five or seven, as defined in the report entitled Hospital Peer Grouping for Efficiency Comparison, dated December 20, 1982, and has no more than 76 acute care beds and is located in a census dwelling place of 15,000 or less population according to the 1980 federal census.

(b) "Acute psychiatric hospital" means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services.

(c) (1) "Skilled nursing facility" means a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis.

(2) "Skilled nursing facility" includes a "small house skilled nursing facility (SHSNF)," as defined in Section 1323.5.

(d) "Intermediate care facility" means a health facility that provides inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

(e) "Intermediate care facility/developmentally disabled habilitative" means a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer persons with developmental disabilities who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.

(f) "Special hospital" means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical or dental staff that provides inpatient or outpatient care in dentistry or maternity.

(g) "Intermediate care facility/developmentally disabled" means a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to persons with developmental disabilities whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

(h) "Intermediate care facility/developmentally disabled-nursing" means a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for persons with developmental disabilities who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons with developmental disabilities or who demonstrate significant developmental delay that may lead to a developmental disability if not treated.

(i) (1) "Congregate living health facility" means a residential home with a capacity, except as provided in paragraph (4), of no more than 18 beds, that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least one type of service specified in paragraph (2). The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent,

extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities.

(2) Congregate living health facilities shall provide one or more of the following services:

(A) Services for persons who are mentally alert, persons with physical disabilities, who may be ventilator dependent.

(B) Services for persons who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both. Terminal illness means the individual has a life expectancy of six months or less as stated in writing by his or her attending physician and surgeon. A "life-threatening illness" means the individual has an illness that can lead to a possibility of a termination of life within five years or less as stated in writing by his or her attending physician and surgeon.

(C) Services for persons who are catastrophically and severely disabled. A person who is catastrophically and severely disabled means a person whose origin of disability was acquired through trauma or nondegenerative neurologic illness, for whom it has been determined that active rehabilitation would be beneficial and to whom these services are being provided. Services offered by a congregate living health facility to a person who is catastrophically disabled shall include, but not be limited to, speech, physical, and occupational therapy.

(3) A congregate living health facility license shall specify which of the types of persons described in paragraph (2) to whom a facility is licensed to provide services.

(4) (A) A facility operated by a city and county for the purposes of delivering services under this section may have a capacity of 59 beds.

(B) A congregate living health facility not operated by a city and county servicing persons who are terminally ill, persons who have been diagnosed with a life-threatening illness, or both, that is located in a county with a population of 500,000 or more persons, or located in a county of the 16th class pursuant to Section 28020 of the Government Code, may have not more than 25 beds for the purpose of serving persons who are terminally ill.

(5) A congregate living health facility shall have a noninstitutional, homelike environment.

(j) (1) "Correctional treatment center" means a health facility operated by the Department of Corrections and Rehabilitation, the Department of Corrections and Rehabilitation, Division of Juvenile Facilities, or a county, city, or city and county law enforcement agency that, as determined by the department, provides inpatient health services to that portion of the inmate population who do not require a general acute care level of basic services. This definition shall not apply to those areas of a law enforcement facility that houses inmates or wards who may be receiving outpatient

services and are housed separately for reasons of improved access to health care, security, and protection. The health services provided by a correctional treatment center shall include, but are not limited to, all of the following basic services: physician and surgeon, psychiatrist, psychologist, nursing, pharmacy, and dietary. A correctional treatment center may provide the following services: laboratory, radiology, perinatal, and any other services approved by the department.

(2) Outpatient surgical care with anesthesia may be provided, if the correctional treatment center meets the same requirements as a surgical clinic licensed pursuant to Section 1204, with the exception of the requirement that patients remain less than 24 hours.

(3) Correctional treatment centers shall maintain written service agreements with general acute care hospitals to provide for those inmate physical health needs that cannot be met by the correctional treatment center.

(4) Physician and surgeon services shall be readily available in a correctional treatment center on a 24-hour basis.

(5) It is not the intent of the Legislature to have a correctional treatment center supplant the general acute care hospitals at the California Medical Facility, the California Men's Colony, and the California Institution for Men. This subdivision shall not be construed to prohibit the Department of Corrections and Rehabilitation from obtaining a correctional treatment center license at these sites.

(k) "Nursing facility" means a health facility licensed pursuant to this chapter that is certified to participate as a provider of care either as a skilled nursing facility in the federal Medicare Program under Title XVIII of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.) or as a nursing facility in the federal Medicaid Program under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.), or as both.

(l) Regulations defining a correctional treatment center described in subdivision (j) that is operated by a county, city, or city and county, the Department of Corrections and Rehabilitation, or the Department of Corrections and Rehabilitation, Division of Juvenile Facilities, shall not become effective prior to, or, if effective, shall be inoperative until January 1, 1996, and until that time these correctional facilities are exempt from any licensing requirements.

(m) "Intermediate care facility/developmentally disabled-continuous nursing (ICF/DD-CN)" means a homelike facility with a capacity of four to eight, inclusive, beds that provides 24-hour personal care, developmental services, and nursing supervision for persons with developmental disabilities who have continuous needs for skilled nursing care and have been certified by a physician and surgeon as warranting continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated. ICF/DD-CN facilities shall be subject to licensure under this chapter upon adoption of licensing regulations in accordance with Section 1275.3. A facility providing continuous skilled nursing services to persons with developmental disabilities pursuant to Section 14132.20 or 14495.10 of the Welfare and

Institutions Code shall apply for licensure under this subdivision within 90 days after the regulations become effective, and may continue to operate pursuant to those sections until its licensure application is either approved or denied.

(n) "Hospice facility" means a health facility licensed pursuant to this chapter with a capacity of no more than 24 beds that provides hospice services. Hospice services include, but are not limited to, routine care, continuous care, inpatient respite care, and inpatient hospice care as defined in subdivision (d) of Section 1339.40, and is operated by a provider of hospice services that is licensed pursuant to Section 1751 and certified as a hospice pursuant to Part 418 of Title 42 of the Code of Federal Regulations.