



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
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HEALTH FACILITY/PEER REVIEW REPORTING FORM

(Required by [Section 805](#) of the California Business and Professions Code)

NOTE: Certain actions, with respect to staff privileges, membership or employment of Licensed Clinical Social Workers, Licensed Educational Psychologists, Licensed Marriage Family Therapists, and Licensed Professional Clinical Counselors (Licentiates) 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"/> Licensed Clinical Social Worker No. _____ <input type="checkbox"/> Licensed Educational Psychologist No. _____ <input type="checkbox"/> Licensed Marriage and Family Therapist No. _____ <input type="checkbox"/> Licensed Professional Clinical Counselor No. _____	
6. Date(s) of Action(s) and Duration (attach additional sheets if necessary)			
7. Type(s) of Action(s) – Mark all that apply (see page 2): <input type="checkbox"/> MARK HERE IF THIS IS A SUPPLEMENTAL REPORT			
(a) For a medical disciplinary cause or reason:		<input type="checkbox"/> Termination or revocation of staff privileges	
<input type="checkbox"/> Denial/rejection of application for staff privileges		<input type="checkbox"/> Termination or revocation of membership	
<input type="checkbox"/> Denial/rejection of application for membership		<input type="checkbox"/> Termination or revocation of employment	
(b) For a cumulative total of 30 days or more for any 12-month period, and for a medical disciplinary cause or reason:			
<input type="checkbox"/> Restriction(s) imposed on staff privileges		<input type="checkbox"/> Restriction(s) voluntarily accepted on staff privileges	
<input type="checkbox"/> Restriction(s) imposed on membership		<input type="checkbox"/> Restriction(s) voluntarily accepted on membership	
<input type="checkbox"/> Restriction(s) imposed on employment		<input type="checkbox"/> Restriction(s) voluntarily accepted on employment	
(c) Following notice of an impending investigation based on information indicating medical disciplinary cause or reason:			
<input type="checkbox"/> Licentiate resigned from staff		<input type="checkbox"/> Licentiate took leave of absence from staff	
<input type="checkbox"/> Licentiate resigned from membership		<input type="checkbox"/> Licentiate took leave of absence from membership	
<input type="checkbox"/> Licentiate resigned from employment		<input type="checkbox"/> Licentiate took leave of absence from employment	
<input type="checkbox"/> Licentiate withdrew or abandoned application for staff privileges or membership			
<input type="checkbox"/> Licentiate withdrew or abandoned request for renewal of privileges or membership			
(d) For a summary suspension that remains in effect for a period in excess of 14 days for a medical disciplinary cause or reason:			
<input type="checkbox"/> Imposition of summary suspension on staff privileges			
<input type="checkbox"/> Imposition of summary suspension on employment			
<input type="checkbox"/> Imposition of summary suspension on membership			
8. If staff privileges were restricted list specific restrictions imposed or voluntarily accepted:			

Name of Reporting Entity:	Name of Licentiate:
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9. DESCRIPTION OF ACTION: Attach additional sheets describing the facts and circumstances of the medical disciplinary cause or reason, and any other relevant information related to the action taken, including, but not limited to, the number of cases reviewed, time frame covered, any patient deaths involved, any malpractice filings as a result of the licentiates actions, any expert/peer opinions obtained, etc.

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

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.

Types of Actions/When to File

A “**medical disciplinary cause or reason**” means that aspect of a licentiate’s competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

An 805 Report must be filed within 15 days after any of the following occur (see BPC [section 805](#) for more information):

- The effective date of the action to deny or reject an application for staff privileges or membership;
- The effective date of the action to revoke staff privileges, membership, or employment;
- The effective date of the action to impose restrictions on staff privileges, membership, or employment for a total of 30 days or more within any 12-month period;
- The **imposition** of a summary suspension of staff privileges, membership, or employment for a period in excess of 14 days;
- The licentiate resigns, takes a leave of absence, withdraws or abandons the application for privileges or the application to renew privileges after receiving notice of a pending investigation.

A **supplemental report** must be made within thirty (30) days following the date the Licentiate is deemed to have satisfied any terms, conditions, or sanctions imposed as corrective action by the reporting entity.

Confidentiality: 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 File: Per BPC [section 805](#) (k)&(l), 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.

Copy to Licentiate: A copy of the 805 report, with a letter informing the Licentiate of his or her right to submit additional statements or other information pursuant to BPC [section 800\(c\)](#), must be sent by the reporting entity to the Licentiate.