



## Monterey County Behavioral Health Policy and Procedure

<b>Policy Number</b>	144
<b>Policy Title</b>	Disclosure of Unlicensed Status for License Eligible Clinicians
<b>References</b>	California Code of Regulations 1387.1(g)(1) California Business and Professions Code 4980.44(c) California Business and Professions Code 4980.48(a),(b),(c) California Business and Professions Code 4996.18(i) California Business and Professions Code 4999.36(d) California Business and Professions Code 4999.45(c) Monterey County Behavioral Health Policy 147 – Change of Clinician
<b>Form</b>	Unlicensed Clinician Form
<b>Effective</b>	February 26, 2015

### 1 2 **Definition**

3 For this policy, an unlicensed clinician specifically refers to a mental health  
4 provider eligible for licensure by a State licensing board of jurisdiction and who is  
5 currently accruing hours towards earning their mental health professional degree  
6 or towards licensure. This includes the following:

- 7 a. Pre or post-doctoral psychologist trainees or interns
- 8 b. Marriage and family therapy trainees or registered interns
- 9 c. Clinical social work interns or registered associate clinical social  
10 workers
- 11 d. Professional clinical counselor trainees or registered interns.

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13 This definition applies to pre or post-doctoral psychologist trainees or interns  
14 even if they have been issued a waiver by the California Department of Health  
15 Care Services (CA DHCS).

16  
17 This definition does not include mental health providers who are currently not  
18 eligible for licensure; not accruing hours towards a professional mental health  
19 degree or towards licensure; and/or can perform the scope of their professional  
20 responsibility without a license per statute and regulation.

### 21 22 **Policy**

23 It is the policy of Monterey County Behavioral Health (MCBH) that all of its  
24 unlicensed but license eligible clinicians, whether direct staff or contractors, must  
25 disclose the following to clients prior to the commencement of mental health  
26 services:

- 27 1) Their current status with their board of jurisdiction (e.g., trainee, field  
28 placement intern, registered intern, registered associate social worker,  
29 etc.);

- 30 2) Their registration number with their California licensing board of  
31 jurisdiction (if applicable);
- 32 3) The name of their employer (i.e., MCBH or contract agency name);
- 33 4) The name, credentials, and contact information of their licensed  
34 supervisor; and
- 35 5) The fact that clinical supervisors will have full access to client health  
36 records for the purpose of supervision.

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38 It is also the policy of MCBH that all written communications distributed to clients  
39 and to the public which contain the unlicensed but license eligible clinician's  
40 name and job title must contain the following:

- 41 1) The clinician's credentials in a format specified by their licensing board of  
42 jurisdiction. For example:
  - 43 a. Registered Associate Clinical Social Worker or Registered  
44 Associate CSW
  - 45 b. Masters of Social Work Intern or MSW Intern
  - 46 c. Marriage and Family Therapy Registered Intern or MFT Registered  
47 Intern
  - 48 d. Marriage and Family Therapy Trainee or MFT Trainee
  - 49 e. Professional Clinical Counselor Registered Intern or PCC  
50 Registered Intern
  - 51 f. Professional Clinical Counselor Trainee or PCC Trainee
  - 52 g. Psychologist Intern
- 53 2) Their registration number (if applicable; trainees or clinical social worker  
54 field placement interns are not issued registration numbers).
- 55 3) That they are under supervision of a licensed clinician, the name of their  
56 supervisor, and their supervisor's credentials. For example:
  - 57 a. Supervised by [First and Last Name], [Credentials]
- 58 4) The name of their employer. This will either be Monterey County  
59 Behavioral Health or the contract organization's business name.

60  
61 See attachments for additional examples.

## 62 63 **Procedures**

- 64 1) The client will be informed by the unlicensed clinician of the above  
65 information.
- 66 2) The client's written signature will be obtained on the Unlicensed Clinician  
67 Consent ("the form") as evidence that the above disclosures were made.
  - 68 a. The form is available either through the electronic health records  
69 system or on the MCBH Quality Improvement website at  
70 [www.mtyhd.org/QI](http://www.mtyhd.org/QI).
- 71 3) If the client verbally provides informed consent as to the unlicensed status  
72 of the clinician but refuses to sign the form at the time of initial disclosure,  
73 the client's verbal consent and refusal to sign the form shall be  
74 documented in the client's health records (e.g., clinical progress notes).

- 75 4) The unlicensed clinician will continue to attempt to obtain the client's  
76 written consent via signing the form at clinically indicated intervals during  
77 the course of treatment provided by the unlicensed clinician to the client.  
78 If the client continues to verbally provide informed consent to the  
79 clinician's unlicensed status but refuses to sign the form, this will be  
80 documented in the client's health records.
- 81 5) If the client objects to the unlicensed status of the clinician at any time  
82 during the course of treatment, the client will be informed of MCBH's  
83 change of clinician (see [Policy 417 – Change of Clinician](#)) and grievance  
84 (see [Policy 128 – Beneficiary Resolution Process](#)) processes. The he  
85 provider's supervisor and/or program manager will also be informed of the  
86 client's objection.
- 87 6) MCBH's change of clinician and/or grievance processes will be followed to  
88 address the client's concern(s) regarding the clinician's unlicensed status.

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90 Written documentation by trainees and registered interns distributed to clients  
91 must be verified by the clinical supervisor to ensure it contains the required  
92 information regarding the trainee's name, credentials, and supervision until such  
93 time that the supervisor ascertains that the trainee or registered intern is in  
94 compliance with the requirements of this policy and all relevant State statutes  
95 and regulations.



# Monterey County Behavioral Health Unlicensed Clinician Consent Form

## ENGLISH

Monterey County Behavioral Health utilizes some unlicensed clinicians that are in the process of completing their requirements for licensure. These clinicians are allowed by law to provide mental health services under the supervision of a mental health clinician licensed in the State of California. These licensed clinical supervisors will have access to your health records for the purpose of supervision. Listed below is the name of the unlicensed clinician that will be providing services to you, your child, and/or your family along with their registration number with their particular licensing board, if applicable. The name of the licensed mental health professional that will be providing supervision to your clinician is also listed below. Please call the licensed clinical supervisor if you have any questions about this arrangement. Your signature below indicates that you have been informed of this arrangement and that you consent to receive services from an unlicensed, supervised clinician.

## SPANISH

El Departamento de Salud Mental del Condado de Monterey emplea consejeros(as) que están en el proceso de completar los requisitos para obtener su licencia. Estos consejeros(as) se les han dado autorización por ley de proveer servicios de salud mental bajo la supervisión de un profesional de salud mental con licencia en el Estado de California. Estos supervisores con licencia tendrán acceso a su archivo para el propósito de supervisión. Abajo está el nombre del consejero(a) sin licencia quien proveerá servicios para su hijo(a), para usted (guardián) o para su familia. El nombre del supervisor quien estará supervisando a dicho consejero(a), también está escrito abajo. Favor de hablar con el supervisor de su consejero(a) si usted tiene alguna pregunta respecto a estos arreglos. Su firma abajo indica que a usted se le ha informado de estos arreglos y que usted está de acuerdo en recibir servicios por un consejero(a), que aunque no tiene licencia, es supervisado por un profesional de salud mental con licencia.

_____ Client ID/ Numero de Identificación	_____ Staff Name and Credentials/ Nombre del Consejero(a) y Credenciales
_____ Client Name/Nombre del Cliente	_____ Staff Registration Number (if applicable)/ Nombre de Registración del Consejero(a), si aplica
_____ Client Signature/ Firma del Cliente	_____ Licensed Clinical Supervisor Name & Credentials/ Nombre del Supervisor Clínico y Credenciales
_____ Date of Client Signature/ Fecha de Firma del Cliente	_____ Clinical Supervisor Phone Number/ Numero de Teléfono del Supervisor Clínico

## Sample Templates

### Business Cards & Document Signature Lines

NOTE: MCBH will attempt to update these samples as necessary due to changes in requirements from the differing professional licensing boards. However, the samples below does not replace the individual practitioner's, MCBH programs', or contract providers' responsibility to regularly verify with the appropriate licensing board of jurisdiction what the minimum requirements are for "advertising" (e.g., business cards, document signatures) for unlicensed but license eligible clinicians.

NOTE: The name of the unlicensed but license eligible provider must be prominently displayed in the business card. Also, the licensure of the supervisor in each of the sample below are for example purposes only – it must actually reflect the supervisor's specific example in actual use.

- 1) Masters in Social Worker Intern:  
John Doe  
Masters in Social Worker Intern  
Supervised by a Licensed Clinical Social Worker
  
- 2) Associate Social Worker:  
John Doe, MSW  
Registered Associate Clinical Social Worker  
# XXXXX  
Supervised by a Licensed Clinical Social Worker
  
- 3) Marriage and Family Therapy Trainee  
John Doe  
Marriage and Family Therapy Trainee  
Supervised by a Licensed Marriage and Family Therapist
  
- 4) Marriage and Family Therapy Intern:  
John Doe, MA (or other appropriate degree)  
Marriage and Family Therapy Registered Intern  
# XXXXX  
Supervised by a Licensed Marriage and Family Therapist
  
- 5) Professional Clinical Counselor Trainee  
John Doe  
Professional Clinical Counselor Trainee  
Supervised by a Licensed Professional Clinical Counselor

- 6) Professional Clinical Counselor Intern  
John Doe, MA (or other appropriate degree)  
Registered Professional Counselor Intern  
# XXXXX  
Supervised by a Licensed Professional Clinical Counselor
  
- 7) Psychology Trainee (Prior to formal internship)  
John Doe  
Psychology Trainee  
Jane Doe, Licensed Psychologist, Clinical Supervisor
  
- 8) Psychology Intern (In capacity of formal internship)  
John Doe  
Psychology Intern  
Jane Doe, Licensed Psychologist, Clinical Supervisor
  
- 9) Post Doctorate  
John Doe, Ph.D. or Psy.D.  
Doctorate in Psychology, Unlicensed  
Jane Doe, Licensed Psychologist, Clinical Supervisor
  
- 10) Post Doctorate Unlicensed with a DMH Waiver  
John Doe, Ph.D. or Psy.D.  
Doctorate in Psychology, License Waivered  
Jane Doe, Licensed Psychologist, Clinical Supervisor