



STATE BOARD OF REGISTERED PSYCHOTHERAPISTS

Table of Contents

STATE BOARD OF REGISTERED PSYCHOTHERAPISTS	1
ADMINISTRATIVE	2
10-1 DELEGATION OF AUTHORITY	2
10-2 BOARD OPERATIONS (C.R.S. § 12-43-203)	3
10-3 PROCEDURES FOR INVESTIGATIONS AND DISPOSITION OF INQUIRIES (C.R.S. §12-43-221, 12-43-223, 12-43-224)	5
10-4 URINE DRUG AND ALCOHOL SCREENING POLICY	6
LICENSING	10
PRACTICE	10
30-1 TELETHERAPY POLICY – GUIDANCE REGARDING PSYCHOTHERAPY THROUGH ELECTRONIC MEANS WITHIN THE STATE OF COLORADO	10
30-2 GUIDANCE TO MENTAL HEALTH PROFESSIONALS REGARDING DUAL AND / OR MULTIPLE RELATIONSHIPS.	12
DISCIPLINE	14
40-1 PROCESS FOR HANDLING COMPLAINTS INVOLVING A BOARD MEMBER	14
40-2 CASES DISMISSED WITH LETTERS OF CONCERN: CLARIFICATION OF BASIS FOR DISMISSAL; REOPENING OF SUCH CASES; CASE RETENTION PERIOD	15
40-3 ANONYMOUS COMPLAINTS POLICY	16

ADMINISTRATIVE

10-1 DELEGATION OF AUTHORITY

By this memorandum, the State Board of Registered Psychotherapists (Board) delegates the following statutory powers, duties, and functions to the Health Services Section Director and the Mental Health Program Director of the State Board of Registered Psychotherapists:

- Allow delegated professional board member(s) to approve monitoring reports, monitors and continuing education relating to discipline.
- Approve continuing education coursework.
- Approve termination of stipulations that have completed terms and conditions. The Board shall review requests for early termination of stipulations.
- Sign and issue confidential letters of concern to licensees for practicing with an expired license for one year or less. Such matters that are dismissed with a confidential letter of concern shall be dismissed due to no reasonable cause to warrant further action at this time and shall be retained in the Board's files for a period of five years.
- Sign Stipulations and Final Agency Orders, and other orders authorized by the Board.
- Sign Suspension Orders as required by the Child Support Enforcement Program.
- Perform the initial review of complaints relating to the practice of persons under the Board's jurisdiction and to issue 30-day letters relating to the complaints.
- Initiate complaints and issue 30-day letters to licensees currently under Stipulation or other Final Board Order if, in the opinion of the Program Director, Program Manager, or Section Director, the licensee has failed to comply with any of the terms of the Stipulation or other Final Board Order.
- Initiate complaints and issue 30-day letters where otherwise authorized by the Board.
- Utilize services of the Office of Investigations as warranted to carry out duties of the Board.
- Provide information and notice to Board Members in a timely manner on matters concerning the status of legislative bills that may affect the Board's operation, ability to carry out its duty, and the intent of its statutes.
- Suspend and reinstate the licenses of practitioners who are in violation and subsequently in compliance of the Child Support Enforcement Act as notified by the Colorado Department of Human Services.
- Sign Letters of Admonition, Cease and Desist Orders, Stipulations and Final Agency Orders and other formal actions of the Board, once approved by the Board.
- Sign subpoenas for investigation of Board matters. The Assistant Attorney General is authorized to enforce the subpoena.
- With the approval of the Board Chair, determination of non-substantive procedural matters relating to the rendering of the Initial Decision.
- Preliminary review and approval of applications.
- Process "yes" applications for further review based upon Board rules, statutes, and regulations.

State Board of Registered Psychotherapists Policies

Adopted June 24, 2011; Amended August 23, 2013

10-2 BOARD OPERATIONS (C.R.S. § 12-43-203)

(a) Purpose. This Policy sets out the organization, administration, and general procedures and policies governing the operation of the Board.

(b) Office. The office of the Board is located within the Department of Regulatory Agencies in Denver, Colorado.

(c) Meetings.

(1) The Board shall hold regular meetings and additional meetings as necessary during each year.

(2) The chair may call meetings after consultation with the Board and shall call meetings if requested to do so by a majority of Board members. The chair will immediately notify the Director of any such call of a meeting, the purposes of the called meeting, and any related information as requested by the Program Director. The Director may call any meeting of the Board.

(3) The Board may conduct meetings by telephone or electronic means as necessary.

(4) The Board will announce and conduct its meetings in accordance with the Colorado Open Meetings Law, CRS 24-6-401 et seq.

(d) Quorum. The Board consists of seven appointed members. A quorum of the Board necessary to conduct business is four members. The quorum does not change, even if there are open Board positions.

(e) Rules of order. The Board shall conduct its meetings in an orderly fashion, with due regard for the rights of each Board member. The Board may refer to Robert's Rules of Order Revised when necessary.

(f) Transaction of official business.

(1) The Board may transact official business only when in a legally-constituted meeting with a quorum present.

(2) The Board is not bound in any way by any action on the part of any Board member and/or the Director except when the action is pursuant to a specific instruction or direction of the Board.

(3) Informal opinions given or statements made by a Board member and/or the Director are not official opinions or statements of the Board and do not bind the Board. Only those opinions, decisions, or policies documented in the written minutes of Board meetings, Board rules, or official publications of the Board are binding as action of the Board.

(g) Minutes. The minutes of any Board meeting are official only when approved by the Board and signed by the chair or vice-chair.

(h) Elections.

(1) At the meeting held in July of each year, or as soon thereafter as possible, the Board shall elect, by a simple majority vote of those members present, a chair and vice-chair.

(2) A vacancy that occurs in the office of the chair or vice-chair may be filled at any regular meeting.

(i) Officers.

(1) The chair presides at all meetings that s/he attends and performs all duties prescribed by law, Board rules, or Board policies. The Board hereby authorizes the chair to make day-to-day minor decisions regarding Board activities in order to facilitate the responsiveness and effectiveness of the Board. At all times the chair exercises her/his authority subject to the general policies, rules, orders, decisions, findings, and determinations of the Board.

(2) The vice-chair performs the duties of the chair in case of the absence or disability of the chair. If the office of the chair becomes vacant, the vice-chair serves as chair until a successor is elected. If the chair recuses from an item for consideration by the board, the vice-chair performs the duties of the chair for that item.

(j) Committees. The Board or the chair with the approval of the Board may establish committees or appoint consultants as deemed necessary to assist the Board in carrying out its responsibilities. As necessary or as requested, committee chairs and consultants shall make reports to the Board. Committees and consultants shall provide all written reports or other materials to the Director for distribution to the Board.

(k) Impartiality. Any Board member who cannot be impartial in the determination of or who has an immediate personal, private, or financial interest in a matter before the Board shall inform the Board and shall not participate in any Board deliberation or vote on the matter. No Board member who previously supervised or directed a registered psychotherapist who is the subject of a Board investigation or disciplinary proceeding shall participate in Board deliberations or votes with respect to that registered psychotherapist.

Adopted December 16, 2011

10-3 PROCEDURES FOR INVESTIGATIONS AND DISPOSITION OF INQUIRIES (C.R.S. §12-43-221, 12-43-223, 12-43-224)

(a) General. This Policy sets out the procedures for making and processing inquiries against licensee, registrant or certificant where the inquiries are within the jurisdiction of the Board.

(b) Initial Inquiries.

(1) Generally, inquiries against the licensee, registrant or certificant must be submitted in writing and should state in as much detail as possible the facts upon which the inquiry is based. If the complainant or recipient of psychotherapy services would like to have her/his name withheld from the public, this request should be included in the inquiry.

(2) At the discretion of the Board, an oral inquiry may be informally handled. The Board may request that oral inquiries be reduced to writing.

(3) At the discretion of the Board, anonymous inquiries may be reviewed.

(c) Voluntary surrender of license. If a licensee is the subject of a Board investigation or disciplinary proceeding, voluntarily surrenders her/his license, absent unusual circumstances, the Board will not discontinue the investigation or disciplinary proceeding unless the licensee consents to entry of a permanent injunction limiting or prohibiting her/his practice of psychology and psychotherapy in Colorado.

(d) Notice to licensee, registrant or certificant. If the allegations in an inquiry against a licensee, registrant or certificant, if proved, would constitute grounds for action pursuant to CRS §§ 12-43-222, 12-43-223, 12-43-224, 12-43-226, or 12-43-227 the Director shall:

(1) Inform the licensee, registrant or certificant in writing that an inquiry has been made against her/him, enclose a copy of the inquiry, indicate the provisions of the Act that may have been violated, and request the licensee, registrant or certificant's cooperation in ascertaining the facts and circumstances that led to the inquiry.

(2) Request the licensee, registrant or certificant to provide a written statement setting out her/his response to the inquiry and whatever facts s/he may consider relevant for the Board to understand the circumstances. The licensee, registrant or certificant shall have 30 days, or such time as the Board may determine in its discretion, to respond to the inquiry.

(3) At the discretion of the Director, the complainant may be given an opportunity to review and to comment upon the licensee, registrant or certificant's response.

(e) Requests for extension of time. The Director may grant a reasonable request for extension of time within which a licensee, registrant or certificant may respond to the inquiry and/or within which a complainant may comment upon a licensee, registrant or certificant's response.

(f) Initial Board Consideration of Inquiries. When the licensee, registrant or certificant has responded and the complainant has commented (if the complainant is asked to comment) or at the expiration of the response time (if the licensee, registrant or certificant or complainant submits no response), the Director shall forward the inquiry, any response, and other available information to the Board for its review. The Board shall not delay its initial consideration of an inquiry because the licensee, registrant or certificant or complainant has not responded. The Board shall not delay its initial consideration of an inquiry because the licensee, registrant or certificant has not responded. Failure to respond to a board complaint is a violation of CRS § 12-43-222(1)(x).

Adopted December 16, 2011

10-4 URINE DRUG AND ALCOHOL SCREENING POLICY

Responsibilities of the Registrant:

COLLECTION SITE:

- (1) The registrant must submit the name, address, and phone number of the collection site, in writing, to the Board, **prior to initiating drug and alcohol testing**. The registrant must not provide urine samples for testing until the registrant has received approval of the collection site from the Board.
- (2) The registrant must submit urine samples for drug and alcohol testing (ethyl glucuronide-EtG) at a collection site that is approved by the Board. If the registrant cannot provide a urine sample for testing, a blood sample may be substituted.
- (3) In the case of EtG testing, the registrant must not use any external substance containing alcohol that could result in a positive test result, such as hair spray, lotions or mouthwash, etc.
- (4) The registrant must report all prescribed medications to the collection site each time a urine sample is submitted for testing.
- (5) The registrant must disclose all ingested substances, whether over the counter medications/herbs or a prescription, at the time the urine sample is provided. It is the registrant's responsibility to research a substance's ability to affect the results of a drug/alcohol test prior to ingesting such substance. The registrant should not ingest the substance during the entire period that the registrant is submitting urine samples for drug/alcohol testing. The Board will not accept positive urine drug and alcohol screens based on the registrant's explanation that the registrant did not know that the substance ingested would cause a positive test result.
- (6) The Board will not excuse failure to provide urine samples or test results based upon the registrant's inability to pay the collection site and/or laboratory fees.

State Board of Registered Psychotherapists Policies

LABORATORY:

- (1) The registrant must ensure that the urine samples are sent to a laboratory that is approved by the Board.
- (2) The registrant must submit the name, address, and phone number of the laboratory, in writing, to the Board, **prior to initiating drug and alcohol testing.**

FREQUENCY:

The registrant must provide urine samples pursuant to any applicable agency order or stipulation, unless otherwise required by the Board.

TESTABLE URINE SAMPLES:

- (1) A urine sample must contain at least 20 mg/dl of creatinine. The specific gravity of the sample must be within the normal limits, i.e. 1.002 – 1.030. If the registrant, after observing the urine sample, believes that the urine may be diluted, the registrant may wait at the collection site and submit a second urine sample. Both samples must be tested and the registrant will be responsible for the added cost. The registrant may substitute a blood sample for a urine sample in this case.
- (2) The registrant must provide an adequate sample (minimum 30 ccs) of urine. If the registrant is unable to provide a sufficient sample, the registrant may either wait at the collection site until able to do so, or return to the collection site prior to its closing for the day to provide the sample.

UNACCEPTABLE URINE SAMPLES:

A urine sample result will not be accepted by the Board if:

- (1) The specific gravity or creatinine levels of the sample are outside the acceptable limits as defined in this policy.
- (2) The sample amount is insufficient as defined by this policy.
- (3) The collection site staff member who witnessed the collection of the sample has a personal relationship with the registrant.
- (4) The collection of the sample was not witnessed by a staff member of the collection site.
- (5) Any other requirements in this policy or the registrant's stipulation are not met.

MEDICAL TREATMENT:

State Board of Registered Psychotherapists Policies

If the registrant receives or has previously received prescriptions for controlled substances, other habit-forming drugs, or drugs that have a similar effect, for the treatment of an acute or chronic condition, **within 72 hours**, of receipt of the prescription or of respondent's signing the stipulation **the registrant must:**

- (a) Submit a copy of each such prescription to the Board; or
- (b) If the prescription was called into a pharmacy, request that the health care provider prescribing the drug fax a copy of the health care provider's order to the Board within the 72 hour time frame; and
- (c) Submit the following information each time any health care provider prescribes controlled substances, other habit forming drugs, or drugs that have a similar effect: the health care providers must document as required by the Board, including, but not limited to:
 - (i) an acknowledgement of the health care provider's awareness of the registrant's drug/alcohol problem and a statement from the health care provider regarding the rationale for prescribing controlled substances, other habit forming drugs, or drugs which have similar effect in light of that knowledge; and
 - (ii) a discussion by the health care provider regarding the use of alternative methods of symptom control in the future.
 - (iii) if the treatment is for a chronic condition, the provider must indicate why it is acceptable or necessary for the registrant to intermittently use controlled substances, other habit-forming drugs, or drugs which have similar effect, and provide parameters for their use.

In the event of a situation requiring that the registrant receive emergency medical treatment, the registrant must send the appropriate Board approved form signed by the physician who provided the emergency medical care within 72 hours of resolution of the medical emergency if controlled substances, other habit-forming drugs, or drugs which have similar effects were administered to the registrant during the medical emergency.

VACATION/TRAVEL:

- (1) Travel/Vacations: no later than two weeks prior to any travel, the registrant must submit to the Board the appropriate Board approved form. The registrant must receive approval of the plan **before** any travel occurs. Registrants are expected to comply with all requirements of this policy while they are traveling/on vacation.
- (2) Emergency Travel:
 - (a) The Board may excuse noncompliance with the Board's standard requirements regarding submission, testing, and reporting of urine drug screens if the registrant is

unable to provide urine samples and or/lab results as required by the Board for a period of **six days or less because of emergency travel, when:**

- (i) The registrant notifies the clinical supervisor or work supervisor, if approved by the Board, the practice monitor, or Board staff 24 hours before or after initiating the emergency travel that the registrant cannot comply with the Board standard requirements, and
- (ii) Within the six (6) day grace period, the registrant provides documentation, satisfactory to the Board, that an emergency exists.

(b) If travel that was required due to an emergency lasts longer than six (6) days, the registrant will be required to comply with the Board's standard requirements beginning on day seven (7). The registrant must submit to the Board the appropriate Board approved form on day five (5) to allow time for the Board to review the forms and determine if the collection site and lab meet the Board's requirements. It is recommended that a registrant or emergency travel contact a collection site/lab in the area as soon as possible, from the date of the registrant's arrival in the new location, to arrange for collection of urine samples for drug testing in the vent that the registrant must submit to a call in procedure at a collection site on day seven (7).

ADDITIONAL REQUIREMENTS:

Failure to provide urine sample(s) for drug and alcohol testing, failure to provide a sufficient quantity of urine drug testing, providing a dilute urine sample or providing a urine sample that tests positive for controlled/legal substances may result in disciplinary action.

If a registrant fails to provide a urine sample(s) for drug and alcohol testing, provides a dilute urine sample, provides a urine sample that tests positive for controlled substances, submits a urine sample that cannot be tested because of insufficient quantity, or is noncompliant with the urine drug screen policy or the terms of the registrant's stipulation, the registrant may submit a letter to the Board describing the circumstances that resulted, along with other pertinent information which make its decision about the registrant's compliance with the terms of the registrant's stipulation and this Urine Drug and Alcohol Screening Policy.

The testing of urine samples submitted for drug and alcohol testing by standard laboratory procedures is the only testing method approved by the Board. The Board specifically does not approve the use of pharmaceutical sweat patches, instantaneous methods of urine drug screen testing, or any other method of testing urine samples for drugs other than by standard laboratory procedures.

Adopted June 24, 2011

LICENSING

No policies at this time.

PRACTICE

30-1 TELETHERAPY POLICY – GUIDANCE REGARDING PSYCHOTHERAPY THROUGH ELECTRONIC MEANS WITHIN THE STATE OF COLORADO

When listed, certified, registered, or licensed and treating clients within the State of Colorado, it is at the discretion of the mental health professional as to the type of modality of treatment format that is appropriate for the client. Regardless of the modality chosen, the mental health professional must comply with all provisions as outlined in the Mental Health Practice Act, Title 12 Article 43.

It is recommended that the initial therapeutic contact be in person and adequate to provide a conclusive diagnosis and therapeutic treatment plan prior to implementing any psychotherapy through electronic means. The mental health professional is expected to establish an ongoing therapeutic relationship including face-to-face visits on a periodic basis thereafter.

Once a mental health professional chooses to provide psychotherapy via electronic means, the mental health professional is expected to carefully identify and address issues that involve:

- 1) The agreed upon therapeutic means of communication between the client and the mental health professional. (i.e. when will face-to-face contact be appropriate, what method(s) of electronic communication will be utilized, what is the structure of the contractual relationship);
- 2) Implementing written consent form(s) and proper disclosure(s) including, but not limited to the client's knowledge regarding security issues, confidentiality, structure, etc.;
- 3) Ensuring that the therapeutic means of communication includes confidentiality and computer/cyber security;
- 4) Determining the basis and ability for the mental health professional to support the rationale for the decision to choose a particular therapeutic method;
- 5) Ensuring that the mental health professional is practicing within his/her scope of practice;
- 6) Ensuring that the therapeutic means of communication that is chosen does not cause any potential harm to the client.

The mental health professional may encounter specific challenges while providing psychotherapy through electronic means. The mental health professional must realize that these challenges may include, but are not limited to:

- 1) Verifying the identity of the client and determining if they are a minor;
- 2) Providing the client with procedures for alternative modes of communication when there is possible technology failure;
- 3) Assessing how to cope with potential misunderstandings when the visual cues that would normally occur during face-to-face visits do not exist;
- 4) Assessing how to address crisis intervention when necessary;
- 5) Ensuring that clients are knowledgeable with regard to encryption methods, firewall, and backup systems to help secure communication and educate clients on the risk of unsecured communications;
- 6) Establishing a means to retain and preserve data;
- 7) Upon request, have the ability to capture and provide client treatment notes, summaries or other information that is received via the electronic technology;
- 8) Disclosing that health insurance coverage may not exist for psychotherapy service that is provided through technological means.

Disclaimer

This policy applies only to Mental Health professionals listed, certified, registered, or licensed, and treating clients within the State of Colorado.

Date Adopted by Program:

12/13/2012-State Board of Addiction Counselor Examiners

04/22/2011 – State Board of Registered Psychotherapists

03/18/2011 – State Board of Licensed Professional Counselor Examiners

02/25/11 -- State Board of Marriage & Family Therapist Examiners

04/08/2011 – State Board of Psychologist Examiners

01/28/11 State Board of Social Work Examiners

30-2 GUIDANCE TO MENTAL HEALTH PROFESSIONALS REGARDING DUAL AND / OR MULTIPLE RELATIONSHIPS.

Dual or multiple relationships occur when a professional assumes two or more roles at the same time or sequentially with a client or with someone who has a significant relationship with the client. C.R.S § 12-43-222(1)(i) prohibits mental health professionals from engaging in a dual relationship with a client when it is likely to impair such person's professional judgment or increase the risk of client exploitation. During the 2011 legislative session, a new statute was passed requiring the Boards to provide guidance to mental health professionals regarding this violation.

The applicable statutes are as follows:

C.R.S § 12-43-203 (12) states : "The Boards shall develop rules or policies to provide guidance to persons licensed, registered or certified pursuant to this article to assist in determining whether a relationship with a client or potential client is likely to impair his or her professional judgment or increase the risk of client exploitation in violation of section 12-43-222(1)(i)."

C.R.S § 12-43-222(1)(i),states: "A person licensed, registered, or certified under this article violated this article if the person: has maintained relationships with clients that are likely to impair such person's professional judgment or increase the risk of client exploitation, such as treating employees, supervisees, close colleagues, or relatives."

Dual relationships may occur when a licensed, registered or certified mental health professional is in a professional role with a client and:

- at the same time is in another role with the client, or
- at the same time is in a relationship with a person closely associated with or related to the client with whom the mental health professional has a professional relationship with, or
- promises to enter into another relationship in the future with the client or person associated with or related to the client.

Licensed, registered, or certified mental health professionals should refrain from entering into a dual / multiple relationship if the dual / multiple relationship could impair the mental health professional's objectivity, competence, or effectiveness in performing his or her functions as a mental health professional, otherwise increase the risk of exploitation, or harm to the client with whom the professional relationship exists.

Some examples of inappropriate dual relationships which **may** have a greater chance of impairing a mental health professional's judgment or increasing the risk of client exploitation **include, but are not limited to:**

State Board of Registered Psychotherapists Policies

- Providing treatment or therapy to an employee regardless if you directly or indirectly supervise the employee;
- Providing treatment to any person who provides services to you, your colleagues or close relatives (e.g., housekeeper, babysitter, dentist), or soliciting services from an existing client;
- Providing treatment to someone with whom you are engaged in a close friendship or intimate relationship, or providing treatment to anyone closely associated with or related to that person;
- Providing treatment to any person you supervise or teach, or by whom you are supervised or taught, regardless of whether you (or they) are being compensated for such supervision or teaching;
- Providing treatment to a person for whom you are also providing another service not associated with mental health treatment;
- Selling products (including books or videos) or providing other services related to or unrelated to mental health to a client;
- Providing couple's counseling and individual therapy to the same person(s) at the same time;
- In custody cases, providing treatment or therapy to a party and also providing opinion or expert witness testimony or a custody evaluation in violation of Chief Justice Directive (CJD) Standard 4;
- Providing individual therapy and then providing opinion testimony in court without first obtaining a voluntary release of information from the client you provided mental health services to;
- Providing individual therapy to a child and simultaneously providing individual therapy to the parents and /or providing supervision for parenting time without obtaining full informed consent by all parties and all necessary releases.

Any of the aforesaid examples also apply when a mental health professional engages in these roles with a person closely associated with the client during the same time they are treating the client (e.g., agreeing to supervise the spouse of a client).

These are examples to illustrate potential conflicts and provide guidance to help mental health professionals avoid violation of C.R.S § 12-43-222(1)(i). These examples are not inclusive of every prohibited scenario and may be amended from time to time by the board.

The Board will review each case on a case by case basis and determine whether there is a violation of C.R.S § 12-43-222(1)(i).

The Board strongly encourages all mental health professionals to assess the situation before engaging in dual roles with clients. Mental health professionals should refrain from taking on a professional role when personal, scientific, professional, legal, and financial or other interests or relationships could impair their objectivity, competence, or effectiveness in performing their functions as a mental health professional or expose the client or organization with whom the professional relationship exists to harm or exploitation.

All mental health professionals should always have their client's best interests in mind at all times.

State Board of Registered Psychotherapists Policies

Following is a recommended test recommended by the American Psychological Association. These questions should be reviewed and considered by any mental health professional prior that is contemplating a dual relationship with a patient, client, employee, supervisee, research participant or student prior to doing so.¹ Document as appropriate the answers to these questions if you choose to proceed with the dual relationship:

1. Is there any possibility of loss of effectiveness of the professional? If yes, then do not proceed.
2. Is there any possibility of loss of objectivity of the professional? If yes, then do not proceed.
3. Is there any possibility of loss of competence of the professional? If yes, then do not proceed.
4. Is there any possibility of risk of exploitation of the client? If yes, then do not proceed.
5. Is there any possibility of risk of harm of the client? If yes, then do not proceed.

If the answer is "no" to all of the above questions then the mental health professional may decide to proceed with caution and should consult with an objective peer/colleague to determine the client's best interests and identify any ethical blind spots on the part of the professional.

However, the mental health professional remains responsible for any statutory or regulatory violation involving a dual relationship.

Adopted December 16, 2011

DISCIPLINE

40-1 PROCESS FOR HANDLING COMPLAINTS INVOLVING A BOARD MEMBER

It is the policy of the State Board of Registered Psychotherapists (Board) that any signed complaint received by the Board against a current registrant who is a member of the Board or one who has served on the Board within the past five years, or a registrant who has an ongoing formal relationship with the Board will be handled as follows:

- At a minimum, the complaint may be sent to the Office of Investigations to determine if there is any validity to the allegations. If the complaint alleges sexual boundary violations, substance abuse, or physical or mental impairment, the report from the Office of Investigation substantiates such allegations, the Board may require the registrant to undergo evaluation by a designated provider to the Board or a qualified healthcare provider selected by the Office of Investigations, if the Board has not already done so.

¹ American Psychological Association. (2002). Ethical Principles of Psychologists and Code of Conduct. *American Psychologist*, 57(12), 1060-1073.

- If the complaint alleges a violation of the Practice Act, the complaint will be sent to the Office of Investigations within the Division of Registrations for a formal investigation.
- If the complaint alleges substandard practice, the Office of Investigations will also have the case reviewed by an independent consultant selected by the Office of Investigations. Upon completion of the investigation or evaluation, the report will be referred to the Board for appropriate action.

All other customary procedures for the handling of a complaint by the Board will apply. These may include but are not limited to issuance of a 30-day letter, notification to the registrant and complainant of Board decisions, and the confidentiality of the complaint and investigation as provided by the Practice Act.

Anonymous complaints filed against a current registrant who is a member of the Board or one who has served on the Board within the past five years, or a registrant who has an ongoing formal relationship with the Board will be evaluated by the Board on a case by case basis.

Adopted June 24, 2011

40-2 CASES DISMISSED WITH LETTERS OF CONCERN: CLARIFICATION OF BASIS FOR DISMISSAL; REOPENING OF SUCH CASES; CASE RETENTION PERIOD

It is the policy of the Board that complaints that are dismissed with letters of concern are not dismissed as being without merit, but rather are dismissed due to no reasonable cause to warrant further action at that time. Cases that are dismissed with a confidential letter of concern will be retained in the Mental Health Program's files for a period of five years.

The Program Director or Section Director may reopen a case that was dismissed with a letter of concern in the face of a change in circumstances. Such a change in circumstances would include, but not be limited to:

- Discovery of new evidence supporting the underlying charges;
- Evidence that the licensee has engaged in further unprofessional conduct/grounds for discipline following issuance of the letter of concern, in which there is a nexus between the new conduct and that which was addressed in the case that was dismissed with the letter of concern.

After five years from the date of the letter of concern, the file will be disposed of in accordance with the Division's records management procedures. If the licensee has other active cases pending at the end of the five year retention period, the letter of concern may be kept for a longer period of time at the discretion of the Mental Health Program Director.

Adopted December 16, 2011

State Board of Registered Psychotherapists Policies

40-3 ANONYMOUS COMPLAINTS POLICY

It is the policy of the State Board of Registered Psychotherapists (Board) not to encourage anonymous complaints. The Board will not automatically investigate anonymous complaints. Rather, they will be subject to review on a case-by-case basis.

Adopted September 16, 2011