



Oregon

Theodore R. Kulongoski, Governor

State Board of Clinical Social Workers

3218 Pringle Road SE, Suite 240

Salem, OR 97302-6310

(503) 378-5735

1-866-355-7050

Fax: (503) 373-1427

E-mail: Oregon.bcsw@state.or.us

<http://oregon.gov/bcsw>

Dear Consumer:

Enclosed are the necessary forms for filing a complaint with the Board. These include the "Complaint Report" Form and the "Authorization for Release of Confidential Information" Form. Also, included a copy of the Law (ORS 675.510-600), the Administrative Rules (Chapter 877) governing Licensed Clinical Social Workers and Certified Clinical Social Work Associates, and the "As You Consider Filing a Complaint,..." Flyer.

Please review Division 30 (Code of Ethics) and Division 40 (Complaint Procedures). It is very helpful to the Consumer Protection Committee if you can cite the specific Administrative Rule(s) in Division 30 that you feel has been violated.

In accordance with ORS 676.160-676.180, all information supplied to the Board pertaining to complaints is held confidential and cannot be disclosed to the public. The Board has modified its procedure to address the new confidentiality requirements of the law. Therefore, the Board can only provide a limited amount of information about the complaint and the progress of the investigation. However, if the Board needs further information to resolve the complaint, a representative of the Board will contact you directly.

If there are other individuals who might have knowledge of the circumstances which provide the basis for your complaint, please obtain an "Authorization to Release of Confidential Information" Form from them. Make as many additional copies of the forms as you need.

Please feel free to contact me if you have any questions about the process or need further assistance. The Board's toll-free number is 1-866-355-7050.

Sincerely,

Martin Pittioni
Executive Director

Enclosures

CPCFORMS
8-27-2008



As You Consider Filing a Complaint,...

please be aware that the Board of Clinical Social Workers thoroughly reviews all complaints it receives. However, complaints are dismissed many times because they fail to meet the legal standard required. To take public action, the Board has the burden to prove by a preponderance of evidence that the licensee has in fact violated one or more of the Laws or Rules that govern the practice of Licensed Clinical Social Workers and Clinical Social Work Associates in Oregon. If you wish to file a complaint, please be as specific and thorough as possible in detailing for the Board the exact ways in which you believe the licensee has violated one or more of the Board's Laws or Rules. Please identify people and provide copies of records that verify your complaint. Keep in mind that the Board's ability to take public action in many instances depends upon your cooperation. If the Board moves to act on your complaint, you could be called upon to testify as a witness. Also know that the Board is required by law to keep confidential all information gathered during an investigation, except in certain limited situations.

Listed below are some of the main areas where licensees have been disciplined in the past along with examples of the kinds of information that can help the Board substantiate a complaint.

Dual Relationships: How has the licensee connected with you outside of the therapeutic relationship? How often does that happen? What do you do together? Why do you now believe the licensee's professional judgment is impaired, or you are at increased risk of being exploited by the licensee? Who else can verify that these contacts occurred?

Sexual Involvement: Exactly when and how did the licensee engage in or solicit sexual acts or engage in any conduct, verbal behavior or other communication with or toward you that may reasonably be interpreted as sexual, seductive, or sexually demeaning? Is there anyone else who can verify your experience?

Misrepresentation: Did the licensee talk about some specific service and then fail to provide that service? Did the licensee not provide you with accurate and complete information regarding the nature and extent of services available or provided? What documents support your complaint?

Incompetence: Did the licensee fail or refuse to make referral when it was in your best interest to see another professional for some specific aspect of treatment? Did the licensee seek to provide you with a service that was clearly outside of his/her training, qualification, and/or competence? Please send records or other information to support your complaint.

Billing Problems: Was there an agreement to a certain fee for sessions and then the fee went up with no notice? Or is the licensee billing you for more than your share of what the insurance company doesn't pay? Please enclose copies of actual billing records and/or insurance reports that verify your complaint.

Breach of Confidentiality: Did the licensee talk about your case with someone else without proper authority? A statement from that "other person" about the manner and extent of the confidential information inappropriately shared can help support your complaint.

Records Release: When and how did you request your records from the licensee? When and how did the licensee reply? Please provide copies of documents supporting your complaint.

Custodial Issue: In many custody situations, both parents are upset. The Board has no specific Rules about how a licensee must handle a custody evaluation. Thus the licensee's conduct must violate one of the Board's existing ethical or professional standards before the Board can take public action. What Laws or Rules did the licensee violate? What documentation do you have to support your complaint? If your custody evaluation was Court ordered, the Court that ordered the process might be the best place to take your complaint.

Unprofessional Conduct: This is a broad area and the Board will need specific examples of conduct that violates a law or an administrative rule that governs social workers.

QUESTIONS?

Contact the Board of Clinical Social Workers

Toll-free: 1-866-355-7050, ext. 34
Address: 3218 Pringle Road SE, Suite #240
Salem, OR 97302-6310
e-mail: Martin.Pittioni@state.or.us

**STATE BOARD OF CLINICAL SOCIAL WORKERS
COMPLAINT REPORT FORM**

No. _____

Your Name _____ Date _____

Address _____

_____ Phone No. _____

LICENSED CLINICAL SOCIAL WORKER (OR ASSOCIATE)

Name and Address _____

_____ Phone No. _____

COMPLAINT

On a separate sheet(s) of paper, please state briefly the facts of your complaint. Describe the actions of the Licensed Clinical Social Worker (or Associate) which are the cause for your complaint. Include any prior events or circumstances that you consider significant. Where possible, cite the rule(s) from Division 30 that you feel has been violated. Then summarize the effects or results of these actions upon yourself.

Enclosed is a copy of the ORS (Law) and Oregon Administrative Rules (Chapter 877) governing Licensed Clinical Social Workers and Clinical Social Work Associates. List names and addresses of any other persons who witnessed or have direct knowledge of the actions described in your complaint and where necessary, obtain a Release(s) from them. Also, please obtain Releases from any others that may be involved or that would need to provide information to the Board for its investigation. *Please be advised that ORS 676.160-676.180 provides confidentiality to your complaint.*

If you are a client or former client of the Licensed Clinical Social Worker or Associate, you must sign the enclosed Authorization for Release of Confidential Information in order for the Board to proceed with its investigation into your complaint.

Signature _____ Date _____

Mail this form to: State Board of Clinical Social Workers
3218 Pringle Road SE, Ste 240
Salem, OR 97302-6310
503-378-5735



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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I _____
(Name of person or agency authorizing release of confidential information)

hereby authorize the following individual or agency:

(Name) (Daytime phone)

(Address) (FAX)

(City, State, Zip) (E-mail)

to provide information to the State Board of Clinical Social Workers (Board).

This disclosure is at my request and for the purpose of assisting the Board in any review, investigation, or action related to administering or enforcing Oregon Revised Statutes 675.510 to 675.600 and Oregon Administrative Rule Chapter 877.

I consent to the release of all information requested by the Board, including but not limited to alcohol/drug assessment/treatment, HIV/AIDS information, medical and psychiatric treatment, and mental health records obtained in the course of my diagnosis and treatment. I understand that such information cannot be released without my specific consent except in a medical emergency. I further understand that the information disclosed may contain information that is protected by Federal and/or State law, and I specifically consent to disclosure of such information.

I acknowledge, understand, and agree that: (a) this authorization is subject to revocation in writing at any time except to the extent that the party which is to make the disclosure has already taken action in reliance on it; (b) to revoke this authorization prior to the stated expiration date below I must send a written statement to the Board that I am revoking this authorization and such revocation is effective only upon receipt; and (c) a copy of this original signed and dated authorization shall be as binding as the original.

If not previously revoked, this authorization is valid for six months from the date signed below or until _____
(Specific date, event, condition.)

I have fully read this authorization and understand it completely.

Signature: _____ Date: _____
(Patient, Guardian, or Legal Representative)

Print Name: _____

Address: _____

Phone No.: Daytime/ _____ Evening/ _____

Relationship to Patient (If applicable): _____

