

DEPARTMENT OF REGULATORY AGENCIES

State Board of Psychologists Examiners

PSYCHOLOGIST EXAMINERS RULES AND REGULATIONS

3 CCR 721-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

AUTHORITY

These Rules are promulgated pursuant to sections 12-20-204(1), 12-245-204(4)(a) and 12-245-222(2), C.R.S.

The licensing and regulation of Mental Health Professionals is found in Title 12 ("Professions and Occupations"), Article 245 ("Mental Health") of the Colorado Revised Statutes ("Mental Health Practice Act"). Article 245 consists of eight parts summarized, as applicable, as follows:

<u>Part</u>	<u>Name of Part</u>	<u>Statutes in Part</u>
Part 1	Legislative Declaration	12-245-101
Part 2	General Provisions	12-245-202 - 12-245-234
Part 3	Psychologists	12-245-301 - 12-245-306

Part 2 contains general provisions applicable to all Mental Health Professionals. Part 3 applies specifically to psychologists.

PURPOSE AND SCOPE

These Rules were promulgated in order to carry out the powers and duties of the State Board of Psychologist Examiners pursuant to sections 12-20-204(1), 12-245-204 and 12-245-302, C.R.S. These Rules affect every person seeking Colorado licensure as a psychologist and every person who practices as a licensed psychologist in the State of Colorado, and who is not statutorily exempted.

1.1 DEFINITIONS

In addition to the definitions set out in sections 12-245-202 and 12-245-301, C.R.S., unless the context requires otherwise, as used in these Rules:

- A. "The Board" means the State Board of Psychologist Examiners established pursuant to section 12-245-302, C.R.S.
- B. "Director" means the Board's Program Director and staff.
- C. "Employment counseling" means professional activities that are provided on a short-term basis and that are intended to assist individuals with locating, applying for, interviewing, or otherwise successfully securing paid employment.
- D. "License in good standing" means a license that is not restricted in any manner.
- E. "Licensee" as contemplated under section 12-245-225(2), C.R.S., shall include any person who has been licensed as a psychologist or a psychologist candidate at any time under the Mental Health Practice Act pursuant to section 12-245-301, et seq., C.R.S.

- F. "Rehabilitation counseling" means professional activities that are intended to assist a person with a physical handicap, defect, or injury as defined in sections 26-8-105(2)(a), (b), or (c), C.R.S., to learn or to relearn to perform routine daily functions including, but not limited to, eating, dressing, transportation, or employment.

1.2 PUBLIC PARTICIPATION AT BOARD MEETINGS (C.R.S. §§ 12-20-204(1), 12-245-204, 12-245-222)

- A. The Board may provide a person a reasonable opportunity to address the Board at an open meeting if the request is made prior to the meeting in accordance with this Rule and, in the Board's sole discretion, the granting of the request will not result in delay or disruption of the Board's meeting.
- B. Except in unusual circumstances and in the Board's sole discretion, the Board will rely exclusively on written materials during its initial consideration of inquiries and shall not permit members of the public to address the Board on pending disciplinary proceedings or cases.
- C. The Board Chair may impose reasonable limitations on the time allotted for comments made pursuant to this Rule.

1.3 CONFIDENTIALITY OF PROCEEDINGS AND RECORDS OF THE BOARD (C.R.S. §§ 12-245-220, 12-245-222, 12-245-226(4))

- A. General. Inquiries, complaints, investigations, hearings, meetings, or any other proceedings of the Board relating to disciplinary proceedings shall not be open to public inspection until the Board meets for its initial consideration of the inquiry that gave rise to the proceedings. The initial consideration of the inquiry and all further proceedings shall be open and the records available for inspection unless subsection (B) of this Rule, or an exception to the Public Records Act or the Open Meetings Act applies or section 12-245-226(4), C.R.S., prohibits disclosure.
- B. Subpoenaed Information. Information subpoenaed by the Board shall remain confidential and not be open to public inspection until the Board has reviewed the information and made a determination whether the information should remain confidential. Information which is not determined to be confidential shall be open to public inspection unless an exception to subsection (a) an exception to the Public Records Act or the Open Meetings Act applies or section 12-245-226(4), C.R.S., prohibits disclosure. This exception shall not apply to review of information by a respondent in a Board investigation.

1.4 DECLARATORY ORDERS (C.R.S. § 24-4-105(11))

- A. Any person may petition the Board for a declaratory order to terminate a controversy or to remove uncertainty as to the applicability to the petitioner of any statutory provision or of any Board Rule or Order.
- B. A petition filed pursuant to this Rule shall set forth the following:
1. The name and address of the petitioner and whether the petitioner is a Licensee.
 2. The statute, rule, or order to which the petition relates.
 3. A concise statement of all facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule, or order in question applies or potentially applies to the petitioner.

- C. The Board will determine, in its discretion and without notice to petitioner, whether to rule on a petition. In determining whether to rule on a petition, the Board will consider the following matters, among others:
1. Whether a ruling on the petition will terminate a controversy or remove uncertainty as to the applicability to petitioner of any statutory provision or Board Rule or Order.
 2. Whether the petition involves any subject, question, or issue that is the subject of a formal or informal matter, proceeding, or investigation involving the petitioner and currently pending before the Board, any other agency, or a court.
 3. Whether the petition involves any subject, question, or issue that is the subject of a formal or informal matter, proceeding, or investigation currently pending before the Board, any other agency, or a court, but not involving the petitioner.
 4. Whether the petition seeks a ruling on a moot or hypothetical question or will result in an advisory ruling or opinion.
 5. Whether the petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to Rule 57, Colorado Rules of Civil Procedure, that will terminate the controversy or remove any uncertainty as to the applicability to the petitioner of the statute, rule, or order in question.
- D. If the Board determines, in its discretion, that it will not rule on the petition pursuant to this Rule, the Board shall promptly notify the petitioner of its action and state the reasons for such action.
- E. If the Board determines, in its discretion, that it will rule on the petition, any ruling of the Board will apply only to the facts presented in the petition and any amendment to the petition. If the Board rules on the petition without a hearing, it shall notify the petitioner of its decision within 120 days.
- In ruling on the petition, the Board may take one or more of the following actions, in its discretion:
1. The Board may dispose of the petition on the basis of the matters set out in the petition.
 2. The Board may request the petitioner to submit additional facts, in writing. In this event, the additional facts amend the petition.
 3. The Board may order the petitioner to file a written brief, memorandum, or statement of position.
 4. The Board may set the petition for hearing, upon due notice to petitioner, to obtain additional facts or information; to determine the truth of any facts set forth in the petition; or to hear oral argument on the petition. The notice to the petitioner setting the hearing shall state, to the extent known, the factual or other matters into which the Board intends to inquire. For the purpose of the hearing, to the extent necessary, the petitioner shall have the burden of proving all facts stated in the petition; all facts necessary to show the nature of the controversy or uncertainty; the manner in which the statute, rule, or order in question applies or potentially applies to the petitioner; and any other facts the petitioner desires the Board to consider.
- F. If the Board determines that the petition addresses a matter within the purview of any other agency, the Board shall refer the petition to the other agency for consideration. If the Board refers a petition to another agency, the Board shall promptly inform the petitioner of the referral. The referral ends the matter before the Board.

- G. The parties to any proceeding pursuant to this Rule shall be the Board and the petitioner. Any other person may seek leave of the Board to intervene in such a proceeding. A petition to intervene shall set forth the matters required by subsection (c) of this Rule. Based on the information presented and in its discretion, the Board may grant leave to intervene. Any reference to "petitioner" in this Rule includes any person who has been granted leave to intervene by the Board.
- H. Any declaratory order or other order disposing of a petition pursuant to this Rule shall constitute final agency action subject to judicial review pursuant to section 24-4-106, C.R.S.

1.5 MANDATORY DISCLOSURE STATEMENT (C.R.S. §§ 12-245-216, 12-245-224(1)(p))

- A. As used in section 12-245-216, C.R.S., and this Rule,
1. If the recipient of psychotherapy or mental health services is an adult for whom a guardian or legal representative has been appointed by a court of competent jurisdiction (irrespective of an appeal of the order) because the adult is an "incapacitated person" within the meaning of section 15-14-101(1), C.R.S., the mandatory disclosure is made to the guardian or legal representative.
 2. "Emergency" means those situations in which, on presentation, the client's condition requires immediate intervention and/or stabilization.

1.6 INFORMATION REQUIRED TO BE REPORTED TO THE BOARD (C.R.S. § 12-245-226(8))

- A. General. Psychologists are required to report violations of sections 12-245-224 and/or 12-245-228, C.R.S., to the appropriate Board once they have direct knowledge that a licensee as defined by section 12-245-202(8), C.R.S., a certificate holder as defined by section 12-245-202(2), or a registrant as defined by section 12-245-202(16), C.R.S., has violated a provision of section 12-245-224 or 12-245-228, C.R.S., to include conversion therapy with a client under the age of 18 years old prohibited per section 12-245-224(1)(t)(V), C.R.S. Psychologists are not required to report when reporting would violate client/therapist confidentiality (refer to section 12-245-220, C.R.S.).
- B. Terms.
1. "Direct knowledge" includes, but is not limited to the following
 - a. Having seen, heard, or participated in the alleged violation;
 - b. Having been informed by the client/victim and obtained informed consent to release information as to the event or the client's name;
 - c. Having been informed of a violation by the violator;
 - d. Having been informed by a guardian of a minor or adult and obtained informed consent from the guardian to release information; or
 - e. Having been informed by a professional organization, agency, or any other entity, that an alleged violation occurred.
 2. "Has violated" means a reasonable belief that a Licensee, certified addiction counselor, or unlicensed psychotherapist has engaged in a prohibited activity under section 12-245-224, C.R.S., or the unauthorized practice as prohibited under section 12-245-228, C.R.S.

C. Procedures.

1. Once direct knowledge is established, the psychologist must report the alleged violation as soon as possible or, absent unusual circumstances, no later than sixty (60) days.
2. When direct knowledge of a violation of section 12-245-224 or 12-245-228, C.R.S., is obtained from her/his client, the psychologist shall:
 - a. Inform the client a violation may have occurred;
 - b. Encourage the client to report the violation; and
 - c. Obtain the client's informed consent before reporting the alleged violation.
3. The report shall be in writing and shall include the specifics of the violation, to the degree known, and any and all relevant information and supporting documentation.

- D. Nothing in this Rule relieves any mental health professional from adhering to any other mandatory reporting requirements mandated by statute.

1.7 SUPERVISION OF MENTAL HEALTH PRACTITIONERS AND SUPERVISORY RELATIONSHIPS (C.R.S. §§ 12-245-222(2), 12-245-224(1)(n))

- A. General. Supervision provides a source of knowledge, expertise, and more advanced skills to the person being supervised. The nature of this relationship depends on the respective skills of the two professionals involved, the client population and/or the specific client being served. It is usually ongoing, required, and hierarchical in nature. This Rule does not apply to the supervision required prior to licensure as a psychologist.

B. Terms.

1. Clinical supervision occurs when there is close, ongoing review and direction of a supervisee's clinical practice.
2. Consultation describes a voluntary relationship between professionals of relative equal expertise or status wherein the consultant offers her/his best advice or information on an individual case or problem for use by the consultee as s/he deems appropriate in her/his professional judgment.
3. Administrative supervisor is the person who bears responsibility for the non-clinical functioning of an employee, such as performance appraisals, personnel decisions, etc. The administrative supervisor may be held accountable for not reporting misconduct by a psychologist when s/he knew or should have known of a violation of generally accepted standards of practice or any prohibited activity.

4. Modes of Supervision include but are not be limited to individual, group, telephone, electronic mail, audio-visual, process recording, direct observation, telesupervision, telecommunication (teleconferencing, fax, videotapes), and hospital rounds. The appropriate modality of supervision shall be determined by the training, education, and experience of the supervisee, and the treatment setting (i.e. urban/rural, or the availability of resources, etc.); and at all times based on community standards and client needs. The level of supervision provided, including whether every case is directly supervised and whether the supervisor meets with the client, is determined by the education, training, and experience of the supervisee, the specific needs of the clients being served, and the professional judgment of the supervisor. Nothing in this Rule should be assumed to abridge the rights of the client to a reasonable standard of care.

C. Supervision Shall Include But is Not Limited To The Following:

1. Monitoring the supervisee's activities to verify s/he is providing services that meet generally accepted standards of practice.
2. Verifying that it is the practice of any supervisee to provide the mandatory disclosure form as required pursuant to section 12-245-216, C.R.S.
3. If appropriate, verifying that clients are informed as to any changes in the supervisory relationship.
4. Giving an adequate termination of supervision notice to the supervisee.
5. Keeping records that document supervision that meet the generally accepted standards of practice.
6. Assisting the supervisee in becoming aware of and adhering to all legal, ethical, and professional responsibilities.
7. Assuring that no inappropriate relationships exist between the supervisor and supervisee, and supervisor and client.
8. Assuring the supervisee meets any licensing, certification or registration requirements prior to engaging in any psychotherapy.
9. Assisting to assure that the supervisee is in compliance with the Mental Health Practice Act.
10. Verifying and assuring the supervisee is in compliance with any existing restricted licensure, certification or registration status or probation.

D. Supervisor Qualifications.

1. The supervisor shall have sufficient knowledge of legal, ethical, and professional standards relevant to the clients being served.
2. The supervisor shall have clinical experience and competence adequate to perform and direct the services provided by the supervisee.

1.8 REPORTING CHANGE OF ADDRESS, TELEPHONE NUMBER, OR NAME (C.R.S. §§ 12-20-204(1), 12-245-204, 12-245-206)

Change of address, telephone number, or name.

- A. Licensees shall inform the Division of any name, telephone number or address change within thirty days of such change. Staff shall not change Licensees' information without written notification from the Licensee. Notification via mail, fax, email and the online system is acceptable. Verbal notification is not acceptable.
- B. Any of the following documentation is required to change a Licensee's name or correct a social security number or individual taxpayer identification number: marriage license, divorce decree, court order, or documentation from the Internal Revenue Service verifying the licensee's valid individual taxpayer identification number. A driver's license or social security card with a second form of identification may be acceptable at the discretion of the Director of Support Services.

1.9 DUPLICATE OR REPLACEMENT LICENSE (C.R.S. §§ 12-245-206, 12-245-209)

- A. Upon licensure and at renewal, the Division will issue only one license to a Licensee. The Division may issue a duplicate license if the Licensee submits a written request along with the required fee.
- B. Justification for issuance of a duplicate license may be include if the original was lost, stolen, damaged, never received, or printed with the incorrect information, or if the address or name has changed.
- C. A duplicate license may also be issued for those licensees who require multiple licenses.

1.10 RENEWAL OF LICENSE (C.R.S. § 12-245-205(3))

- A. Failure to Receive Renewal Notice. Failure to receive notice for renewal of license from the Board does not excuse a Licensee from the requirement for renewal under the Act and this Rule.
- B. Grace period. Licensees shall have a sixty-day grace period after the expiration of his or her license to renew such license without the imposition of a disciplinary sanction for practicing on an expired license. During this grace period a delinquency fee will be charged for late renewals. A Licensee who does not renew his or her license within the sixty-day grace period shall be treated as having an expired license and shall be ineligible to practice until such license is reinstated.
- C. Military Active Duty. Licensees may be exempt from licensing requirements as provided in section 12-20-302, C.R.S., including but not limited to, military personnel who have been called to federally funded active duty for more than 120 days for the purpose of serving in a war, emergency, or contingency from the payment of any professional or occupational license, certification or registration fees, including renewal fees, and from continuing education for a renewal cycle that falls within the period of service within the six months following the completion of service in the war, emergency or contingency.

1.11 AUTHORITY TO INVESTIGATE (C.R.S. §§ 12-20-204(1), 12-245-204)

An application for initial license, for renewal of a license, or for reinstatement of a license is an express grant to the Board of full authority to make any investigation or personal contact necessary to verify the authenticity of the matters and information stated in the application. If the Board so requests, the applicant must supply verification, documentation and/or complete information on any disciplinary action taken against the applicant in any jurisdiction.

1.12 OCCUPATIONAL CREDENTIAL PORTABILITY PROGRAM (C.R.S. §§ 12-245-207 and 12-20-202(3))

- A. General. To be considered for licensure by endorsement under section 12-245-207, C.R.S., an applicant must submit a completed application form, all supporting documentation, and the appropriate fee.
- B. Complaints/inquiries, investigations, disciplinary actions. The Board may decline to issue a license to an applicant for licensure by endorsement pursuant to the Occupational Credential Portability Program the Board demonstrates by a preponderance of evidence, after notice and opportunity for a hearing, that the applicant:
1. Lacks the requisite substantially equivalent experience or credentials to practice psychology; or
 2. Has committed an act that would be grounds for disciplinary action under the law governing the practice of psychology.
- C. Criteria. In accordance with section 12-20-202(3), C.R.S., an applicant who possesses a current and unrestricted license, in good standing, to practice psychology in another state or United States territory or through the federal government, or holds a military occupational specialty, as defined in section 24-4-201, C.R.S., may apply to the Board for licensure by endorsement pursuant to the Occupational Credential Portability Program. To apply for endorsement, the applicant must satisfy the following criteria:
1. Applicant submits to the Board:
 - a. Satisfactory proof that:
 - (1) Applicant holds a doctoral degree in psychology or a doctoral degree with a major that was determined by the licensing, certifying, listing or registering jurisdiction to be equivalent to a major in psychology.
 - (2) Applicant attests that one (or more) of the jurisdictions by which s/he has been licensed, registered, listed, or certified:
 - (i) Required a written examination, the content of which tested competence to practice psychology (including the three areas outlined in section 12-245-304(2)(b), C.R.S.). The applicant may rely on an examination given and passed in a jurisdiction other than the jurisdiction from which s/he seeks licensure by endorsement; or
 - (ii) If a written examination was not required by the jurisdiction at the time the applicant was originally licensed, the Board will accept as substantially equivalent to this qualification attestation that the applicant has a record of practicing psychology at the independent level for at least twenty years, in any Association of State and Provincial Psychology Boards (ASPPB) jurisdiction under the authority of a license which is based on a receipt of a doctoral degree in psychology.

- (3) Applicant attests that s/he had one year of post-doctoral experience practicing psychology under supervision prior to licensure, certification, listing or registration in the jurisdiction through which the applicant seeks licensure in Colorado; or the applicant attests to the Board his/her active practice of psychology for one year, as defined below:

“Active practice of psychology” means the applicant has engaged in the practice of psychology for at least twenty hours per week averaged over the entire time s/he has been engaged in practice.
 - (4) Applicant attests that post-degree experience hours obtained for licensure in another jurisdiction has substantially similar requirements to what is outlined in Board Rule 1.14 Licensure by Examination. The Board may consider a combination of post-degree hours and practice experience on a case-by-case basis; or
- b. Satisfactory proof that the applicant has held for at least one year a current and unrestricted license, in good standing, to practice psychology in another jurisdiction with a scope of practice that is substantially similar to the scope of practice for psychologists as specified in Part 3 of Article 245 of Title 12, C.R.S., and these rules.
- 2. Applicant must attest that they:
 - a. Have reported to the Board any injunction entered against her/him and any injunctive action pending against her/him on any license.
 - b. Have reported any malpractice judgment, settlement, or claim, and any pending action or claim.
 - c. Have reported any pending complaint, investigation, or disciplinary proceeding before the licensing, grievance, or disciplinary Board of any jurisdiction in which a license, registration or certification to practice psychology is held and where the complaint, investigation, or proceeding concerns the practice of psychology.
 - d. Have reported any applicable misdemeanor or felony conviction(s).
 - e. Have reported to the Board any prior disciplinary action by another jurisdiction.
- 3. Applicant submits verification of licensure from each jurisdiction(s) in which, and each federal agency and military service branch through which, applicant has ever been licensed, registered, listed or certified. The verification can be retrieved by the applicant from the jurisdiction’s website as long as the following information is included and can be verified if necessary:
 - a. Date license was originally issued.
 - b. Date of license expiration.
 - c. Disciplinary history, if applicable.

If the complete information is not available then the Verification of License Form must be completed by each state, federal agency, or military service branch.
- 4. Applicant submits proof that he/she is at least twenty-one years of age.

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5. Exemptions
- a. An applicant who is currently credentialed as a health service provider in psychology in good standing by the National Register of Health Service Providers in Psychology, or is currently a Diplomate (Board Certified) in good standing of the American Board of Professional Psychology (ABPP), and has a record of practicing psychology at the independent level for at least five years in any Association of State and Provincial Psychology Boards (ASPPB) jurisdiction under the authority of a license which is based on receipt of a doctoral degree in psychology shall be deemed to meet the criteria set forth in the foregoing paragraphs (4) and (5) of this subsection (C).
 - b. An applicant who has a current Certificate of Professional Qualifications (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB) in good standing, shall be deemed to meet the criteria set forth in the foregoing paragraphs (1) through (5) of this subsection (C).
- D. Jurisprudence Examination. Each applicant shall pass a Board developed jurisprudence examination.
- 1.13 REINSTATEMENT OF A LICENSE (C.R.S. § 12-245-205)**
- A. General. A license that has expired is subject to the following reinstatement provisions.
- B. Application Requirements. To be considered for licensure reinstatement, an applicant must submit a completed reinstatement application form, and the reinstatement fee.
- C. Required statements. Each applicant for reinstatement shall certify the following:
- 1. Every license, certificate, listing or registration to practice psychology held by applicant is in good standing;
 - 2. Applicant has reported to the Board any injunction or disciplinary action completed or pending against her/his license, certificate, registration, or listing to practice psychology or psychotherapy;
 - 3. Applicant has reported to the Board any malpractice judgment against her/him, any settlement of a malpractice action or claim against her/him, and any malpractice action or claim pending against her/him in which the malpractice alleged relates to her/his practice of psychology or psychotherapy;
 - 4. Applicant has reported to the Board any inquiry/complaint pending, investigation being conducted by, or disciplinary proceeding pending before the licensing, grievance, or disciplinary board of any jurisdiction in which s/he is licensed, certified, registered, or listed to practice psychology or psychotherapy in which the complaint, investigation, or proceeding concerns her/his practice of psychology or psychotherapy.
- D. Pending discipline or complaints. The Board may decline to issue a license to an applicant for reinstatement if disciplinary action is pending or if there is an unresolved complaint.
- E. Continuing Professional Competence. Pursuant to section 12-245-307, C.R.S., effective September 1, 2017, a licensed psychologist shall complete continuing professional development in order to reinstate a license.
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1. An applicant for reinstatement must comply with all continuing professional development requirements pursuant to Rule 1.20 within the two years immediately preceding the application receipt date.
 2. An applicant for reinstatement applying between September 1, 2017, and August 31, 2019, must complete 1.67 continuing professional development hours per month for the period the license was expired.
- F. Criteria. The Board has established the following criteria for determining whether an applicant for reinstatement has demonstrated her/his continued professional competence as required by section 12-245-205(3), C.R.S. An applicant must meet all applicable criteria to establish her/his continued professional competence.
1. License expired more than two years. An applicant whose license has been expired more than two years shall pass a Board developed jurisprudence examination and demonstrate her/his continued professional competence by either:
 - a. Completion of an average of twenty Professional Development Hours (PDH) pursuant to section 12-245-307(2)(b), C.R.S., and Rule 1.20 for each year the license has been expired (1.67 for each month); or
 - b. Retaking and passing the Examination for Professional Practice in Psychology (EPPP) national examination; or.
 - c. If an applicant for reinstatement has been licensed and performing work in another jurisdiction that does not require continuing professional development then verification of licensure from each jurisdiction is required as well as a written statement detailing work experience related to the practice of psychology during the time the Colorado license has been expired.
 - d. Any other means approved by the Board.

1.14 LICENSURE BY EXAMINATION (C.R.S. § 12-245-304)

A. Criteria for application.

1. The applicant must submit to the Board a completed application for licensure, all fees, official transcript(s), and all supporting documentation required by the Board in order for the Board to review the application for licensure.
2. Applications for licensure remain active for one (1) year. If the applicant fails to become licensed within this time period, s/he must submit a new application and fee and must meet the educational, experience, and examination requirements in effect at the time of the date of the new application. The Board, in its sole discretion, may extend an application upon written request accompanied by a showing of good cause.
3. An applicant for licensure must pass the required examination no more than five (5) years prior to the date of the application for licensure. Experience and supervision requirements that predate the application by more than five (5) years will not be accepted by the Board absent a showing of good cause, as determined by the Board. However, this may not apply in those exceptions allowable under statutes concerning psychologist candidates.
4. All applicants for licensure have a continuing obligation to update their application with information changes from the original application at any time prior to licensure.

5. All applicants for licensure shall submit, at the time of application, the results of a name-based criminal history check from the Colorado Bureau of Investigations with the application.
 - a. The name-based criminal history check shall comply with section 22-2-119.3 (6)(d), C.R.S.
 - b. The name-based criminal history check shall be completed no earlier than 60 days prior to the date of application.
- B. Education and Training Requirements. Many graduate programs in psychology go under other names. Some programs labeled as psychology are not primarily focused on psychology. The Board has therefore established the following factors to determine whether a particular program from which an applicant for licensure received the doctoral degree qualifies as a doctoral program with a major in psychology or its equivalent in compliance with sections 12-245-304(1)(c) and 12-245-301(1) and (5), C.R.S. To meet the statutory requirements, the doctoral program must meet either (1) or (2), below:
 1. Accredited program. The applicant obtained a doctoral degree from a program that was accredited by the American Psychological Association (APA); or
 2. Equivalent program. The applicant received a doctoral degree from a graduate training program that, at the time s/he was enrolled and received her/his degree, fulfilled the equivalency degree requirements used to define a psychology graduate training program. An applicant asserting a program equivalent to an APA-accredited program in psychology must furnish to the Board evidence in support of the equivalency. Evidence may include narrative descriptions of course-work, institutional documents published contemporaneously with the applicant's enrollment, appropriate certifications or affidavits from university officials, dissertation abstracts, and any other evidence the applicant deems useful. The Board may request additional information from the applicant.

All of the following requirements shall be considered in order to establish equivalency:

 - a. The required doctoral level study and doctoral degree were obtained from a regionally accredited institution of higher learning;
 - b. The program in psychology stood as a coherent and recognizable entity within the institution, offering an integrated and organized sequence of study planned to provide appropriate training for the practice of psychology;
 - c. There was an identifiable full-time faculty, with an individual responsible for the program who was a full-time faculty member and who met the requirements for approval as a supervisor or a person who presents proof satisfactory to the Board, that at the time of serving as the faculty member, s/he possessed essentially the same education, experience, and training as that necessary to qualify for licensure under the Act.
 - d. The program had an identifiable body of students who were matriculated in that program for a degree;
 - e. The doctoral program included examination and grading procedures designed to evaluate the degree of mastery of the subject matter by the students;
 - f. The curriculum encompassed a minimum of three academic years of full-time graduate study including the following substantive content areas:

- (1) Professional ethics and standards;
 - (2) Research design and methodology: techniques of data analysis, inferential statistics, descriptive statistics, research implementation, program evaluation and assessment;
 - (3) Theories and methods of effective intervention: consultation, supervision, evaluation of treatment efficacy;
 - (4) Theories and methods of assessment and diagnosis;
 - (5) Biological bases of behavior: physiological psychology, neuropsychology, sensation and perception, comparative psychology, psychopharmacology;
 - (6) Cognitive-affective bases of behavior: learning, thinking, motivation, and emotion;
 - (7) Social bases of behavior: social psychology, group processes, organizational and systems theory;
 - (8) Individual differences: personality theory, human development, abnormal psychology;
 - (9) Issues of cultural and individual diversity.
 - (10) If the course titles as stated on the transcript do not clearly reflect the subject matters listed above, the applicant must document the course or combination of courses in which the material was covered.
- g. The program included supervised practicum and internship appropriate to the practice of psychology.
- (1) Practicum. The minimum practicum experience is 400 hours, of which at least 150 hours must have been in direct service experience and at least seventy-five hours in formally scheduled supervision.
 - (2) Internship. To be acceptable, internships in clinical psychology must include at least a full-time experience, either for one full-time calendar year or for two half-time calendar years and must encompass at least 1,500 experience hours. To be acceptable, school and counseling psychology internships must include at least a full-time experience, for either an academic or calendar year or for two half-time academic or calendar years and must encompass at least 1,500 experience hours. To be acceptable, internships must be accredited by the American Psychological Association (APA) or be substantially equivalent when compared with the guidelines and principles for accreditation of internships published by the APA.
- h. Only graduate level courses are acceptable as establishing equivalency. The Board will not accept coursework counted or credited toward an undergraduate degree.

3. Foreign-Trained Applicants. Foreign-trained applicants must submit educational credentials to a credentialing agency utilized by the Board for evaluation of equivalency. After course equivalency is established, the Board will evaluate the educational credentials to determine whether or not the program is equivalent to an APA-approved program.
- C. Post-Graduate Experience Requirements. The Board will approve a post-doctoral supervised practice as meeting the requirements for licensure set out in section 12-245-304(1)(d), C.R.S., when that practice satisfies the requirements of this subsection.
 1. Definitions. As used in section 12-245-304(1)(d), C.R.S., and in this Rule, unless the context indicates otherwise:
 - a. "Individual supervision" means supervision rendered to one individual at a time.
 - b. "Group supervision" means supervision rendered to not more than ten individuals at one time.
 - c. "Post-doctoral experience" means experience under approved supervision acquired subsequent to the date certified by the degree-granting institution as that on which all requirements for the doctoral degree have been completed.
 - d. "Practice in "psychology" means all services included within the definition of psychotherapy in section 12-245-202(14), C.R.S., and particularly those services and practices included within the definition of psychological services in section 12-245-303, C.R.S.
 - e. "Supervision" means personal direction and responsible direction provided by a supervisor approved by the Board.
 - (1) "Personal direction" means direction actually rendered by the approved supervisor.
 - (2) "Responsible direction" or "direction" means the approved supervisor has sufficient knowledge of all clients for whom supervision is provided, including face-to-face contact with the client when necessary, to develop and to monitor effective service delivery procedures and the supervisee's treatment plan. Further, all decision requiring the special skill, knowledge, and/or training of a psychologist are made in collaboration with, and with the approval of, the approved supervisor. Such decisions include, but are not limited to: type, duration, effectiveness, and method of psychotherapy services provided; fees and billing procedures; approval of cases; and personal observation, evaluation, oversight, review, and correction of services provided by the supervisee.
 - f. "Consultation" describes a voluntary relationship between professionals of relative equal expertise or status wherein the consultant offers her/his best advice or information on an individual case or problem for use by the consultee as s/he deems appropriate in her/his professional judgment. Consultation is not supervision. Experience under contract for consultation will not be credited toward fulfillment of supervision requirements.

2. Certification of Completion. Each applicant shall file with the Board, upon forms supplied by the Board, a verified statement signed under penalty of law by their approved supervisor(s) attesting to the applicant's satisfactory completion of the required post-doctoral practice of psychotherapy under supervision and attesting to the applicant's having met the generally accepted standards of practice during the supervised practice.
3. Supervision.
 - a. The Board will accept any of the following as a supervisor:
 - (1) A licensed psychologist who, at the time of supervision, was licensed by the Board in the jurisdiction in which the applicant's services were performed.
 - (2) A psychiatrist certified by the American Board of Psychiatry and Neurology and who was licensed as a physician who, at the time of supervision, was licensed by the Board in the jurisdiction in which the applicant's services were performed, who had completed a psychiatric residency at the time of the supervision, and who certified to the Board her/his competence in the same area as that in which the applicant received post-doctoral experience practicing psychology under supervision. For such supervision to count towards licensure, it must have been conducted in accordance with these Rules and the Act as determined by the Board. A psychologist must supervise the psychological testing.
 - (3) A psychologist may be approved as a supervisor, who, at the time of the supervision, was licensed at the highest possible level in another jurisdiction in which the applicant's services were performed. The Board will consider post-degree supervised experience obtained in another jurisdiction by an individual who is not certified or licensed as a psychologist in the other jurisdiction, if the jurisdiction in which such person was practicing did not provide for such certification, licensure, listing or registration. The applicant's supervisor shall document to the satisfaction of the Board her/his competence in the same field of psychology as that in which the applicant is seeking licensure.
 - b. The approved supervisor shall keep records that will enable her/him effectively to train, evaluate, and credit the applicant for licensure with the exact number of hours of acceptable post-doctoral practice of psychotherapy and the exact number of hours of supervision completed in compliance with this Rule.
4. Number of hours of post-doctoral experience practicing psychology under supervision.
 - a. The post-doctoral experience practicing psychology under supervision cannot be completed in fewer than twelve months and may involve supervision by more than one approved supervisor as defined in these Rules.
 - b. The one year of post-doctoral experience practicing psychology under supervision required by section 12-245-304(1)(d), C.R.S., must have at least 1,500 clock hours obtained in such a manner that they are reasonably uniformly distributed over a minimum of twelve months.

- c. The teaching of psychology may count for up to 500 hours of post-doctoral experience practicing psychology under supervision and up to twenty-five hours of supervision provided such teaching was in courses in the same or similar field of psychology as the competence area claimed by the applicant and that this experience was supervised by a supervisor defined in these Rules.
 - d. The post-doctoral experience obtained under the supervision of a board-certified psychiatrist may count for up to 375 hours of experience and up to 17.75 hours of supervision.
 - e. Research experience hours may count for up to 500 hours of post-doctoral experience practicing psychology under supervision and up to twenty-five hours of supervision provided such research experience was performed in the same or similar field of psychology as the competence area claimed by the applicant and provided that this experience was supervised by an approved supervisor.
 - f. Training in the subject area of racial/ethnic bases of behavior must count at least fifty hours of the post-doctoral experience practicing psychology under supervision and three hours of supervision must be focused in this area. Coursework may be substituted, as long as the courses(s) submitted, is clearly documented and is equivalent to three semester or five quarter hours of graduate level credit.
- 5. Number of hours of post-doctoral supervision.
 - a. Applicants must receive a minimum of seventy-five clock hours of supervision, at least fifty of which must be face-to-face individual supervision. The remaining hours up to the seventy-five hours may only be by group supervision. No other modes of supervision will be accepted.
 - b. The post-doctoral supervision hours must be reasonably distributed over a minimum of twelve months in a manner consistent with the accrual of supervised post-doctoral experience.
- D. Examination. In accordance with sections 12-245-204(4)(b) and 12-245-304, et seq., C.R.S., the Board establishes these requirements for the licensing examination to demonstrate professional competence in psychology.
 - 1. Jurisprudence Examination. Applicants shall be required to pass a Board-developed jurisprudence examination.
 - 2. National Examination. The examination covering the general areas of knowledge in psychology shall be administered under contract with the Examination for Professional Practice in Psychology (EPPP).
 - 3. Application. An applicant for licensure shall apply directly to the Association of State and Provincial Psychology Boards (ASPPB), or any other testing service the Board may contract with at the time, to sit for the appropriate examination.
 - 4. Exam Results. Examination results will be valid for up to five years after the date of the examination.

1.15 MILITARY EDUCATION, TRAINING AND EXPERIENCE (C.R.S. § 12-20-202(4))

Education, training, or service gained in military services outlined in section 12-20-202(4), C.R.S., to be accepted and applied towards receiving a license, must be substantially equivalent, as determined by the Board, to the qualifications otherwise applicable at the time of receipt of application. It is the applicant's responsibility to provide timely and complete evidence for review and consideration. Satisfactory evidence of such education, training, or service will be assessed on a case by case basis.

1.16 RECORDS REQUIRED TO BE KEPT AND RECORD RETENTION (C.R.S. §§ 12-245-204(4), 12-245-224(1)(u))

- A. General. Every psychologist engaged in the practice of psychology as defined in section 12-245-303, C.R.S., shall create and maintain records on each of his/her psychology clients. The psychologist shall retain a record on each psychology client for a period of seven years commencing on the date of termination of psychology services or on the date of last date of treatment with the client, whichever is later. Exception. When the client is a child, the record shall be retained for a period of seven years commencing either upon the last date of treatment or when the child reaches eighteen years of age, whichever is later.
- B. Record. A record shall contain, as applicable to the mental health services rendered, at least the following information:
1. Name of the treating therapist;
 2. Client's identifying data to include name, address, telephone number, gender, date of birth, and if applicable the name of the parent or guardian. If the client is an organization, the name of the organization, telephone number and name of the principal authorizing the mental health provider's services or treatment;
 3. Reason for the psychology/psychotherapy services;
 4. Mandatory disclosure statement(s);
 5. Dates of service including, but not limited to the date of each contact with client, the date on which services began, and the date of last contact with client;
 6. Types of service;
 7. Fees;
 8. Any release of information;
 9. If any of the following have been written: assessment, plan for intervention, consultation, summary reports, and/or testing reports and supporting data. The records must be prepared in a manner that allows any subsequent provider to yield a comprehensive conclusion as to what occurred;
 10. Name of any test administered, each date on which the test was administered, and the name(s) of the person(s) administering the test;
 11. Information on each referral made to and each consultation with another therapist or other health care provider. This information shall include the date of referral or consultation, the name of the person to whom the client was referred, the name of the person with whom consultation was sought; the outcome (if known) of the referral, and the outcome (if known) of the consultation;

12. Records of counseling, interview notes, correspondence, audio or visual recordings, electronic data storage, and other documents considered professional information for use in counseling; and
 13. A final closing statement (if services are over).
- C. Record Storage. Every psychologist shall keep and store client records in a secure place and in a manner that both assures that only authorized persons have access to the records and protects the confidentiality of the records.
- D. Transfer of Records. Whenever a psychologist deems it necessary to transfer her/his records to another psychologist or other health care provider, the psychologist making the transfer shall obtain the client's consent to transfer (when possible).
- E. Disposition of records. If the psychologist is not available to handle her/his own records, the psychologist and/or his estate shall designate an appropriate person to handle the disposition of records. A plan for the disposition of records shall be in place for all psychologists for the following conditions:
1. Disability, illness or death of the psychologist;
 2. Termination of the psychologist's practice.
- F. Record Destruction. Every psychologist shall dispose of client records in a manner or by a process that destroys or obliterates all client identifying data. However, records cannot be destroyed until after seven years or as otherwise provided in these Rules or all other applicable statutes.
- G. Record keeping in agency/institutional settings. A psychologist need not create and maintain separate client records if the psychologist practices in an agency or institutional setting and the psychologist:
1. Sees the client in the usual course of that practice;
 2. Keeps client records as required by the agency or institution; and
 3. The agency or institution maintains client records.

1.17 RELIGIOUS MINISTRY EXEMPTIONS (C.R.S. § 12-245-217(1))

- A. Whenever an exemption from the Board's jurisdiction is claimed based on an assertion of the practice of religious ministry as stated in section 12-245-217(1), C.R.S., the Board shall consider factors, including but not limited to those listed below, which, taken together and placed within the context of the incident in question, would tend to reasonably indicate that the person seeking the exemption was engaged in the practice of religious ministry. Before taking action on a complaint, the Board shall consider the following factors and other information that indicates the person claiming exemption was not engaged in the practice of religious ministry at the time of the alleged violation of the statute. If the Board determines that this exemption applies, and the Licensee was practicing religious ministry, the Board will have no jurisdiction to take any further action on the complaint.
- B. In determining whether the practice of psychotherapy has occurred, the Board analyzes activities and the basic nature of the interaction among the persons involved. The analysis focuses on what occurred, on how it occurred, and on why it occurred.

C. Factors.

1. Whether the client or guardian had received notice or reasonably understood that the therapy in question was a part of religious practice/ministry.
2. Whether the client or guardian was seeking therapy from a religious organization to which the complainant belonged at any time.
3. Whether a written agreement or disclosure existed that stated that the therapy in question was part of religious practice/belief.
4. Whether the therapy services were conducted in a house of worship or on property belonging to a religious organization.
5. Whether the provider of the therapy services normally represents him or herself as a religious official who is counseling as part of a religious ministry.
6. Whether the therapy services were part of an on-going relationship, formed because the provider is spiritual counselor to the client.
7. Whether the provider of therapy services holds a position of trust within a religious organization.
8. Whether the provider of the therapy services advertise psychotherapy services to the general public for a fee.
9. Whether the provider of the therapy services collects fees or expects/requires donations, offerings, tithes, etc.
10. Whether the therapy services provided are based on any religious orientation or viewpoint.
11. Whether the provider engaged in the practice of therapy services is accountable or subject to any religious organization or person for misdeeds or acts of misconduct.
12. Whether the provider of therapy services is a member of a religious organization recognized by the Internal Revenue Service. Whether the organization holds 501(C)(3) tax exempt status.
13. Whether the provider of therapy services is trained in theology or any other field, area, or specialty related to the study of a religious or spiritual orientation.
14. Whether the service provided within a private practice setting.
15. Whether the provider of the therapy services has a declaration of religious mission or a statement identifying the religious views or beliefs of the organization or person.

1.18 IMPOSITION OF ADMINISTRATIVE FINES (C.R.S. § 12-245-225(2))

- A. Fines; Non-Exclusive Sanction. The Board, in its discretion, may impose a fine or fines in lieu of, or in addition to, any other disciplinary sanction. The term psychologist as contemplated under section 12-245-225(2), C.R.S., and this Rule shall include any person who has been licensed at any time under the Mental Health Practice Act to practice psychology.

B. Fine for Each Violation. Section 12-245-225(2), C.R.S., provides authority for the Board to impose an administrative fine against a psychologist for a violation of an administrative requirement. The Board, in its discretion, may impose a separate fine for each violation and shall consider the nature and seriousness of the violation prior to imposing any fine.

C. Fines: Schedule of Fines. The Board may so impose a fine or fines consistent with the following schedule:

1. For a psychologist's first violation, a fine of no more than \$1,000.00.
2. For a psychologist's second violation, a fine of no more than \$2,500.00.
3. For a psychologist's third and any additional violations, a fine of no more than \$5,000.00.

In determining the number of violations for purposes of application of the above schedule, the Board may count as a violation, each prior violation adjudicated against the psychologist.

D. Payment of Fines.

1. Fine Amount; When Due. A total fine amount of \$500.00 or less imposed by the Board must be paid in full, including the applicable surcharge, at the time the Final Agency Order is entered or a Stipulation is reached between the parties. A total fine amount greater than \$500.00 imposed by the Board must be paid in full, including the applicable surcharge, in accordance with the time frame set forth in the Final Agency Order or Stipulation.
2. Delinquent Payment Consequences. A psychologist who fails to pay a fine imposed under this Rule as defined above pursuant to a Final Agency Order or Stipulation may be subject to further discipline, including suspension or revocation of his or her license to practice. Section 12-245-224(1)(b), C.R.S., provides that violation of an Order of the Board is a Prohibited Activity.

E. Compliance with Law. Payment of a fine does not exempt the psychologist from continuing compliance with the Mental Health Practice Act or any orders of the Board.

1.19 CONFIDENTIAL AGREEMENTS TO LIMIT PRACTICE FOR PHYSICAL OR MENTAL ILLNESS (C.R.S. § 12-245-223)

A. Notice to Board. No later than thirty days from the date a physical or mental illness or condition impacts a psychologist's ability to perform professional services with reasonable skill and safety, the psychologist shall provide the Board, in writing, the following information:

1. The diagnosis and a description of the illness or condition;
2. The date that the illness or condition was first diagnosed;
3. The name of the current treatment provider and documentation from the current treatment provider confirming the diagnosis, date of onset, and treatment plan;
4. A description of the psychologist's practice and any modifications, limitations or restrictions to that practice that have been made as a result of the illness or condition;
5. Whether the psychologist has been evaluated by, or is currently receiving services from the Board's authorized Peer Health Assistance Program related to the illness or condition and, if so, the date of initial contact and whether services are ongoing.

- B. Change of Circumstances; Further Notice. The psychologist shall further notify the Board of any significant change in the illness or condition ("change of condition") that impacts the psychologist's ability to perform a professional service with reasonable skill and safety. The psychologist must notify the Board of a positive or negative change of condition. Such notification shall occur within thirty days of the change of condition. The psychologist shall provide the Board, in writing, the following information:
1. The date of the change of condition;
 2. The name of the current treatment provider and documentation from the current treatment provider confirming the change of condition, the date that the condition changed, the nature of the change of condition, and the current treatment plan;
 3. A description of the psychologist's practice and any modifications, limitations or restrictions to that practice that have been made as a result of the change of condition;
 4. Whether the psychologist has been evaluated by, or is currently receiving services from, the peer health assistance program related to the change of condition and, if so, the date of initial contact and whether services are ongoing.
- C. Confidential Agreement; Board Discretion. Compliance with this Rule is a prerequisite for eligibility to enter into a Confidential Agreement with the Board pursuant to section 12-245-223, C.R.S. However, mere compliance with this Rule does not require the Board to negotiate regarding, or enter into, a Confidential Agreement. Rather, the Board will evaluate all facts and circumstances to determine if a Confidential Agreement is appropriate.
- D. Failure to Notify. If the Board discovers that a psychologist has a mental or physical illness or condition that impacts the psychologist's ability to perform a psychological service with reasonable skill and safety and the psychologist has not notified the Board as required under these Rules of such illness or condition, the psychologist shall not be eligible for a Confidential Agreement and may be subject to disciplinary action for failure to notify under section 12-245-223(1), C.R.S., and other related violations contemplated under section 12-245-224(1)(f), C.R.S.

1.20 CONTINUING PROFESSIONAL DEVELOPMENT (C.R.S. § 12-245-307)

- A. Terms/Definitions.
1. Continuing Education Units (CeU)/ Continuing Medical Education (Cme)/Continuing Education (CE) means learning activities approved and/or accredited by the american psychological association, state medical association or accreditation council for continuing medical education or by a regionally accredited institution of higher education.
 2. Continuing Professional Development (CPD) is the Board's program through which a licensed psychologist satisfies the requirements set forth in section 12-245-307, C.R.S. and ensures the ongoing ability of a licensed psychologist to learn, integrate, and apply the knowledge, skill, and judgement to practice psychology according to generally accepted industry standards and professional ethical standards.
 3. Continuing Professional Development Manual (CPD Manual) is an instructional guide and workbook for the CPD program.
 4. Learning Plan is the board approved form used to develop, execute, and document pdh for each cycle in the CPD program as set forth in section 12-245-307(2)(a), C.R.S.

5. Military Exemption is a method to satisfy continuing professional development requirements. A licensed psychologist who has been approved for this exemption will not be required to meet continuing professional development requirements during the renewal period in which the military exemption was approved by the Division of Professions and Occupations (DPO).
6. Professional Development Hours (PDH) are the units of measurement of active learning used to accrue credit in the CPD program. PDH are equivalent to clock hours.
7. Reflective Self-Assessment Tool (RSAT) is an optional self-reflective practice tool that can be used to assist a licensed psychologist in developing a learning plan.

B. Continuing Professional Development Requirements.

1. A licensed psychologist shall complete continuing professional development requirements in order to renew a license to practice psychology in the State of Colorado by:
 - a. Successfully participating in the CPD program; or
 - b. Receiving an exemption for military service as defined in section 12-20-302, C.R.S., and section (E) of this Rule.
2. A licensed psychologist shall attest at the time of the renewal of a license to compliance with continuing professional development requirements.

C. Continuing Professional Development (CPD) Program.

1. In accordance with section 12-245-307(2), C.R.S., and the current CPD manual, the CPD program consists of the following elements:
 - A. Development, execution, and documentation of a learning plan:
 - (1) A licensed psychologist shall develop a learning plan consisting of PDH as set forth in section 12-245-307(2)(b), C.R.S., and this Rule.
 - (2) A licensed psychologist shall execute this learning plan by completing and documenting all PDH before the date upon which the licensed psychologist renews his/her license. Changes to the learning plan shall not be allowed after a license is renewed.
 - (3) A licensed psychologist can choose to use the optional Reflective Self-Assessment Tool (RSAT) when creating a learning plan.
 - b. Completion of forty hours of PDH through a combination of allowed activities as described in section 12-245-307(2)(b), C.R.S., and as chosen by the licensed psychologist; and
 - c. Maintaining documentation of completed PDH as described in sections 12-245-307(2)(b) and (c), C.R.S.
2. A licensed psychologist shall complete forty PDH each renewal cycle before renewing a license.

- a. PDH must be relevant to the licensed psychologist's learning plan and maintain or enhance competence as a licensed psychologist. The licensed psychologist should be able to describe how learning activities sharpened existing and/or provided new knowledge or skills.
 - b. PDH credit can only be earned for activities as specifically described in section 12-245-307(2), C.R.S., and section (E) of this Rule.
 - c. The Board will not pre-approve courses or providers and has sole discretion to accept or reject PDH that do not meet the criteria established in section 12-245-307(2)(b), C.R.S., and the CPD manual.
 - d. A licensed psychologist who receives an original, reinstated, or reactivated license during the renewal cycle must accrue 1.67 PDH for each month or portion thereof he/she is licensed prior to the end of the renewal cycle.
 - e. A licensed psychologist shall document completion of PDH according to the guidelines set forth in section 12-245-307(2), C.R.S., and the current CPD manual and must be prepared to submit documentation of compliance upon request by the board.
 - f. A maximum of ten PDH may be carried from the last renewal cycle to the next renewal cycle if the PDH were earned within three months of license expiration and are in excess of the forty PDH required for the current renewal cycle. For the 2017 to 2019 renewal cycle, a maximum of ten PDH may be carried over if the PDH were earned from June 1, 2017, to August 31, 2017.
3. To qualify for PDH credit, a psychologist must select learning activities as defined in section 12-245-307(2)(b), C.R.S. PDH must include one or more of the following activities, in any combination:
- A. Attending workshops, seminars, symposia, colloquia, invited speaker sessions, postdoctoral institutes, or scientific or professional programs offered at meetings of local, state, regional, national, or international professional or scientific organizations.
 - (1) With the exception of five PDH, activities must qualify as continuing education units, continuing medical education, or continuing education as approved and/or accredited by the American Psychological Association, State Medical Association, Accreditation Council For Continuing Medical Education, or by a regionally accredited institution of higher education.
 - (2) Activities may include online continuing education.
 - (3) One continuing education hour is equivalent to one PDH.
 - (4) Documentation of learning activities shall include a transcript or certificate of attendance with a statement of the credits earned, which includes the name of the participant, the date(s) of attendance, the name of provider(s), the number of hours earned, etc.
 - b. Completing an ethics course offered by the American Psychological Association, State Medical Association, Accreditation Council for Continuing Medical Education, or a regionally accredited institution of higher education.

- (1) One continuing education hour is equivalent to one PDH.
 - (2) Documentation of completion of an ethics course shall include a transcript or certificate of attendance with a statement of the credits earned, which includes the name of the participant, the date(s) of attendance, the name of the provider(s), the number of hours earned, etc.
- c. Developing and teaching an academic course in psychology at an institution accredited by a regional accrediting association.
 - (1) Credit can be earned for the first time within a given licensure cycle that the licensed psychologist develops and teaches the course.
 - (2) One academic credit, unit, or hour is equivalent to ten PDH.
 - (3) Documentation of the development and teaching of an academic course shall include written verification by the dean or head of the department of the institution in which the course was taught.
- d. Successfully completing a graduate course in psychology offered by an institution accredited by a regional accrediting association.
 - (1) One academic credit, unit, or hour is equivalent to ten PDH.
 - (2) Documentation shall include an academic transcript showing the graduate credits earned.
- e. Developing and presenting a workshop, seminar, symposium, colloquium, or invited speaking session, at a meeting of a professional or a scientific organization or a postdoctoral institute.
 - (1) Credit can be earned for the first time within a given licensure cycle that the workshop, seminar, symposium, colloquium, or invited speaking session is developed and presented.
 - (2) One hour of workshop, seminar, symposium, colloquial presentation, or invited speaking session is equivalent to three PDH.
 - (3) Documentation shall include a printed program or agenda showing the name of the licensed psychologist, the date(s) of the presentation, the name of the organization, the total number of hours presented, etc.
- f. Authoring or editing a psychology publication, maximum hours earned as following:
 - (1) Authoring a professional or scientific book is equivalent to forty PDH.
 - (2) Authoring a professional or scientific book chapter or journal article is equivalent to twenty PDH.
 - (3) Editing a professional or scientific book or journal is equivalent to thirty PDH.

- (4) Documentation shall include a coversheet, masthead, or table of contents from the publication showing the name of the licensed psychologist, the date of authoring or editing, etc.
 - g. Providing editorial review of a professional psychological or scientific journal article at the request of the journal's editorial staff.
 - (1) Completion of activity is equivalent to one PDH.
 - (2) Documentation shall include the acknowledgment of the completed review by the editorial staff with the name of the licensed psychologist, date of review, etc.
- D. Audit of Compliance. As set forth in section 12-245-307(4), C.R.S., the Board may audit up to five percent of licensed psychologists each two-year cycle to determine compliance with continuing professional development requirements.
 - 1. The following documentation is required for an audit of compliance:
 - a. A learning plan signed by the licensed psychologist that contains the licensed psychologist's completed PDH in the manner set forth in the current CPD Manual;
 - b. Documentation of the required PDH in compliance with statute, this Rule, and the current CPD Manual; and
 - c. The Board has sole discretion to accept or reject PDH that do not meet the criteria established as defined in section 12-245-307(2), C.R.S., this Rule, and the current CPD Manual.
 - 2. As set forth in section 12-245-307(5)(a), C.R.S., records of assessment or other documentation developed or submitted in connection with the continuing professional development program are confidential and not subject to inspection by the public or discovery in connection with a civil action against a licensed psychologist. The records or documents shall be used only by the board for the purpose of determining whether a licensed psychologist is maintaining continuing professional development necessary to engage in the profession.
 - 3. The current CPD Manual will set forth the documentation methods and standards for compliance with this Rule.
- E. Military Exemption. Pursuant to section 12-20-302, C.R.S., a licensed psychologist who has been called to federally funded active duty for more than 120 days for the purpose of serving in a war, emergency, or contingency may request an exemption from continuing professional development requirements for the renewal, reinstatement, or reactivation of his/her license for the two-year renewal period that falls within the period of service or within six months following the completion of service.
 - 1. Military exemptions must be approved by the DPO. A licensed psychologist seeking a military exemption shall submit a request in writing with evidence that his/her military service meets the criteria established in section 12-20-302, C.R.S.
 - 2. After being granted a military exemption, in order to complete the renewal process, the licensed psychologist shall attest to his/her military exemption.

- F. Records Retention. A licensed psychologist shall retain documentation of compliance for a minimum of five years from the license expiration date for the renewal cycle during which PDH were accrued.
- G. Non-Compliance. Falsifying an attestation or other documentation regarding a licensed psychologist's compliance with continuing professional development requirements constitutes the falsification of information in an application and may be grounds for discipline pursuant to section 12-245-224(1)(s), C.R.S.
- H. Reinstatement and Reactivation. A licensed psychologist seeking to reinstate or reactivate a license shall meet continuing professional development requirements detailed in Rule 1.13 and Rule 1.21.

1.21 INACTIVE LICENSE STATUS AND REACTIVATION OF A LICENSE

- A. Inactive Status. Pursuant to section 12-20-203, C.R.S., a licensed psychologist may apply to the Board to be transferred to an inactive status. The holder of an inactive license shall not be required to comply with the continuing professional development requirements for renewal so long as he/she remains inactive.
 - 1. During such time as a licensed psychologist remains in an inactive status, he/she shall not perform those acts restricted to active licensed psychologists pursuant to section 12-245-303, C.R.S. The Board shall retain jurisdiction over inactive psychologists for the purposes of disciplinary action pursuant to section 12-245-222(1)(d), C.R.S.
 - 2. Practicing with an inactive license shall constitute unlicensed practice and, therefore, may be grounds for disciplinary or injunctive action, up to and including revocation.
- B. Application Requirements. To be considered for licensure reactivation, an applicant must submit a completed reactivation application form and the reactivation fee.
- C. Required Statements. Each applicant for reinstatement shall certify the following:
 - 1. Every license, certificate, listing, or registration to practice psychology held by applicant is in good standing;
 - 2. Applicant has reported to the board any injunction or disciplinary action completed or pending against her/his license, certificate, registration, or listing to practice psychology or psychotherapy;
 - 3. Applicant has reported to the board any malpractice judgment against her/him, any settlement of a malpractice action or claim against her/him, and any malpractice action or claim pending against her/him in which the malpractice alleged relates to her/his practice of psychology or psychotherapy;
 - 4. Applicant has reported to the board any inquiry/complaint pending, investigation being conducted by, or disciplinary proceeding pending before the licensing, grievance, or disciplinary board of any jurisdiction in which s/he is licensed, certified, registered, or listed to practice psychology or psychotherapy in which the complaint, investigation, or proceeding concerns her/his practice of psychology or psychotherapy.
- D. Pending Discipline or Complaints. The Board may decline to issue a license to an applicant for reactivation if disciplinary action is pending or if there is an unresolved complaint.

- E. Continuing Professional Competence. Pursuant to section 12-245-307, C.R.S, effective September 1, 2017, a licensed psychologist shall complete continuing professional development in order to reactivate a license.
1. An applicant for reactivation must comply with all continuing professional development requirements pursuant to Rule 1.20 within the two years immediately preceding the application receipt date.
- F. Criteria. The Board has established the following criteria for determining whether an applicant for reactivation has demonstrated her/his continued professional competence as required by section 12-245-205(3), C.R.S. An applicant must meet all applicable criteria to establish her/his continued professional competence.
1. License Inactive More Than Two Years. An applicant whose license has been inactive more than two years shall pass a Board developed jurisprudence examination and demonstrate her/his continued professional competence by either:
 - a. A written statement detailing work experience related to the practice of psychology during the time the license has been expired. If work experience was in another jurisdiction(s), verification of licensure from each jurisdiction(s) is required; or
 - b. Completion of an average of twenty professional development hours (PDH) pursuant to section 12-245-307(2)(b), C.R.S., and Rule 1.20, for each year the license has been expired (1.67 for each month); or
 - c. Retaking and passing the Examination for Professional Practice in Psychology (EPPP) national examination.
 - d. Any other means approved by the Board.

1.22 REQUIRED DISCLOSURE TO PATIENTS – CONVICTION OF OR DISCIPLINE BASED ON SEXUAL MISCONDUCT (§12-30-115 C.R.S.)

- A. On or after March 1, 2021, a licensee, as defined in Rule 1.1(E), shall disclose to a patient, as defined in section 12-30-115(1)(a), C.R.S., instances of sexual misconduct, including a conviction or guilty plea as set forth in section 12-30-115(2)(a), C.R.S., or final agency action resulting in probation or limitation of licensee's ability to practice as set forth in section 12-30-115(2)(b), C.R.S.
- B. Form of Disclosure: The written disclosure shall include all information specified in section 12-30-115(3), C.R.S., and consistent with the sample model disclosure form as set forth in Appendix A to these rules.
1. The patient must, through his or her signature on the disclosure form, acknowledge the receipt of the disclosure and agree to treatment with the licensee.
 2. This disclosure shall be separate and apart from the mandatory disclosure required pursuant to section 12-245-216, C.R.S.
- C. Timing of Disclosure: This disclosure shall be provided to a patient the same day the patient schedules a professional services appointment with the provider. If an appointment is scheduled the same day that services will be provided, or if an appointment is not required such as in an inpatient facility, the disclosure must be provided in advance of the treatment.

1. The written disclosure and agreement to treatment must be completed prior to each treatment appointment with a patient, unless the treatment will occur in a series over multiple appointments or a patient schedules follow-up treatment appointments.
 2. For treatment series or follow-up treatment appointments, one disclosure prior to the first appointment is sufficient, unless the information the provider is required to disclose pursuant to section 12-30-115, C.R.S., has changed since the most recent disclosure, in which case an updated disclosure must be provided to a patient and signed before treatment may continue.
- D. As set forth in section 12-30-115(3)(e), C.R.S., the requirement to disclose the conviction, guilty plea, or agency action ends when the provider has satisfied the requirements of the probation or other limitation and is no longer on probation or otherwise subject to a limitation on the ability to practice the provider's profession.
- E. A provider need not make the disclosure required by this section before providing professional services to the patient if any of the following applies as set forth in section 12-30-115(4), C.R.S.:
1. The patient is unconscious or otherwise unable to comprehend the disclosure and sign an acknowledgment of receipt of the disclosure pursuant to section 12-30-115(3)(d), C.R.S., and a guardian of the patient is unavailable to comprehend the disclosure and sign the acknowledgement;
 2. The visit occurs in an emergency room or freestanding emergency department or the visit is unscheduled, including consultations in inpatient facilities; or
 3. The provider who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.
- F. A provider who does not have a direct treatment relationship or have direct contact with the patient is not required to make the disclosure required by this section.

1.23 CONCERNING HEALTH CARE PROVIDER DISCLOSURES TO CONSUMERS ABOUT THE POTENTIAL EFFECTS OF RECEIVING EMERGENCY OR NONEMERGENCY SERVICES FROM AN OUT-OF-NETWORK PROVIDER

This Rule is promulgated pursuant to sections 12-20-204, 12-30-112, and 12-245-204(4)(a), C.R.S., in consultation with the Commissioner of Insurance and the State Board of Health.

The purpose of this Rule is to establish requirements for health care providers to provide disclosures to consumers about the potential effects of receiving emergency or non-emergency services from an out-of-network provider.

This Rule applies to health care providers as defined in section 10-16-102(56), C.R.S.

- A. Definitions, for purposes of this Rule, are as follows:
1. "Publicly available" means, for the purposes of this regulation, searchable on the health care provider's public website, displayed in a manner that is easily accessible, without barriers, and that ensures that the information is accessible to the general public, including that it is findable through public search engines. The health care provider's public website must be accessible free of charge, without having to establish a user account, password, or other credentials, accept any terms or conditions, and without having to submit any personal identifying information.

B. Disclosure requirements.

1. An out of network provider may balance bill a covered person for post-stabilization services in accordance with section 10-16-704, C.R.S., and covered nonemergency services in an in-network facility that are not ancillary services if the provider meets the requirements set forth in section 12-30-112(3.5), C.R.S. If a consumer has incurred a claim for emergency or nonemergency health care services from an out-of-network provider, the health care provider shall provide the disclosures contained in Appendix B. The health care provider shall provide the disclosure contained in Appendix B in compliance with section 12-30-112(3.5), C.R.S. C.

- C. Noncompliance with this Rule may result in the imposition of any of discipline made available by section 12-245-224(1)(b), C.R.S.

1.24 CONCERNING THE AUTHORITY OF A LICENSED PSYCHOLOGIST TO PRESCRIBE PSYCHOTROPIC MEDICATION FOR THE TREATMENT OF MENTAL HEALTH DISORDERS

This Rule is promulgated pursuant to sections 12-20-204, 12-245-204(4)(a), 12-245-224, 12-30-109, 12-245-301, 12-245-302, and 12-245-309, C.R.S., in consultation with the Colorado Medical Board, to further clarify statutory language and establish application requirements for attaining a Prescription Certificate for a licensed psychologist in Colorado.

A. APPLICATION

1. An applicant for a prescription certificate shall submit a complete application on a form approved by the Board. The applicant is responsible to ensure that the application is complete and timely and that all application fees are paid. Applicant and application must demonstrate the following:
 - a. Applicant holds an active and unrestricted license to practice psychology in Colorado;
 - b. Has commercial professional liability insurance as outlined in section 12-245-309, C.R.S., and provides an attestation to the Board to reflect this requirement
 - c. Has successfully completed all educational, examination, supervision, and practice requirements outlined in section 12-245-309, C.R.S.

B. PEER REVIEW

As referenced in section 12-245-309(a)(V), C.R.S., the applicant has successfully undergone a process of independent peer review set forth in Rule of the Board and approved by the Colorado Medical Board:

1. Panel membership. The applicant for a prescription certificate shall successfully complete a process of independent peer review within 60 days that meets the requirements set forth below and will submit successful completion of independent peer review as part of the application process on a form approved by the Board.
 - a. The applicant shall ensure the peer review panel that they use shall consist of three members from at least two of the following professions and categories:
 - (1) Prescribing psychologists or licensed psychologists with specialized training and experience in psychopharmacology;

- (2) Licensed, board-certified psychiatrists, other physicians, nurse practitioners or physician assistants with specialized training and experience in psychopharmacology;
 - (3) Doctoral level licensed pharmacists or pharmacist clinicians with specialized training and experience in psychopharmacology.
 - b. A panel member shall not be a member of the applicant's family or household, shall not be in a prohibited dual relationship with the applicant or a member of the applicant's family or household, shall not have supervised the applicant, and shall not have a conflict of interest otherwise not stated.
 - c. No panel member may be a psychologist enrolled in a psychopharmacology training program.
- 2. Review Process.
 - a. Each panel member shall examine at least 10 randomly selected charts of patients treated by the applicant during the required supervised period outlined in statute and any approved extensions. The applicant shall be solely responsible for obtaining the patient charts for peer review and providing them for peer review. The charts shall be reviewed to determine whether the following information is timely, accurately, and properly recorded:
 - (1) A full medical history and family history;
 - (2) A mental status examination and complete differential diagnosis of the patient by the conditional prescribing psychologist
 - (3) Risk factors for the diagnostic condition were identified, including absence of drug, alcohol, suicide and homicide;
 - (4) Drug and food allergies;
 - (5) Patient medications;
 - (6) Patient education on prescription, including evidence of informed consent to treatment;
 - (7) Appropriate laboratory tests ordered and reviewed;
 - (8) The patient's diagnosis;
 - (9) Adequate dosing requirements for prescription;
 - (10) Treatment, including psychopharmacotherapy and psychotherapy, adverse affects from prescriptions, documentation of outcome measures for prescriptions;
 - (11) Progress notes;
 - (12) A follow-up plan, including a discharge plan; and
 - (13) Documentation of collaboration with the physician who oversees the patient's general medical care as required by law.

- b. The peer review panel shall complete an evaluation form approved by the Board, which shall certify whether the charts reviewed are in compliance and are satisfactory, and shall provide the form back to the applicant to be included as part of their application process.

C. PRACTICE REQUIREMENTS

1. New Prescriptions (Including Dosage Changes)

- a. Prescribing Psychologist shall receive written electronic agreement from the patient's primary treating physician that the prescription for or administering of medication is appropriate for that patient before prescribing or administering any medication that the patient does not have a current prescription for from that prescribing psychologist. This includes dosage changes that increase, decrease, or discontinue a medication.
- b. If the patient is over 18 years of age or under 65 years of age, a prescribing psychologist is not required to receive written electronic agreement for every refill if there have been no changes. A prescribing psychologist is required to receive written electronic agreement once a year from the patient's primary treating physician that the prescription for or administering of the medication continues to be appropriate for that patient.
- c. If the patient is under 18 years of age or over 65 years of age, a prescribing psychologist is not required to receive written electronic agreement for that patient for every refill if there have been no changes. A prescribing psychologist is required to receive written electronic agreement every three months from the patient's primary treating physician that the prescription for or administering of the medication continues to be appropriate for that patient.

2. Telemedicine

- a. Prescribing psychologist must be licensed in Colorado and have a Colorado prescription certificate to prescribe to a patient whose originating site is in Colorado as defined in section 10-16-123(4)(b), C.R.S., and adhere to the standards for care laid out for both telepsychology and psychology prescribing in Colorado and the state where the client is receiving treatment.
- b. Prescribing psychologists licensed in Colorado must be in Colorado at the time services are provided and will only provide telemedicine services to clients whose originating site is in Colorado as defined in section 10-16-123(4)(b), C.R.S.
- c. Prescribing psychologists must follow federal and state laws regarding prescribing controlled substances and other medications.

D. DISCIPLINE

It shall be a prohibited activity under section 12-245-224, C.R.S. for an applicant, candidate, or licensee to:

- 1. Prescribe, distribute, or give to a family member or to oneself, except on an emergency basis, any controlled substance as defined in section 18-18-204, C.R.S., or as contained in schedule II of 21 U.S.C. sec. 812, as amended;

2. Accept any direct or indirect benefit from a pharmaceutical manufacturer or pharmaceutical representative for prescribing a specific medication to a patient. For the purposes of this section, a direct or indirect benefit does not include a benefit offered to an applicant, candidate, or licensee regardless of whether the specific medication is being prescribed;
3. Administer, dispense, or prescribe any habit-forming drug or any controlled substance, as defined in section 18-18-102(20), C.R.S., other than in the course of legitimate professional practice, which includes the recommendation, administration, or dispensation of medical marijuana;
4. Violate a provision of section 12-30-109, C.R.S.

APPENDIX A

MODEL SEXUAL MISCONDUCT DISCLOSURE STATEMENT

DISCLAIMER: This Model Sexual Misconduct Disclosure Statement is to be used as a guide only and is aimed only to assist the provider in complying with section 12-30-115, C.R.S., and Rule 1.22. As a licensed, registered, and/or certified health care provider in the State of Colorado, you are responsible for ensuring that you are in compliance with state statutes and rules. While the information below must be included in your Sexual Misconduct Disclosure Statement pursuant to section 12-30-115, C.R.S., you may to include additional information that specifically applies to your situation and practice.

- A. Provider, as defined in Rule 1.1E, information, including, at a minimum: name, business address, and business telephone number.
- B. A listing of any final convictions of or a guilty plea to a sex offense, as defined in section 16-11.7-102(3), C.R.S.
- C. For each such conviction or guilty plea, the provider shall provide, at a minimum:
 - 1. The date that the final judgment of conviction or guilty plea was entered;
 - 2. The nature of the offense or conduct that led to the final conviction or guilty plea;
 - 3. The type, scope, and duration of the sentence or other penalty imposed, including whether:
 - a. The provider entered a guilty plea or was convicted pursuant to a criminal adjudication;
 - b. The provider was placed on probation and, if so, the duration and terms of the probation and the date the probation ends; and
 - c. The jurisdiction that imposed the final conviction or issued an order approving the guilty plea.
- D. A listing of any final agency action by a professional regulatory board or agency that results in probationary status or other limitation on the provider's ability to practice if the final agency action is based in whole or in part on:
 - 1. a conviction for or a guilty plea to a sex offense, as defined in section 16-11.7-102(3), C.R.S. or a finding by the professional regulatory board or Director that the provider committed a sex offense, as defined in as defined in section 16-11.7-102(3), C.R.S.; or
 - 2. a finding by a professional regulatory board or agency that the provider engaged in unprofessional conduct or other conduct that is grounds for discipline under the part or article of Title 12 of the Colorado Revised Statutes that regulates the provider's profession, where the failure or conduct is related to, includes, or involves sexual misconduct that results in harm to a patient or presents a significant risk of public harm to patients.
- C. For each such final agency action by a professional regulatory board or agency the provider shall provide, at a minimum:
 - 1. The type, scope, and duration of the agency action imposed, including whether:

- a. the regulator and licensee entered into a stipulation;
 - b. the agency action resulted from an adjudicated decision;
 - c. the provider was placed on probation and, if so, the duration and terms of probation; and
 - d. the professional regulatory board or agency imposed any limitations on the provider's practice and, if so, a description of the specific limitations and the duration of the limitations.
2. The nature of the offense or conduct, including the grounds for probation or practice limitations specified in the final agency action;
3. The date the final agency action was issued;
4. The date the probation status or practice limitation ends; and
5. The contact information for the professional regulatory board or agency that imposed the final agency action on the provider, including information on how to file a complaint.

Sample Signature Block

I have received and read the sexual misconduct disclosure by [Provider Name] and I agree to treatment by [Provider Name].

Print Patient Name

Patient or Responsible Party's Signature

Date

If signed by Responsible Party (parent, legal guardian, or custodian), print Responsible Party's name and relationship to patient:

Print Responsible Party Name

Print Relationship to Patient

Licensee Signature

Date

APPENDIX B

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

If you believe you've been wrongly billed by a healthcare provider, please contact the State Board of Psychologist Examiners at 303-894-7800 or dora_mentalhealthboard@state.co.us.

Visit the CMS No Surprises Act website (<https://www.cms.gov/nosurprises/consumers>) for more information about your rights under federal law.

Review section 12-30-112, C.R.S., for more information about your rights under Colorado state law.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - o Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - o Cover emergency services by out-of-network providers.
 - o Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - o Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you believe you've been wrongly billed by a healthcare provider, please contact the State Board of Psychologist Examiners at 303-894-7800 or dora_mentalhealthboard@state.co.us. The federal phone number for information and complaints is: 1-800-985-3059.

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

Visit <https://dpo.colorado.gov/Psychology> for more information about your rights under Colorado state law, pursuant to section 12-30-112, C.R.S.

Editor's Notes

History

Entire rule emer. rule eff. 01/01/2012.

Entire rule eff. 02/01/2012.

Rule 12 eff. 03/16/2016.

Rules 13, 20, 21 emer. rules eff. 04/07/2017.

Rules 13, 20, 21 eff. 07/30/2017.

Rules 1.6 A, 1.6 B.2, 1.7 B.4, 1.14 A.2-5.b, 1.16 A emer. rules eff. 10/02/2020.

Rules 1.6 A, 1.6 B.2, 1.7 B.4, 1.12, 1.14 A.2-5.b, 1.16 A, 1.18 E, 1.22, Appendix A eff. 11/30/2020.

Rules 1.6 A, 1.12 C-D, 1.22, Appendix A eff. 05/30/2021.

Rule 1.8 B eff. 11/14/2021.

Rule 1.12 eff. 09/30/2022.

Rules 1.23, 1.24 emer. rules eff. 10/07/2022.

Rules 1.23-1.25, Appendix B eff. 11/30/2022.

Rule 1.24 emer. rule eff. 10/06/2023.

Rules 1.23, 1.24 repealed eff. 11/30/2023. Rule 1.24 eff. 11/30/2023.

Annotations

Rules 1.12 C, 1.12 D, 1.22 E.4 (adopted 10/02/2020) were not extended by Senate Bill 21-152 and therefore expired 05/15/2021.

Rules 1.24 B. and 1.24 C. (adopted 10/07/2022) were not extended by Senate Bill 23-102 and therefore expired 05/15/2023.