



## **REQUESTING A PSYCHOLOGICAL SERVICES UNIT APPEAL OF A PRE-EMPLOYMENT/POST-OFFER PSYCHOLOGICAL DETERMINATION**

If you have received notification that you were “not recommended as a suitable applicant” following your initial pre-employment/post-offer (PEPO) psychological evaluation conducted by an Occupational Health Programs (OHP) psychologist, you may request a review of that evaluation and submit an independent medical opinion.

### **Appeals Process**

If you disagree with the determination made by the OHP psychologist you have the option to request a Psychological Services Unit (PSU) appeal. As part of the appeal process, you must obtain a psychological evaluation from an independent psychologist. The costs associated with obtaining the independent psychological evaluation are your responsibility.

The PSU appeal review will be conducted by a different OHP psychologist and the Chief of Psychological Services who will review the following records:

- The records and determination made by the first OHP psychologist.
- Examination records and determination from an independent evaluating psychologist of your choice.

### **Instructions for Requesting a PSU Appeal**

The instructions and forms you need to complete and submit your request to OHP for these processes are found in Attachment 1.



**COUNTY OF LOS ANGELES**  
 Department of Human Resources | Occupational Health Programs  
**Psychological Services Unit**  
 Phone: 213-738-4200 | Fax: 213-637-0822

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## Instructions for Requesting a Psychological Services Unit Appeal

### PSYCHOLOGICAL SERVICES UNIT (PSU) APPEAL

#### 1. Initiate the Request

- a. ***Within 10 business days of*** receiving your examination results, complete and sign the **Request for PSU Appeal (Attachment 2)** to start the review process.
  - i. Send the Request for Review of All Findings Form through secure email or fax:
    1. By email to [psureview@hr.lacounty.gov](mailto:psureview@hr.lacounty.gov)
    2. By confidential fax at (213) 637-0822

#### 2. Obtain an Independent Psychological Opinion

- a. **Select a psychologist licensed in the State of California** to conduct an independent evaluation of your suitability for the position for which you received a conditional offer of employment. You are responsible for the costs associated with this evaluation.

**For positions governed by the California Peace Officers Standards and Training (P.O.S.T.)** *(for law enforcement/peace officer positions recognized under California Government Code 1031)*

You must seek an independent evaluation from a psychologist that is familiar with the screening requirements mandated by the State of California. *You are responsible for ensuring the psychologist you select is qualified to evaluate candidates under P.O.S.T. standards. If you are unsure of your selected psychologist's eligibility, please email [psureview@hr.lacounty.gov](mailto:psureview@hr.lacounty.gov) for verification.*

A list of evaluators is listed on the P.O.S.T. website at <https://post.ca.gov/psychological-evaluators-list>.

#### **For non-P.O.S.T. positions**

A roster of evaluators listed by the Los Angeles County Psychological Association can be found under the "Find a Therapist" tab at [www.lapsych.org](http://www.lapsych.org) for under the



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California Psychological Association's Psychologist Locator Service at [www.cpapsych.org](http://www.cpapsych.org), under the "Find a Psychologist" tab.

- b. Sign the **Authorization Form (Attachment 3)** and provide it to the independent psychologist. This will allow the selected psychologist to release the medical records and evaluation findings to OHP's Psychological Services Unit (PSU).

**3. Send an email to [psureview@hr.lacounty.gov](mailto:psureview@hr.lacounty.gov) with the following information:**

- a. Name, address, and phone number of the independent psychologist
- b. Date the examination was completed
- c. Confirmation that you submitted a signed authorization form

*This information will allow OHP PSU to follow up if records are not received from your independent evaluator within 10 days of the appointment date.*

- d. You will be notified when OHP receives your records from the independent evaluator, and will also receive confirmation that the records have been assigned for review by an OHP psychologist.

**4. Receiving a Final Review Determination**

- a. Upon receipt of the independent psychologist's assessment, a separate OHP psychologist (a different OHP psychologist from the initial review) and the Chief of Psychological Services will review the independent psychologist's assessment in conjunction with the first level review and render a final review determination.
- b. You will receive a communication (by mail and via email) with the review determination; your hiring department will also receive a copy of the review determination.
- c. The above letter will also include information on next steps and your appeal rights, if applicable.



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**REQUEST FOR PSYCHOLOGICAL SERVICES UNIT (PSU) APPEAL  
 OF PRE-EMPLOYMENT/POST OFFER PSYCHOLOGICAL DETERMINATION**  
*Must be Received Within Ten (10) Business Days of Examination Results Letter*

**Applicant Information**

Full Name	
Street Address	
City, State, Zip Code	
Email Address	
Primary Telephone Number	
Secondary Telephone Number	

**Position Information**

Position Applied for	
Hiring Department	

**Information about Initial Evaluation**

Date of Psychological Findings Notice	
Evaluating OHP Psychologist	
Date of OHP Psychological Evaluation	

**Request for PSU Appeal**

Signature	
Date	

**FOR OHP ADMINISTRATIVE USE ONLY**

Date PSU Appeal Received		Release Sent to Evaluator	
Received By		Date Records Received	
Notice of Receipt Sent to Applicant		OHP Evaluator Name	
Notice of Request Sent to Department		Date of Determination	
Notice of Determination to Applicant		Notice of Determination to Applicant	



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**AUTHORIZATION FOR USE OR DISCLOSURE OF PSYCHOLOGICAL INFORMATION  
 AND/OR PSYCHOLOGICAL RECORDS**  
***From Independent Psychologist to Los Angeles County Occupational Health  
 Programs, Psychological Services Unit***

*Authorization for the Use or Disclosure of Protected Health Information as required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164, and the California Confidentiality of Medical/Information Act, Civil Code Section 56, et seq.*

**PURPOSE**

The purpose for seeking your authorization to release your psychological information and/or psychological records from the an independent psychologist to the Los Angeles County Psychological Services Unit (County) is to allow for County psychologists to review your psychological history information and results, and also in assessing whether you are safely able, with or without reasonable accommodations, to perform the essential functions of the position to which you are applying.

**USE AND DISCLOSURE OF INFORMATION**

I hereby authorize the below listed clinic:

Clinic Name	
Psychologist Name	
Clinic Address	
Clinic City, State and Zip	
Clinic Phone Number	
Clinic Email Address	

To release the below information:

- Any and all psychological information pertaining to my information and/or psychological records, without exception, pertaining to my pre-employment/post-offer psychological examination, including my psychological history, mental or physical condition and treatment received; OR



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Only the following records or types of health information:

- Diagnosis
  - Psychiatric Evaluation
  - Social History
  - Results of Psychological/Vocational Testing
  - Alcohol/Drug Treatment Information
  - Mental Health Treatment Information
  - Other (specify below):
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To:

County of Los Angeles, Department of Human Resources  
 Occupational Health Programs – Psychological Services Unit  
 1000 Wilshire Boulevard, 10<sup>th</sup> Floor  
 Los Angeles, CA 90010

#### **EXPIRATION**

This authorization expires one year from the date that the authorization is signed or \_\_\_\_\_ whichever is sooner.

*Date*

#### **MY RIGHTS**

I may refuse to sign this authorization. I understand that my refusal or modifications to this authorization form may result in the inability of the County to make a final determination of my ability to fully and safely perform the essential functions of the position I have been conditionally offered, and that the County may rescind its conditional offer of employment accordingly.

I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.



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I have a right to receive a copy of this authorization. Information disclosed pursuant to this authorization may be redisclosed by the recipient. Such redisclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person(s) receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

I understand that failure to provide all information requested may invalidate this authorization.

I may revoke this authorization at any time, but I must do so in writing\* and submit the request to:

County of Los Angeles, Department of Human Resources  
 Occupational Health Programs – Psychological Services Unit  
 1000 Wilshire Boulevard, 10<sup>th</sup> Floor  
 Los Angeles, CA 90010

My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this authorization.

### Signature

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<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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If signed by a person other than the applicant/patient, indicate relationship:

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Print name of legal representative:

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*\*Patients of federally-assisted substance abuse programs and patients whose records are covered by LPS may revoke an authorization verbally*