



REQUESTING A RE-EXAMINATION AND/OR REVIEW OF ALL FINDINGS 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 a hiring department’s contracted psychologist, you may request a re-examination and/or review of the findings of that evaluation.

Two-Level Process

The re-examination and/or review processes are conducted by the Department of Human Resources (DHR) Occupational Health Programs’ (OHP) Psychological Services Unit (PSU).

Level One Re-examination

The initial re-examination, also known as the Level One Re-examination, entails participating in a new psychological evaluation with an OHP psychologist. To allow the OHP psychologist to make a determination which considers all relevant information, including the initial PEPO psychological findings, you will need to authorize the contracted psychologist to release all records pertaining to that examination to OHP PSU. There is no cost to you for this first level re-examination.

Level Two Review of All Findings

If you disagree with the determination made by the OHP psychologist following the Level One Re-examination, you have the option to proceed to a Level Two Review of all findings. A Level Two Review requires you to obtain a psychological evaluation from an independent psychologist. The costs associated with obtaining the independent psychological evaluation are your responsibility.

Once you have submitted an independent psychological evaluation, the second level review will be conducted by a different OHP psychologist and the Chief of Psychological Services who will review the following records:

- Initial records and determination submitted by the contracted evaluating psychologist.
- 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 Level One Re-Examination or a Level Two Review of All Findings

Complete instructions and the forms you need to complete and submit your request to OHP for these processes are found in Attachments 1 and 2.



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

Instructions for Requesting a Re-examination of Initial Determination by Occupational Health Programs – Psychological Services Unit

LEVEL ONE RE-EXAMINATION

1. Initiate the Request

- a. Complete and sign the below listed forms:
 - i. **Request for Re-examination of Initial Determination Form (Attachment 3)** – to start the review process; and
 - ii. **Release of Psychological Records (Attachment 4)** – this release will be used to obtain the records from the County-contracted psychologist that completed your initial evaluation.
- b. Send the documents to Occupational Health Programs (OHP) Psychological Services Unit (PSU) through secure email or fax ***within 10 business days of receiving your psychological findings letter:***
 - i. By email to psureview@hr.lacounty.gov
 - ii. By confidential fax at (213) 637-0822
- c. You will receive an email confirming that your request was received, and the email will confirm whether or not your request was received by the stated deadline.

2. Attend Appointment with an OHP Psychologist

- a. If your request for re-examination was received within the deadline, an appointment with an OHP Psychologist will be arranged for you.
- b. The re-examination will be completed within 10 business days and you will receive the results via email and mail. Information on how to appeal the re-examination will be included in the notice containing the results.



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Instructions for Requesting a Review of All Findings by Occupational Health Programs – Psychological Services Unit

LEVEL TWO REVIEW OF ALL FINDINGS

1. Initiate the Request

- a. ***Within 10 business days of*** receiving your re-examination results, complete and sign the **Request for Review of All Findings Form (Attachment 5)** 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
 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 for verification.*

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



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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 for under the California Psychological Association's Psychologist Locator Service at www.cpapsych.org, under the "Find a Psychologist" tab.

- b. Sign the **Authorization Form (Attachment 6)** 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 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 an 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 review) and the Chief of Psychological Services will review the independent psychologist's assessment in conjunction with the first level review, including the initial County-contracted PEPO psychological evaluation, 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 RE-EXAMINATION
 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 Psychologist | |
| Date of Oral Psychological Evaluation | |

Request for Review

| | |
|-----------|--|
| Signature | |
| Date | |

FOR OHP ADMINISTRATIVE USE ONLY

| | | | |
|--------------------------------------|--|--------------------------------------|--|
| Date Re-Exam Request 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 Contracted 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 initial contracted psychologist to the Los Angeles County Occupational Health Psychological Services Unit (OHP-PSU) is to allow for OHP-PSU 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:

- Gina Gallivan, Ph.D., A.B.P.P. | 10940 Wilshire Boulevard, Suite 1600, Los Angeles, CA 90024
 Phone (424) 289-0299 | Fax (310) 443-4220
- Shaffer Psychological Institute | 753 Basin Street, San Pedro, CA 90731
 Phone (310) 548-6868 | Fax (310) 548-6833
- Susan Saxe-Clifford, Ph.D., A.B.P.P. | 16530 Ventura Boulevard, Suite 603, Encino, CA 91436
 Phone (818) 788-8005 | Fax (818) 788-8544

Other:

| | |
|----------------------------|--|
| Clinic Name | |
| Psychologist Name | |
| Clinic Address | |
| Clinic City, State and Zip | |
| Clinic Phone Number | |
| Clinic Fax | |



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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
- 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):

To:

County of Los Angeles, Department of Human Resources
 Occupational Health Programs – Psychological Services Unit
 1000 Wilshire Boulevard, 10th 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.



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

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, 10th 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

Print Name

Signature

Date

If signed by a person other than the applicant/patient, indicate relationship:

Print name of legal representative:

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



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REQUEST FOR REVIEW OF ALL FINDINGS
OF PRE-EMPLOYMENT/POST OFFER PSYCHOLOGICAL DETERMINATION
Must be Received Within Ten (10) Business Days of Level One Re-Exam Findings Notice

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 Level One Review

| | |
|---|--|
| Date of Level One Re-Exam Findings Notice | |
| Evaluating OHP Psychologist | |
| Date of OHP Psychological Evaluation | |

Request for Review of All Findings

| | |
|-----------|--|
| Signature | |
| Date | |

FOR OHP ADMINISTRATIVE USE ONLY

| | | | |
|--------------------------------------|--|--------------------------------------|--|
| Date Review Request 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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 AND/OR PSYCHOLOGICAL RECORDS**
***From Independent Psychologist to Los Angeles County Occupational Health
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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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- Other (specify below):

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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.

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

Signature

Print Name

Signature

Date

If signed by a person other than the applicant/patient, indicate relationship:

Print name of legal representative:

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