



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, you may request a review of that determination and submit an independent medical opinion.

Appeals Process

If you disagree with the determination made by the initial evaluating psychologist, you may request a Psychological Services Unit (PSU) appeal. As part of the appeals process, you must obtain a psychological evaluation from a psychologist of your choice. The costs associated with obtaining the independent psychological evaluation are your responsibility.

The PSU appeal review will be conducted by an Occupational Health Programs (OHP) psychologist and the Chief of Psychological Services who will review:

- The records and determination made by the initial evaluating psychologist.
- Any examination records and determination(s) from an 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: 213-433-7202 | Email: PSUReview@hr.lacounty.gov

Instructions for Requesting a Psychological Services Unit Appeal

PSYCHOLOGICAL SERVICES UNIT (PSU) APPEAL

1. Initiate the Request

- a. **Within 10 business days of** the date of the letter informing you of 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 to psureview@hr.lacounty.gov.

2. Obtain an Independent Medical Opinion

- a. **Select a psychologist licensed in the State of California** to conduct an 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 evaluation from a psychologist who is familiar with the screening requirements mandated by P.O.S.T. *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>.

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



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- b. Sign the **Authorization Form (Attachment 3)** and provide it to the psychologist you selected. 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 authorization form

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

You will be notified when OHP PSU 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 your selected psychologist's assessment, an OHP psychologist and the Chief of Psychological Services will review the psychologist's assessment in conjunction with the first level review and render a final determination.
- b. You will receive a communication (by mail and via email) with the final determination; your hiring department will also receive a copy of the final determination.
- c. The above letter will also include information on next steps, including additional 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 the Date 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 Applicant's Selected 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 psychologist selected by you to the County of Los Angeles, Department of Human Resources Occupational Health Programs – Psychological Services Unit (PSU) is to allow for PSU psychologists to review your psychological history information and results, and review your selected psychologist's assessment in conjunction with your PSU Appeal in order to render a final determination.

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):
-
-

To:

County of Los Angeles, Department of Human Resources
Occupational Health Programs – Psychological Services Unit
510 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020

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 modification to this authorization form may result in the inability of PSU psychologists 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, as a result, the conditional offer of employment previously made to me may be rescinded.

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
510 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020

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*