


**County of San Bernardino
Department of Behavioral Health**

Duty to Warn and Protect Third Parties in Response to a Client Threat (Tarasoff) Procedure

Effective Date 07/01/85
Revision Date 05/2/07



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Purpose To provide procedures to be followed by mental health professionals when performing their duty to warn intended victims of violence threatened by Department of Behavioral Health (DBH) clients.

Procedure Any psychotherapist who, during evaluation or treatment of a client determines, based on information from client, family members or others, that a client poses a serious danger of violence to a person or group, shall immediately do the following:

Step	Action
1.	Before proceeding with Tarasoff notifications, evaluate the client as to the appropriateness of a 5150 hold for dangerousness to others.
2.	Inform the Clinic Supervisor or designated supervisor. (The Clinic Supervisor shall advise the Program Manager II, as needed). Pre-licensed clinicians or trainees should notify their immediate supervisor before proceeding with the steps described below. If the immediate supervisor is not available, the pre-licensed clinician or trainee should contact their clinic supervisor or designated supervisor.
3.	When necessary, telephone the intended victim or victims in their preferred language and document the telephone call in the client's medical record.
4.	Telephone the police department or sheriff's office in the city where the intended victim or victims reside(s). If law enforcement refuses to accept the telephone information, a letter must be sent that includes the date of the call to law enforcement, that the telephone call was "refused," and the necessary information for the warning.

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5.	<p>Send a certified letter to the intended victim(s) in their preferred language when appropriate. Copies of the letter shall be written in business English and sent to:</p> <ul style="list-style-type: none"> • The police department or sheriff's office of the city where the client resides, via the Clinic Supervisor. • The appropriate Behavioral Health Deputy Director. • The Deputy County Counsel for DBH, via the appropriate Behavioral Health Deputy Director.
6.	<p>In the event that the intended victim cannot be reached by telephone or mail, the police department or sheriff's office of the city where the victim(s) reside(s) must be notified of this fact by telephone and by certified letter. If law enforcement refuses to accept the telephone information, the letter must reflect this and other necessary information as in # 4.</p>
7.	<p>In cases where the threat is to certain groups of people, specifically, children or school age population, the police department or sheriff's office where the client resides shall also be notified by telephone and by certified letter. If law enforcement refuses to accept the telephone information, the letter must reflect this and other necessary information, as in # 4.</p>
8.	<p>All actions shall be documented in the client's medical record and a copy of the letters and return receipts shall be filed with the correspondence in the client's record. The office assistants in the Behavioral Health Resource Center, Medical Records Office will assist staff when assistance with a Tarasoff letter is requested.</p>
9.	<p>If an intended victim should call the professional issuing the Tarasoff warning, the professional should provide further information only after careful consideration. Details about the threat (means or weapon mentioned, a date or place mentioned, etc.) could be appropriately revealed, but it would be a breach of confidentiality to reveal additional confidential or protected health information about the client who made the threat. The intended victim may be able to obtain this information from the police.</p>
10.	<p>The professional may offer clinical services to the intended victim, if that appears to be needed.</p>

Attachments

- *Letter to be sent to intended victim in English*
- *Letter to be sent to intended victim in Spanish*

(Use DBH letterhead stationery)

(Date letter is written)

Dear *(intended victim name)*:
(Victims Address)

RE: *(client's name)*

This letter is to notify you that on (date) (client's name) communicated a serious threat of physical violence toward you. I am providing this information as required by Section 43.92 of the Civil Code and upon the advice of County Counsel.

I am informing you that *(client's name)* indicated *(Use plain language about the threat)* toward you. At the present time, *(client's name)* could be dangerous, and we are hereby informing you of this fact.

If I may be of any assistance in this matter, please feel free to contact me at (909) *(writer's direct clinic phone number)*.

(Physician's or Clinician's Signature)
(Type Physician's or Clinician's name)

cc: DBH Deputy Director
San Bernardino County Counsel (via Deputy Director)
Police Dept./Sheriff's Office (where client resides) (via Clinic Supervisor)

Fecha

Señor(a) _____

En referencia a:

Esta carta es para notificarle a usted que en este día _____, el señor(a) _____ a comunicado una seria amenaza de violencia física en contra de usted. Yo estoy comunicándole esta información de acuerdo al código Civil Sección 43.92 y por recomendación del fiscal del condado.

Le estoy informando a usted que el señor(a) _____ indico que _____ contra usted. En este preciso momento el señor(a) _____ puede ser peligroso(a), y es por eso que le estamos informando.

Si puedo asistirle de cualquier manera, puede llamarme al número _____

Sinceramente,

copia: Director del departamento de Salud Mental y Comportamiento
Fiscal del condado de San Bernardino (por medio del director del departamento)
Departamento de Policía del condado (Por medio del supervisor de la clínica)