

**PATIENT'S RIGHT TO KNOW ACT
SB 1448 PROBATION DISCLOSURE TO PATIENTS**

[Enter Date]

Dear **[Enter Patient's Name]**:

I, **[Enter Naturopathic Doctor's/Probationer's Full Name]**, have been placed on probation by the California Board of Naturopathic Medicine for a period of **[Enter the length of the Probation term]**. The effective date of probation is **[Enter Effective Date of Probation]**. The expected probation end date is **[Enter Date Probation is Expected to End]**.

The following are practice restrictions on my license included in the probationary order:

List All Restrictions Here (Note: The probationary practice restrictions are available on the naturopathic doctor's profile page on <https://search.dca.ca.gov/>.)

For more information regarding this probationary order, including a copy of the Decision and/or Accusation, please contact the California Board of Naturopathic Medicine:

California Board of Naturopathic Medicine
1300 National Drive, Suite 150
Sacramento, CA 95834
(916) 928-4785
www.Naturopathic.ca.gov

[Include a link to your naturopathic profile page here]

Sincerely,

[Enter Naturopathic Doctor's Name & Signature Block]

I, **[Enter Patient's Name]**, have received a copy of this disclosure before my first visit following the probationary order which became effective **[Enter Effective Date of Probation]**. I understand that a copy of this disclosure will be maintained in my medical records and I can obtain more information by contacting the California Board of Naturopathic Medicine.

Patient's Name (Print)

Patient's Signature

Date