

Complementary and Alternative Medicines Verification Form



Instructions: A statement from the victim's medical or mental health treatment provider is required when requesting Complementary and Alternative Medicines (CAM) beyond the first five sessions. Some provider types require a supervisor signature (see page 2). See <http://victims.ca.gov/> for more information.

CalVCB Application Number

Victim Information

Name Phone Number

Address City State Zip

Crime Information

Crime Date Type of Crime

Is it necessary for the victim to receive CAM treatment due to injuries directly related to the qualifying crime? Yes No Not enough information to determine

Explain why CAM treatment is necessary for the victim's physical or emotional injuries.

Number of CAM sessions recommended beyond the first five sessions: *Not to exceed 20*

CAM treatment recommended:

- | | | |
|------------------------------|-------------------|-----------------------|
| Acupuncture/Chinese Medicine | Holistic Medicine | Music Therapy |
| Biofeedback | Hypnotherapy | Naturopathic Medicine |
| Chiropractic | Massage Therapy | Other |

Medical or Mental Health Provider Information

Medical or Mental Health Provider Phone Number

Business Address City State Zip

License Number and Type Expiration Date State

Signature

Date



Supervised Nurse Practitioners and Physician Assistants

Requires a supervising physician's signature.

Supervising Physician

Phone Number

License Number and Type

Expiration Date

State

Signature

Date

Supervised Mental Health Providers

Psychology Intern, Psychological Assistant, Associate Social Worker, Professional Clinical Counselor Intern, Marriage and Family Therapist Intern, Sexual Assault or Domestic Violence Peer Counselor requires a licensed supervising therapist signature.

Licensed Mental Health Supervisor

Phone Number

License Number and Type

Expiration Date

State

Signature

Date



Privacy Notice on Collection

1. CalVCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://victims.ca.gov/media/prc.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. CalVCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on CalVCB or the site;
 - b. Protect and defend the rights or property of CalVCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of CalVCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Program.
10. Any questions regarding the information collected, please write to the following address: PO Box 48, Sacramento, CA 95812, email info@victims.ca.gov, call (800) 777-9229, or contact the CalVCB Privacy Coordinator at InfoSecurityandPrivacy@victims.ca.gov.
11. For additional information regarding privacy, please see CalVCB's Privacy Notice. See <http://victims.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.