NUHW NATIONAL UNION OF HEALTHCARE WORKERS

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Daniel Aronowitz, Assistant Secretary of Labor
Employee Benefits Security Administration
United States Department of Labor
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Dear Director Watanabe and Assistant Secretary Aronowitz:

The National Union of Healthcare Workers (NUHW) writes to alert you to Kaiser Foundation Health Plan (Kaiser)'s new and illegal behavioral health triage and referral practices.

Specifically, Kaiser has implemented a fully autonomous mental health patient triage system across its entire Northern California region that requires enrollees to independently complete a digital questionnaire on Kaiser's website. Patients are encouraged to use the web-based "E-Visit" tool when seeking treatment for what they believe to be anxiety and/or depression (but what may, in fact, be other behavioral health conditions). A digital, automated algorithm autonomously assesses enrollees' multiple-choice answers to provide referrals and recommendations for specific levels of care without the oversight of licensed clinicians. As such, implementation of the autonomous E-Visit tool violates California law requiring triage by licensed clinicians and also constitutes the unauthorized practice of psychology, social work, professional counseling, and marriage and family therapy. Each week, thousands of enrollees with mental health and substance use disorders are subjected to serious risk and treatment delays due to Kaiser's newly implemented triage system.

This complaint follows NUHW's July 2025 complaint to DMHC, which described still unaddressed illegal practices concerning Kaiser's behavioral health triage system. Kaiser employs unlicensed clerical staff to conduct telephonic triage of behavioral health disorders, in violation of both the California Health & Safety Code and Business & Professions Code. California law requires clinical triage to be conducted exclusively by physicians, registered nurses, or other qualified health professionals, including licensed mental health clinicians.

I. Summary

In late 2023, Kaiser's Northern California region implemented a new system and new practices to provide triage and referral services for enrollees seeking care for what they believe to be anxiety and/or depression. This digital triage system was implemented shortly before Kaiser implemented a new method by which it provides telephone triage services to enrollees with mental health and substance use disorders (MH/SUDs) in January 2024.

A. Kaiser NorCal's Former Licensed Clinician-Based Triage System

Before the aforementioned systems were implemented in 2023 and 2024, Northern California enrollees who reported symptoms of *any* behavioral health disorder—including anxiety and/or depression—received telephone triage by licensed non-physician behavioral health therapists (e.g., Clinical Psychologists with doctoral degrees or masters-level therapists such as Licensed Clinical Social Workers and Licensed Marriage & Family Therapists) who were specially trained to provide triage. In many of Kaiser's Northern California service areas, Kaiser hired licensed therapists specifically for triage duties and assigned them job titles of "Triage Clinician." Triage Clinicians formed "Triage Teams," which Kaiser considered a specialty area within its Psychiatry Department. In smaller service areas, Kaiser trained therapists to provide telephone triage and emergency psychiatric services in hospital emergency rooms.

Triage Clinicians possessed graduate degrees (conferred after two to seven years of graduate education), post-graduate supervised practice, a clinical license, and, in the case of more senior clinicians, multiple years of experience in clinical practice. Additionally, Kaiser provided intensive training for therapists who were new to the triage role. Each newly assigned triage therapist spent four weeks observing a seasoned Triage Clinician provide triage services. The mentoring therapist then observed the trainee therapist provide triage services to enrollees. New triage therapists were taught the nuances of level-of-care determinations and scheduling enrollees for various types of appointments. After the initial four weeks of training, new triage therapists received ongoing support with the understanding that it generally took one year before new triage therapists were fully competent in their duties. (See Appendix A for Kaiser's job description for a psychologist in the Triage Department, which lists extensive screening, assessment, and care coordination duties as well as required educational qualifications and licensure.)

Triage Clinicians typically spent 10 to 15 minutes (sometimes longer) during a telephone encounter with a new patient (or family member of a dependent child) seeking behavioral health services. During these calls, clinicians took a brief history, conducted a risk assessment (including a screen for self-harm or harm to others), provided a preliminary diagnosis, and determined the appropriate next steps in care. Depending on symptoms, Triage Clinicians might send enrollees to the emergency room, direct them to urgent outpatient appointments within 48 hours, or schedule them for non-urgent outpatient appointments within 10 business days. Triage Clinicians might also refer enrollees to external providers or schedule them for appointments with specialty departments at Kaiser like the Addiction Medicine and Recovery Services (AMRS). Finally, Triage Clinicians provided education and answered questions to help enrollees navigate Kaiser's behavioral health system and understand what to expect next.

In all of these determinations, clinicians used their education, training, knowledge of evidence-based practice and professionally recognized standards of care, and clinical judgment to assess symptoms, risks, and resiliencies as well as medical necessity (including level-of-care needs). Licensed clinicians were able to identify tone of voice, speech cadence, affect, and reported behaviors that further informed their assessment. When speaking to parents of pediatric enrollees, clinicians could pose questions about a child's or adolescent's behaviors, habits, and changes in sleep, appetite, and activity level.

After receiving an assessment from a Triage Clinician, enrollees began a course of care tailored to their unique presentation. Inappropriate triage can result in emotionally, physically, and financially costly delays in care. These delays can worsen enrollees' outcomes or cause enrollees to drop out of care due to frustration, fatigue, or unmanaged symptoms. More importantly, enrollees can risk serious injury or death if a crisis situation is not promptly identified.

B. Unlicensed Telephone Service Representative (TSR) Triage System

As detailed in NUHW's prior complaint to DMHC dated July 2025, Kaiser enrollees are now triaged through a system that relies on unlicensed clerical staff who are generally required only to hold a high school diploma and who do not possess advanced degrees or licensure in social work, psychology, or other clinical disciplines.

That complaint explained that these triage encounters typically last less than three minutes and require unlicensed Telephone Service Representatives (TSRs) to administer structured symptom questions related to condition severity and potential suicidal ideation. These questions are part of an algorithm that determines triage determinations and referrals. Based on patient responses and the algorithm, TSRs route enrollees to different levels of care and determine next steps in the behavioral health system.

These routing decisions include, but are not limited to: (1) transferring enrollees to Kaiser's Regional Triage Center for further assessment by a licensed clinician when responses indicate potential self-harm or harm to others; (2) scheduling urgent appointments within 48 hours for enrollees deemed at elevated risk but not in immediate crisis; and (3) directing enrollees to routine outpatient services, external providers (including AbleTo, Grow Therapy, Two Chairs, and Little Otter), or Kaiser programs such as the Achieving Depression and Anxiety Patient-Centered Treatment (ADAPT) program. Access to certain referral pathways, including external vendor programs and ADAPT, requires TSRs to classify symptom severity as "mild to moderate," which serves as an eligibility threshold within Kaiser's behavioral health care model.

All of these triage decisions taken by TSRs are clinical determinations, thereby violating the legal requirement that triage be conducted by licensed healthcare professionals. According to therapists, these determinations are not reviewed or co-signed by licensed clinicians.

NUHW has attempted to engage Kaiser over this TSR triage system by, among other things, formally seeking to bargain over these changes and sending Kaiser multiple requests for information about the type of work TSRs are being assigned. Kaiser has not responded to

NUHW's information requests, and NUHW has filed an Unfair Labor Practice complaint with the National Labor Relations Board in connection with the TSR triage system

C. Kaiser's Automated Digital Behavioral Health Triage (E-Visit) System

Since 2023, Kaiser's Northern California region has been using a behavioral health triage system that relies on an online digital questionnaire completed by enrollees on Kaiser's website. Enrollees seeking treatment for anxiety and depression are directed to use this "E-Visit" tool to describe their symptoms and request care.

The system collects patient-reported symptom information through structured multiple-choice questions. Upon completion of the questionnaire, the system automatically and instantaneously generates care recommendations and referral pathways based on the responses provided.

According to its design and operation, Kaiser's automated system assigns enrollees to specific behavioral health care pathways and referral options that correspond to differing levels of clinical intensity. These determinations are made without indication of contemporaneous review by a licensed clinician, indicating that the system is functioning as an automated triage and utilization management tool for behavioral health services.

Such autonomous clinical determinations clearly violate legal requirements that triage and medical necessity determinations be conducted by a licensed healthcare professional and that artificial intelligence, algorithms, or other software tools do not supplant healthcare provider decision-making.

The E-Visit tool is based on a structured questionnaire that incorporates items drawn from the PHQ-9 and GAD-7 instruments, but it does not include all items from the validated PHQ-9. Additionally, it entirely relies on enrollees' self-reports without contemporaneous review by licensed clinicians.

Based on enrollees' responses, the system automatically generates care recommendations and referral pathways through an algorithmic process. There is no evidence of additional clinical questioning, contextual assessment, or real-time clinical review occurring prior to the issuance of these recommendations.

This design raises concerns because self-reported symptom questionnaires are subject to variation in how individuals interpret questions and assess their own symptoms. Without clinical follow-up or professional clarification, misunderstandings or incomplete reporting may affect the accuracy of the responses used to determine care pathways. As a result, enrollees risk being misdiagnosed, routed to inappropriate levels of care, or experiencing delays in receiving clinically indicated services.

Additionally, the use of altered screening instruments in this context raises concerns regarding inconsistency with state-mandated screening tools (e.g., LOCUS and ASAM) and with generally accepted standards of MH/SUD care. Pursuant to Health & Safety Code § 1374.721(f), valid, evidence-based sources establishing such standards include peer-reviewed scientific studies and medical literature, as well as clinical practice guidelines and recommendations issued by nonprofit professional associations of health care providers. These sources describe the PHQ-9

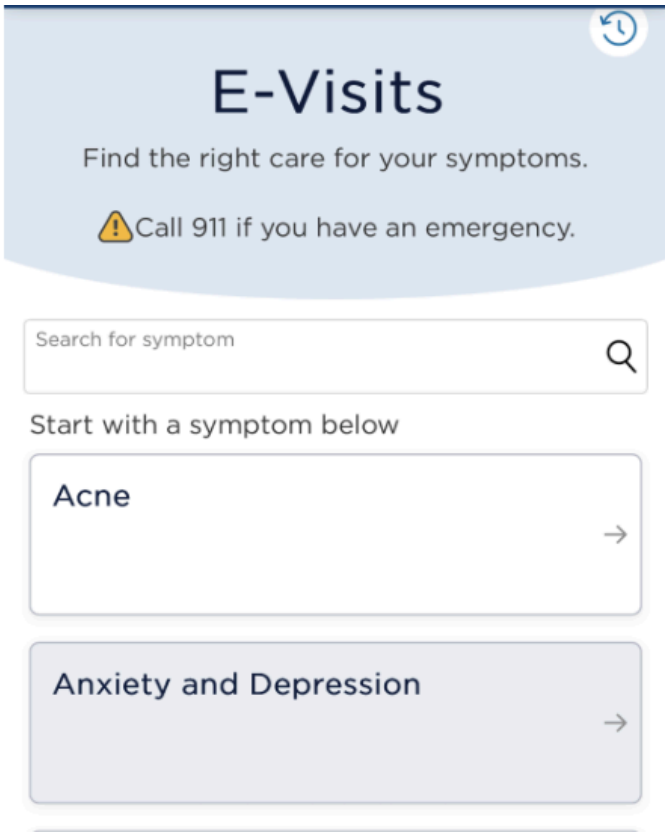
and GAD-7 as screening and symptom-severity instruments intended to support, rather than replace, individualized clinical assessment and professional judgment in determining diagnosis, level of care, and treatment planning. Moreover, these tools are improper substitutes for the exclusive, multidimensional level of care assessment tools required by Health & Safety Code §1374.721.

As discussed below, this behavioral health triage and referral system violates California law and exposes tens of thousands of enrollees to serious risk of harm and injury. NUHW requests immediate intervention.

II. Evidence and Analysis

Kaiser implemented its new system of "E-Visit" triage in 2023. As noted above, Kaiser enrollees access this digital system within their patient portal. The following images are taken from Kaiser's online E-Visit system.

When enrollees log in to their Kaiser account and click on the E-Visit tab, they are brought to the page below which allows them to select a "symptom." The option beneath "Acne" is "Anxiety and Depression."



Once enrollees select "Anxiety and Depression," they are routed to another page which gives them information about the E-Visit. The screenshots in Exhibits A, B, C and D demonstrate the functionality of Kaiser's depression and anxiety E-Visit and include the exact information and

questions given to enrollees who use this system. Note that the questions displayed to enrollees are dependent on their answers, as is the ultimate referral to services that they receive after completing the questionnaire.

On the first page, Kaiser informs enrollees that: “This E-Visit is for non-urgent anxiety and depression concerns only.” It also instructs enrollees to call 911 or to go to the nearest hospital “if you think you have a medical or psychiatric emergency.” It instructs enrollees to call their local mental health clinic if they are having thoughts of harming themselves, experiencing extreme changes in mood, or experiencing psychotic symptoms (that enrollees may be inherently unable to perceive).

In the last paragraph of the first page, Kaiser informs enrollees that: “Treatment decisions are based on your answers and can be harmful if you’re not answering all questions accurately.”

When enrollees select “yes” (indicating they wish to continue), they are brought to another page that states: “Please complete the brief questionnaire below to provide important health information to your doctor. Your answers are confidential and will become part of your electronic medical record, which will help us provide care that is tailored to your needs.” Once enrollees confirm they are residing in Northern California and are not actively receiving care from a therapist or psychiatrist, they can continue to the questionnaire.

The questionnaire consists of three pages and appears to be a combination of eight questions from the PHQ-9 and seven questions from the GAD-7 for a total of fifteen questions. The first page has two questions from the GAD-7 and two questions from the PHQ-9. The second page has six questions from the PHQ-9 and the third page has five questions from the GAD-7.

The PHQ-9 (Patient Health Questionnaire-9) and GAD-7 (Generalized Anxiety Disorder-7) are standardized, self-administered questionnaires designed to screen for symptoms of depression and anxiety and to measure symptom severity over time. They are widely used in behavioral health and primary care settings as part of measurement-based care, helping clinicians identify potential mental health concerns, monitor treatment progress, and support clinical decision-making. However, they are targeted instruments that do not screen for all mental health conditions (e.g., thought disorders) and cannot replace multidimensional assessments or clinical judgment.

One of the major limitations of both the PHQ-9 and GAD-7 is their reliance on threshold scores to categorize symptom severity. A “cut point” is a numerical score at which a patient's symptoms are classified into a severity category that falls either above or below the “cut point.” For example, the PHQ-9 uses commonly accepted “cut points” of 5, 10, 15, and 20 to indicate mild, moderate, moderately severe, and severe depressive symptoms, respectively. Similarly, the GAD-7 commonly uses “cut points” of 5, 10, and 15 to indicate mild, moderate, and severe anxiety symptoms, respectively. These thresholds were developed for screening and research purposes to help identify enrollees who may benefit from further clinical evaluation. However, individuals with nearly identical symptoms can fall on either side of a “cut point” simply because of a one- or two-point difference in their questionnaire score. For example, a PHQ-9 score of 9 is typically classified as "mild" depression while a score of 10 is classified as "moderate" depression, even though the actual difference in symptom burden may be minimal.

Because “cut points” are statistical tools rather than clinical diagnoses, professional guidance does not advise that they be used as the sole basis for treatment decisions or level-of-care determinations. A patient's score must be interpreted in the context of a broader, multidimensional clinical assessment that considers symptom duration, functional impairment, safety concerns, psychiatric history, medical conditions, and other relevant factors. As a result, while PHQ-9 and GAD-7 “cut points” can help guide clinical attention, they are generally intended to support, not substitute for, individualized clinical judgment. Additionally, as stated above, these tools cannot replace state-mandated, multidimensional medical necessity criteria such as LOCUS and ASAM for level of care determinations (including but not limited to outpatient services).

The questions, as they appear in Kaiser’s questionnaire, are listed below. The assessment test from which they originate appears in parentheses in bolded font adjacent to each question. Screenshots of these questions can be seen in Exhibits A, B, C and D.

[Page 1 of Questionnaire]
Over the last 2 weeks, how often have you been bothered by any of the following problems?

- Felt little interest or pleasure in doing things **(PHQ-9)**
    - Options: Not at all, Several days, More than half the days, Nearly every day
- Felt down, depressed, or hopeless **(PHQ-9)**
    - Options: Not at all, Several days, More than half the days, Nearly every day
- Felt nervous, anxious, or on edge **(GAD-7)**
    - Options: Not at all, Several days, More than half the days, Nearly every day
- Not been able to stop or control worrying **(GAD-7)**
    - Options: Not at all, Several days, More than half the days, Nearly every day

[Page 2 of Questionnaire]
Over the last 2 weeks, how often have you been bothered by any of the following Problems?

- Had trouble falling or staying asleep, or sleeping too much **(PHQ-9)**
    - Options: Not at all, Several days, More than half the days, Nearly every day
- Felt tired or little energy **(PHQ-9)**
    - Options: Not at all, Several days, More than half the days, Nearly every day
- Had poor appetite or overeating **(PHQ-9)**
    - Options: Not at all, Several days, More than half the days, Nearly every day
- Felt bad about yourself or that you are a failure or have let yourself or your family down **(PHQ-9)**
    - Options: Not at all, Several days, More than half the days, Nearly every day
- Had trouble concentrating on things, such as reading the newspaper or watching television **(PHQ-9)**
    - Options: Not at all, Several days, More than half the days, Nearly every day
- Moved or spoke so slowly that other people could have noticed. Or the opposite, been so fidgety or restless that you have been moving around a lot more than usual **(PHQ-9)**
    - Options: Not at all, Several days, More than half the days, Nearly every day

[Page 3 of Questionnaire]
Over the last 2 weeks, how often have you been bothered by any of the following

problems?

- Worrying too much about different things **(GAD-7)**
  - Options: Not at all, Several days, More than half the days, Nearly every day
- Trouble relaxing **(GAD-7)**
  - Options: Not at all, Several days, More than half the days, Nearly every day
- So restless it's hard to sit still **(GAD-7)**
  - Options: Not at all, Several days, More than half the days, Nearly every day
- Easy annoyed or irritated **(GAD-7)**
  - Options: Not at all, Several days, More than half the days, Nearly every day
- Felt afraid as if something awful might happen **(GAD-7)**
  - Options: Not at all, Several days, More than half the days, Nearly every day

On its website,[1] Kaiser explains the process of utilizing its online, E-Visit service. In a December 2, 2025 article, Kaiser writes: "When choosing an e-visit, the member is led through a series of questions; the answers are reviewed by a health care professional and the member receives a response by secure message within 4 hours, and usually sooner. The response may involve medical advice, a prescription for medication, a recommendation to follow-up with a medical visit or to call a specialized advice line, such as the international travel clinic."

Contrary to Kaiser's representation about answers being reviewed by a health care professional, the system renders treatment recommendations and referrals **within seconds** of enrollees completing the online questionnaire. Exhibits A, B, C and D contain timestamps on the top of the E-Visit screen generated by Kaiser's E-Visit system, illustrating referrals are generated instantly. The instantaneous nature of the recommended treatment referral indicates that this is an automated referral and is not one provided by a licensed clinician (let alone following review by a licensed clinician) given that a substantive review and recommendation would be impossible to render in such a timeframe. The fact that this happens immediately contradicts Kaiser's own written statements about how E-Visits are supposed to work.

For behavioral health E-Visits, enrollees are automatically referred to different levels of care depending on their responses to the online questionnaire. Substantiating evidence was gathered on four occasions during a recent seven-week period when enrollees used Kaiser's "E-Visit service." On each occasion, the questionnaire was completed with different symptom severities according to the PHQ-9 and GAD-7 "cut points": minimal, mild, moderate, and severe. The table below presents the results. Notably, while the PHQ-9 is supposed to consist of nine questions, Kaiser's E-Visit questionnaire includes only eight questions and thereby deviates from the actual PHQ-9 instrument and scoring.

Date Completed	**PHQ-9 Score**	**GAD-7 Score**	**E-Visit System's Referral Recommendation to Enrollee**	**Exhibit**
4/23/26	14 (moderate)	13 (moderate)	"Based on your responses, we recommend virtual therapy services with a mental health therapist to help you	A

[1] https://northerncalifornia.permanente.org/blog/e-visits-growing-in-use

			manage feelings of stress, anxiety and depression. ● Start virtual therapy with our in-network partner, Meru Health. To schedule your first appointment, click here. ● I do not want to book an appointment"	
6/1/26	7 (mild)	7 (mild)	"Based on your responses, we recommend virtual therapy services with a mental health therapist to help you manage feelings of stress, anxiety and depression. ● Start virtual therapy with our in-network partner, Meru Health. To schedule your first appointment, click here. ● I do not want to book an appointment"	B
6/8/26	1(minimal) *Did not allow enrollee to fill out questions beyond the first page.	1(minimal) *Did not allow enrollee to fill out questions beyond the first page.	"Based on your responses, we have several options for you to consider. You can: ● For stress management support, click here. ● Use self-care apps for managing anxiety and depression ● Take health education classes on a variety of topics including stress, anxiety, depression, sleep and couples' communication. Also, review information about substance use dependency or take an alcohol use self assessment. If you'd prefer you can contact your local mental clinic"	C
6/5/26	24 (severe)	21 (severe)	"Based on your responses, we recommend the following options. - Start virtual therapy with our in-network partner, Two Chairs. To schedule your first appointment, click here	D

			- Start therapy with Kaiser Permanente. To schedule your first appointment, click here - I do not want to book an appointment."	

Based on these results, Kaiser's digital algorithm appears to use PHQ-9 and GAD-7 scores to triage and refer enrollees to specific levels of treatment. The enrollee who scored mild on the test for anxiety and depression was referred to virtual therapy through Meru Health. The enrollee who scored "minimal" for anxiety and depression was denied therapy and instead referred to stress management support or self-care apps. Notably, the E-Visit system is substantially determinative and inflexible in its assessments of enrollees' clinical conditions and Kaiser's referrals. For example, the patient with moderate symptoms of depression and anxiety was offered the following two referral options (ie., it did not offer an option for in-person therapy):

1. "Start virtual therapy with our in-network partner, Meru Health."
2. "I do not want to book an appointment."

Additionally, the enrollee who scored "severe" on both the PHQ-9 and GAD-7 was referred to Two Chairs virtual therapy or a Kaiser therapist for, presumably, a non-urgent outpatient appointment. Kaiser's E-Visit system provided no guidance whatsoever to the enrollee with respect to the timeframe for their first appointment. This is concerning because a patient with severe symptom severity may need emergency services or an urgent appointment within 48 hours, and it is not clear that Kaiser's E-Visit tool actually recommends and/or offers such care. The following are the three options offered to the severely depressed/anxious enrollee:

1. "Start virtual therapy with our in-network partner, Two Chairs. To schedule your first appointment, click here"
2. "Start therapy with Kaiser Permanente. To schedule your first appointment, click here"
3. "I do not want to book an appointment."

Such clinical decision-making, which dictates enrollees' access to behavioral healthcare services, clearly constitutes triage and utilization-management decisions. Enrollees cannot access covered therapy services unless they receive a referral from Kaiser. Kaiser's use of an automated, digital algorithm to provide triage as well as medical necessity and utilization-management decisions is explicitly prohibited by California law.

Additionally, Kaiser's E-Visit system effectively "kicks the can down the road" with respect to its legal duty to provide timely and appropriate triage and screening services to enrollees with behavioral health disorders. Since enrollees do not receive legally compliant triage and screening services from Kaiser's E-Visit algorithm, enrollees must wait until their first visit with a licensed provider to receive such services. For enrollees who opt for an appointment, they may receive such services two weeks later. Those who are referred to apps and classes by the E-Visit algorithm may never receive them. Such delays violate California's requirements that health

plans provide telephone triage or screening services "in a timely manner appropriate for the enrollee's condition" as well as prohibitions on withholding or delaying appropriate care from enrollees for any reason, including "a potential financial gain and/or incentive." Importantly, Kaiser's E-Visit system puts enrollees at risk of misdiagnosis and treatment delays.

Furthermore, Kaiser's E-Visit system fails to conduct a suicide risk screening and/or assessment, as required by law. In February 2025, DMHC cited Kaiser for this precise violation and ordered it to remedy the violation. According to DMHC's 88-page, non-routine survey[2] of Kaiser's behavioral health services issued in February 2025:

> Professionally recognized standards of practice require clinicians to conduct a suicide risk screening and/or assessment for all enrollees receiving MH/SUD services during **triage**, intake, and as indicated thereafter.[34,35] Furthermore, for enrollees who have a documented risk of suicide, a level of care that is appropriate to the enrollees' assessed risk must be delivered in a timely manner…
>
> The Department determined the Plan failed to demonstrate its QA program includes sufficient level of oversight to ensure enrollees receive suicide risk screening, assessment, and treatment consistent with professionally recognized standards of practice. (p. 66, emphasis added)

DMHC cites the following sources in footnotes 34 and 35:

34: Simon, Robert I. "Suicide Risk Assessment: What is the Standard of Care?" Journal American Academy Psychiatry Law, Volume 30, pages 340-344, 2002.

35: The Joint Commission, "the nation's oldest and largest standards-setting and accrediting body in health care," introduced a national patient safety goal for suicide prevention. Joint Commission FAQs. Behavioral health care organizations are required to screen all enrollees using a validated screening tool. The PHQ-9 is one of several specifically mentioned examples. Further, an evidence-based risk assessment is required following a positive screen for thoughts of suicide. The Columbia Suicide Severity Rating Scale is one of the examples listed as an evidence-based risk assessment tool. The Joint Commission. National Patient Safety Goal for suicide prevention: NPSG 15.01.01, EP 2. R3 Report: Issue 18, May 2019, pages 2-3.

III. Applicable Laws

A plan shall provide or arrange for the provision, 24 hours per day, 7 days per week, of triage or screening services by telephone, as defined in subdivision (e). Cal. Health & Safety Code § 1367.03(a)(8).

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2 https://www.dmhc.ca.gov/desktopmodules/dmhc/medsurveys/surveys/055_nr_full%20service_022525.pdf

A “triage” or “screening” is “to speak by telephone with a physician, registered nurse, or other qualified health professional acting within their scope of practice and who is trained to screen or triage an enrollee who may need care.” Health & Safety Code § 1367.03(e)(6).[3]

"Triage" or "screening" means the assessment of an enrollee's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice and who is trained to screen or triage an enrollee who may need care for the purpose of determining the urgency of the enrollee's need for care. Health & Saf. Code § 1367.03(e)(5)

An unlicensed staff person handling enrollee calls may ask questions on behalf of a licensed staff person to help ascertain the condition of an insured so that the enrollee may be referred to licensed staff. However, “an unlicensed staff person shall not, under any circumstances, use the answers to those questions in an attempt to assess, evaluate, advise, or make a decision regarding the condition of an enrollee or determine when an enrollee needs to be seen by a licensed medical professional.” Health & Safety Code § 1367.03(a)(8)(B)(i)(II)(iii)

A plan shall ensure that telephone triage or screening services are provided in a timely manner appropriate for the enrollee's condition, and that the triage or screening waiting time does not exceed 30 minutes. Health & Safety Code § 1367.03(a)(8)(A)

“Triage or screening waiting time” means the time waiting to speak by telephone with a physician, registered nurse, or other qualified health professional acting within their scope of practice and who is trained to screen or triage an enrollee who may need care. Health & Safety Code § 1367.03(e)(6)

The California Business and Professions Code, Division 2 ("Healing Arts") prohibits the unlicensed practice of psychology, clinical social work, professional clinical counseling, and marriage and family therapy. Several of these disciplines expressly include "assessment" within the statutorily defined scope of their licensees’ practice.

With respect to the practice of psychology, Business and Professions Code § 2903(b) provides that the application of psychological principles and methods "includes, but is not restricted to: assessment, diagnosis, prevention, treatment, and intervention." Likewise, with respect to marriage and family therapists, Business and Professions Code § 4980.02 states that the practice of marriage and family therapy means the application of psychotherapeutic and family systems theories, principles, and methods to, among other things, “assess, evaluate, and treat relational issues, emotional disorders, behavioral problems, mental illness, alcohol and substance use, and to modify intrapersonal and interpersonal behaviors.” With respect to professional clinical counselors, Business and Professions Code § 4999.20 provides that "[p]rofessional clinical

[3] Other portions of this statute similarly indicate that licensed providers shall provide telephone triage or screening by speaking with enrollees over the telephone, including subsections 8(B)(i) (health plans shall require MH/SUD providers to maintain a procedure for triaging or screening enrollee telephone calls), 8(B)(i)(I) (return phone calls to enrollees shall be made by a provider), and 8(B)(i)(II) (health plans shall disclose to enrollees how to contact or call providers who have agreed to be on call to triage or screen by phone); Health plans cannot withhold or delay appropriate care from their enrollees for any reason, "including a potential financial gain and/or incentive." § 1300.70(b)(1)(D)

counseling" includes "conducting assessments for the purpose of establishing counseling goals and objectives." The section then devotes a separate subdivision, § 4999.20(c), to defining "assessment" as "selecting, administering, scoring, and interpreting tests, instruments, and other tools and methods designed to measure an individual's attitudes, abilities, aptitudes, achievements, interests, personal characteristics, disabilities, and mental, emotional, and behavioral concerns."

Health care service plans must ensure that their networks have adequate capacity and availability of licensed providers to offer enrollees appointments for covered services that meet specific timeframes. Health & Saf. Code, § 1367.03, subd. (a)(5); Cal. Code Regs., tit. 28, § 1300.67.2.2, subd. (c).

Health care service plans are required to have procedures in place for continuous review of the quality of care, performance of medical personnel, utilization of services and facilities, and costs. (Health & Saf. Code, § 1370.) To meet DMHC's requirements for a Quality Assurance program, the program must, in part, continuously review the quality of care provided to ensure that the level of care meets professionally recognized standards of practice, quality of care problems are identified and corrected, and appropriate care which is consistent with professionally recognized standards of practice is not withheld or delayed for any reason. Cal. Code Regs., tit. 28, § 1300.70, subd. (b)(1)(A)-(E).

- § 1300.70(b)(1)(D): Health plans cannot withhold or delay appropriate care from their enrollees for any reason, "including a potential financial gain and/or incentive."
- § 1300.70(b)(1)(A): Health plans are required to ensure that enrollees receive "a level of care which meets professionally recognized standards of practice."
- § 1300.70(b)(2)(H)(2): Health plans are required to "detect and correct under-service" by its providers, "including under-utilization of specialist services."
- § 1300.70(a)(1): Health plans must monitor the quality of care provided to its members, identify problems, and take effective action to improve care where deficiencies are identified, including accessibility, availability, and continuity of care. See also § 1300.70(a)(3), § 1300.70(b)(1)(D), § 1300.70(b)(2)(G)(3), §1300.70(c)(1), § 1300.70(c)(5), and § 1300.70(d)(3).
- §1300.74.72 (California Mental Health Parity Act): Health plans that offer coverage for mental health or substance use disorders are required to provide the same level of benefits that they do for general medical treatment.

Health plans must cover behavioral health services consistent with generally accepted standards of care and must ensure that enrollees do not face barriers to scheduling behavioral health appointments that do not exist for non-behavioral health appointments. Health & Saf. Code, §§ 1374.72(a), 1367.005(a)(2)(D), and 1374.76.

Health plans shall ensure that enrollees are provided with timely behavioral health care services that are consistent with each enrollee's treatment plan, individualized behavioral health care

needs, good professional practice, and timely access standards. Health & Saf. Code, §§ 1367.03, 1374.72; Cal. Code Regs., tit. 28, §§ 1300.70, subds. (a)(3), (b)(1), (b)(2)(G), (b)(2)(H).

A health care service plan and any entity with which it contracts for services that include utilization review or utilization management functions, that prospectively, retrospectively, or concurrently reviews and approves, modifies, delays, or denies, based in whole or in part on medical necessity, requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees, or that delegates these functions to medical groups or independent practice associations or to other contracting providers, shall comply with this section. Health & Saf. Code, § 1367.01(a)

With respect to level of care decision-making for mental health and substance use services, health care service plans may only apply the multidimensional medical necessity criteria enumerated in Cal. Health & Safety Code § 1374.721.

No individual, other than a licensed physician or a licensed health care professional who is competent to evaluate the specific clinical issues involved in the health care services requested by the provider, may deny or modify requests for authorization of health care services for an enrollee for reasons of medical necessity. The decision of the physician or other health care professional shall be communicated to the provider and the enrollee pursuant to subdivision. Health & Saf. Code, § 1367.01(e)

A health care service plan, including a specialized health care service plan that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, or that contracts with or otherwise works through an entity that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, shall comply with this section and shall ensure all of the following: (Cal. Health & Safety Code § 1367.01(k)(1))

The artificial intelligence, algorithm, or other software tool does not supplant health care provider decision-making. (Cal. Health & Safety Code § 1367.01(k)(1)(D))

The artificial intelligence, algorithm, or other software tool does not directly or indirectly cause harm to the enrollee. (Cal. Health & Safety Code § 1367.01(k)(1)(K))

Notwithstanding paragraph (1), the artificial intelligence, algorithm, or other software tool shall not deny, delay, or modify health care services based, in whole or in part, on medical necessity. A determination of medical necessity shall be made only by a licensed physician or a licensed health care professional competent to evaluate the specific clinical issues involved in the health care services requested by the provider, as provided in subdivision (e), by reviewing and considering the requesting provider's recommendation, the enrollee's medical or other clinical history, as applicable, and individual clinical circumstances. (Cal. Health & Safety Code § 1367.01(k)(2))

For purposes of this subdivision, "artificial intelligence" means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. (Cal. Health & Safety Code § 1367.01(k)(3))

This subdivision shall apply to utilization review or utilization management functions that prospectively, retrospectively, or concurrently review requests for covered health care services. (Cal. Health & Safety Code § 1367.01(k)(4))

IV. Request

California law mandates that triage and medical necessity determinations be performed by licensed health professionals and cannot be supplanted by unlicensed staff, artificial intelligence, algorithms or other software tools. As demonstrated by the evidence in this complaint, Kaiser's systematic use of unlicensed staff as well as automated triage and referral violates California laws. NUHW seeks urgent regulatory action to enforce state laws and protect the rights of Kaiser enrollees affected by Kaiser's illegal practices.

Kaiser should be ordered to cease and desist from violating state and federal laws (to the extent state laws apply to Kaiser's fully-insured ERISA health plans). Due to Kaiser's serial violations–and particularly in light of DMHC's and DOL's settlement agreements and monetary penalties since 2023[4]–enhanced financial sanctions should also be imposed.

Please contact me with any questions or requests.

Sincerely,

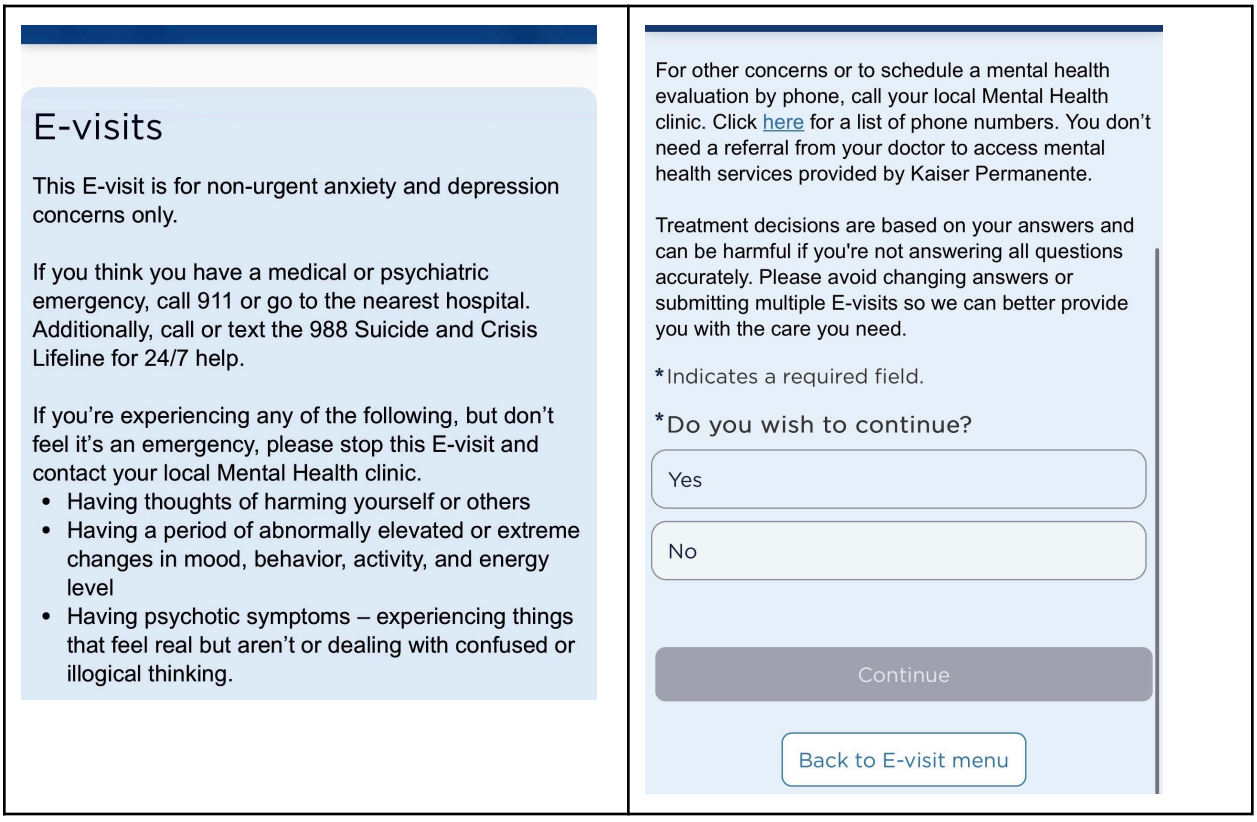
Fred Seavey

cc: Rob Bonta, Attorney General
U.S. Department of Labor
Monique Limón, Senate President Pro Tempore
Robert Rivas, Speaker of the Assembly
Kim Johnson, Secretary, California Health and Human Services Agency
Kimberly Chen, Acting Deputy Secretary for Program and Fiscal Affairs, CalHHS
Sen. Scott Wiener, Chair, Senate Select Committee on Mental Health
Assemblymember Mia Bonta, Chair, Assembly Health Committee
Sen. Caroline Menjivar, Chair, Senate Health Committee
Don Moulds, CalPERS
Dr. Julia Logan, CalPERS

[4] https://www.dmhc.ca.gov/Resources/DMHCReports/PublicReports/KaiserSettlementAgreement.aspx and https://www.dol.gov/newsroom/releases/ebsa/ebsa20260210

Exhibit A

(These screenshots were taken on April 23, 2026)



E-visits

This E-visit is for non-urgent anxiety and depression concerns only.

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital. Additionally, call or text the 988 Suicide and Crisis Lifeline for 24/7 help.

If you're experiencing any of the following, but don't feel it's an emergency, please stop this E-visit and contact your local Mental Health clinic.

- Having thoughts of harming yourself or others
- Having a period of abnormally elevated or extreme changes in mood, behavior, activity, and energy level
- Having psychotic symptoms – experiencing things that feel real but aren't or dealing with confused or illogical thinking.

For other concerns or to schedule a mental health evaluation by phone, call your local Mental Health clinic. Click here for a list of phone numbers. You don't need a referral from your doctor to access mental health services provided by Kaiser Permanente.

Treatment decisions are based on your answers and can be harmful if you're not answering all questions accurately. Please avoid changing answers or submitting multiple E-visits so we can better provide you with the care you need.

*Indicates a required field.

*Do you wish to continue?

Yes

No

Continue

Back to E-visit menu

E-visits

Please complete the brief questionnaire below to provide important health information to your doctor. Your answers are confidential and will become part of you electronic medical record, which will help us provide care that is tailored to your needs.

Once you complete the questionnaire, you can review your responses, make any changes needed and select the "Submit questionnaire" button to complete the process. Thank you!

Please answer the following questions, and select Continue

*Indicates a required field.

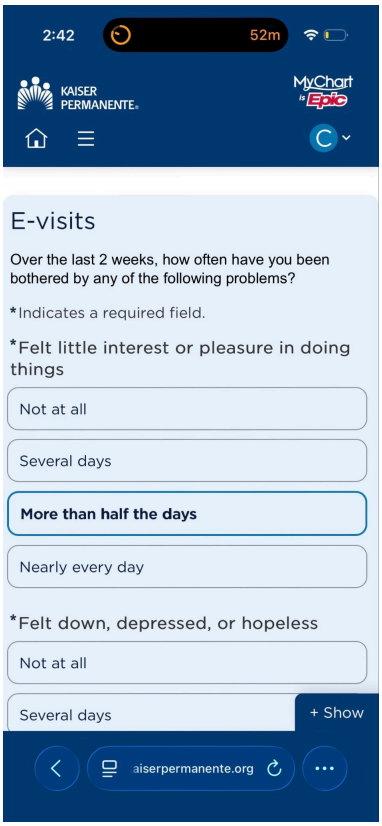
*We want to ensure this E-visit meets your needs. Please select if any apply to you so we can provide direction:

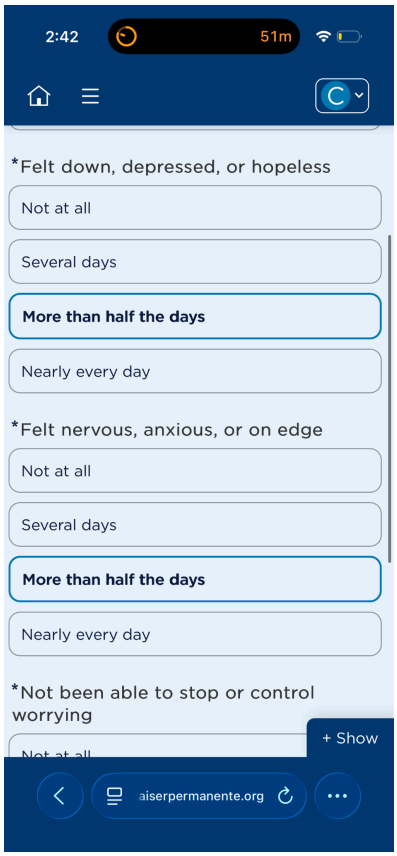
Select all that apply.

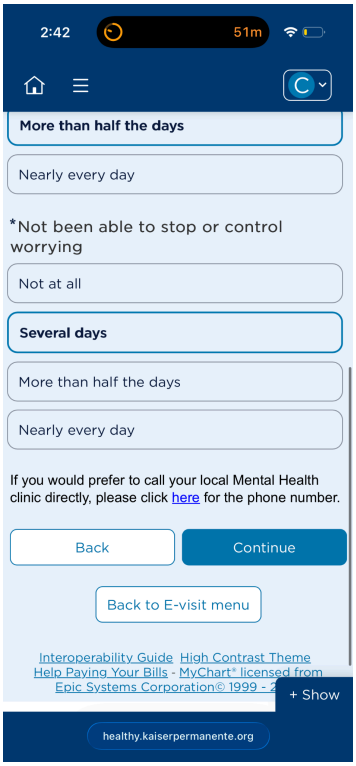
- [ ] I'm only interested in starting or adjusting psychiatric medication.
- [ ] I'm currently residing ouside of Northern California.
- [ ] I'm actively receiving care from a therapist or psychiatrist.
- [x] **None of these apply.**

Back | Continue

Back to E-visit menu






2:42
51m
More than half the days
Nearly every day
*Not been able to stop or control worrying
Not at all
Several days
More than half the days
Nearly every day
If you would prefer to call your local Mental Health clinic directly, please click here for the phone number.
Back
Continue
Back to E-visit menu
Interoperability Guide High Contrast Theme
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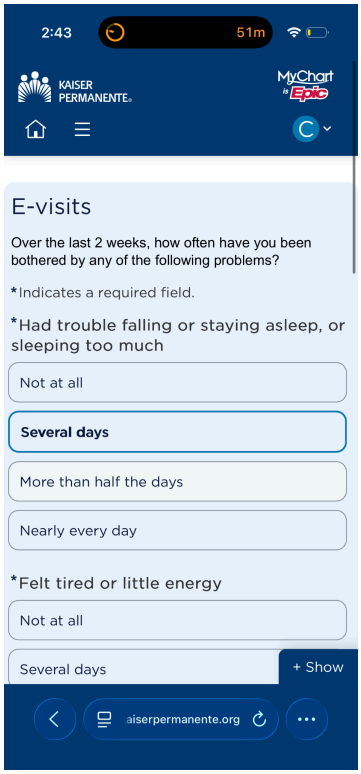
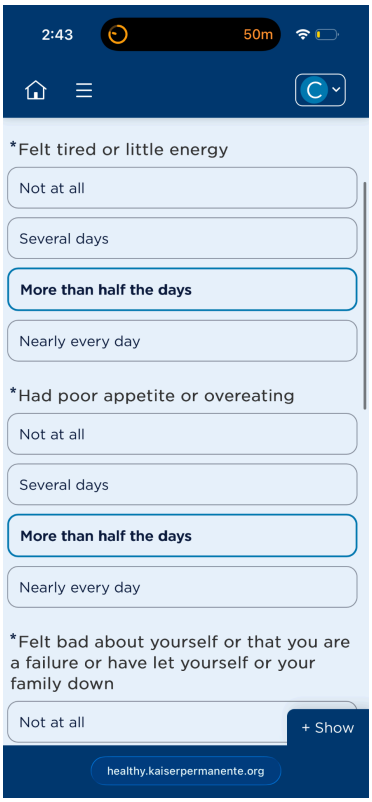

2:43
51m
KAISER PERMANENTE
MyChart is Epic
E-visits
Over the last 2 weeks, how often have you been bothered by any of the following problems?
*Indicates a required field.
*Had trouble falling or staying asleep, or sleeping too much
Not at all
Several days
More than half the days
Nearly every day
*Felt tired or little energy
Not at all
Several days
+ Show
aiserpermanente.org


2:43
50m
*Felt tired or little energy
Not at all
Several days
More than half the days
Nearly every day
*Had poor appetite or overeating
Not at all
Several days
More than half the days
Nearly every day
*Felt bad about yourself or that you are a failure or have let yourself or your family down
Not at all
+ Show
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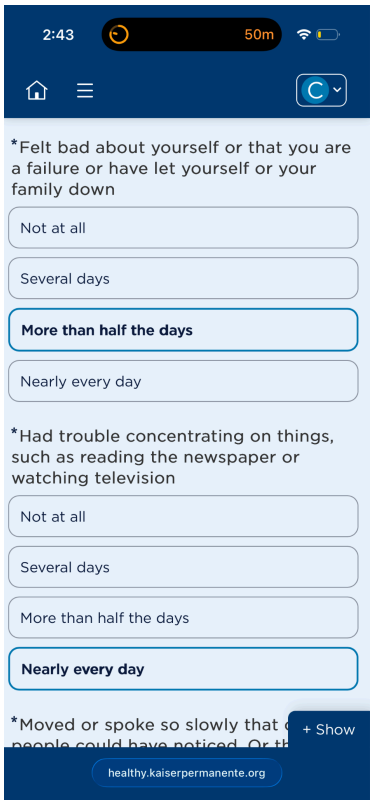
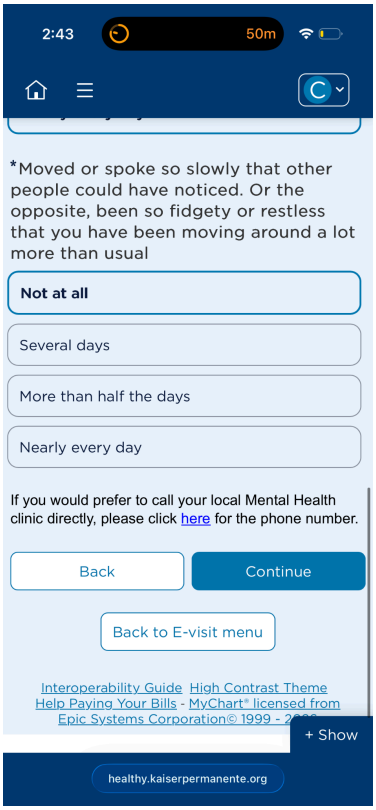

2:43
50m
*Felt bad about yourself or that you are a failure or have let yourself or your family down
Not at all
Several days
More than half the days
Nearly every day
*Had trouble concentrating on things, such as reading the newspaper or watching television
Not at all
Several days
More than half the days
Nearly every day
*Moved or spoke so slowly that
+ Show
healthy.kaiserpermanente.org


2:43
50m
*Moved or spoke so slowly that other people could have noticed. Or the opposite, been so fidgety or restless that you have been moving around a lot more than usual
Not at all
Several days
More than half the days
Nearly every day
If you would prefer to call your local Mental Health clinic directly, please click here for the phone number.
Back
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Interoperability Guide
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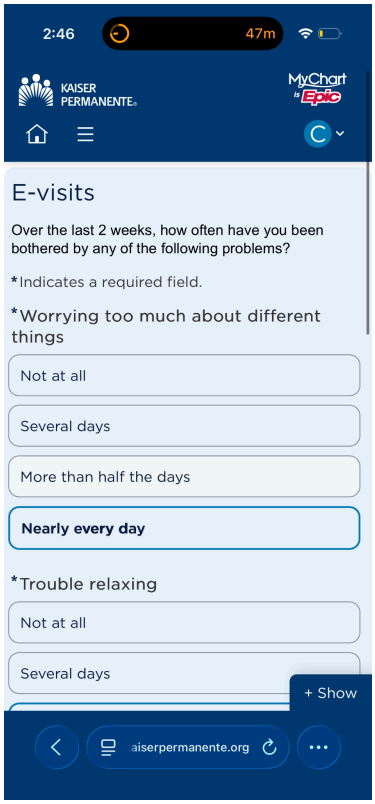
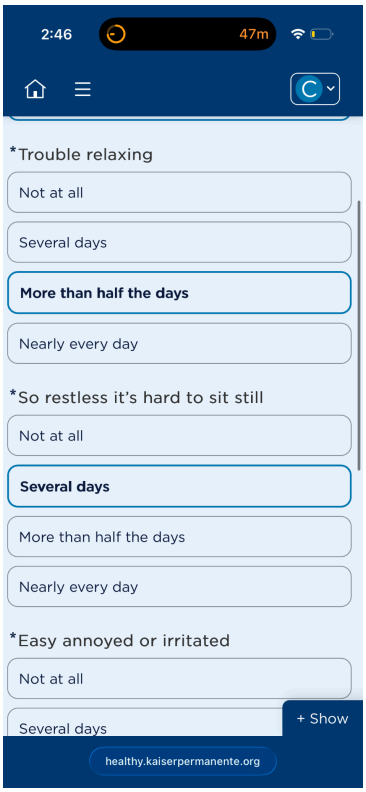

2:46
47m
KAISER PERMANENTE
MyChart is Epic
E-visits
Over the last 2 weeks, how often have you been bothered by any of the following problems?
*Indicates a required field.
*Worrying too much about different things
Not at all
Several days
More than half the days
Nearly every day
*Trouble relaxing
Not at all
Several days
+ Show
aiserpermanente.org


2:46
47m
*Trouble relaxing
Not at all
Several days
More than half the days
Nearly every day
*So restless it's hard to sit still
Not at all
Several days
More than half the days
Nearly every day
*Easy annoyed or irritated
Not at all
Several days
+ Show
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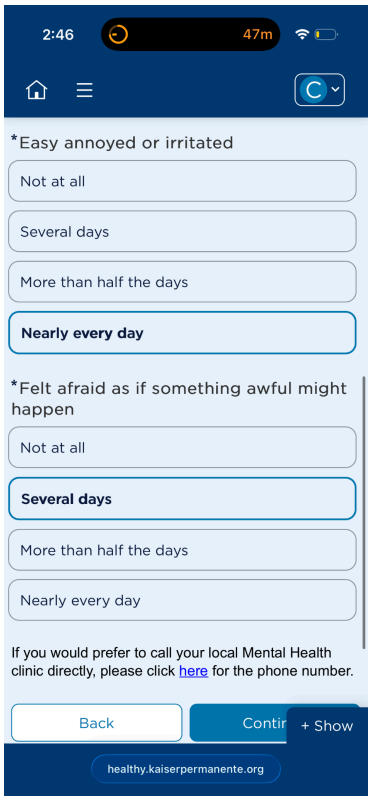
2:46
47m
*Easy annoyed or irritated
Not at all
Several days
More than half the days
Nearly every day
*Felt afraid as if something awful might happen
Not at all
Several days
More than half the days
Nearly every day
If you would prefer to call your local Mental Health clinic directly, please click here for the phone number.
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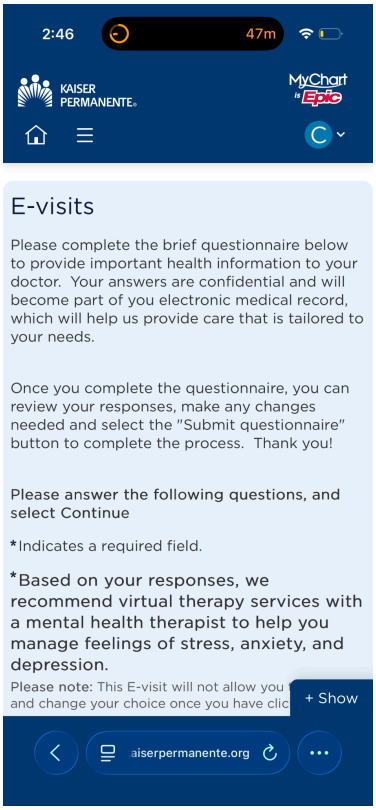
2:46
47m
KAISER PERMANENTE
MyChart by Epic
E-visits
Please complete the brief questionnaire below to provide important health information to your doctor. Your answers are confidential and will become part of you electronic medical record, which will help us provide care that is tailored to your needs.
Once you complete the questionnaire, you can review your responses, make any changes needed and select the "Submit questionnaire" button to complete the process. Thank you!
Please answer the following questions, and select Continue
*Indicates a required field.
*Based on your responses, we recommend virtual therapy services with a mental health therapist to help you manage feelings of stress, anxiety, and depression.
Please note: This E-visit will not allow you
and change your choice once you have clic
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aiserpermanente.org

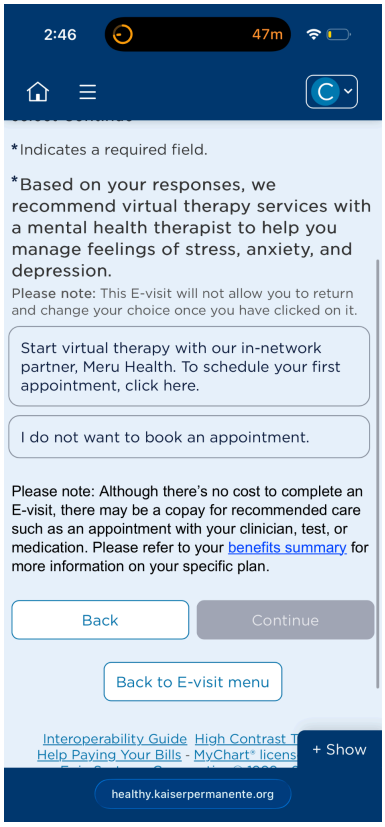
2:46
47m
*Indicates a required field.
*Based on your responses, we recommend virtual therapy services with a mental health therapist to help you manage feelings of stress, anxiety, and depression.
Please note: This E-visit will not allow you to return and change your choice once you have clicked on it.
Start virtual therapy with our in-network partner, Meru Health. To schedule your first appointment, click here.
I do not want to book an appointment.
Please note: Although there's no cost to complete an E-visit, there may be a copy for recommended care such as an appointment with your clinician, test, or medication. Please refer to your benefits summary for more information on your specific plan.
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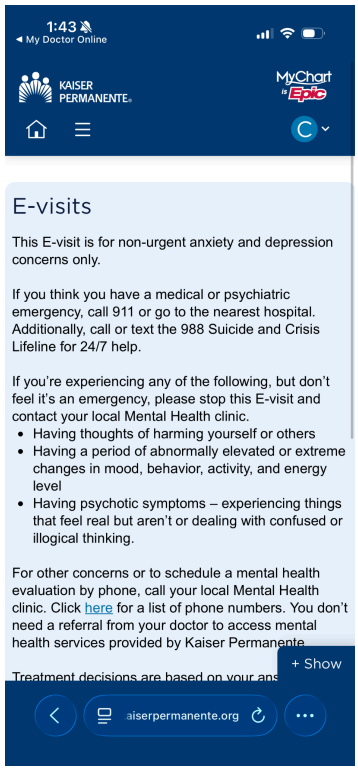
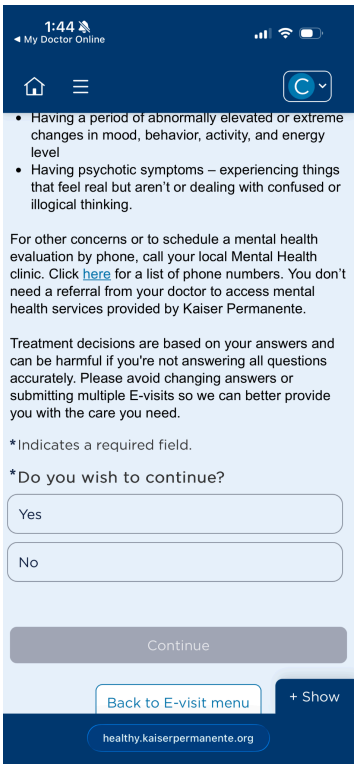
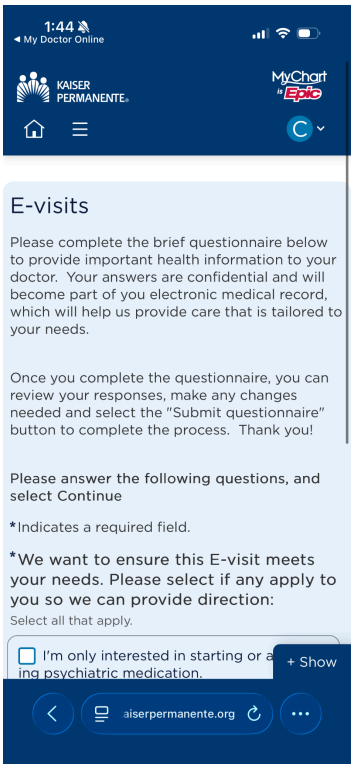
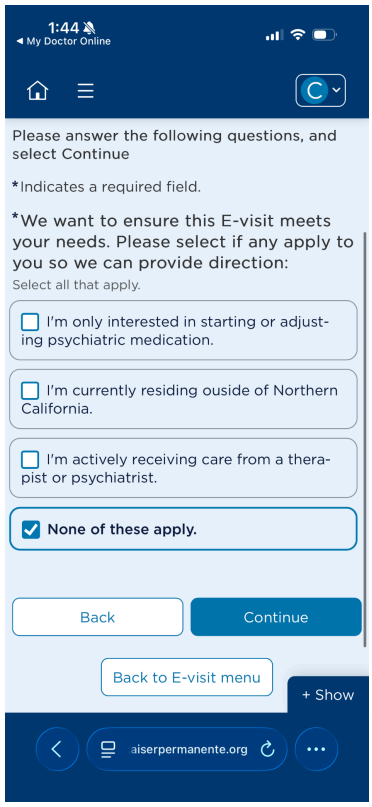
Exhibit B

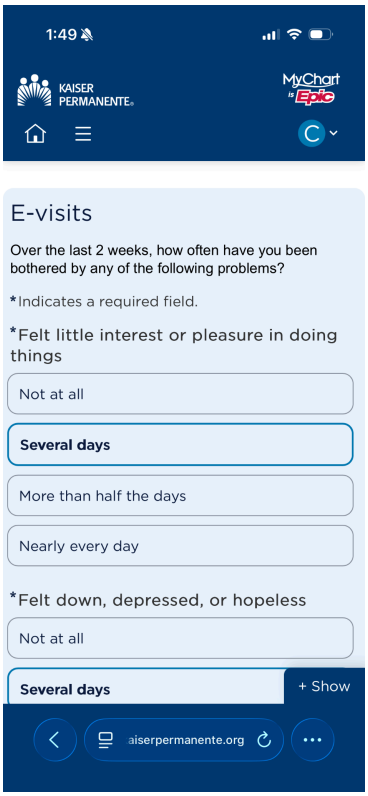
(These screenshots were taken on June 1, 2026)

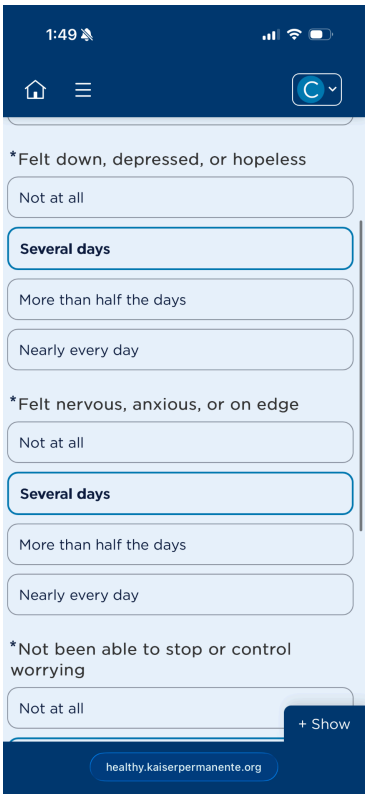


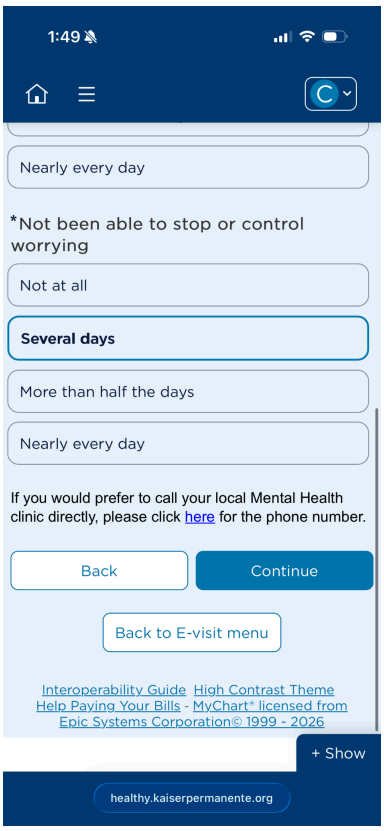











1:49
Nearly every day
*Not been able to stop or control worrying
Not at all
Several days
More than half the days
Nearly every day
If you would prefer to call your local Mental Health clinic directly, please click here for the phone number.
Back
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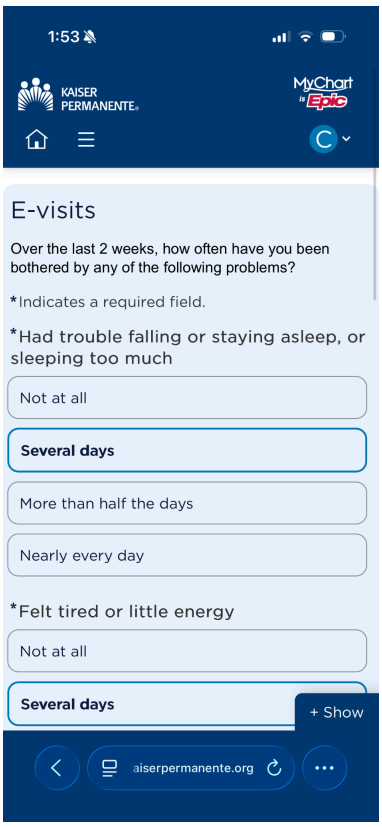
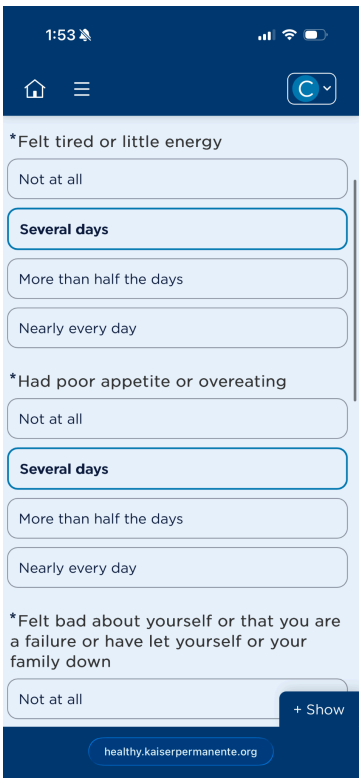

1:53
KAISER PERMANENTE
MyChart
E-visits
Over the last 2 weeks, how often have you been bothered by any of the following problems?
*Indicates a required field.
*Had trouble falling or staying asleep, or sleeping too much
Not at all
Several days
More than half the days
Nearly every day
*Felt tired or little energy
Not at all
Several days
+ Show
aiserpermanente.org


1:53
*Felt tired or little energy
Not at all
Several days
More than half the days
Nearly every day
*Had poor appetite or overeating
Not at all
Several days
More than half the days
Nearly every day
*Felt bad about yourself or that you are a failure or have let yourself or your family down
Not at all
+ Show
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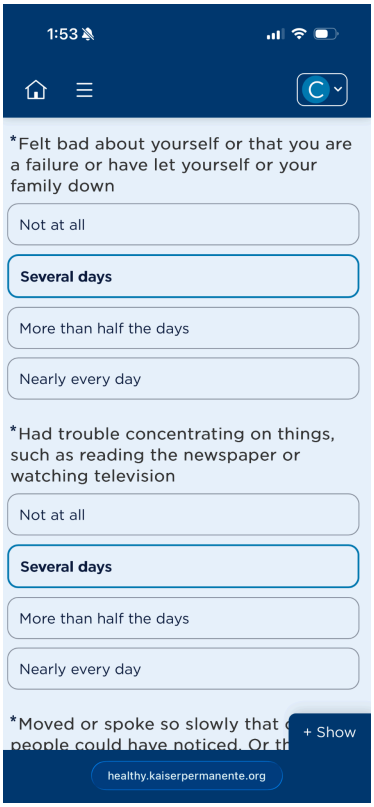
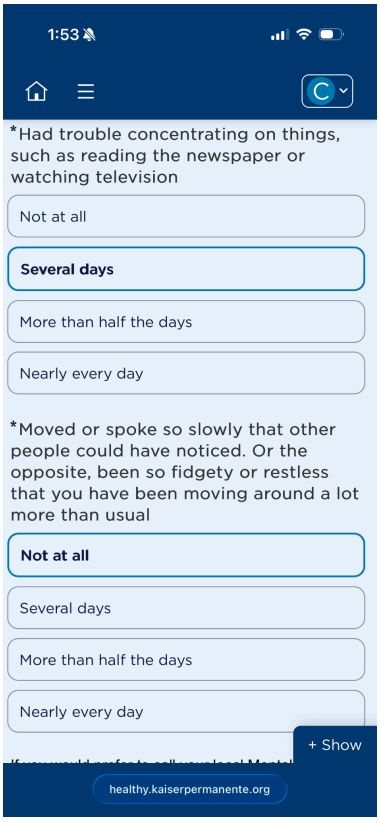

1:53
*Felt bad about yourself or that you are a failure or have let yourself or your family down
Not at all
Several days
More than half the days
Nearly every day
*Had trouble concentrating on things, such as reading the newspaper or watching television
Not at all
Several days
More than half the days
Nearly every day
*Moved or spoke so slowly that
people could have noticed. Or th
+ Show
healthy.kaiserpermanente.org


1:53
*Had trouble concentrating on things, such as reading the newspaper or watching television
Not at all
Several days
More than half the days
Nearly every day
*Moved or spoke so slowly that other people could have noticed. Or the opposite, been so fidgety or restless that you have been moving around a lot more than usual
Not at all
Several days
More than half the days
Nearly every day
+ Show
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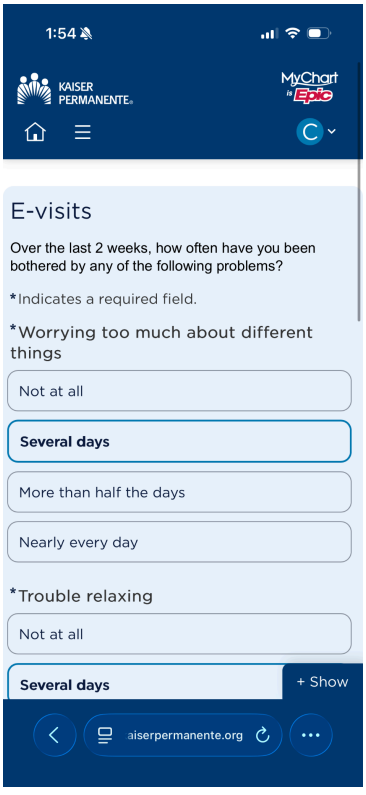
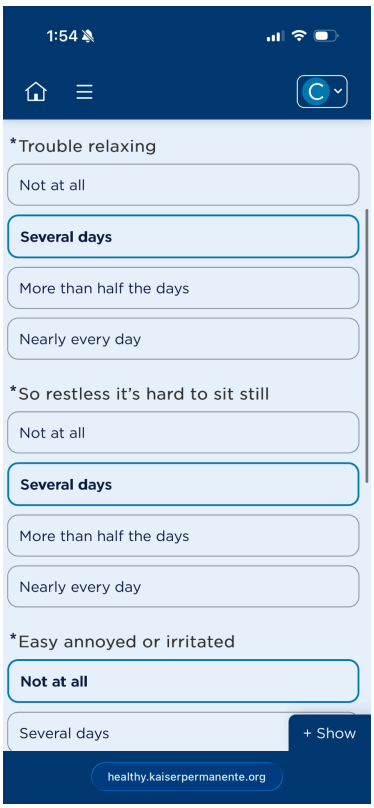
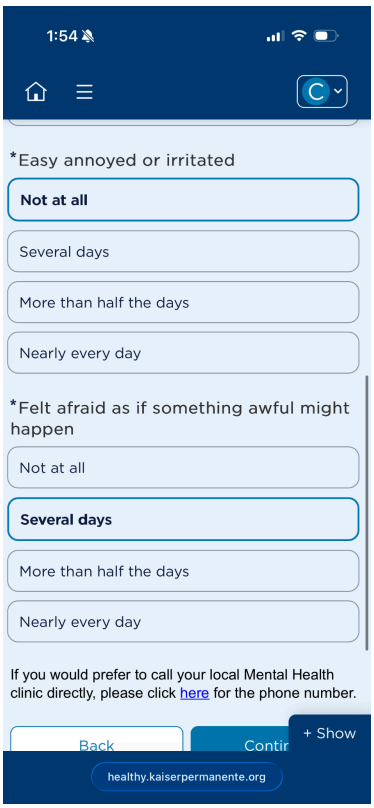

1:54
KAISER PERMANENTE
MyChart
E-visits
Over the last 2 weeks, how often have you been bothered by any of the following problems?
*Indicates a required field.
*Worrying too much about different things
Not at all
Several days
More than half the days
Nearly every day
*Trouble relaxing
Not at all
Several days
+ Show
aiserpermanente.org


1:54
*Trouble relaxing
Not at all
Several days
More than half the days
Nearly every day
*So restless it's hard to sit still
Not at all
Several days
More than half the days
Nearly every day
*Easy annoyed or irritated
Not at all
Several days
+ Show
healthy.kaiserpermanente.org


1:54
*Easy annoyed or irritated
Not at all
Several days
More than half the days
Nearly every day
*Felt afraid as if something awful might happen
Not at all
Several days
More than half the days
Nearly every day
If you would prefer to call your local Mental Health clinic directly, please click here for the phone number.
Back
+ Show
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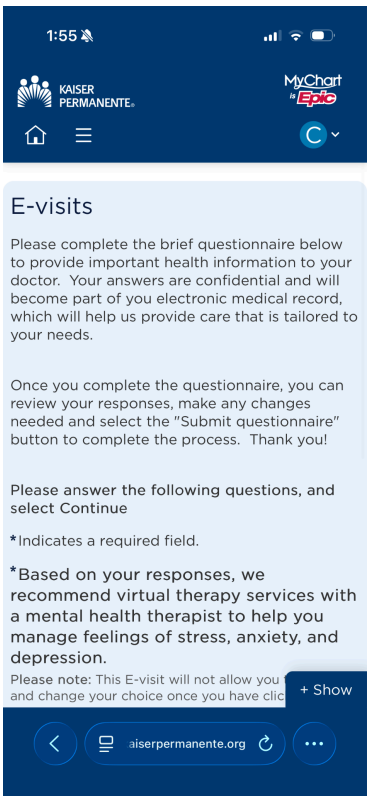
1:55
KAISER PERMANENTE
MyChart
E-visits
Please complete the brief questionnaire below to provide important health information to your doctor. Your answers are confidential and will become part of you electronic medical record, which will help us provide care that is tailored to your needs.
Once you complete the questionnaire, you can review your responses, make any changes needed and select the "Submit questionnaire" button to complete the process. Thank you!
Please answer the following questions, and select Continue
*Indicates a required field.
*Based on your responses, we recommend virtual therapy services with a mental health therapist to help you manage feelings of stress, anxiety, and depression.
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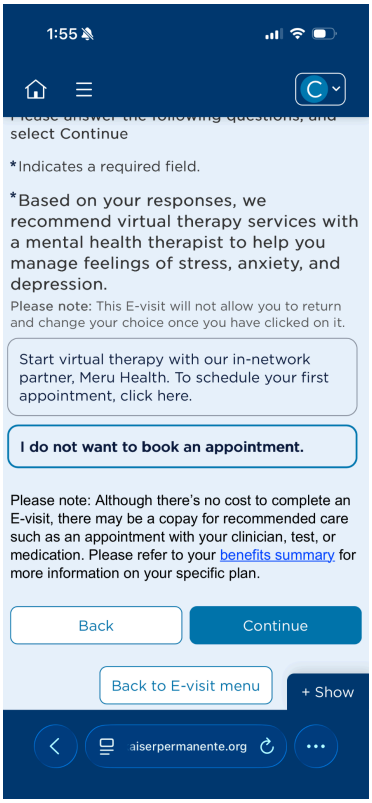
1:55
select Continue
*Indicates a required field.
*Based on your responses, we recommend virtual therapy services with a mental health therapist to help you manage feelings of stress, anxiety, and depression.
Please note: This E-visit will not allow you to return and change your choice once you have clicked on it.
Start virtual therapy with our in-network partner, Meru Health. To schedule your first appointment, click here.
I do not want to book an appointment.
Please note: Although there's no cost to complete an E-visit, there may be a copay for recommended care such as an appointment with your clinician, test, or medication. Please refer to your benefits summary for more information on your specific plan.
Back
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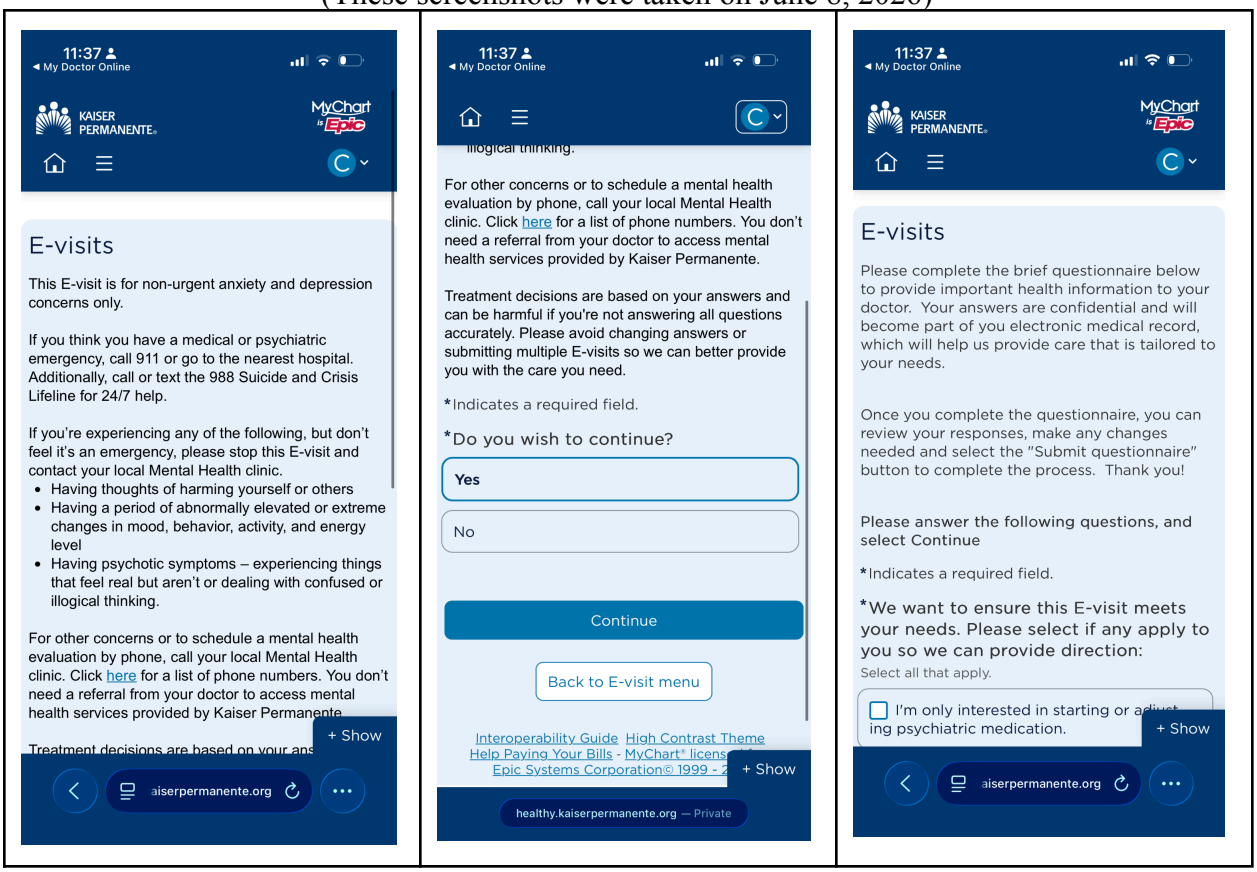
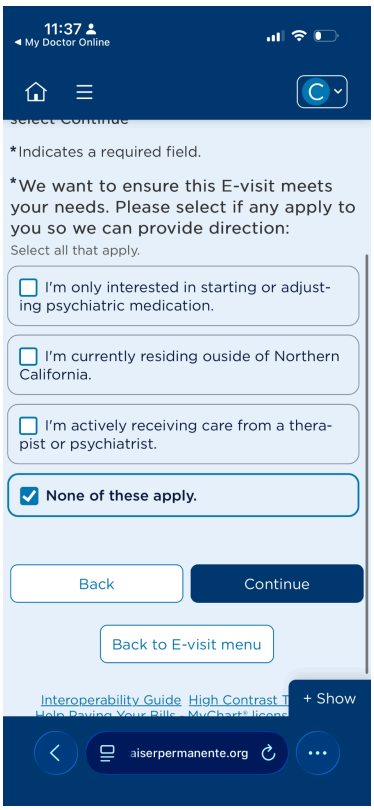
Exhibit C

(These screenshots were taken on June 8, 2026)




11:37
My Doctor Online
*Indicates a required field.
*We want to ensure this E-visit meets your needs. Please select if any apply to you so we can provide direction:
Select all that apply.
I'm only interested in starting or adjusting psychiatric medication.
I'm currently residing ouside of Northern California.
I'm actively receiving care from a therapist or psychiatrist.
None of these apply.
Back
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Interoperability Guide
High Contrast T
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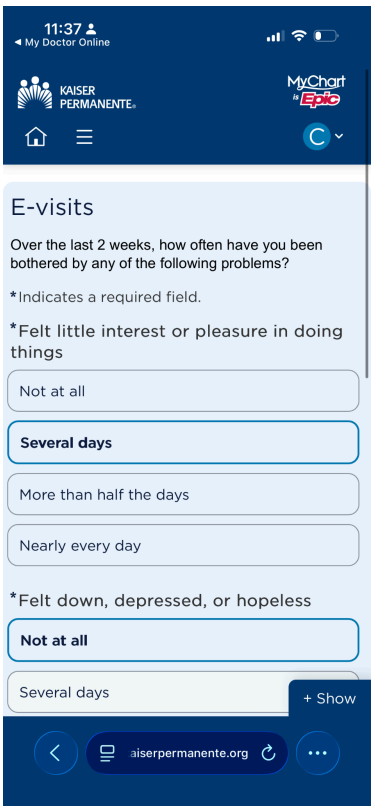
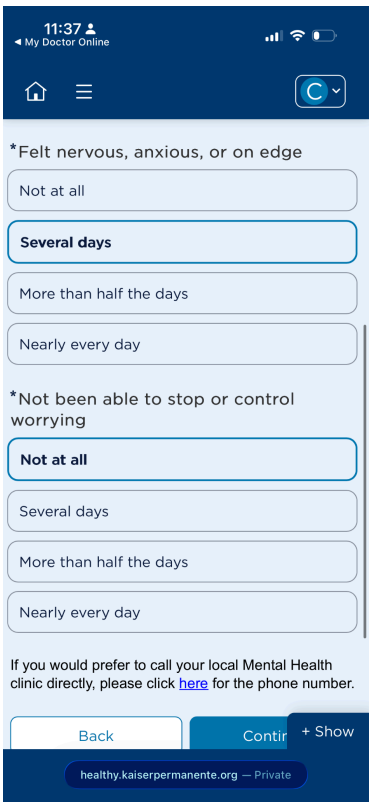

11:37
My Doctor Online
KAISER PERMANENTE
MyChart is Epic
E-visits
Over the last 2 weeks, how often have you been bothered by any of the following problems?
*Indicates a required field.
*Felt little interest or pleasure in doing things
Not at all
Several days
More than half the days
Nearly every day
*Felt down, depressed, or hopeless
Not at all
Several days
+ Show
aiserpermanente.org


11:37
My Doctor Online
*Felt nervous, anxious, or on edge
Not at all
Several days
More than half the days
Nearly every day
*Not been able to stop or control worrying
Not at all
Several days
More than half the days
Nearly every day
If you would prefer to call your local Mental Health clinic directly, please click here for the phone number.
Back
+ Show
healthy.kaiserpermanente.org — Private

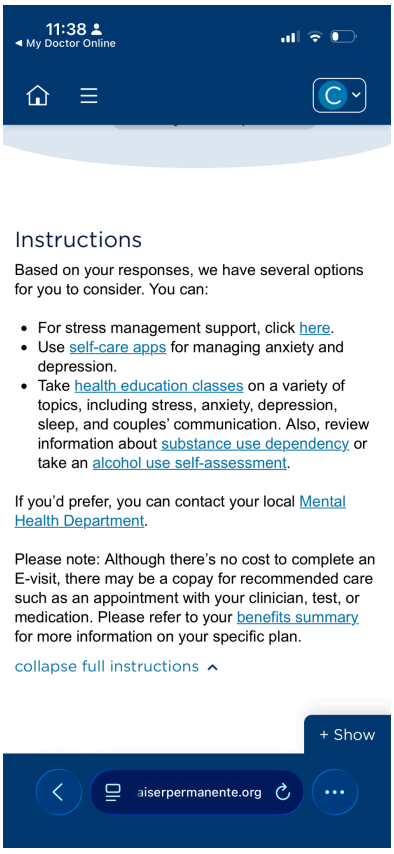

11:38
My Doctor Online
Instructions
Based on your responses, we have several options for you to consider. You can:
For stress management support, click here.
Use self-care apps for managing anxiety and depression.
Take health education classes on a variety of topics, including stress, anxiety, depression, sleep, and couples' communication. Also, review information about substance use dependency or take an alcohol use self-assessment.
If you'd prefer, you can contact your local Mental Health Department.
Please note: Although there's no cost to complete an E-visit, there may be a copy for recommended care such as an appointment with your clinician, test, or medication. Please refer to your benefits summary for more information on your specific plan.
collapse full instructions
+ Show
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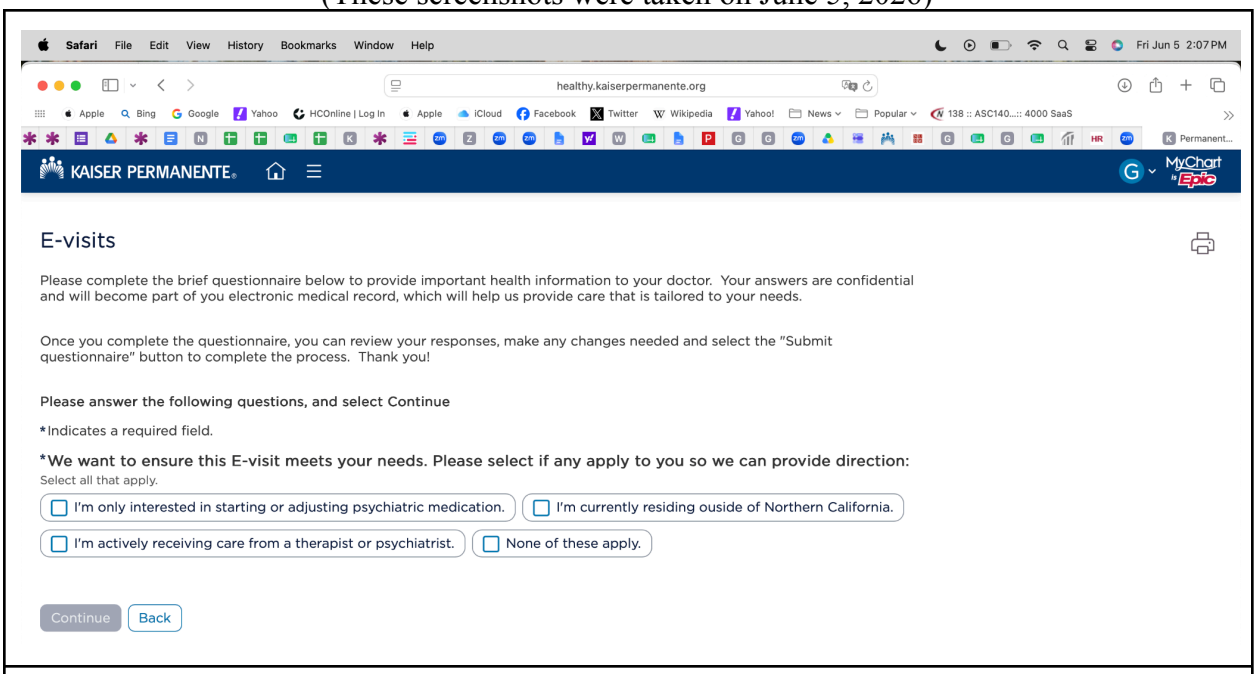
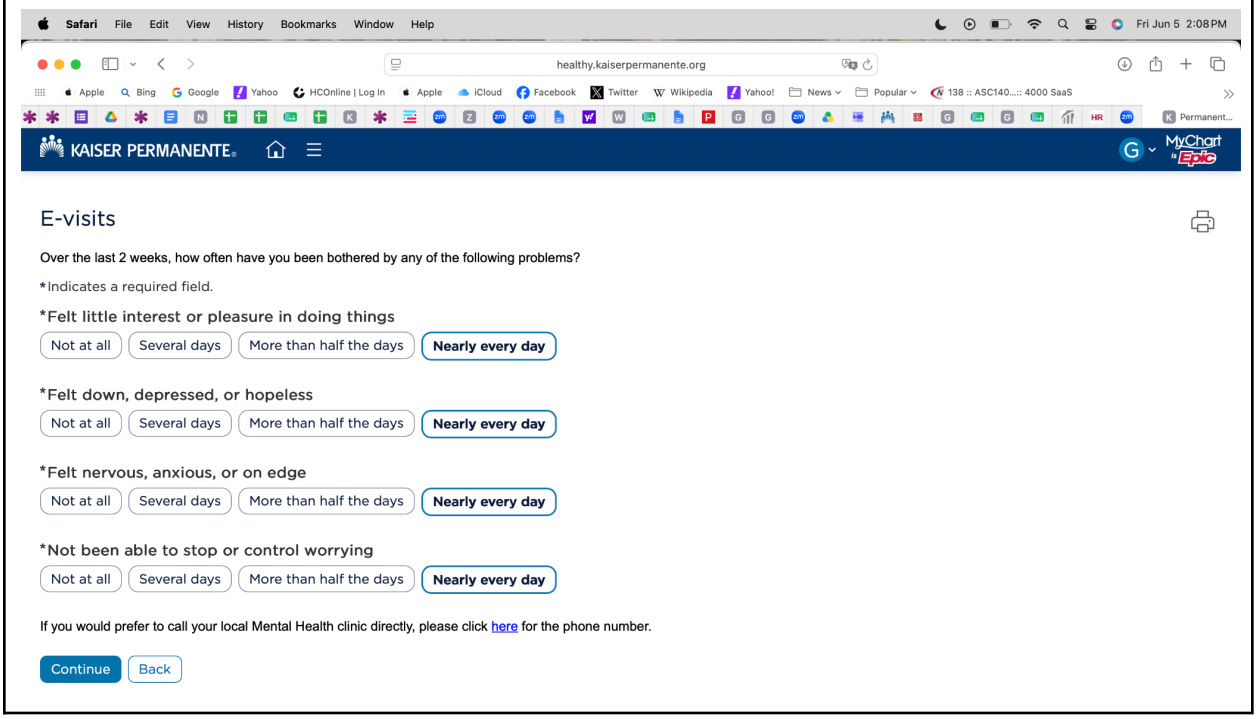
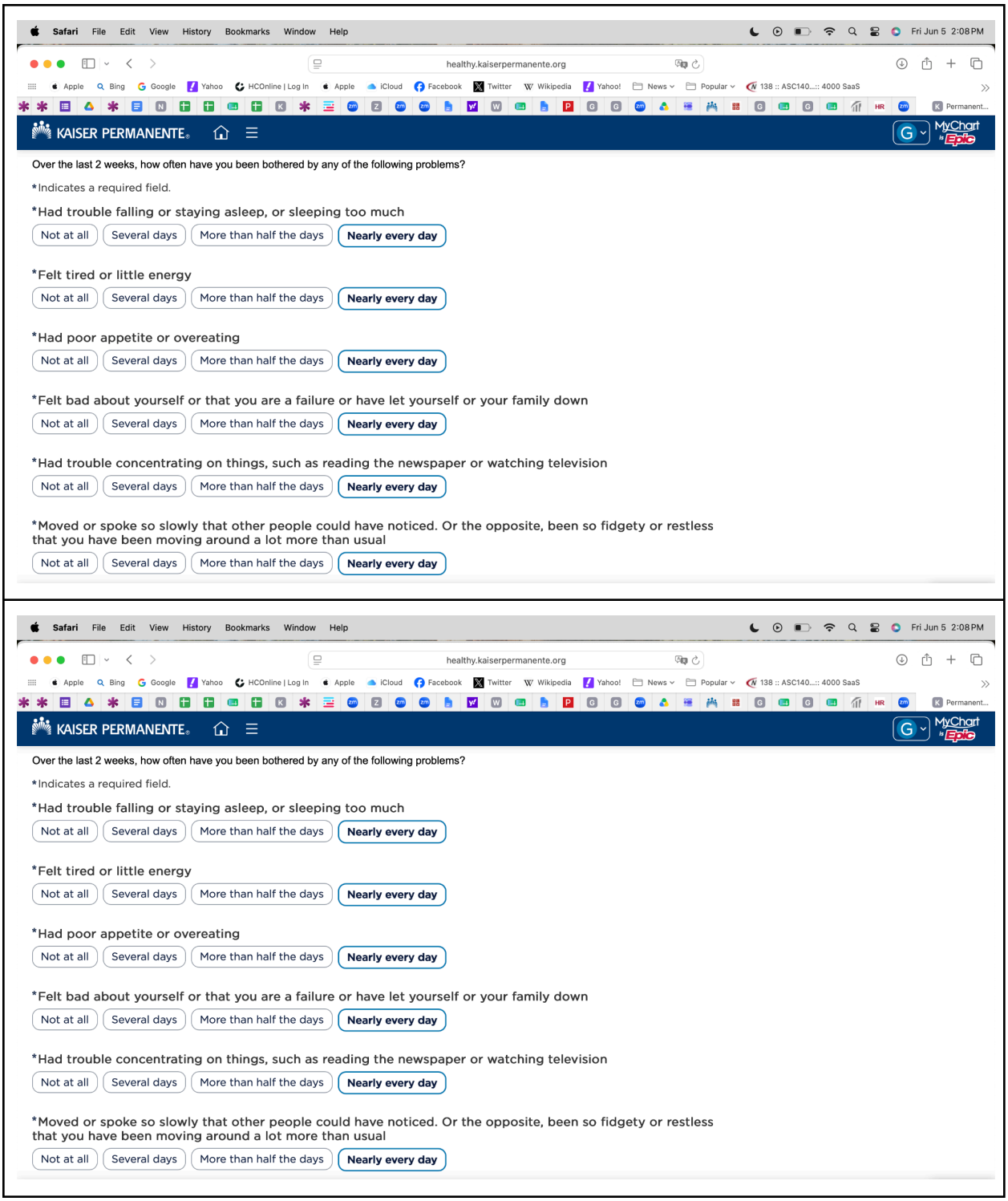
Exhibit D

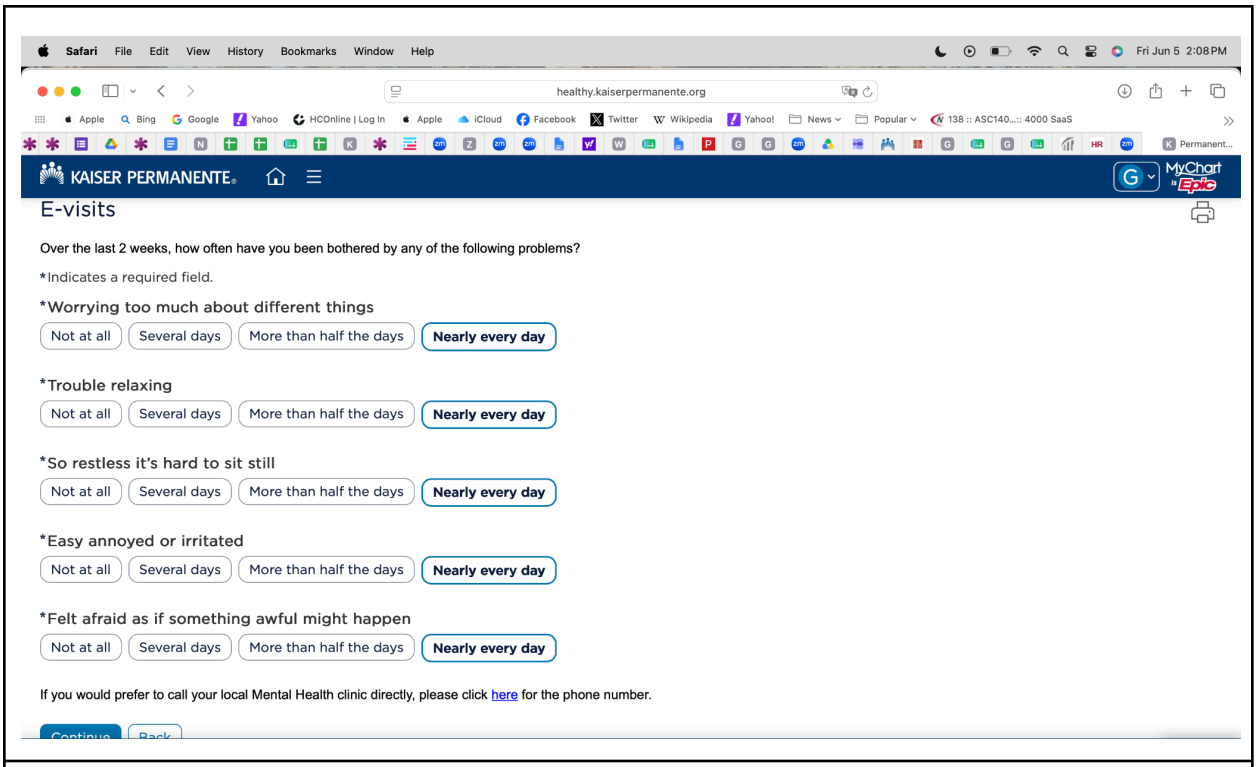
(These screenshots were taken on June 5, 2026)

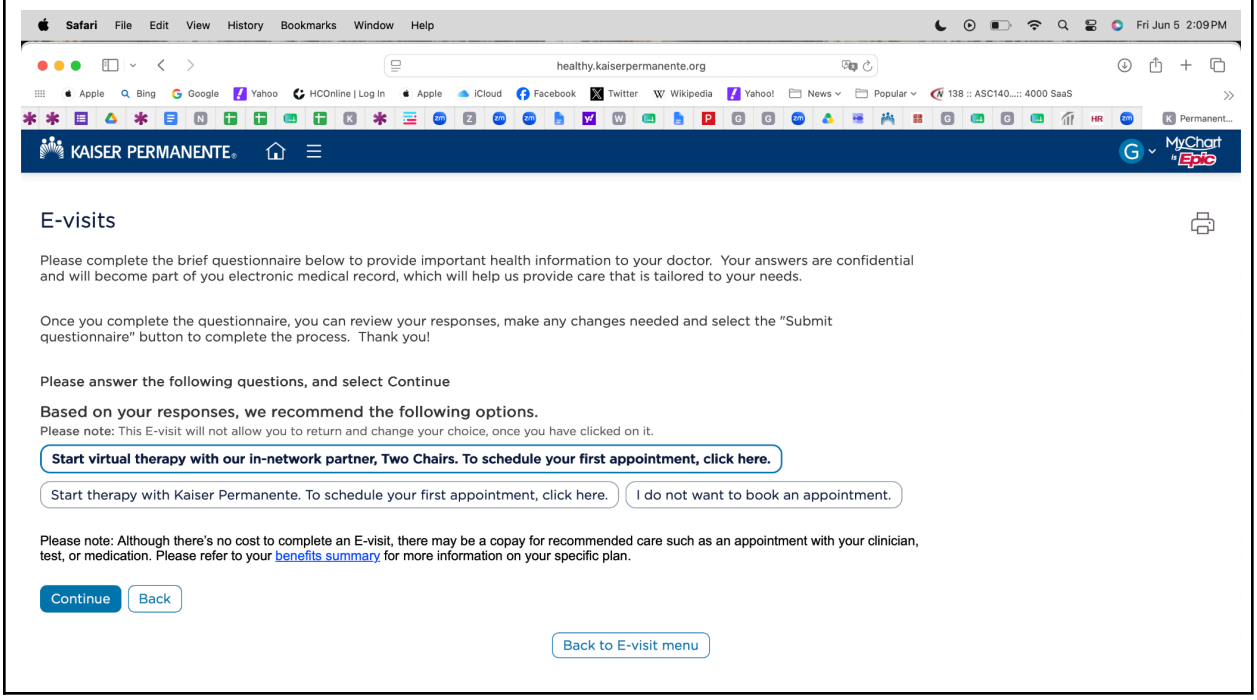






Safari File Edit View History Bookmarks Window Help
Fri Jun 5 2:08 PM
healthy.kaiserpermanente.org
KAISER PERMANENTE
MyChart is Epic
Over the last 2 weeks, how often have you been bothered by any of the following problems?
*Indicates a required field.
*Had trouble falling or staying asleep, or sleeping too much
Not at all
Several days
More than half the days
Nearly every day
*Felt tired or little energy
Not at all
Several days
More than half the days
Nearly every day
*Had poor appetite or overeating
Not at all
Several days
More than half the days
Nearly every day
*Felt bad about yourself or that you are a failure or have let yourself or your family down
Not at all
Several days
More than half the days
Nearly every day
*Had trouble concentrating on things, such as reading the newspaper or watching television
Not at all
Several days
More than half the days
Nearly every day
*Moved or spoke so slowly that other people could have noticed. Or the opposite, been so fidgety or restless that you have been moving around a lot more than usual
Not at all
Several days
More than half the days
Nearly every day


Safari File Edit View History Bookmarks Window Help
Fri Jun 5 2:08 PM
healthy.kaiserpermanente.org
KAISER PERMANENTE
MyChart is Epic
E-visits
Over the last 2 weeks, how often have you been bothered by any of the following problems?
*Indicates a required field.
*Worrying too much about different things
Not at all
Several days
More than half the days
Nearly every day
*Trouble relaxing
Not at all
Several days
More than half the days
Nearly every day
*So restless it's hard to sit still
Not at all
Several days
More than half the days
Nearly every day
*Easy annoyed or irritated
Not at all
Several days
More than half the days
Nearly every day
*Felt afraid as if something awful might happen
Not at all
Several days
More than half the days
Nearly every day
If you would prefer to call your local Mental Health clinic directly, please click here for the phone number.


Safari File Edit View History Bookmarks Window Help
Fri Jun 5 2:09 PM
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KAISER PERMANENTE
MyChart is Epic
E-visits
Please complete the brief questionnaire below to provide important health information to your doctor. Your answers are confidential and will become part of you electronic medical record, which will help us provide care that is tailored to your needs.
Once you complete the questionnaire, you can review your responses, make any changes needed and select the "Submit questionnaire" button to complete the process. Thank you!
Please answer the following questions, and select Continue
Based on your responses, we recommend the following options.
Please note: This E-visit will not allow you to return and change your choice, once you have clicked on it.
Start virtual therapy with our in-network partner, Two Chairs. To schedule your first appointment, click here.
Start therapy with Kaiser Permanente. To schedule your first appointment, click here.
I do not want to book an appointment.
Please note: Although there's no cost to complete an E-visit, there may be a copay for recommended care such as an appointment with your clinician, test, or medication. Please refer to your benefits summary for more information on your specific plan.
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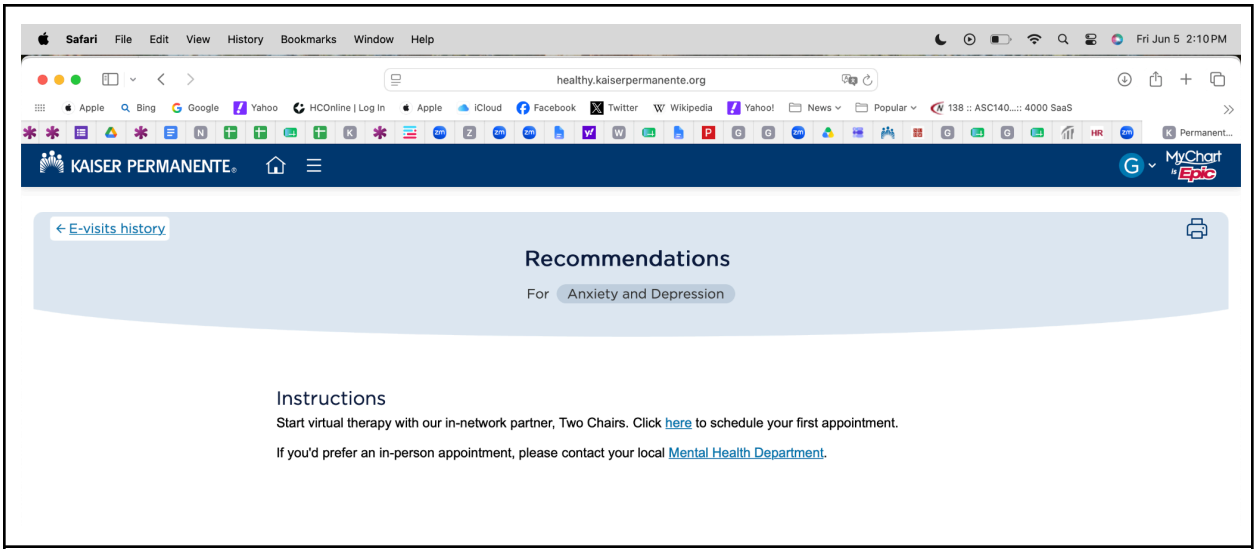
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Fri Jun 5 2:10 PM
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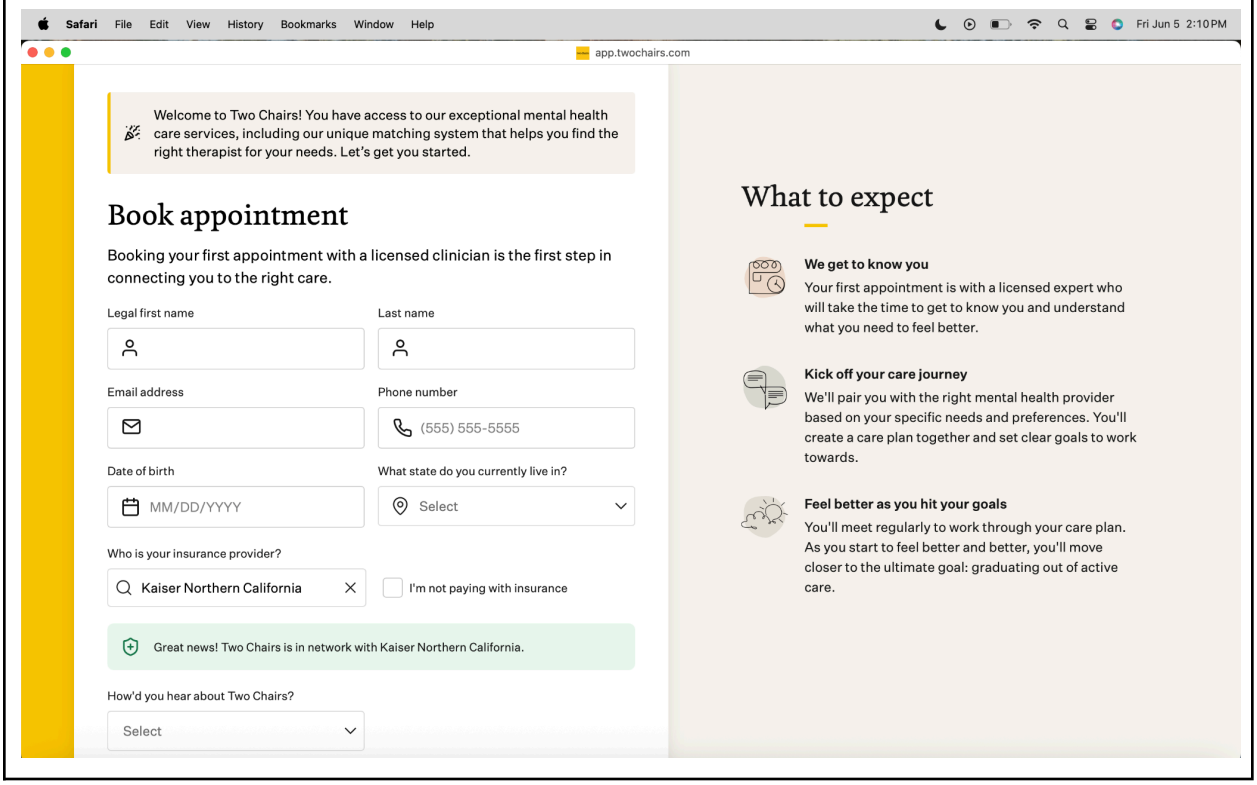
KAISER PERMANENTE
MyChart
← E-visits history
Recommendations
For Anxiety and Depression
Instructions
Start virtual therapy with our in-network partner, Two Chairs. Click here to schedule your first appointment.
If you'd prefer an in-person appointment, please contact your local Mental Health Department.


Safari File Edit View History Bookmarks Window Help
Fri Jun 5 2:10 PM
app.twochairs.com
Welcome to Two Chairs! You have access to our exceptional mental health care services, including our unique matching system that helps you find the right therapist for your needs. Let's get you started.
Book appointment
Booking your first appointment with a licensed clinician is the first step in connecting you to the right care.
Legal first name
Last name
Email address
Phone number
(555) 555-5555
Date of birth
MM/DD/YYYY
What state do you currently live in?
Select
Who is your insurance provider?
Kaiser Northern California
I'm not paying with insurance
Great news! Two Chairs is in network with Kaiser Northern California.
How'd you hear about Two Chairs?
Select
What to expect
We get to know you
Your first appointment is with a licensed expert who will take the time to get to know you and understand what you need to feel better.
Kick off your care journey
We'll pair you with the right mental health provider based on your specific needs and preferences. You'll create a care plan together and set clear goals to work towards.
Feel better as you hit your goals
You'll meet regularly to work through your care plan. As you start to feel better and better, you'll move closer to the ultimate goal: graduating out of active care.