NUHW NATIONAL UNION OF HEALTHCARE WORKERS

NUHW Objection to Assignment Form for Mental Health

For use when an employer assigns duties that may violate legal, ethical, or contractual standards

Use this form to formally document your objection to a directive, assignment, or condition of work that may:

- Violate federal or state law (including regulations enforced by the DMHC, BBS or Board of Psychology)
- Contradict NASW, CAMFT, or APA codes of ethics
- Deviate from professionally recognized standards of care
- Breach your union contract or labor rights
- Compromise patient care or puts patients or your license in jeopardy
- Pose risks to worker safety

Submitting this form does not mean you are refusing to work. It is a protected action under state labor law and your union contract.

*****DO NOT INCLUDE ANY PROTECTED HEALTH INFORMATION (PHI) ON THIS FORM*****

EMPLOYEE INFORMATION

Name: _____ Personal Email: _____ Phone: _____

Job Title: _____ Worksite/Dept: _____ License Type: _____ License Number: _____

ASSIGNMENT BEING OBJECTED TO

Date and time of assignment being objected to: _____ at _____ ☐ A.M. ☐ P.M.

If a specific supervisor or manager issued the assignment, provide their name: _____

Describe Assignment or Directive, including details of the task, policy, or demand you are objecting to:

GROUNDS FOR OBJECTION - CHECK ALL THAT APPLY

- ☐ Clinically appropriate appointment not available
- ☐ Appointment booked less than 30 minutes prior to start time, unable to review patient chart
- ☐ Return appointment converted to intake, unable to offer to existing patients
- ☐ Violation of federal or state law or DMHC, BBS, or Board of Psychology Regulation
- ☐ Violation of NASW / CAMFT / APA Ethical Code
- ☐ Deviation from professionally recognized standards of care
- ☐ Violation of union contract (e.g., unsafe workload, misclassification)
- ☐ Risk to patient safety or quality of care
- ☐ Risk to worker safety and/or workplace hazards
- ☐ Violation of scope of license or clinical judgment
- ☐ Unethical billing, charting, or documentation practices
- ☐ Violation of HIPAA or patient privacy
- ☐ Retaliation or coercion

STEPS TAKEN TO ADDRESS INTERNALLY

Name of supervisor(s) notified: _____ Time of notification: _____

STATEMENT OF GOOD FAITH

I submit this objection in good faith out of concern for legal, professional, ethical, and/or contractual obligations as a licensed/registered mental health provider and NUHW member. This document also serves to preserve my right to file a grievance and/or whistleblower complaint if necessary.

Signature: _____ **Date:** _____