Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

OFFICE USE ONLY:
Date received: _____
Chatbot Policy Filing Number: _____

Mental Health Chatbot Policy Filing Form

SUPPLIER INFORMATION

Legal Business Name of the Mental Health Chatbot Supplier ("Supplier"):

_____

Supplier's DBA Name, if applicable: _____

Name of Supplier's Chatbot: _____

Supplier's Website Domain: _____

Utah Division of Corporations Registration Number: _____

DBA Registration Number(s) if applicable: _____

Supplier's Address: _____

City: _____ State: _____ Zip: _____

Location Phone: (_____) _____ – _____ Email: _____
Note: All Division legal notices will be sent to this email.

Contact Person: _____ _____ _____
First *Middle* *Last*

Contact Phone: (_____) _____ – _____ Email: _____

TYPE OF CHATBOT POLICY

☐ I am filing a new chatbot policy for the Supplier.

☐ I am filing an updated chatbot policy for the Supplier.

AFFIDAVIT

I understand that in all areas of this filing form, the word "I" applies to the Supplier listed above and *all* subsidiaries, owners, officers, managers, qualifiers, and prior entities.

I certify that I am authorized to sign this form on behalf of the Supplier.

I certify that the Supplier's chatbot meets the definition of a "mental health chatbot" under Utah Code Ann. Subsection 13-72a-101(10).

I certify that to the best of my knowledge that the information contained in this filing form is true and correct, the policy filed with this form meets the requirements of Utah Code Ann. Subsection 58-60-118(3), and that the Supplier will update or correct the filing form or chatbot policy as necessary.

I certify that I have read and understand the provisions of Utah Code Ann. Subsection 58-60-118 and the

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provisions of Title 13, Chapter 72a, Artificial Intelligence Applications Relating to Mental Health. I understand

that the Supplier has the continuing responsibility to read, understand, and apply the requirements contained in all statutes and rules pertaining to mental health chatbots, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that if this form and accompanying policy do not meet the requirements of Utah Code Ann. Section 58-60-118 at the time of filing, the Supplier might not qualify for the affirmative defense to liability protection under Utah Code Ann. Subsection 58-60-118(2).

I declare that the information on this policy filing form is true and correct.

Signature of Supplier's Authorized Agent:_____ Date: _____

Printed Name: _____ Title/Position: _____

PRIVACY NOTICE

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit https://dopl.utah.gov/records

To comply with legal and regulatory requirements, we may share limited information about your policy with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include filing date, status, disciplinary actions, and the Supplier's name or other direct identifiers.

We may also share aggregated and de-identified data with relevant stakeholders for data analysis and reporting purposes.

WRITTEN POLICY:

When the Supplier files this form, the Supplier must also provide a copy of Supplier's written chatbot policy that meets the requirements of Utah Code Ann. Subsection 58-11-118(3). Any revisions to a policy filed or any other documentation the Supplier elects to provide must promptly be submitted to the Division.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

Legal Business Name: _____

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PROFESSIONAL REVIEW

You may provide the licensed mental health therapists involved in the development and review of the policy, in accordance with Ann. Subsection 58-60-118(3)(c)(i).

Profession:_____ **License Number:** _____

Issuing State: _____ **License Status:**_____ **Issue Date:** _____

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Issuing State: _____ **License Status:**_____ **Issue Date:** _____

Profession:_____ **License Number:** _____

Issuing State: _____ **License Status:**_____ **Issue Date:** _____

APPLICATION CHECKLIST AND INSTRUCTIONS

***NOTE:** Incomplete applications will be denied.*

For information on the laws governing Mental Health Bots see Utah Code Sections 13-72a-101, 13-72a-201, and 58-60-118.

Your application is classified as a public record and may be available for inspection by the public, except regarding the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer (Utah Admin. Code R156-1-301). Submission of the above documents may require additional documents to demonstrate lawful presence (Utah Code § 63G-12-402 (3)(k)).

NEW APPLICANTS

New applicants are required to submit the following items to complete the application:

- ☐ $400.00 non-refundable application-processing fee, made payable to "DOPL".
- ☐ Copy of written policy as required in Utah State Code Annotated 13-72a-301(3)

Submit the above items with your completed application to:

By US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84114

If you have questions, please contact the Division at 801-530-6628 or by email: B8@Utah.gov.