



Tips on How to Advocate for Yourself (Medical)

(Updated August 2017)

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I. Be the Master of Your Own Paperwork

Keeping good records (1) helps you track your medical condition and your communications with your doctor; (2) provides proof of any shortcomings in your access to proper medical care; and (3) creates a record that you have followed the prison's rules for solving problems and the courts' requirement that you "exhaust your administrative remedies"¹ before filing a lawsuit, if you choose to do so.

A. Keep Copies of Your Prison Records

It is *very important* to keep copies of all documents related to the problem you are trying to resolve. If you don't already have them, you may wish to request copies of your medical or administrative complaint records from the prison. Important documents to keep include medical records; chronos; co-pays; administrative grievances; letters to family members, prison officials, and advocates about your medical condition or care; request forms; etc. If possible, make a second copy of these documents and send them to someone you trust outside of the prison, such as a family member or friend.

You can request your medical records be provided to you or to anyone of your choice by filling out and filing a CDCR Form 7583. We recommend that you complete

¹ In Title 15, "exhausted your administrative remedies" refers to filing a 602 and taking it all the way to the highest level (i.e. Third Level) in Sacramento.

this form and share it with a trusted person on the outside before you have any medical emergencies. You can limit which records are released by specifying a time period or medical issue. That person can turn the document into the prison immediately if they wish to access your records now, or they can hold on to it for later use. CDCR staff will be much more likely to speak with your family member or friend about your medical care if they have this signed release. CDCR Form 7583 and instructions are attached to the back page of this manual.

B. Keep a Diary

It can also be helpful to keep a journal or “medical diary” of your experiences. Write down as much detail as you can, such as date and time of the event or appointment, names and positions of people involved, medications prescribed or taken, symptoms experienced, forms submitted, etc. For recording symptoms, it is important to describe them precisely and accurately. This helps you obtain proper diagnosis and treatment, as well as to record a timeline of your condition. Constructing a timeline of the problem and your attempts to resolve it can help you better track your health and will make it much easier to file an effective grievance and, should you choose, a lawsuit. If possible, it is a good idea to periodically make copies of this journal (even handwritten copies) and send them to someone whom you trust.

C. Show Prior, Outside Medical Records to Prison Medical Officials

If you had a medical condition before entering the prison, you may be able to provide prison medical officials with records of your previous care. This can be helpful in convincing the prison to continue the same type or level of care. To do this, you will need to call or write to your outside medical care provider to request a copy of that office’s medical records release form. A family member or supporter on the outside may be able to help you obtain this form. Complete, sign, and return the form to the outside medical provider’s office. You can limit which records are released by specifying a time period or medical issue. The outside medical office will then mail or fax your records to the location that you requested. If you wish, you may ask that your medical records be released directly to your prison doctor or the prison’s Chief Medical Officer. However, you may wish to have the records sent to a family member outside of the prison so that they can make a copy before providing them to the prison doctors.

D. File Administrative Grievances

Form 22

Filing Form 22, or a “Request for Interview, Item or Service,” seeks to resolve an issue through scheduling informal interviews with staff, asking a question of a staff member, or requesting items or services. Staff members sometimes view this form as less confrontational than a grievance and can be more likely to respond in a helpful way.

If the request is unclear, staff may refuse to answer your question or respond productively. When filling Form 22, your request should clearly state the issue and the service you would like and specify any documents attached to the form. Once you file a Form 22, a staff member is required to sign and date the form upon submission and to respond to you in writing within three days. You should keep the goldenrod (yellow) copy of your 22 to serve as proof of submission. If you do not like the response you receive to your original 22, you can file a second 22 with the staff member's supervisor. Section 3086 of Title 15 explains how the Form 22 process works. There is no limit in the regulations on the number of 22's a person can file.

Form 602

If you have not done so already, you may consider submitting a Form 602, a formal grievance that documents your complaints. On this form, you can specify your issues, document problems, and request certain solutions from the prison staff. All incarcerated people have the right to file a grievance on any issue or concern related to confinement and to request relief. You must file the 602 within 30 days of the incident, hearing, problem. This right includes access to assistance from staff at every stage of the appeals process, including helping you complete your 602, if needed.

Although 602s often do not result in the desired response, following the grievance procedure shows that you have attempted to follow the prison's rules for resolving problems. Additionally, if you ever try to file a lawsuit, the first step is to file a 602 to demonstrate that you have "exhausted your administrative remedies".

Tips for Filing Form 602

Clearly describe your situation. The following questions are to help guide your writing:

- What are your condition(s) and/or symptom(s)?
- When did each event occur?
- Who was involved?
- What have you done so far to achieve solutions?

Also, refer to "Questions to Consider in an Effective Advocacy Letter" in Section III.

Providing evidence to support your claim can also be very helpful. If you attach any proof, such copies of forms, specify that you are including documents and indicate which ones.

You may also want to consider being interviewed by a staff member, as it will allow the prison to ask you any clarifying questions that can further support your 602. At the bottom of the Form 602, there is a section about waiving your rights to interview. If you *do* want to be interviewed, cross out the section. If you *do not* want to be interviewed, sign your name in the correct section.

If your 602 is successfully submitted and processed, the form will be given a log number. Sometimes, however, prison staff misplaces a 602 before you receive the log number.

To create evidence that you submitted a 602, you can submit a Form 22 along with your submission of your original 602, and if possible within the 30-day timeline, make a *copy* of the 602 for your records. On Form 22, you will want to indicate what the 602 said, when you submitted it, and which member on the prison staff is responsible for delivering it. That is, a Form 22 can be used to request that a specific staff member turns in your 602 and can it act as a receipt for your 602. With these two steps, even if you are not given a log number for your 602, you will have evidence that you submitted it because you will have both your own copy of the 602 and your goldenrod (yellow) copy of the Form 22 that you attached to the 602. This can help you to comply with the time limits for filing a 602 or to track failures of CDCR staff to log 602's.

**Proposed text for Form 22,
attached to a Form 602:**

*Officer (guard's name), please turn
in the attached 602 regarding
(topic that the 602 is about).
Thank you. (date)*

E. Follow up Verbal Communications with Written Communication

If you or your outside supporter verbally speaks with someone regarding your problem, it is a good idea to follow up these conversations with a brief letter in order to create a record of your efforts to resolve the issue. For example, if your outside supporter calls the prison and speaks to an officer about your situation, ask them to write a follow-up letter or email to the prison official summarizing the conversation. You can then ask your outside supporter to send you a copy for your records, and you can ask them to keep a copy for their own records. See the example below.

Dear Officer Smith,

I am writing to follow up on our telephone conversation, which happened on April 3, 2017, at approximately 2:30pm, regarding my daughter, Jane Doe, X12345. During this call, I notified you that my daughter has been waiting three weeks for the results of her chest x-ray. You told me you would look into this matter and try to help her get an appointment with her yard doctor. Thank you for your attention to this matter. If you have further questions, please contact me at (111) 222-4444.

Sincerely,

XXX

II. Advocating to CDCR Officials

You and your outside supporters, whether they are family or concerned friends, may find it helpful to contact prison administrators on your behalf. Contacting prison officials puts them on notice that you are experiencing a problem and that they have a responsibility to address your concerns. As you probably know, incarcerated people sometimes report that they suffer retaliation from staff as a result of speaking out about the violation of their rights. Use your discretion to determine whether this is the most effective action in your case.

Whenever you or your supporters contact officials about your condition, keep copies of the correspondence or follow-up letters summarizing any phone conversations with these individuals. If you are keeping a “medical diary,” make sure to keep track of all contacts with officials, including dates of contact/call/correspondence, name of the person contacted, and a brief summary of the conversation.

A. Contact the Office of the Ombudsman

The Office of the Ombudsman reports directly to the Secretary of CDCR. The Ombudsman’s mission states that the office “works independently as an intermediary to provide individuals with a confidential avenue to address complaints and resolve issues at the lowest possible level” and “proposes policy and procedural changes when systemic issues are identified.”

When contacting the Office of the Ombudsman, provide as much of the following information as possible:

- Your name and CDCR number
- Location of prison
- A phone number, if possible
- Brief description of the situation
- The log numbers of relevant 602s
- An overview of what has been done to resolve the issue

Note on Filing Complaints or Grievances:

If you or one of your supporters decides to file a complaint, you should provide as much background material and evidence to support your claim as possible. This may include letters, memos, copies of complaint forms and responses, notes from conversations, names of witnesses, a journal describing the history of the situation, etc. Make sure you clearly write on your letter to prison officials "CONFIDENTIAL."

Also, refer to “Questions to Consider in an Effective Advocacy Letter” in Section III.

Office of the Ombudsman
California Department of Corrections & Rehabilitation
1515 S Street, Room 540 North
Sacramento CA 95811
Ph: (916) 445-1773

B. Contact Additional CDCR Officials/Offices Based at Headquarters in Sacramento

You can also contact other CDCR officials. While the addresses below are statewide, you may consider writing directly to your prison's warden or chief medical officer as well.

Scott Kernan, Secretary California Dept. of Corrections & Rehabilitation P.O. Box 942883 Sacramento CA 94283-0001 Ph: (916) 445-7688 Fax: (916) 322-2877	Associate Director of the Female Offender Programs and Services/Special Housing California Department of Corrections & Rehabilitation P.O. Box 942883 Sacramento CA 94283-0001 Ph: (916) 322-8055 Fax: (916) 323-2888
Office of Internal Affairs P.O. Box 3009 Sacramento CA 95812 Ph: (916) 323-5769	

III. Get Help from Outside the Prison System

You and your outside supporters, whether they are family or concerned friends, may find it helpful to contact other government officials on your behalf. Contacting other government officials can sometimes help because they may be able to influence the prison administration. As you probably know, incarcerated people sometimes report that they suffer retaliation from staff as a result of speaking out about the violation of their rights, so use your discretion to determine whether this is the most effective action in your case.

Whenever you or your supporters contact officials, keep copies of any correspondence and write follow-up letters summarizing any phone conversations with these individuals (*see Section I.E. on page 4*). If you are keeping a "medical diary," make sure to keep track of all contacts with officials that include dates of contact/call/correspondence, name of the person contacted, and a brief summary of the conversation.

Questions to Consider in an Effective Advocacy Letter:

- What is the nature of the problem?
- How long has this problem been happening?
- How is the problem affecting you? Why is this problem creating a difficult situation for you?
- What attempts have you made to solve the problem and how has the prison responded to your efforts?
- What do you want to happen in order to resolve the problem?
- Do you have copies of any supporting documents that will help to further

explain your situation?

A. Contact the Federal Receivership Over Prison Health Care

In October 2005, Thelton Henderson, the federal judge presiding over a large class action lawsuit called *Plata*, ordered that the entire California prison health system be placed under the control of a court-appointed Federal Receiver. According to court documents, the responsibilities of the Receiver include the following: "provide leadership and executive management of the California prison medical health care delivery system with the goals of restructuring day-to-day operations and developing, implementing, and validating a new, sustainable system that provides constitutionally adequate medical care to all [prisoners]."

For specific questions or concerns regarding this lawsuit, write to the following organization: Prison Law Office General Delivery San Quentin, CA 94964-0001 Ph: (415) 457-9144 Fax: (415) 457-9151	To contact the Receiver, write to the following address: California Correctional Health Care Services Controlled Correspondence Unit P.O. Box 4038 Sacramento CA 95812-4038 Ph: (916) 323-1923 Fax: (916) 323-1257
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Starting in 2012, the authority over California prison medical care has transitioned from the Federal Receiver back to certain state prisons. If you are in one of the following prisons, which are no longer under the control of the Receiver, you should contact the Chief Medical Officer at that Facility and the Undersecretary of Health Services:

- Folsom State Prison (FOL), Represa
- Correctional Training Facility (CTF), Soledad
- Chuckawalla Valley State Prison (CVSP), Blythe
- California Correctional Institute (CCI), Tehachapi
- Pelican Bay State Prison (PBSP), Crescent City
- Centinela State Prison (CEN), Imperial
- Sierra Conservation Center (SCC), Jamestown
- California Institution for Men (CIM), Chino
- Avenal State Prison (ASP), Avenal
- San Quentin State Prison (SQ), San Quentin
- California Institution for Women (CIW), Corona
- Kern Valley State Prison (KVSP), Delano
- California City Correctional Facility (CAC), California City

B. Contact the Office of the Inspector General

Office of the Inspector General (OIG), which is independent from CDCR, was established to investigate problems in CDCR and the California Youth Authority. They describe

themselves as being responsible for "rigorously investigating and auditing the [CDCR] to uncover criminal conduct, administrative wrongdoing, poor management practices, waste, fraud, and other abuses by staff, supervisors, and management." In order "to bring public transparency into the operation of the state's correctional system, [the OIG] post[s] the findings of every audit and large-scale investigation on [their] website." The OIG does not provide legal advice.

Complaints are handled in one of the following ways. (1) Your complaint may be referred back to the CDCR Office of Internal Affairs if they have not previously investigated the issue. (2) Even if the complaint has been investigated by CDCR's Internal Affairs, the OIG may still send the complaint back again for further investigation. (3) The OIG may investigate the complaint directly. (4) The complaint may be referred to law enforcement authorities if the complaint involves criminal misconduct. (5) If the OIG finds after a preliminary review that there is insufficient evidence to support your claim, your inquiry may be closed without further action.

The OIG also claims that it will investigate allegations of retaliation against persons who have filed complaints with their office. However, it operates with limited resources and cannot assure anyone's protection from retaliatory acts.

Office of the Inspector General
Placerville Road, Suite 110
Sacramento, CA 95827
Ph: (916) 830-3600
Toll-free: (800) 700-5952
Fax: (916) 928-5996
www.oig.ca.gov

C. Contact Elected Representatives

You or your supporters may also write to members of the state legislature, who are responsible for overseeing CDCR. If your outside supporters live in California, it can also be helpful for them to contact their elected representatives. Their legislators can be found by visiting the following website and entering in a zip code: www.legislature.ca.gov/your_legislator.html.

Public Safety Committees

Both the Assembly and Senate Public Safety Committees are responsible for investigating and studying bills that relate to CDCR and criminal laws and procedures. During their hearings, these committees vote on pending bills, advancing them to the whole Assembly and Senate. Below is the contact information of each committee and their chair members as of July 2017:

Assembleymember Reginald Jones-Sawyer, Sr. Chair, Assembly Public Safety Committee Legislative Office Building 1020 N Street, Room 111 Sacramento, CA 95814 Ph: (916) 319-3744 Fax: (916) 319-3745	Senator Nancy Skinner Chair, Senate Public Safety Committee State Capitol, Room 2031 Sacramento, CA 95814 Ph: (916) 651-4118 Fax: (916) 445-4688
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California Legislative Caucuses

You may also want to consider contacting a California Legislative Caucuses. These caucuses focus on bettering the welfare of their specific communities in California. Their work areas include: legislative issues, participation and representation in government, the elimination of discrimination and disparities among identity groups, and much more. Below is the contact information of different caucuses and their chair members as of July 2017:

California Legislative Black Caucus Chair, Assembleymember Christopher Holden State Capitol Building Sacramento, CA 95814 Ph: (916) 319-3868	California Latino Caucus Chair, Senator Ben Hueso Legislative Office Building 1020 N St., Room 511 Sacramento, CA 95814 Ph: (916) 651-1535
Asian Pacific Islander Legislative Caucus Chair, Assembleymember Rob Bonta State Capitol Building Legislative Office Building 1020 N St, Room 370 Sacramento, CA 95814 Ph: (916) 319-3686	California LGBT Legislative Caucus Chair, Assembleymember Evan Low State Capitol, Room 4126 P.O. Box 942849 Sacramento, CA 94249-0028
California Legislative Women’s Caucus Chair, Assembleymember Cristina Garcia State Capitol P.O. Box 942849 Sacramento, CA 94249 Ph: (916) 319-2058	

D. File Complaints with State Medical Licensing Agencies

If you have concerns about specific prison health staff, you may consider filing complaints with the appropriate state licensing boards. These agencies are designed to monitor medical professionals in order to protect the public (which includes incarcerated people) and ensure that medical professionals are providing care consistent with their licenses. There is no guarantee that by filing a complaint you will get the specific care you desire or that the medical staff person will be reprimanded. However, by filing with the appropriate board, you are creating a record and lodging an official complaint with outside state agencies about the difficulties incarcerated people experience getting adequate medical care at your prison (where you are housed). This can help other prisoners later.

<p><u>Complaints about Physicians</u> Medical Board of California, Central Complaint Unit 2005 Evergreen Street, Suite 1200 Sacramento, CA 95815 Toll free: (800) 633-2322 Ph: (916) 263-2382 Fax: (916) 263-2435</p>	<p><u>Complaints about Registered Nurses</u> California Board of Registered Nursing Attn: Complaint Intake P.O. Box 944210 Sacramento, CA 94244-2100 Fax: (916) 574-7693</p>
<p><u>Complaints about Licensed Vocational Nurses and Psychiatric Technicians</u> (Many Medical Technical Assistants (MTAs) are also Licensed Vocational Nurses.) Board of Vocational Nursing and Psychiatric Technicians 2535 Capitol Oaks Drive, Suite 205 Sacramento, CA 95833 Ph: (916) 263-7827 Fax: (916) 263-7859</p>	<p><u>Complaints about Certified Nursing Assistants</u> California Department of Public Health Professional Certification Branch/Investigation Section P.O. Box 997416, MS 3303 Sacramento, CA 95899 Ph: (916) 322-1084</p>
<p><u>Complaints about Dentists</u> Dental Board of California 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815 Ph: (916) 263-2300 Toll free: (877) 729-7789</p>	

III. Conclusion

We hope this short guide will be useful in helping you to protect and advocate for your rights while you are in prison.

LSPC also publishes and distributes the following self-help legal manuals for free:

Family Matters

Child Custody and Visiting Rights for Recently Released Parents explains how to get a court order to visit with your child after you are released.

Child Custody and Visiting Rights for Incarcerated Parents explains how to get a court order to visit with your child while you are in prison or jail.

Incarcerated Parents Manual addresses various aspects of family law, including: child custody, foster care, paternity, child support; includes sample forms and letters. Also available in Spanish.

How to Add a Parent's Name to a Birth Certificate After Birth is intended for individuals who want to add a parent's name to a child's California birth certificate after birth.

Pregnant Women in California Prisons and Jails: A Guide for Prisoners and Legal Advocates provides information on your legal rights as a pregnant woman in jail or prison as well as general information about pregnancy.

Transportation to Court provides information and forms explaining how to get from state prison/jail to court for a hearing concerning a child custody or parental rights issue in juvenile (dependency) court.

What to Plan for When You Are Pregnant at California Institution for Women is created for pregnant women currently housed at California Institution for Women. It addresses what to expect from arrival at prison to delivery, and how to create the best possible arrangements for the mother and her baby.

Reentry

Lifer Parole Packet is a compilation of resources from UnCommon Law, Life Support Alliance, & Prison Hunger Strike Solidarity Coalition to help Lifers navigate the parole process, including the psychological evaluations.

Using Proposition 47 to Reduce Convictions and Restore Rights is intended to provide introductory information about who is impacted by Prop 47, as well as procedural information to assist attorneys and formerly incarcerated people in reclassifying the felonies of formerly incarcerated people as misdemeanors so they may seal their records.

Prison Conditions

Fighting for Our Rights: A Toolbox for Family Advocates fo California Prisoners outlines some basic tools that families of people incarcerated in California **state** prison can use to fight for the rights of loves ones inside. Also available in Spanish.

Suing a Local Public Entity includes information and forms needed to sue a county jail official and/or other county officials.

Tips for advocating for medical care in county jails.

Tips for advocating for yourself in California State Prisons (non-medical).

All sections must be completed for the authorization to be honored. Use "N/A" if not applicable.

I. Patient Information

Last Name: _____ First Name: _____ Middle Name: _____
CDCR #: _____ Date of Birth: _____
Street Address: _____ City/State/Zip: _____

II. Individual/Organization Authorized to Release Personal Health Records if Other Than CDCR

Name: _____
Address: _____ City/State/Zip: _____

III. Individual/Organization to Receive the Information
[45 C.F.R. § 164.508(c)(1)(ii), (iii) & Civ. Code § 56.11(e), (f)]
The undersigned hereby authorizes CDCR's Health Information Management to release the below health information pursuant to this authorization.

Name: _____ Relationship to Inmate: _____
Address: _____ City/State/Zip: _____
Phone: _____ Fax: _____

**IV. Authorization Expiration Event or Expiration Date for Release of Verbal Information/
Written Correspondence**
[45 C.F.R. § 164.508(c)(1)(v) & Civ. Code § 56.11(h)]

Unless otherwise revoked by the inmate, this authorization for the release of my health care information to the above-named person or organization will expire upon (choose one):

Date (mm/dd/yyyy): _____ Release from Custody

Happening/conclusion of this event: _____
(e.g., conclusion of litigation, completion of surgery)

V. Hardcopy Health Care Records to be Released
[45 C.F.R. § 164.508(c)(1)(i) & Civ. Code § 56.11(d), (g)]

A separate authorization is required for each request to release hardcopy records. Records for the following period of time are requested (must be completed to receive records):

From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

Medical Services Dental Services Mental Health Services
 Communicable Disease Genetic Testing HIV Test Results
 Substance Abuse/Alcohol Other: _____

Requests for Psychotherapy Notes require a separate CDCR 7385 in order to be fulfilled and may not be combined with any other request for health care records.

Psychotherapy Notes

All sections must be completed for the authorization to be honored. Use "N/A" if not applicable.

VI. Purpose for the Release or Use of the Information

[45 C.F.R. § 164.508(c)(1)(iv)]

- Health Care Personal Use Legal
- Other (please specify): _____

VII. Authorization Information

I understand the following:

1. I authorize the use or disclosure of my individually identifiable protected health information as described above for the purpose listed. I understand this authorization is voluntary.
2. I have the right to revoke this authorization. To do so I understand I can sign a cancellation notice and send it to my current institution's Health Information Management (health records). The authorization will stop further release of my protected health information on the date my valid revocation request is received by Health Information Management. [45 C.F.R. § 164.508(c)(2)(i)]
3. I am signing this authorization voluntarily and understand that my health care treatment will not be affected if I do not sign this authorization. [45 C.F.R. § 164.508(c)(2)(ii)]
4. Under California law, the recipient of the protected health information under the authorization is prohibited from re-disclosing the protected health information, except with a written authorization or as specifically required or permitted by law. [Civ. Code § 56.13]
5. If the organization or person I have authorized to receive the protected health information is not a health plan or health care provider, the released information may no longer be protected by federal and state privacy regulations. [45 C.F.R. § 164.524(a)(2)(v)]
6. I have the right to receive a copy of this authorization. [45 C.F.R. § 164.508(c)(4) & Civ. Code § 56.11(i)]
7. Reasonable fees may be charged to cover the cost of copying and postage related to releasing this protected health information. [45 C.F.R. § 164.524(c)(4) et seq. & California Health and Safety Code § 123110, et seq.]

VIII. Patient Signature

[45 C.F.R. § 164.508(c)(1)(vi) & Civ. Code § 56.11(c)(1)]

Name (Print): _____

Signature: _____ Date: _____

Instructions

Note: Part IV is the request for release of verbal health care information or health care information as part of written correspondence, and Part V is the request for release of paper health care records.

Part I - "Patient Information": Records the patient's full name (last, first, and middle), CDCR number, date of birth, and address if he/she is paroled or released (incarcerated patients do not need to provide an address).

Part II - "Individual/Organization to Release Personal Health Records if Other Than CDCR": Records the name and address of the individual or organization to release personal health records if other than CDCR.

Part III - "Individual/Organization to Receive the Information": Records who is to receive the information.

Part IV - "Authorization Expiration Event or Expiration Date for Release of Verbal Information/Written Correspondence": Used by the patient to limit the time period during which information may be shared. The patient selects one of the three check boxes.

- If the "Date" check box is selected, the patient enters the date he/she wants the authorization to expire.
- If the "Happening/conclusion of this event" check box is selected, the patient enters the event he/she wants the authorization to expire upon. This must be an event from which a date can be established.

Part V - "Hardcopy Health Care Records to be Released": Contains a designated line for the date range of hardcopy health care records to be released.

The bottom half contains nine check boxes. Patients check the boxes to release each specific type of information as detailed below:

- **"Medical Services"** is checked when the patient wishes to have information released related to medical care.
- **"Dental Services"** is checked when the patient wishes to have information released related to dental treatment.
- **"Mental Health Services"** is checked when the patient wishes to have information released related to mental health.
- **"Communicable Disease"** is checked when the patient wishes to have information released related to communicable disease testing and treatment. Communicable disease includes sexually transmitted infections.
- **"Genetic Testing"** is checked when the patient wishes to have information released related to genetic testing.
- **"HIV Test Results"** is checked when the patient wishes to have HIV test results released.
- **"Substance Abuse/Alcohol"** is checked when the patient wishes to have substance abuse/alcohol records released.
- **"Other"** is checked when the patient wishes to further restrict or further authorize the release of his/her medical information, and he/she is to write those wishes on the line provided.
- **"Psychotherapy Notes"** is checked when the patient wishes to have psychotherapy notes released. Requests for psychotherapy notes require a separate CDCR 7385 and may not be combined with any other request for health care records.

Under HIPAA, there is a difference between regular personal health information and psychotherapy notes. The following is HIPAA's definition of psychotherapy notes (§164.501):

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION
CDCR 7385 (Rev. 11/14)**Instructions (continued)**

Part VI - "Purpose for the Release or Use of the Information": Should have at least one box checked. The patient may utilize this section to check the provided boxes or select "Other" and describe the reason(s) he/she wants to have the information released. If the patient does not want to designate a purpose, he/she may check the "Other" box and state "At the request of the individual authorizing the release."

Part VII - "Authorization Information": Below this section are seven points which detail patient rights in regard to authorizing release of information.

1. Tells the patient that he/she is giving authorization voluntarily.
2. Explains how to stop this authorization. The patient may revoke the authorization by sending a notice stopping the authorization to the institution's Health Information Management. The authorization will be removed from the patient's medical record when the revocation is received by Health Information Management.
3. Explains that signing this authorization is voluntary and will not affect treatment.
4. Explains that the recipient of the protected health care information under the authorization is prohibited from re-disclosing the information, except with a written authorization from the patient or as specifically required under law.
5. Explains that the released information may no longer be protected by federal privacy regulations depending on the intended recipient of the released information.
6. Explains that the patient has the right to receive a copy of this authorization. This will be sent to the patient by Health Information Management.
7. Explains that reasonable fees may be charged to cover copying and postage costs related to releasing the patient's health information.

Part VIII - "Patient Signature": The bottom of page two is for the patient's or his/her representative's signature. The patient's printed name, signature, and date are to be entered in the boxes provided. If this authorization is completed by a patient representative (e.g., power of attorney, estate representative, next of kin), his/her printed name and relationship to patient, signature, and date are to be entered in the boxes provided. Also attached must be a copy of either the Power of Attorney, letters issued in estate proceeding, or declaration of next of kin.