

**State of California
Office of Administrative Law**

In re:

Department of Corrections and
Rehabilitation

Regulatory Action:

Title 15, California Code of Regulations

Adopt sections: 3359.1, 3359.2, 3359.3,
3359.4, 3359.5, 3359.6,
3359.7

Amend sections: 3000

Repeal sections:

NOTICE OF APPROVAL OF EMERGENCY
REGULATORY ACTION

Government Code Sections 11346.1 and
11349.6, and Penal Code Section 5058.3

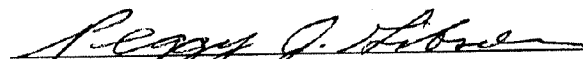
OAL File No. 2011-0411-02 EON

This emergency regulatory action concerns medical parole and was submitted to OAL by the California Department of Corrections and Rehabilitation (CDCR) pursuant to Penal Code section 5058.3 as operationally necessary. This action adopts provisions governing medical parole for eligible inmates who have been determined to be permanently medically incapacitated with a medical condition that renders him or her permanently unable to perform activities of basic daily living and results in the inmate requiring 24-hour care. Senate Bill 1399 became effective January 1, 2011 and added Penal Code section 3550 mandating medical parole consideration for eligible inmates.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code, and section 5058.3 of the Penal Code.

This emergency regulatory action is effective on 4/29/2011 and will expire on 10/7/2011. The Certificate of Compliance for this action is due no later than 10/6/2011.

Date: 4/29/2011


Peggy J. Gibson
Staff Counsel

For: DÉBRA M. CORNEZ
Assistant Chief Counsel/
Acting Director

Original: Matthew Cate
Copy: Rosie Ruiz

EMERGENCY

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2011-0411-02EON
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2011 APR 29 PM 2:55

For use by Office of Administrative Law (OAL) only

2011 APR 11 AM 10:12

OFFICE OF ADMINISTRATIVE LAW

John Bowen
OFFICE OF ADMINISTRATIVE LAW
SECRETARY OF STATE

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY
California Department of Corrections and Rehabilitation

AGENCY FILE NUMBER (if any)
11-0004

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Medical Parole	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 3359.1, 3359.2, 3359.3, 3359.4, 3359.5, 3359.6, and 3359.7
	AMEND 3000
TITLE(S) 15	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §511346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input checked="" type="checkbox"/> Other (Specify) <u>Emergency Op Nec. PC 5058.3</u>	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective 30th day after filing with Secretary of State	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Rosie Ruiz	TELEPHONE NUMBER 916-445-2309	FAX NUMBER (Optional) 916-324-6075	E-MAIL ADDRESS (Optional) rosie.ruiz@cdcr.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Scott Kernan</i>	DATE 3-30-11
TYPED NAME AND TITLE OF SIGNATORY SCOTT KERNAN, Undersecretary, Operations	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

APR 29 2011

Office of Administrative Law

California Code of Regulations, Title 15, Division 3, Adult Institutions, Program and Parole

TEXT OF PROPOSED REGULATIONS

In the following, underline indicates additional text and ~~strikethrough~~ indicates deleted text.

3000. Definitions.

Section 3000 is amended to add the definition below and merge it alphabetically with those that exist in the regulations.

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Medical Parolee means a person released from confinement pursuant to Penal Code section 3550.

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Note: Authority cited: Sections 2717.3, 3000.03, 5058 and 5058.3, Penal Code; Section 10115.3(b), Public Contract Code; and Sections 4525(a), 4526 and 14837, Government Code. Reference: Sections 186.22, 243, 314, 530, 532, 646.9, 653m, 832.5, 1203.8, 1389, 2080, 2081.5, 2600, 2601, 2700, 2717.1, 2717.6, 2932.5, 3550, 4570, 5009, 5054, 5068, 7000 et seq. and 11191, Penal Code; Sections 1132.4 and 1132.8, Labor Code; Sections 10106, 10108, 10108.5, 10115, 10115.1, 10115.2, 10115.3 and 10127, Public Contract Code; and Section 999, Military and Veterans Code; Section 391, Code of Civil Procedure; Section 297.5, Family Code; Section 8550 and 8567, Government Code; Governor's Prison Overcrowding State of Emergency Proclamation dated October 4, 2006; In re Bittaker, 55 Cal.App. 4th 1004, 64 Cal. Rptr. 2d 679; Section 11007, Health and Safety Code; and Madrid v. Cate (U.S.D.C. N.D. Cal. C90-3094 TEH).

Chapter 1. Rules and Regulations of Adult Operations and Programs

Subchapter 4. General Institution Regulations

Article 8. Medical and Dental Services

New section 3359.1 is adopted to read:

3359.1. Medical Parole General Policy.

(a) Pursuant to Penal Code section 3550, an inmate who is found to be permanently medically incapacitated, as defined in (a)(1) below, with a medical condition that renders him or her permanently unable to perform the activities of daily living and results in the inmate requiring 24-hour care, shall be referred to the Board of Parole Hearings, within 30 working days of the Chief Medical Officer or Chief Medical Executive determination, if all of the following conditions exist:

(1) The inmate is permanently medically incapacitated with a medical condition that renders him or her permanently unable to perform activities of basic daily living and results in the inmate requiring 24-hour care. Activities of basic daily living are breathing, eating, bathing, dressing, transferring, elimination, arm use, or physical ambulation.

(2) The medical/physical limitations documented in subsection (a)(1) above did not exist at the time the inmate was sentenced to the current incarceration.

(3) The inmate is not serving a life sentence without the possibility of parole.

(4) The inmate is not sentenced to death.

(b) A request for an inmate to be considered for medical parole may be initiated by any of the following:

(1) The inmate's primary care physician.

(2) The inmate's immediate family member, as defined in section 3000.

(3) An individual with a designated power of attorney for the health care of the inmate.

(c) Requests from individuals described in subsection (b)(2)-(3) above shall not be considered if the inmate's primary care physician has previously reviewed an inmate's eligibility for medical parole within the last 90 days.

(d) The inmate shall be granted medical parole if the Board of Parole Hearings determines the conditions under which the inmate would be released would not reasonably pose a threat to public safety.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3550 and 5054, Penal Code.

New section 3359.2 is adopted to read:

3359.2. Medical Parole Processing.

(a) The inmate's primary care physician shall refer the inmate for medical parole to the Chief Medical Officer (CMO) or Chief Medical Executive (CME) of the institution where the inmate is housed, utilizing the CDCR Form 7478 (12/10), Medical Parole Form, which is incorporated by reference, along with any other documentation the inmate's primary care physician or designee considers useful in determining the inmate's eligibility for medical parole. The inmate's primary care physician or designee shall also ensure the CDCR Form 7385-MP (03/11), Medical Parole Authorization for Release of Information, which is incorporated by reference, is completed and signed by the inmate or inmate's designee.

(b) The CMO or CME shall review the CDCR Form 7478 and any other documentation submitted by the inmate's primary care physician, and make a determination as to the inmate's eligibility for medical parole based on the inmate's medical case factors as described in subsections 3359.1(a)(1)-(2).

(1) If the CMO or CME does not concur with the primary care physician's recommendation, he or she shall note on the CDCR Form 7478 the reason for the denial, and will sign and return the CDCR Form 7478 to the primary care physician, within three working days. The CMO or CME, or designee, shall notify the inmate and/or the inmate's designee of the reason for denial in writing within 30 working days.

(2) If the CMO or CME concurs with the primary care physician's recommendation, he or she shall sign and forward the CDCR Form 7478 and any supporting documentation to the institution's Classification and Parole Representative (C&PR), within three working days.

(c) Upon receipt of the CDCR Form 7478, the C&PR shall review the inmate's Central File to determine the inmate's statutory eligibility for medical parole as described in subsections 3359.1(a)(3)-(4).

(1) If the inmate does not meet the statutory requirements, the C&PR shall note the reason for denial on the CDCR Form 7478 and shall sign and return the form to the CMO or CME within three working days. The CMO or CME, or designee, shall notify the inmate and/or the inmate's designee of the reason for denial in writing within 30 working days.

(2) If the inmate meets the statutory requirements, the C&PR shall complete and sign the CDCR Form 7478 and return the form to the CMO or CME, and attach the information outlined in subsections 3359.2 (d)(10)-(15), within three working days, and shall request that the inmate's caseworker prepare an evaluation report.

(d) The inmate's caseworker shall complete the evaluation report and submit it to the C&PR within five working days, including the following information and attachments:

(1) Inmate's name and CDC number.

(2) Current commitment offense, brief description of crime, and sentence.

(3) County of commitment and County of Last Legal Residence.

(4) Prior juvenile and adult criminal history (include all arrests and convictions).

(5) Active or potential holds, warrants, and detainees.

(6) Institutional adjustment including, rule violation reports, counseling chronos, pending disciplinary actions, gang/disruptive group information, placement score, current housing assignment, work/education assignments, participation in self-help activities, and other information deemed pertinent to the inmate's case factors.

(7) Mental health and/or developmental disability status/information.

(8) California Static Risk Assessment (CSRA) Score, as described in section 3768.1, if available.

(9) Any victim(s)/victim(s) next of kin notifications.

(10) Abstract of Judgment for the inmate's current commitment offense.

(11) Probation Officer's Report for the inmate's current commitment offense.

(12) Legal Status Summary.

(13) Institutional Staff Recommendation Summary.

(14) Criminal Identification and Information Number issued by the California Department of Justice, Bureau of Identification.

(15) Most recent CDC Form 128-G (Rev. 10/89), Classification Chrono, with the inmate's full case factors.

(e) The C&PR shall review the evaluation report and attachments and forward the package to the Warden or Chief Deputy Warden, within three working days.

(f) The Warden or Chief Deputy Warden shall review, sign, and forward the original evaluation report and attachments to the Classification Services Unit, within three working days.

(g) Upon receipt of the original CDCR Form 7478 as noted in subsection 3359.2 (c)(2), and the information outlined in subsections 3359.2(d)(10)-(15), the CMO or CME shall forward the documents, along with the completed CDCR Form 7385-MP to the designated California Prison Health Care Services office, who shall identify suitable placement for the inmate, document the placement plan information on the CDCR Form 7478, and forward all the documents referenced in this subsection to the appropriate Division of Adult Parole Operations (DAPO) Re-entry Unit, within eight working days.

(h) DAPO Re-Entry Unit staff shall forward the CDCR Form 7478, CDCR Form 7385-MP, and attachments to the appropriate parole unit, where the assigned parole agent shall review the recommended placement plan. Within eight working days, the parole agent shall document his/her assessment of the placement plan on the CDCR Form 7478 and forward a copy to the designated California Prison Health Care Services staff, along with a copy of the CDCR Form 1515-MP (02/11), Conditions of Medical Parole, which is incorporated by reference, noting approval or disapproval of the proposed placement and any conditions of medical parole. The assigned parole agent shall also forward the original CDCR Form 7478, CDCR Form 7385-MP, and CDCR Form 1515-MP to the Classification Services Unit.

(1) If the identified placement plan is not approved, the parole agent shall document the reason for the disapproval on the CDCR 7478 and return the original form to the California Prison Health Care Services office, for consideration of an alternative placement.

(i) The Classification Services Unit shall review the CDCR Form 7478, CDCR Form 7385-MP, evaluation report, and CDCR Form 1515-MP, for completeness, and forward to the Board of Parole Hearings within three working days, after receiving the entire packet.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3550 and 5054, Penal Code.

New section 3359.3 is adopted to read:

3359.3. Pre-Release Process.

(a) Upon the Board of Parole Hearings' approval of medical parole, the Classification and Parole Representative (C&PR) shall be notified to ensure a medical parole packet is processed, and required Penal Code notifications are completed. The C&PR shall forward the packet to the parole unit that will supervise the medical parolee, within five working days.

(b) If the inmate is already housed in the community, the parole agent of record shall collaborate with the institution to complete parole release documents.

(c) The assigned parole agent shall contact the local law enforcement agency to notice the agency of any required Penal Code registration(s).

(d) The inmate's Central File shall be forwarded to the institution designated by the Director, Division of Adult Institutions, with oversight of the medical parolee.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3550 and 5054, Penal Code.

New section 3359.4 is adopted to read:

3359.4. Classification, Case Records, and Life Prisoner Processes.

(a) While on medical parole, the offender's classification processes, pursuant to California Code of Regulations, Title 15, Division 3, shall be suspended.

(b) Inmates sentenced to an indeterminate prison term shall continue to have life parole consideration hearings. The institution designated by the Director, Division of Adult Institutions will be responsible for processes related to life prisoner parole consideration hearings.

(c) Case Records functions of inmates on medical parole shall be managed by an institution designated by the Director, Division of Adult Institutions.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3550 and 5054, Penal Code.

New section 3359.5 is adopted to read:

3359.5. Medical Parole Supervision.

(a) Pursuant to the provisions of section 3504, the assigned parole agent shall conduct a face to face contact with the inmate at the placement location and conduct an initial interview, if possible, to include the following:

(1) Digital photograph.

(2) CDCR Form 1650-MP (02/11), Medical Parole Initial Interview/Contact, which is incorporated by reference.

(b) Inmates released on medical parole shall have general and/or special conditions of medical parole documented on the CDCR Form 1515-MP (02/11), Conditions of Medical Parole. These conditions shall remain in effect from the date of release to medical parole until transition to parole pursuant to Penal Code section 3000.

(1) In the event the medical parolee does not comprehend, or is otherwise not capable of signing the CDCR Form 1515-MP, the conditions of medical parole will be imposed.

(2) In the event the inmate refuses to sign the conditions of medical parole, the case will be referred to the Board of Parole Hearings.

(3) Inmates released to medical parole, who are required to register pursuant to Penal Code section 290, are not required to submit to continuous electronic monitoring, pursuant to Penal Code section 3010, until the medical parolee commences serving the period of parole provided by, and under the provisions of, Penal Code section 3000. However, electronic monitoring may be added as a condition of medical parole, pursuant to Penal Code section 3550(h).

(4) When a special condition of medical parole is imposed by the Division of Adult Parole Operations and no longer applies to the medical parolee, a parole unit supervisor or higher-level staff person may remove or modify the special condition of medical parole.

(5) When a special condition of medical parole is imposed by the Board of Parole Hearings, only the Board of Parole Hearings may remove or modify the special condition of medical parole.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3550 and 5054, Penal Code.

New section 3359.6 is adopted to read:

3359.6. Removal from Medical Parole.

(a) The inmate's treating physician, any other physician selected by the Board of Parole Hearings (BPH), or the parole agent may make a recommendation to BPH to return a medical parolee to the custody of the Division of Adult Institutions (DAI) under the following circumstances:

(1) The inmate's treating physician or physician selected by BPH has conducted a medical examination of the medical parolee and has made a determination that his or her condition has improved to the extent that the medical parolee no longer qualifies for medical parole.

(2) The parole agent has made a determination that the medical parolee is a threat to himself or herself, another person, or to public safety, or there has been a significant change in his or her conditions of release.

(b) The parole agent shall contact the Director, Division of Adult Parole Operations, or designee, and request that the medical parolee be placed on suspended medical parole status, pending review by BPH to return the medical parolee to the custody of DAI or placement at an alternative location.

(c) The parole agent of record shall submit a CDCR Form 2219-MP (02/11) Medical Parole Status Change, which is incorporated by reference, to the Chief Deputy Commissioner, BPH, with a recommendation for removal from medical parole or placement at an alternative location.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3550 and 5054, Penal Code.

New section 3359.7 is adopted to read:

3359.7. Non-Citizen Inmates.

An inmate who is not a citizen of the United States may be released to medical parole, provided he or she is released to federal immigration authorities pending deportation.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3550 and 5054, Penal Code.

SECTION 1: INMATE INFORMATION (PRINT LEGIBLY)

NAME	CDC NUMBER	DOB
CURRENT HOUSING/PLACEMENT	AS OF	

SECTION 2: MEDICAL INFORMATION (PRINT LEGIBLY)

DIAGNOSIS
PROGNOSIS
CURRENT MEDICAL/PHYSICAL CONDITION (LIST ABILITIES AND LIMITATIONS FOR EACH ACTIVITY)
MENTAL STATUS
BREATHING
EATING
BATHING
DRESSING
TRANSFERRING
ELIMINATION
ARM USE
AMBULATION

SECTION 3: TO BE COMPLETED ONLY IF MEDICAL PAROLE REQUESTED BY INMATE'S FAMILY MEMBER OR DESIGNEE (PRINT LEGIBLY)

REQUESTOR'S NAME:	DATE OF REQUEST:
RELATIONSHIP TO INMATE :	

SECTION 4: CONSENT FOR RELEASE OF MEDICAL INFORMATION

CHECK ONE OF THE FOLLOWING:	
<input type="checkbox"/>	CONSENT GIVEN BY INMATE OR INMATE'S AUTHORIZED REPRESENTATIVE. CDCR FORM 7385 ATTACHED.
<input type="checkbox"/>	INMATE UNABLE TO CONSENT AND DOES NOT HAVE AN AUTHORIZED REPRESENTATIVE TO CONSENT ON HIS/HER BEHALF. CONSENT FOR RELEASE OF MEDICAL INFORMATION HAS BEEN REQUESTED THROUGH THE COURT.

PRINT OR TYPE CPHCS PRIMARY CARE PHYSICIAN'S NAME	CPHCS PRIMARY CARE PHYSICIAN'S SIGNATURE	DATE/TIME
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INMATE'S NAME	CDC NUMBER
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SECTION 5: ELIGIBILITY APPROVALS (PRINT LEGIBLY)

FOR INSTITUTION CHIEF MEDICAL OFFICER (CMO)/CHIEF MEDICAL EXECUTIVE (CME) COMPLETION:

MEDICALLY ELIGIBLE?	COMMENTS:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
PRINT OR TYPE CMO/CME NAME	CMO/CME SIGNATURE	DATE	

FOR CLASSIFICATION AND PAROLE REPRESENTATIVE (C&PR) COMPLETION:

STATUTORILY ELIGIBLE?	IF NO, CHECK REASON:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LWOP <input type="checkbox"/> CONDEMNED		
IF INMATE IS STATUTORILY ELIGIBLE, ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM AND RETURN TO CHIEF MEDICAL OFFICER/CHIEF MEDICAL EXECUTIVE:			
<input type="checkbox"/> COUNTY OF LAST LEGAL RESIDENCE:			
<input type="checkbox"/> AOJ	<input type="checkbox"/> POR	<input type="checkbox"/> LSS	<input type="checkbox"/> ISRS
<input type="checkbox"/> MOST RECENT 128-G W/ INMATE'S CASE FACTORS		<input type="checkbox"/> CII NUMBER	
<input type="checkbox"/> VICTIM NOTIFICATION(S) ON FILE (IF YES, CHECK BOX)			
PRINT OR TYPE C&PR NAME	C&PR SIGNATURE	DATE	

SECTION 6: PLACEMENT PLAN APPROVALS (PRINT LEGIBLY)

FOR CALIFORNIA PRISON HEALTH CARE SERVICES (CPHCS) COMPLETION:

PLACEMENT PLAN ACCEPTED BY		
FACILITY NAME	TELEPHONE NUMBER	
FACILITY ADDRESS		
FACILITY CONTACT NAME AND TITLE		
PRINT OR TYPE CPHCS REPRESENTATIVE NAME	CPHCS REPRESENTATIVE SIGNATURE	DATE

FOR DIVISION OF ADULT PAROLE OPERATIONS (DAPO) COMPLETION:

PLACEMENT PLAN APPROVED?	COMMENTS:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
SEE ATTACHED CDCR FORM 1515-MP, CONDITIONS OF MEDICAL PAROLE, FOR ANY RESTRICTIONS: <input type="checkbox"/>			
PAROLE AGENT NAME (PRINT NAME OR TYPE):	PAROLE AGENT SIGNATURE	BADGE #	
PAROLE UNIT:		TELEPHONE NUMBER:	
PAROLE UNIT SUPERVISOR (PRINT NAME OR TYPE)	PAROLE UNIT SUPERVISOR SIGNATURE	BADGE #	DATE

For CPHCS Internal Use Only:			
FUNDING/BENEFIT SOURCE	REQUEST APPROVED	DATE APPROVED:	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PRINT OR TYPE CPHCS REPRESENTATIVE NAME	CPHCS REPRESENTATIVE SIGNATURE	DATE	

MEDICAL PAROLE AUTHORIZATION FOR RELEASE OF INFORMATION

INMATE INFORMATION

Last Name:	First Name:	Middle Name:	Date of Birth:
Address:		City/State/Zip:	CDC Number:

Person(s)/Organization(s) Providing the Information	Person(s)/Organization(s) to Receive the Information
<p>Name: California Department of Corrections and Rehabilitation</p> <p>Address: PO Box 942883</p> <p>City, State, Zip: Sacramento, CA 94283-0001</p> <p>Phone Number: (916) 323-6001</p> <hr/> <p>Name: Board of Parole Hearings</p> <p>Address: Post Office Box 4036</p> <p>City, State, Zip: Sacramento, CA 95812-4036</p> <p>Phone Number: (916) 445-1539</p>	<p>Name: Board of Parole Hearings</p> <p>Address: Post Office Box 4036</p> <p>City, State, Zip: Sacramento, CA 95812-4036</p> <p>Phone Number: (916) 445-1539</p> <p style="text-align: center;"><i>and</i></p> <p>Medical Parole Hearing Participants and members of the public upon request, pursuant to Penal Code Section 3042(b).</p>

[45 C.F.R. § 164.508(c)(1) (iii) & Civ. Code § 56.11(e), (f)]

Description of the Information to be Released
 (Provide a detailed description of the specific information to be released)
 [45 C.F.R. § 164.508(c)(1)(i) & Civ. Code §§ 56.11(d) & (g)]

<input type="checkbox"/> Medical	<input type="checkbox"/> Mental Health/Psychological	<input type="checkbox"/> Genetic Testing
<input type="checkbox"/> Dental	<input type="checkbox"/> Substance Abuse/Alcohol	<input type="checkbox"/> Communicable Disease
<input type="checkbox"/> HIV	<input type="checkbox"/> Psychotherapy Notes	<input type="checkbox"/> Other (Please Specify)

For the following period of time: From _____ (date) to _____ (date)

Purpose for the Use or Release of the Information
 (Indicate how the information will be used)
 [45 C.F.R. § 164.508(c)(1)(iv)]

Medical Parole: The information shall be used to determine medical parole suitability and/or continuing eligibility, pursuant to Penal Code Section 3550.

Will the health care provider receive money for the release of this information?

[45 C.F.R. § 164.524 (c) (4) (i), (ii)]

Reasonable fees may be charged to cover the cost of copying and postage.

This authorization for release of the above information to the above-named person(s) and/or organization(s) will expire on: _____ (date). [45 C.F.R. § 164.508(c)(1)(v) & Civ. Code § 56.11(h)]

I understand:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary. [45 C.F.R. § 164.508(c)(2)(i)]
- I have the right to revoke this authorization by sending a signed notice stopping this authorization to the health records department at my current institution. The authorization will stop further release of my health information on the date my valid revocation request is received in the health records department. [45 C.F.R. § 164.508(c)(2)(i) & Civ. Code § 56.11(h)]
- I am signing this authorization voluntarily and that my treatment will not be affected if I do not sign this authorization. [45 C.F.R. § 164.508(c)(2)(ii)]
- Under California law, the recipient of the protected health information under the authorization is prohibited from re-disclosing the information, except with a written authorization or as specifically required or permitted by law. If the organization or person I have authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. [45 C.F.R. 164.508(c)(2)(ii)]
- I understand I have the right to receive a copy of this authorization. [Civ. Code § 164.508 (c)(4) and Civ. Code § 56.11(i)]

Inmate's Signature:	CDC Number:	Date:
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[45 C.F.R. § 164.508(c)(1)(vi) & Civ. Code § 56.11(c)(1)]

Inmate's Authorized Representative:	Relationship to Inmate:	Date:
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[45 C.F.R. § 164.508(g)(1) & Civ. Code § 56.11(c)(2)]

You will be released on medical parole pursuant to California Penal Code (PC) Section 3550 effective _____ for a period lasting up to your Earliest Parole Release Date (EPRD) or, if you are a life prisoner, the release date determined by the Board of Parole Hearings (BPH). Once you reach your EPRD or Board release date your medical parole will be discontinued and you will be released to standard parole pursuant to PC Section 3000.

Medical parole release is subject to the following notice and conditions. Should your medical condition improve, or should you violate your medical conditions of parole you are subject to being returned to the custody of the Department of Corrections and Rehabilitation.

You waive extradition to the State of California from any state or territory of the United States or from the District of Columbia. You will not contest any effort to return you to the State of California.

You and your residence or hospital room and any property under your control may be searched without a warrant by an agent of the Department of Corrections and Rehabilitation or any law enforcement officer.

If another jurisdiction has lodged a detainer against you, you may be released to the custody of that jurisdiction. Should you be released from their custody prior to the expiration of your California medical parole (PC Section 3550) or standard parole (PC Section 3000), or should the detainer not be exercised, you or someone acting on your behalf must immediately contact the nearest Department of Corrections and Rehabilitation's Division of Adult Parole Operations office for instructions concerning reporting to a parole agent.

CONDITIONS OF MEDICAL PAROLE

1. SPECIAL CONDITIONS MUST: a) Relate to the crime for which you were convicted, b) Relate to conduct which is itself criminal, c) Prohibit conduct which may be related to future criminality. You are subject to the following special conditions:

Reasons for the imposition of Special Conditions of Medical Parole

_____ I acknowledge my special conditions of medical parole.

Parolee's Initials

Signature of Unit Supervisor

Date Signed

Approved Placement Location:	
Physical Address, City, State, Zip Code	

2. RELEASE, REPORTING, RESIDENCE: You will be released to the specific facility and address shown above. Your placement location will not be changed without BPH approval. You will be visited at your placement location by a parole agent and will not be required to report to a parole unit during your medical parole period.

3. TRAVEL: You will not be authorized to leave or travel away from the approved placement location, other than to medical appointments, unless specific authorization is received from BPH.

4. PAROLE AGENT INSTRUCTIONS: You shall comply with the instructions of your parole agent.

5. CRIMINAL CONDUCT: You shall not engage in conduct prohibited by law (state, federal, county or municipal). Conduct that violates the law and/or these parole conditions may result in a referral to BPH and an order for return to the custody of the Department of Corrections and Rehabilitation.

6. WEAPONS: You shall not own, use, have access to, or have under your control: (a) any type of firearm or instrument or device that a reasonable person would believe to be capable of being used as a firearm or any ammunition which could be used in a firearm; (b) any weapon as defined in state or federal statutes or listed in California Penal Code Section 12020 or any instrument or device which a reasonable person would believe to be capable of being used as a weapon as defined in Penal Code Section 12020; (c) any knife with a blade longer than two inches, except kitchen knives which must be kept in the kitchen; or (d) a crossbow of any kind.

7. You shall sign these conditions of medical parole pursuant to California Penal Code Section 3550. Refusal to sign these conditions may result in denial of medical parole.

8. IN THE EVENT THE INMATE IS PHYSICALLY UNABLE TO SIGN THESE CONDITIONS OF MEDICAL PAROLE, OR IF THE INMATE DOES NOT HAVE AN AUTHORIZED REPRESENTATIVE, THE CONDITIONS OF MEDICAL PAROLE SHALL BE IMPOSED.

STAFF ISSUANCE/OBSERVATION

I have reviewed the Disability and Effective Communication System and the Field File (parole staff) or C-File (institution staff) for disability and effective communication source documents.

I have informed this inmate/parolee of this notice and have determined that he/she:

___ Appears to understand ___ Appears to have difficulty understanding ___ Has a physical condition which impacts effective communication

Effective Communication Method Used: (Please Circle) Foreign Language Interpreter Sign Language Interpreter Read/Spoke Slowly

Assistive Device (specify): _____ Other (explain): _____

After providing assistance, inmate/parolee: ___ Explained the conditions in his/her own words ___ Does not appear to understand

CDC Number:	Inmate/Parolee Printed Name (Last, First, MI):	Inmate/Parolee Signature:	Date Signed:
Title of Authorized Representative:	Printed Name (Last, First, MI):	Signature:	Date Signed:
Staff Printed Name/Title	Badge #:	Staff Signature:	Date Signed:

SECTION I: TO BE COMPLETED BY PAROLEE OR PAROLE AGENT IF NEEDED

CDC Number:		Print Name (Last, First, MI):		Moniker (Street Name):	
MEDICAL PAROLEE			Parole Unit:		Assigned Parole Agent:
Released To Medical Parole (MP) From:			MP Release Date:	EPRD Date:	Date Seen By AOR:
Name Of Facility Or Residence:				Residence Telephone Number:	
Address:				Contact Person:	
Security Gate? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Security Code? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Dogs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Dangerous? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Means Of Support				Telephone Number:	
Emergency Contact/Conservator/Legal Guardian (Name, And Address):				Telephone Number:	
Released With Medication(s)? (List All)					
Prescription Medication(s): (List All)					
Driver's License Number:		State ID Card Number:		Social Security Number:	
Height:	Weight:	Eye Color:	Hair Color:	Place Of Birth:	
Parolee's Signature: (Or representative, if available)				Date Signed:	

SECTION II: TO BE COMPLETED BY PAROLE AGENT

<input type="checkbox"/> EXPLAINED CONDITIONS AND PROVIDED COPY	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> DIGITAL PHOTO TAKEN/UPDATED?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> EXPLAINED SPECIAL CONDITIONS?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> SCARS, MARKS AND TATTOOS PHOTOGRAPHED?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> REGISTRATION? If yes, circle: PC 290 / H&S 11590 / PC 457.1 / PC 186.30	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> PC 3058.8 VICTIM NOTIFICATION REQUIRED?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> TESTING INSTRUCTIONS EXPLAINED (IF REQUIRED)?	<input type="checkbox"/> NO <input type="checkbox"/> YES	COMPLETED? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, Date: _____	
<input type="checkbox"/> EXPLAINED APPEAL RIGHTS (CDCR 602 / CDCR 1824)?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> PC 3058.6 NOTIFICATION REQUIRED?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> EXPLAINED PAROLE SEARCH POLICY?	<input type="checkbox"/> NO <input type="checkbox"/> YES	COMPLETED? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, Date: _____	
		<input type="checkbox"/> COPY TO SUPPORT STAFF TO UPDATE CAL PAROLE?	<input type="checkbox"/> NO <input type="checkbox"/> YES

Comments: (Explain any "NO" answers from above in this section.)

Comments: (Explain any "NO" answers from above in this section.)			
Parole Agent's Name (Print or Type):	Parole Agent's Signature:	Badge Number:	Date Signed:

SECTION I

CDC Number	Parolee Name (Last, First, MI)	Region	Parole Unit
Medical Parole Date	Medical Parole Reason	EPRD	

BPH REFERRAL DATE: _____ TIME: _____

REASON FOR REFERRAL

Medical Status Change

Change of Conditions of Release to Medical Parole

Risk to Public Safety

Status Report

Facts (Print or Type Narrative)

Name of Hospital or Facility	Address of Hospital or Facility
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RECOMMENDATION

Medical Condition Has Improved – Request Removal From Medical Parole.

Medical Parolee Presents A Danger To Self Or Others – Request Removal From Medical Parole

Other (Print Or Type):

Is the Parolee Medically Cleared for Transport? YES NO Type of Transport Needed: Routine Ambulance Other

Describe Special/Other Transportation Needs:

Examining Physician's Name (Print or Type)	Examining Physician's Signature	Date Signed
Parole Agent Name (Print or Type)	Badge #	Parole Agent Signature
Parole Agent Telephone Number	Pager and/or Mobile Telephone Number	
Supervisor Name (Print or Type)	Badge #	Supervisor Signature
		Date Signed

SECTION II

BPH ACTIONS/DECISIONS

1. _____

2. _____

PANEL HEARING CASE

Deputy Commissioners' Names (Print or Type)	Deputy Commissioners' Signatures	Date and Time of Decision
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