

AMENDED IN SENATE APRIL 26, 2016  
AMENDED IN SENATE MARCH 28, 2016

**SENATE BILL**

**No. 1443**

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**Introduced by Senator Galgiani**

February 19, 2016

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An act to amend Section 56.10 of the Civil Code, and to amend Sections 2601 and 3003 of, and to add Section 5073 to, the Penal Code, relating to incarcerated persons.

LEGISLATIVE COUNSEL'S DIGEST

SB 1443, as amended, Galgiani. Incarcerated persons: health records.

(1) Existing law, the Confidentiality of Medical Information Act, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified. Existing law authorizes a provider of health care or a health care service plan to disclose medical information when, among other things, the information is disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made.

This bill would additionally authorize the disclosure of information between a county correctional facility, a county medical facility, a state correctional facility, or a state hospital to ensure the continuity of health care of an inmate being transferred ~~among~~ *between* those facilities. ~~The bill would also authorize the disclosure and exchange of information~~

~~by a county correctional facility, a county medical facility, a state correctional facility, or a state hospital to a contracted licensed mental health provider performing a forensic evaluation of an offender or a mentally disordered offender (MDO) or a sexually violent predator (SVP) screening of an offender.~~

(2) Existing law provides for certain civil rights that are retained by prisoners, including, among others, to correspond, confidentially, with any member of the State Bar or holder of public office, provided that the prison authorities may open and inspect incoming mail to search for contraband.

This bill would expressly state that those rights include, subject to the bill's provisions relating to the disclosure of medical information described above, all privacy rights legally applicable to inmates.

(3) Existing law generally requires that an inmate released on parole or postrelease community supervision be returned to the county of last legal residence. Existing law requires the Department of Corrections and Rehabilitation to electronically transmit to specified county agencies an inmate's tuberculosis status, specific medical, mental health, and outpatient clinic needs, and any medical concerns or disabilities for the county to consider as the offender transitions onto postrelease community supervision for the purpose of identifying the medical and mental health needs of the individual. Existing law requires those transmissions to the county agencies to be in compliance with applicable provisions of federal law.

This bill would delete the electronic transmission requirement described above and instead would require, when jurisdiction of an inmate is transferred from or ~~among~~ *between* the Department of Corrections and Rehabilitation, the State Department of State Hospitals, and county agencies caring for inmates, those agencies to disclose, by electronic transmission when possible, medical, dental, and mental health information regarding each transferred or released inmate, as provided by the bill's provisions. By imposing additional duties on county agencies, the bill would impose a state-mandated local program.

The bill would authorize the sharing of an inmate's health information, as necessary for continuity of care, when an inmate is transferred ~~between or among~~ a state prison, ~~a fire camp operated by the Department of Corrections and Rehabilitation,~~ a state hospital, a county correctional facility, or a county medical facility providing medical or mental health services to offenders. ~~The bill would require, when an inmate is being released by the Department of Corrections and Rehabilitation to~~

postrelease community supervision, or is being retained in custody at a county or local jail, or county officials will otherwise have responsibility for the inmate's ongoing health care needs, the department to disclose the inmate's health information, as necessary for continuity of care, to the applicable county agency. The bill would provide that the medical, dental, and mental health information to be disclosed among the Department of Corrections and Rehabilitation, the State Department of State Hospitals, and county agencies is limited to the type and amount of information that is determined by licensed medical providers, as a matter of general policy or on a case-by-case basis, to be necessary for continuity of care or to perform a mandatory offender screening, such as an MDO screening or an SVP screening. The bill would authorize that information to be disclosed either as already maintained in existing medical records or as compiled for the purpose of the disclosure, and would authorize that information to include, among other things, medical history, physical information, and public health information. The bill would require all transmissions made pursuant to these provisions to comply with specified provisions of state and federal law, including, among others, the Confidentiality of Medical Information Act.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 56.10 of the Civil Code is amended to
- 2 read:
- 3 56.10. (a) A provider of health care, health care service plan,
- 4 or contractor shall not disclose medical information regarding a
- 5 patient of the provider of health care or an enrollee or subscriber
- 6 of a health care service plan without first obtaining an
- 7 authorization, except as provided in subdivision (b) or (c).

1 (b) A provider of health care, a health care service plan, or a  
2 contractor shall disclose medical information if the disclosure is  
3 compelled by any of the following:

4 (1) By a court order.

5 (2) By a board, commission, or administrative agency for  
6 purposes of adjudication pursuant to its lawful authority.

7 (3) By a party to a proceeding before a court or administrative  
8 agency pursuant to a subpoena, subpoena duces tecum, notice to  
9 appear served pursuant to Section 1987 of the Code of Civil  
10 Procedure, or any provision authorizing discovery in a proceeding  
11 before a court or administrative agency.

12 (4) By a board, commission, or administrative agency pursuant  
13 to an investigative subpoena issued under Article 2 (commencing  
14 with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title  
15 2 of the Government Code.

16 (5) By an arbitrator or arbitration panel, when arbitration is  
17 lawfully requested by either party, pursuant to a subpoena duces  
18 tecum issued under Section 1282.6 of the Code of Civil Procedure,  
19 or another provision authorizing discovery in a proceeding before  
20 an arbitrator or arbitration panel.

21 (6) By a search warrant lawfully issued to a governmental law  
22 enforcement agency.

23 (7) By the patient or the patient's representative pursuant to  
24 Chapter 1 (commencing with Section 123100) of Part 1 of Division  
25 106 of the Health and Safety Code.

26 (8) By a coroner, when requested in the course of an  
27 investigation by the coroner's office for the purpose of identifying  
28 the decedent or locating next of kin, or when investigating deaths  
29 that may involve public health concerns, organ or tissue donation,  
30 child abuse, elder abuse, suicides, poisonings, accidents, sudden  
31 infant deaths, suspicious deaths, unknown deaths, or criminal  
32 deaths, or upon notification of, or investigation of, imminent deaths  
33 that may involve organ or tissue donation pursuant to Section  
34 7151.15 of the Health and Safety Code, or when otherwise  
35 authorized by the decedent's representative. Medical information  
36 requested by the coroner under this paragraph shall be limited to  
37 information regarding the patient who is the decedent and who is  
38 the subject of the investigation or who is the prospective donor  
39 and shall be disclosed to the coroner without delay upon request.

40 (9) When otherwise specifically required by law.

1 (c) A provider of health care or a health care service plan may  
2 disclose medical information as follows:

3 (1) The information may be disclosed to providers of health  
4 care, health care service plans, contractors, or other health care  
5 professionals or facilities for purposes of diagnosis or treatment  
6 of the patient. This includes, in an emergency situation, the  
7 communication of patient information by radio transmission or  
8 other means between emergency medical personnel at the scene  
9 of an emergency, or in an emergency medical transport vehicle,  
10 and emergency medical personnel at a health facility licensed  
11 pursuant to Chapter 2 (commencing with Section 1250) of Division  
12 2 of the Health and Safety Code.

13 (2) The information may be disclosed to an insurer, employer,  
14 health care service plan, hospital service plan, employee benefit  
15 plan, governmental authority, contractor, or other person or entity  
16 responsible for paying for health care services rendered to the  
17 patient, to the extent necessary to allow responsibility for payment  
18 to be determined and payment to be made. If (A) the patient is, by  
19 reason of a comatose or other disabling medical condition, unable  
20 to consent to the disclosure of medical information and (B) no  
21 other arrangements have been made to pay for the health care  
22 services being rendered to the patient, the information may be  
23 disclosed to a governmental authority to the extent necessary to  
24 determine the patient's eligibility for, and to obtain, payment under  
25 a governmental program for health care services provided to the  
26 patient. The information may also be disclosed to another provider  
27 of health care or health care service plan as necessary to assist the  
28 other provider or health care service plan in obtaining payment  
29 for health care services rendered by that provider of health care or  
30 health care service plan to the patient.

31 (3) The information may be disclosed to a person or entity that  
32 provides billing, claims management, medical data processing, or  
33 other administrative services for providers of health care or health  
34 care service plans or for any of the persons or entities specified in  
35 paragraph (2). However, information so disclosed shall not be  
36 further disclosed by the recipient in a way that would violate this  
37 part.

38 (4) The information may be disclosed to organized committees  
39 and agents of professional societies or of medical staffs of licensed  
40 hospitals, licensed health care service plans, professional standards

1 review organizations, independent medical review organizations  
2 and their selected reviewers, utilization and quality control peer  
3 review organizations as established by Congress in Public Law  
4 97-248 in 1982, contractors, or persons or organizations insuring,  
5 responsible for, or defending professional liability that a provider  
6 may incur, if the committees, agents, health care service plans,  
7 organizations, reviewers, contractors, or persons are engaged in  
8 reviewing the competence or qualifications of health care  
9 professionals or in reviewing health care services with respect to  
10 medical necessity, level of care, quality of care, or justification of  
11 charges.

12 (5) The information in the possession of a provider of health  
13 care or health care service plan may be reviewed by a private or  
14 public body responsible for licensing or accrediting the provider  
15 of health care or health care service plan. However, no  
16 patient-identifying medical information may be removed from the  
17 premises except as expressly permitted or required elsewhere by  
18 law, nor shall that information be further disclosed by the recipient  
19 in a way that would violate this part.

20 (6) The information may be disclosed to the county coroner in  
21 the course of an investigation by the coroner's office when  
22 requested for all purposes not included in paragraph (8) of  
23 subdivision (b).

24 (7) The information may be disclosed to public agencies, clinical  
25 investigators, including investigators conducting epidemiologic  
26 studies, health care research organizations, and accredited public  
27 or private nonprofit educational or health care institutions for bona  
28 fide research purposes. However, no information so disclosed shall  
29 be further disclosed by the recipient in a way that would disclose  
30 the identity of a patient or violate this part.

31 (8) A provider of health care or health care service plan that has  
32 created medical information as a result of employment-related  
33 health care services to an employee conducted at the specific prior  
34 written request and expense of the employer may disclose to the  
35 employee's employer that part of the information that:

36 (A) Is relevant in a lawsuit, arbitration, grievance, or other claim  
37 or challenge to which the employer and the employee are parties  
38 and in which the patient has placed in issue his or her medical  
39 history, mental or physical condition, or treatment, provided that

1 information may only be used or disclosed in connection with that  
2 proceeding.

3 (B) Describes functional limitations of the patient that may  
4 entitle the patient to leave from work for medical reasons or limit  
5 the patient's fitness to perform his or her present employment,  
6 provided that no statement of medical cause is included in the  
7 information disclosed.

8 (9) Unless the provider of health care or a health care service  
9 plan is notified in writing of an agreement by the sponsor, insurer,  
10 or administrator to the contrary, the information may be disclosed  
11 to a sponsor, insurer, or administrator of a group or individual  
12 insured or uninsured plan or policy that the patient seeks coverage  
13 by or benefits from, if the information was created by the provider  
14 of health care or health care service plan as the result of services  
15 conducted at the specific prior written request and expense of the  
16 sponsor, insurer, or administrator for the purpose of evaluating the  
17 application for coverage or benefits.

18 (10) The information may be disclosed to a health care service  
19 plan by providers of health care that contract with the health care  
20 service plan and may be transferred ~~among~~ *between* providers of  
21 health care that contract with the health care service plan, for the  
22 purpose of administering the health care service plan. Medical  
23 information shall not otherwise be disclosed by a health care  
24 service plan except in accordance with this part.

25 (11) This part does not prevent the disclosure by a provider of  
26 health care or a health care service plan to an insurance institution,  
27 agent, or support organization, subject to Article 6.6 (commencing  
28 with Section 791) of Chapter 1 of Part 2 of Division 1 of the  
29 Insurance Code, of medical information if the insurance institution,  
30 agent, or support organization has complied with all of the  
31 requirements for obtaining the information pursuant to Article 6.6  
32 (commencing with Section 791) of Chapter 1 of Part 2 of Division  
33 1 of the Insurance Code.

34 (12) The information relevant to the patient's condition, care,  
35 and treatment provided may be disclosed to a probate court  
36 investigator in the course of an investigation required or authorized  
37 in a conservatorship proceeding under the  
38 Guardianship-Conservatorship Law as defined in Section 1400 of  
39 the Probate Code, or to a probate court investigator, probation  
40 officer, or domestic relations investigator engaged in determining

1 the need for an initial guardianship or continuation of an existing  
2 guardianship.

3 (13) The information may be disclosed to an organ procurement  
4 organization or a tissue bank processing the tissue of a decedent  
5 for transplantation into the body of another person, but only with  
6 respect to the donating decedent, for the purpose of aiding the  
7 transplant. For the purpose of this paragraph, “tissue bank” and  
8 “tissue” have the same meanings as defined in Section 1635 of the  
9 Health and Safety Code.

10 (14) The information may be disclosed when the disclosure is  
11 otherwise specifically authorized by law, including, but not limited  
12 to, the voluntary reporting, either directly or indirectly, to the  
13 federal Food and Drug Administration of adverse events related  
14 to drug products or medical device problems, or to disclosures  
15 made pursuant to subdivisions (b) and (c) of Section 11167 of the  
16 Penal Code by a person making a report pursuant to Sections  
17 11165.9 and 11166 of the Penal Code, provided that those  
18 disclosures concern a report made by that person.

19 (15) Basic information, including the patient’s name, city of  
20 residence, age, sex, and general condition, may be disclosed to a  
21 state-recognized or federally recognized disaster relief organization  
22 for the purpose of responding to disaster welfare inquiries.

23 (16) The information may be disclosed to a third party for  
24 purposes of encoding, encrypting, or otherwise anonymizing data.  
25 However, no information so disclosed shall be further disclosed  
26 by the recipient in a way that would violate this part, including the  
27 unauthorized manipulation of coded or encrypted medical  
28 information that reveals individually identifiable medical  
29 information.

30 (17) For purposes of disease management programs and services  
31 as defined in Section 1399.901 of the Health and Safety Code,  
32 information may be disclosed as follows: (A) to an entity  
33 contracting with a health care service plan or the health care service  
34 plan’s contractors to monitor or administer care of enrollees for a  
35 covered benefit, if the disease management services and care are  
36 authorized by a treating physician, or (B) to a disease management  
37 organization, as defined in Section 1399.900 of the Health and  
38 Safety Code, that complies fully with the physician authorization  
39 requirements of Section 1399.902 of the Health and Safety Code,  
40 if the health care service plan or its contractor provides or has



1 provided a description of the disease management services to a  
2 treating physician or to the health care service plan's or contractor's  
3 network of physicians. This paragraph does not require physician  
4 authorization for the care or treatment of the adherents of a  
5 well-recognized church or religious denomination who depend  
6 solely upon prayer or spiritual means for healing in the practice  
7 of the religion of that church or denomination.

8 (18) The information may be disclosed, as permitted by state  
9 and federal law or regulation, to a local health department for the  
10 purpose of preventing or controlling disease, injury, or disability,  
11 including, but not limited to, the reporting of disease, injury, vital  
12 events, including, but not limited to, birth or death, and the conduct  
13 of public health surveillance, public health investigations, and  
14 public health interventions, as authorized or required by state or  
15 federal law or regulation.

16 (19) The information may be disclosed, consistent with  
17 applicable law and standards of ethical conduct, by a  
18 psychotherapist, as defined in Section 1010 of the Evidence Code,  
19 if the psychotherapist, in good faith, believes the disclosure is  
20 necessary to prevent or lessen a serious and imminent threat to the  
21 health or safety of a reasonably foreseeable victim or victims, and  
22 the disclosure is made to a person or persons reasonably able to  
23 prevent or lessen the threat, including the target of the threat.

24 (20) The information may be disclosed as described in Section  
25 56.103.

26 (21) (A) The information may be disclosed to an employee  
27 welfare benefit plan, as defined under Section 3(1) of the Employee  
28 Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002(1)),  
29 which is formed under Section 302(c)(5) of the Taft-Hartley Act  
30 (29 U.S.C. Sec. 186(c)(5)), to the extent that the employee welfare  
31 benefit plan provides medical care, and may also be disclosed to  
32 an entity contracting with the employee welfare benefit plan for  
33 billing, claims management, medical data processing, or other  
34 administrative services related to the provision of medical care to  
35 persons enrolled in the employee welfare benefit plan for health  
36 care coverage, if all of the following conditions are met:

37 (i) The disclosure is for the purpose of determining eligibility,  
38 coordinating benefits, or allowing the employee welfare benefit  
39 plan or the contracting entity to advocate on the behalf of a patient

1 or enrollee with a provider, a health care service plan, or a state  
2 or federal regulatory agency.

3 (ii) The request for the information is accompanied by a written  
4 authorization for the release of the information submitted in a  
5 manner consistent with subdivision (a) and Section 56.11.

6 (iii) The disclosure is authorized by and made in a manner  
7 consistent with the Health Insurance Portability and Accountability  
8 Act of 1996 (Public Law 104-191).

9 (iv) Any information disclosed is not further used or disclosed  
10 by the recipient in any way that would directly or indirectly violate  
11 this part or the restrictions imposed by Part 164 of Title 45 of the  
12 Code of Federal Regulations, including the manipulation of the  
13 information in any way that might reveal individually identifiable  
14 medical information.

15 (B) For purposes of this paragraph, Section 1374.8 of the Health  
16 and Safety Code shall not apply.

17 (22) Information may be disclosed pursuant to subdivision (a)  
18 of Section 15633.5 of the Welfare and Institutions Code by a person  
19 required to make a report pursuant to Section 15630 of the Welfare  
20 and Institutions Code, provided that the disclosure under  
21 subdivision (a) of Section 15633.5 concerns a report made by that  
22 person. Covered entities, as they are defined in Section 160.103  
23 of Title 45 of the Code of Federal Regulations, shall comply with  
24 the requirements of the Health Insurance Portability and  
25 Accountability Act (HIPAA) privacy rule pursuant to subsection  
26 (c) of Section 164.512 of Title 45 of the Code of Federal  
27 Regulations if the disclosure is not for the purpose of public health  
28 surveillance, investigation, intervention, or reporting an injury or  
29 death.

30 (23) Information ~~may~~ *shall* be disclosed ~~among~~ *between* a  
31 county correctional facility, a county medical facility, a state  
32 correctional facility, or a state hospital to ensure the continuity of  
33 health care of an inmate being transferred ~~among~~ *between* those  
34 facilities.

35 ~~(24) Information may be disclosed and exchanged by a county~~  
36 ~~correctional facility, a county medical facility, a state correctional~~  
37 ~~facility, or a state hospital to a contracted licensed mental health~~  
38 ~~provider performing a forensic evaluation of an offender or a~~  
39 ~~mentally disordered offender (MDO) or sexually violent predator~~  
40 ~~(SVP) screening of an offender.~~

1 (d) Except to the extent expressly authorized by a patient,  
2 enrollee, or subscriber, or as provided by subdivisions (b) and (c),  
3 a provider of health care, health care service plan, contractor, or  
4 corporation and its subsidiaries and affiliates shall not intentionally  
5 share, sell, use for marketing, or otherwise use medical information  
6 for a purpose not necessary to provide health care services to the  
7 patient.

8 (e) Except to the extent expressly authorized by a patient or  
9 enrollee or subscriber or as provided by subdivisions (b) and (c),  
10 a contractor or corporation and its subsidiaries and affiliates shall  
11 not further disclose medical information regarding a patient of the  
12 provider of health care or an enrollee or subscriber of a health care  
13 service plan or insurer or self-insured employer received under  
14 this section to a person or entity that is not engaged in providing  
15 direct health care services to the patient or his or her provider of  
16 health care or health care service plan or insurer or self-insured  
17 employer.

18 SEC. 2. Section 2601 of the Penal Code is amended to read:

19 2601. Subject only to the provisions of that section, each person  
20 described in Section 2600 shall have the following civil rights:

21 (a) Except as provided in Section 2225 of the Civil Code, to  
22 inherit, own, sell, or convey real or personal property, including  
23 all written and artistic material produced or created by the person  
24 during the period of imprisonment. However, to the extent  
25 authorized in Section 2600, the Department of Corrections may  
26 restrict or prohibit sales or conveyances that are made for business  
27 purposes.

28 (b) To correspond, confidentially, with any member of the State  
29 Bar or holder of public office, provided that the prison authorities  
30 may open and inspect incoming mail to search for contraband.

31 (c) Subject to paragraphs (23) and (24) of subdivision (c) of  
32 Section 56.10 of the Civil Code, as those paragraphs relate to  
33 medically necessary sharing of personal medical and mental health  
34 information to further the continuity of care for offenders, to all  
35 privacy rights legally applicable to inmates.

36 (d) (1) To purchase, receive, and read any and all newspapers,  
37 periodicals, and books accepted for distribution by the United  
38 States Post Office. Pursuant to this section, prison authorities may  
39 exclude any of the following matter:

1 (A) Obscene publications or writings, and mail containing  
2 information concerning where, how, or from whom this matter  
3 may be obtained.

4 (B) Any matter of a character tending to incite murder, arson,  
5 riot, violent racism, or any other form of violence.

6 (C) Any matter concerning gambling or a lottery.

7 (2) Nothing in this section shall be construed as limiting the  
8 right of prison authorities to do the following:

9 (A) Open and inspect any and all packages received by an  
10 inmate.

11 (B) Establish reasonable restrictions as to the number of  
12 newspapers, magazines, and books that the inmate may have in  
13 his or her cell or elsewhere in the prison at one time.

14 (e) To initiate civil actions, subject to a three dollar (\$3) filing  
15 fee to be collected by the Department of Corrections, in addition  
16 to any other filing fee authorized by law, and subject to Title 3a  
17 (commencing with Section 391) of the Code of Civil Procedure.

18 (f) To marry.

19 (g) To create a power of appointment.

20 (h) To make a will.

21 (i) To receive all benefits provided for in Sections 3370 and  
22 3371 of the Labor Code and in Section 5069.

23 SEC. 3. Section 3003 of the Penal Code is amended to read:

24 3003. (a) Except as otherwise provided in this section, an  
25 inmate who is released on parole or postrelease supervision as  
26 provided by Title 2.05 (commencing with Section 3450) shall be  
27 returned to the county that was the last legal residence of the inmate  
28 prior to his or her incarceration. For purposes of this subdivision,  
29 “last legal residence” shall not be construed to mean the county  
30 wherein the inmate committed an offense while confined in a state  
31 prison or local jail facility or while confined for treatment in a  
32 state hospital.

33 (b) Notwithstanding subdivision (a), an inmate may be returned  
34 to another county if that would be in the best interests of the public.  
35 If the Board of Parole Hearings setting the conditions of parole  
36 for inmates sentenced pursuant to subdivision (b) of Section 1168,  
37 as determined by the parole consideration panel, or the Department  
38 of Corrections and Rehabilitation setting the conditions of parole  
39 for inmates sentenced pursuant to Section 1170, decides on a return  
40 to another county, it shall place its reasons in writing in the

1 parolee's permanent record and include these reasons in the notice  
2 to the sheriff or chief of police pursuant to Section 3058.6. In  
3 making its decision, the paroling authority shall consider, among  
4 others, the following factors, giving the greatest weight to the  
5 protection of the victim and the safety of the community:

6 (1) The need to protect the life or safety of a victim, the parolee,  
7 a witness, or any other person.

8 (2) Public concern that would reduce the chance that the  
9 inmate's parole would be successfully completed.

10 (3) The verified existence of a work offer, or an educational or  
11 vocational training program.

12 (4) The existence of family in another county with whom the  
13 inmate has maintained strong ties and whose support would  
14 increase the chance that the inmate's parole would be successfully  
15 completed.

16 (5) The lack of necessary outpatient treatment programs for  
17 parolees receiving treatment pursuant to Section 2960.

18 (c) The Department of Corrections and Rehabilitation, in  
19 determining an out-of-county commitment, shall give priority to  
20 the safety of the community and any witnesses and victims.

21 (d) In making its decision about an inmate who participated in  
22 a joint venture program pursuant to Article 1.5 (commencing with  
23 Section 2717.1) of Chapter 5, the paroling authority shall give  
24 serious consideration to releasing him or her to the county where  
25 the joint venture program employer is located if that employer  
26 states to the paroling authority that he or she intends to employ  
27 the inmate upon release.

28 (e) (1) The following information, if available, shall be released  
29 by the Department of Corrections and Rehabilitation to local law  
30 enforcement agencies regarding a paroled inmate or inmate placed  
31 on postrelease community supervision pursuant to Title 2.05  
32 (commencing with Section 3450) who is released in their  
33 jurisdictions:

34 (A) Last, first, and middle names.

35 (B) Birth date.

36 (C) Sex, race, height, weight, and hair and eye color.

37 (D) Date of parole or placement on postrelease community  
38 supervision and discharge.

39 (E) Registration status, if the inmate is required to register as a  
40 result of a controlled substance, sex, or arson offense.

- 1 (F) California Criminal Information Number, FBI number, social  
2 security number, and driver's license number.
- 3 (G) County of commitment.
- 4 (H) A description of scars, marks, and tattoos on the inmate.
- 5 (I) Offense or offenses for which the inmate was convicted that  
6 resulted in parole or postrelease community supervision in this  
7 instance.
- 8 (J) Address, including all of the following information:
- 9 (i) Street name and number. Post office box numbers are not  
10 acceptable for purposes of this subparagraph.
- 11 (ii) City and ZIP Code.
- 12 (iii) Date that the address provided pursuant to this subparagraph  
13 was proposed to be effective.
- 14 (K) Contact officer and unit, including all of the following  
15 information:
- 16 (i) Name and telephone number of each contact officer.
- 17 (ii) Contact unit type of each contact officer such as units  
18 responsible for parole, registration, or county probation.
- 19 (L) A digitized image of the photograph and at least a single  
20 digit fingerprint of the parolee.
- 21 (M) A geographic coordinate for the inmate's residence location  
22 for use with a Geographical Information System (GIS) or  
23 comparable computer program.
- 24 (2) The information required by this subdivision shall come  
25 from the statewide parolee database. The information obtained  
26 from each source shall be based on the same timeframe.
- 27 (3) All of the information required by this subdivision shall be  
28 provided utilizing a computer-to-computer transfer in a format  
29 usable by a desktop computer system. The transfer of this  
30 information shall be continually available to local law enforcement  
31 agencies upon request.
- 32 (4) The unauthorized release or receipt of the information  
33 described in this subdivision is a violation of Section 11143.
- 34 (f) Notwithstanding any other law, an inmate who is released  
35 on parole shall not be returned to a location within 35 miles of the  
36 actual residence of a victim of, or a witness to, a violent felony as  
37 defined in paragraphs (1) to (7), inclusive, and paragraph (16) of  
38 subdivision (c) of Section 667.5 or a felony in which the defendant  
39 inflicts great bodily injury on a person other than an accomplice  
40 that has been charged and proved as provided for in Section

1 12022.53, 12022.7, or 12022.9, if the victim or witness has  
2 requested additional distance in the placement of the inmate on  
3 parole, and if the Board of Parole Hearings or the Department of  
4 Corrections and Rehabilitation finds that there is a need to protect  
5 the life, safety, or well-being of a victim or witness.

6 (g) Notwithstanding any other law, an inmate who is released  
7 on parole for a violation of Section 288 or 288.5 whom the  
8 Department of Corrections and Rehabilitation determines poses a  
9 high risk to the public shall not be placed or reside, for the duration  
10 of his or her parole, within one-half mile of a public or private  
11 school including any or all of kindergarten and grades 1 to 12,  
12 inclusive.

13 (h) Notwithstanding any other law, an inmate who is released  
14 on parole or postrelease community supervision for a stalking  
15 offense shall not be returned to a location within 35 miles of the  
16 victim's actual residence or place of employment if the victim or  
17 witness has requested additional distance in the placement of the  
18 inmate on parole or postrelease community supervision, and if the  
19 Board of Parole Hearings or the Department of Corrections and  
20 Rehabilitation, or the supervising county agency, as applicable,  
21 finds that there is a need to protect the life, safety, or well-being  
22 of the victim. If an inmate who is released on postrelease  
23 community supervision cannot be placed in his or her county of  
24 last legal residence in compliance with this subdivision, the  
25 supervising county agency may transfer the inmate to another  
26 county upon approval of the receiving county.

27 (i) The authority shall give consideration to the equitable  
28 distribution of parolees and the proportion of out-of-county  
29 commitments from a county compared to the number of  
30 commitments from that county when making parole decisions.

31 (j) An inmate may be paroled to another state pursuant to any  
32 other law. The Department of Corrections and Rehabilitation shall  
33 coordinate with local entities regarding the placement of inmates  
34 placed out of state on postrelease community supervision pursuant  
35 to Title 2.05 (commencing with Section 3450).

36 (k) (1) The Department of Corrections and Rehabilitation shall  
37 be the agency primarily responsible for, and shall have control  
38 over, the program, resources, and staff implementing the Law  
39 Enforcement Automated Data System (LEADS) in conformance  
40 with subdivision (e). County agencies supervising inmates released

1 to postrelease community supervision pursuant to Title 2.05  
2 (commencing with Section 3450) shall provide any information  
3 requested by the department to ensure the availability of accurate  
4 information regarding inmates released from state prison. This  
5 information may include the issuance of warrants, revocations, or  
6 the termination of postrelease community supervision. On or before  
7 August 1, 2011, county agencies designated to supervise inmates  
8 released to postrelease community supervision shall notify the  
9 department that the county agencies have been designated as the  
10 local entity responsible for providing that supervision.

11 (2) Notwithstanding paragraph (1), the Department of Justice  
12 shall be the agency primarily responsible for the proper release of  
13 information under LEADS that relates to fingerprint cards.

14 (l) In addition to the requirements under subdivision (k), the  
15 Department of Corrections and Rehabilitation shall submit to the  
16 Department of Justice data to be included in the supervised release  
17 file of the California Law Enforcement Telecommunications  
18 System (CLETS) so that law enforcement can be advised through  
19 CLETS of all persons on postrelease community supervision and  
20 the county agency designated to provide supervision. The data  
21 required by this subdivision shall be provided via electronic  
22 transfer.

23 SEC. 4. Section 5073 is added to the Penal Code, to read:

24 5073. (a) When jurisdiction of an inmate is transferred from  
25 or ~~among~~ *between* the Department of Corrections and  
26 Rehabilitation, the State Department of State Hospitals, and county  
27 agencies caring for inmates, these agencies shall disclose, by  
28 electronic transmission when possible, medical, dental, and mental  
29 health information regarding each transferred or released ~~inmate~~  
30 ~~as follows:~~ *inmate. Information shall be disclosed between a county*  
31 *correctional facility, a county medical facility, a state correctional*  
32 *facility, a state hospital, or a state-assigned mental health provider*  
33 *to ensure the continuity of health care of an inmate being*  
34 *transferred between those facilities.*

35 ~~(a) An inmate's health information, as necessary for continuity~~  
36 ~~of care, may be shared when an inmate is transferred between or~~  
37 ~~among any of the following facilities:~~

38 ~~(1) A state prison.~~

39 ~~(2) A fire camp operated by the Department of Corrections and~~  
40 ~~Rehabilitation.~~



1 ~~(3) A state hospital.~~

2 ~~(4) A county correctional facility.~~

3 ~~(5) A county medical facility providing medical or mental health~~  
4 ~~services to offenders.~~

5 ~~(b) When an inmate is being released by the Department of~~  
6 ~~Corrections and Rehabilitation to postrelease community~~  
7 ~~supervision pursuant to Section 3450, or is being retained in~~  
8 ~~custody at a county or local jail, or county officials will otherwise~~  
9 ~~have responsibility for the inmate's ongoing health care needs, the~~  
10 ~~Department of Corrections and Rehabilitation shall disclose the~~  
11 ~~inmate's health information, as necessary for continuity of care,~~  
12 ~~to the applicable county agency.~~

13 ~~(c) The medical, dental, and mental health information to be~~  
14 ~~disclosed among the Department of Corrections and Rehabilitation,~~  
15 ~~the State Department of State Hospitals, and county agencies is~~  
16 ~~limited to the type and amount of information that is determined~~  
17 ~~by licensed medical providers, as a matter of general policy or on~~  
18 ~~a case-by-case basis, to be necessary for continuity of care or to~~  
19 ~~perform a mandatory offender screening, such as a mentally~~  
20 ~~disordered offender (MDO) screening or a sexually violent predator~~  
21 ~~(SVP) screening. The information may be disclosed either as~~  
22 ~~maintained in existing medical records or as compiled for the~~  
23 ~~purpose of the disclosure, and may include, but is not limited to,~~  
24 ~~all of the following:~~

25 ~~(1) Medical history and physical information.~~

26 ~~(2) Medications, including psychiatric and medical medications.~~

27 ~~(3) Diagnostic information, such as lab and radiology tests.~~

28 ~~(4) Public health information.~~

29 ~~(5) Mental health evaluations, summaries, and treatment plans.~~

30 ~~(6) Voluntary and involuntary mental health inpatient~~  
31 ~~admissions.~~

32 ~~(7) Mental health commitments, capacity determinations, and~~  
33 ~~adjudications relating to an inmate's danger to self, danger to~~  
34 ~~others, or the inmate's having a grave disability.~~

35 ~~(8) Dental histories, examinations, and treatment plans.~~

36 ~~(d)~~

37 ~~(b) All transmissions made pursuant to this section shall comply~~  
38 ~~with the Confidentiality of Medical Information Act (Part 2.6~~  
39 ~~(commencing with Section 56) of Division 1 of the Civil Code),~~  
40 ~~Chapter 1 (commencing with Section 123100) of Part 1 of Division~~

1 106 of the Health and Safety Code, the Information Practices Act  
2 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part  
3 4 of Division 3 of the Civil Code), the federal Health Insurance  
4 Portability and Accountability Act of 1996 (HIPAA) (Public Law  
5 104-191), the federal Health Information Technology for Clinical  
6 Health Act (HITECH) (Public Law 111-005), and the  
7 corresponding implementing regulations relating to privacy and  
8 security in Parts 160 and 164 of Title 45 of the Code of Federal  
9 Regulations.

10 SEC. 5. If the Commission on State Mandates determines that  
11 this act contains costs mandated by the state, reimbursement to  
12 local agencies and school districts for those costs shall be made  
13 pursuant to Part 7 (commencing with Section 17500) of Division  
14 4 of Title 2 of the Government Code.