PRISON LAW OFFICE
General Delivery, San Quentin, CA 94964
Telephone (510) 280-2621 • Fax (510) 280-2704
www.prisonlaw.com

Your Responsibility When Using the Information Provided Below:

We did our best to give you useful and accurate information. We know incarcerated people often have trouble getting legal information, but we cannot give specific advice to everyone who asks for it. The laws change often and can be looked at in different ways. We do not always have the resources to make changes to this material every time the law changes. If you use the information below or included here, it is your responsibility to make sure that the laws have not changed and still apply to your situation. Most of the materials you need should be available in the law library, including the law library materials on the CDCR electronic tablets.

Requesting Your CDCR Health Care Records or Information

(revised April 2024)

You have the right to get copies of your CDCR health care records or to have copies of your records released to someone on the outside, like a family member, legal advocate, medical professional, public benefits agency, or release services provider. You also can authorize CDCR health care staff to talk to or write to outside people about your health care.

The information below explains how to ask to review or get copies of your health care records, or to have those records released to someone else. The rules and policies about this issues should be available to you on the CDCR tablets or the prison law library.[1]

To request review or release of your CDCR health care records or information, you should complete a CDCR Form 7385 (Authorization for Release of Protected Health Information). A copy of the two-page 7385 form (last revised date 4/24) is attached to this information.

You should do your best to fill out all sections of the 7385 form. You can request most types of health care including medical and/or dental records by checking one or more of the boxes in Section 5-A. To get records of services provided outside CDCR by Regional Centers (developmental

[1] Full information about your rights to request copies of your health care records and how to authorize release of health care information to other people is in California Code of Regulations, title 15, § 3999.216 to § 3999.219 and the CDCR Health Care Department Operations Manual (sometimes called Health Care DOM or HCDOM) § 2.2.2 (Use and Disclosure of Protected Health Information Based on Patient Authorization), § 2.3.4 (Release of Protected Health Information), and § 2.3.15 (Patient Health Care Inquiries). For people with internet access, the CDCR regulations are on CDCR's website at https://www.cdcr.ca.gov/about-cdcr/regs-and-policy, and the Health Care DOM and information pages on health care releases are on the CCHCS website at https://cchcs.ca.gov.

disability services) or substance abuse treatment providers, you must check the appropriate box or boxes in Section 5-B.

After you have filled out the 7385 form, put the form in an envelope. If you are in prison, use the in-prison mail system to send the form to "Health Records." If you are out of prison, you can send your form and a copy of a legal form of identification to Health and Imaging Records Center, P.O. Box 588500, Elk Grove, CA 95758; alternatively, you can fax your request to (916) 229-0608 or email it to releaseofinformation@cdcr.ca.gov. Keep a note of the date and method by which you sent the form so that you will have a record if your request gets lost or delayed.

Health records staff may deny your request for release of information if you did not fill out the form properly, if you gave false information, or if the release expiration date has already passed. If your request for release of information is not valid, health care staff should notify you within 15 business days and give you an opportunity to prepare and submit a new release form.

Health records staff also may deny your request if:

- you requested that your records be released to someone else and staff have a reasonable belief that the other person has subjected you to domestic violence, abuse, or neglect; you would be put in danger if information was released to that person; or releasing information to that person would not be in your best interest;

- you requested release of your mental health records and staff believe the information would pose a "substantial risk of significant adverse or detrimental consequences" to you or someone else;

- the health information was compiled for use in a civil, criminal, or administrative action;

- the information you requested was obtained under a promise of confidentiality from someone other than a health care provider and release would be likely to reveal the source of the information; or

- releasing the information you requested would jeopardize the health, safety, security, custody, or rehabilitation of yourself or other patients, or the safety of any officer, employee, or other person.

The regulations state that if your request for mental health care records is denied because of a risk of a bad effect on you, health care staff should inform you of the reason for the denial within 30 calendar days after you submitted your request. The regulations to not give timelines for notifications about other reasons for denial.

If your request for release of records is accepted, you should receive a notice and be provided with the records within 15 business days after your request. If CDCR cannot provide the records within 15 business days, you should get a notice of the delay and the records should be provided to you within an additional 15 business days. If your request is for records that are not in CDCR's possession, you should get a notice telling you where to send your request for release of

information. You should not be charged for copies of your own health records.[2] If you request that health care staff send your records to someone one the outside, that person may have to pay a fee However, one copy of your records shall be provided free to your representative if the records are needed to support an appeal regarding eligibility for a public benefit program (unless you are being represented by a private lawyer who is paying for the costs related to your appeal).

If you have authorized CDCR to communicate verbally or in writing with someone else about your health care, there are several ways that person can get information:

- for information about **urgent changes in a person's health condition**, the person can call and leave a message on the prison's Patient Health Care Inquiry (PHCI) line. There is a list of the PHCI phone numbers for all the prisons on the California Correctional Health Care Services (CCHCS) website at https://cchcs.ca.gov/phi-phone-numbers/. Hotline inquiries should be reviewed by health care staff at least the level of a registered nurse within one business day. Staff are supposed to try to respond to phone messages about urgent matters within no more than 5 business days and to messages about death, serious injury, or serious illness within 1 business day. However, calls not related to urgent issues will not be returned.

- for any issue, the person can send a written inquiry to the Health Care Correspondence and Appeals Branch (HCCAB). Investigation into the inquiry should start on the date it is received. The person can send their inquiry by mail to California Correctional Health Care Services, Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758 or by email to m_CCHCSPHCI@cdcr.ca.gov. Staff are supposed to try to respond to written inquiries within 45 business days.

If you do not receive a response to your 7385 form, or if you have some other problem with release of your health care records or information, you can submit a CDCR Form 602-HC Health Care Grievance. In your 602-HC, explain when and how you sent your 7385 form, and explain what problem you are having. If you would like more information about how to submit and pursue a Form 602-HC, please write to Prison Law Office requesting information on administrative grievances and appeals. For people with internet access, information on administrative grievances and appeals is also on the Resources page of Prison Law Office's website, www. prisonlaw.com.

[2] Health Care DOM § 2.3.4(e)(9)(A).

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

1. PATIENT INFORMATION

Patient Name (Last, First)	Date of Birth	CDCR #

2. PARTIES TO RECEIVE INFORMATION (SELECT ONE)

☐ Patient ☐ Person or Organization Name_____
Address: _____ City/State/Zip: _____
Email Address/Fax: _____ Phone Number: _____

☐ Federal, state, county, and community-based organizations (including service providers, care coordinators and case management staff) coordinating pre-release, transition, and post-release services of patient care.

3. PARTY TO RELEASE INFORMATION (SELECT ONE)

☐ CDCR

☐ Organization Name_____

4. PURPOSE (SELECT ONE)

☐ Continuity of Care	☐ Personal Use	☐ Friends or Family	☐ Legal	☐ Other (specify)_____

5. INFORMATION TO BE RELEASED

A. Protected Health Information (select only 1, 2, or 3)

☐ 1. All information related to my care

☐ 2. The following information

- ☐ Mental health information
- ☐ Dental information
- ☐ Medical information
- ☐ Other information (specify) _____

☐ 3. Only HIV test results. I understand that HIV test results are released separate from other health care records. **I agree that by checking this HIV test results box, I authorize the release of specially protected health information. A new authorization will be required for subsequent disclosures.**

B. Specially Protected Health Information (select if applicable)

I understand the types of information below have extra confidentiality protections required by law. I would like the following specially protected health information released if it is in my record:

☐ Regional center developmental disability service records for care provided outside CDCR ("DDS Services")

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

☐ Substance use treatment service records for care provided outside CDCR, including any services provided by a Narcotic Treatment Program ("Part 2 Program Services").

C. Dates of Service (select one)

☐ All dates of service

☐ Only dates of service from (insert dates) _____-_____

6. METHOD OF RELEASE OF INFORMATION (SELECT ALL THAT APPLY)

☐ Written records from CCHCS Health Information Management (e.g., facsimile, mail, CD)

☐ Verbal or written correspondence from CCHCS Health Care Correspondence and Appeals Branch (Note: This option is not available to patients who have paroled or discharged from CDCR.)

7. EXPIRATION DATE

This authorization will remain in effect as follows (select one):

☐ This authorization shall remain in effect until revoked by the patient

☐ This authorization expires one year from the date signed below

☐ This authorization expires on the following date: _____.

8. RIGHTS

I understand:

- I may review my health information prior to signing a release to outside parties.
- I may refuse to sign this authorization; refusal will not affect my ability to obtain treatment.
- I may revoke this authorization at any time by providing written notification to CDCR. California Correctional Health Care Services, Health Information Management Services.
- If I revoke this authorization, my revocation will be effective upon receipt but will have no impact on uses or disclosures made while my authorization was valid.
- I may request a copy of this signed form.
- Information disclosed pursuant to this authorization may be subject to redisclosure by recipient and may no longer be subject to federal and state privacy law protection.
- Even if I do not authorize a release of health information, CDCR may share my confidential information for treatment, payment, and health care operations and other purposes required or permitted by law.

9. SIGNATURES

Signature of Patient/Agent	Date
Print Name of Patient/Agent	Relationship to Patient (if applicable)

If you are the Agent, you must attach documentation of your authority to act on behalf of the patient.