Promoting Safe and Secure Healthcare Access for All

Guidance and Model Policies to Assist California's Healthcare Facilities in Responding to Immigration Issues

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Preface: Immigration Enforcement and the Role of Healthcare Facilities

California's healthcare facilities operate within a complex and evolving legal and policy landscape shaped by both immigration enforcement practices and federal and state laws designed to protect access to public services. In recent years, significant changes at the federal level—combined with new legislative action in California—have altered how healthcare institutions must understand and respond to immigration-related activity.

This guide reflects those developments. It is intended to provide California's healthcare facilities with a comprehensive framework for maintaining safe, accessible, and trusted environments while complying with applicable law when responding to immigration enforcement actions.

Why This Guide Is Necessary

California's hospitals and healthcare facilities provide essential medical care for the state's nearly 40 million residents including California's most vulnerable residents, such as immigrant communities. California is committed to providing equitable access to quality healthcare for all, regardless of background. To fulfill this mission, healthcare facilities must maintain environments that are welcoming, non-discriminatory, and protective of patient privacy.

However, evolving immigration enforcement practices have created new challenges for public institutions, including healthcare facilities. Individuals may hesitate to access medical services if they believe their presence, personal information, or documentation of their medical history could expose them—or their family members—to immigration enforcement.

This guide was first developed and subsequently updated to address these concerns. It ensures that healthcare facilities can continue serving all Californians effectively by protecting patient confidentiality, maintaining public trust, and providing consistent and lawful responses to immigration enforcement activity.

Unprecedented Expansion of Immigration Enforcement

This guidance is once again updated to assist healthcare facilities in their operations in the context of heightened immigration enforcement at and around public institutions. Federal immigration enforcement has undergone substantial transformation in recent years. These changes have expanded not only the scale of enforcement activity, but also the ways in which enforcement interacts with public institutions. A central development is the expansion of immigration enforcement from borders and targeted domestic encounters with individuals who posed significant public safety or national security risks into everyday settings and public institutions that communities depend on to advance the current federal administration's mass deportation goals.[1] This shift has resulted in increased frequency of broad-based civil immigration arrests and of racial profiling by immigration enforcement—practices that have led to a surge in community arrests of undocumented and lawfully present individuals without criminal convictions.convictions.[2] For those visiting healthcare facilities, this means that encounters may now arise during routine operations and in spaces traditionally understood as neutral or service-oriented.

This rapid expansion of the immigration enforcement infrastructure has been fueled by substantial increases in federal funding and the erosion of federal institutional safeguards.[3] These investments have enabled an increase in the number and geographic distribution of enforcement operations,

an infusion of underqualified enforcement agent hires, and exploitation of modernized surveillance technology, artificial intelligence, and data analytics to achieve high volume enforcement.

At the same time, U.S. Department of Homeland Security (DHS) and U.S. Immigration and Customs Enforcement (ICE) have been scaling back internal guardrails, including reductions in force of internal oversight bodies, cuts to training programs, and loosening other procedural protocols for promoting transparency and accountability.[4] As a result, enforcement operations now regularly involve personnel from multiple federal agencies and officers who operate in plain clothes, face coverings or with limited identifying information. Additionally, recent rescissions and modifications of historical federal guidance that discouraged enforcement actions in certain "sensitive" locations, such as schools, hospitals, and places of worship, with little explanation have meant that enforcement may now occur in a broader range of settings associated with essential services like healthcare facilities.[5]

With fewer safeguards on data acquisition and data use in immigration enforcement, DHS and ICE are also aggressively pursuing formal and informal requests for data about an individual or groups of individuals. A formal request for information can come in the form of a subpoena. An informal request for information can come in the form of a request made by phone or email unaccompanied by a subpoena. These requests, whether formal or informal, can seek specific identifying information about a person such as their name, address, contact information, program participation, service usage, appointment times, or presence at a facility. Formal or informal requests can also seek access to broader data such as program enrollment records or demographic and personally identifying information about patrons. In other instances, DHS and ICE have been attempting to amass personal identifying data through data or audit related requests from other federal agencies that condition continued federal funding of state programs on data disclosure, or by leveraging access to shared federal-state databases or aggregated datasets, in ways not fully visible or known to the originating state agency.[6]

These shifts in enforcement tactics can create uncertainty for public institutions attempting to assess authority and respond appropriately. Enforcement activity in or near such locations can discourage individuals from accessing services, disrupt normal operations, and create uncertainty for staff regarding legal obligations. For healthcare facilities, which may collect and maintain personally identifiable information, DHS' aggressive data acquisition tactics highlight the importance of limiting data collection to what is necessary, restricting access to sensitive information, and ensuring staff are adequately trained regarding the collection or disclosure of data. These realities underscore the importance of clear policies governing access to healthcare facilities and staff responses to enforcement presence.

Impacts on Public Trust

The cumulative effect of contemporary enforcement practices can negatively impact public trust in institutions serving the public, including healthcare facilities. When individuals believe that accessing healthcare services may expose them—or their family members—to immigration enforcement, they may avoid visiting hospitals and other medical clinics or medical offices, decline to participate in things like mental health programs, refrain from seeking assistance or information, or limit in-person engagement with healthcare facilities more broadly. These effects extend beyond undocumented individuals and can also affect lawfully present immigrants, United States citizens in mixed-status households, or individuals who are perceived to be foreign nationals based on language, ethnicity, or association. This chilling effect can undermine public goals such as healthcare access, community safety, and civic participation. For healthcare facilities, maintaining public trust is essential. Policies that protect confidentiality, minimize unnecessary data collection, and clearly define staff responsibilities are critical to ensuring continued access and engagement.

California's Legislative Response

In 2017, California enacted the California Values Act, Senate Bill No. 54 (2017-2018 Regular Session) (SB 54) which restricts, with some exceptions, the use of state or local law enforcement agency funds or personnel to investigate, detain, or arrest individuals for civil immigration enforcement purposes, and limits the sharing of certain information with immigration authorities.

SB 54 also directed the California Attorney General to publish model policies limiting assistance with immigration enforcement to the fullest extent possible at shelters, public schools, public colleges and universities, libraries, public healthcare facilities, courthouses, and labor agencies.[7] The law reflects a policy determination that public agencies must prioritize their core missions and maintain community trust.

In response to the new immigration enforcement landscape, in 2025, California enacted Senate Bill No. 580 (2025-2026 Regular Session) (SB 580). SB 580 requires the Attorney General, by July 1, 2026, to publish model policies for state and local agencies relating to interaction with immigration authorities consistent with federal and state law.[8] On or before January 1, 2027, state and local agencies must implement the model policy or an equivalent policy.[9] SB 580 also requires the Attorney General to publish guidance, audit criteria recommendations, and training recommendations for databases operated by a state or local agency, including databases maintained for the agency by private vendors, aimed at ensuring that the databases are governed in a manner that limits to the fullest extent practicable the availability of stored information to anyone or any entity for the purposes of immigration enforcement, consistent with federal and state law.[10] The Attorney General's July 1, 2026 SB 580 guidance and model policies broadly apply to all state and local agencies, but do not provide guidance specific to healthcare facilities. Accordingly, the Department of Justice recommends public healthcare facilities consult this specific guide and implement the model policies found in this guide to satisfy their obligations under SB 580.

Also in response to new immigration enforcement practices, in 2025, California enacted Senate Bill No. 81 (2025-2026 Regular Session) (SB 81), which made amendments to the Confidential Medical Information Act related to disclosures of a person's medical information, and added provisions to the Health and Safety Code responding to immigration enforcement at healthcare facilities. SB 81 applies to healthcare provider entities in California that receive public funding and is discussed in detail in this guide.

This update to the SB 54 model policies and guide responds to recent changes in federal immigration enforcement practices and policy, as well as changes in California state law, since the guide was last updated in December 2024. These changes include DHS's rescission of its sensitive locations policy, the increased reliance on databases and data-sharing in immigration enforcement, and California's enactment of several new laws that impact healthcare facilities and providers and their response to immigration enforcement. These laws, all introduced during the 2025-26 Regular Session of the California State Legislature, include Senate Bill 81 (effective September 20, 2025), Senate Bill 580 (effective January 1, 2026), and Assembly Bill 495 (effective January 1, 2026). The 2026 guide also adds a new section entitled "Section 4: Responding When Patients Are in Custody for Civil Immigration Law Enforcement.

This guide is not legal advice. This guide is based on the law as of July 1, 2026, which, of course, may change. Management at healthcare facilities operated by the State or a political subdivision of the State should consult with their legal counsel when formulating policies and practices, and in addressing any questions regarding the issues covered in this guide. For guidance-related information and/or to report any immigration enforcement incidents, or if you believe that state or federal law is being violated at a healthcare facility, you may contact the Office of the Attorney General at Immigration@doj.ca.gov.

Introduction

California is home to approximately 10.9 million immigrants, more than one in four state residents.[11] It is in the State's interest to ensure access to healthcare, including a safe and secure environment in which all Californians feel comfortable seeking that care. To that end, California has embraced the immigrant population and created laws that protect their interests in accessing healthcare services.[12]

California's healthcare facilities serve many people in need of help, regardless of circumstances. According to the California Association of Public Hospitals and Health Systems, California's public healthcare systems serve more than 3.7 million patients each year. These public facilities include just 6 percent of the State's hospitals, but they provide 36 percent of hospital care to the State's lower income and uninsured patients. Additionally, these systems train nearly half of the State's new doctors.[13]

The collective health of all Californians—immigrants and non-immigrants—benefits greatly when all have access to the State's multifaceted healthcare system. This system includes public healthcare facilities, community health clinics, hospital systems, and emergency departments. Communicable diseases do not discriminate on the basis of immigration status and, for the health of the population as a whole, neither should the treatment of those diseases. However, fears of immigration enforcement at healthcare facilities, or other negative immigration consequences, have led many immigrants to question whether they should seek medical care and utilize those systems,[14] even when facing health crises or medical emergencies.

Existing federal laws and regulations address the rights of all people to access medical care, including immigrants. To improve access to the healthcare system, the U.S. Congress has established various publicly funded healthcare programs, such as Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). It also created federal subsidies available to purchase private coverage as a result of the Patient Protection and Affordable Care Act (ACA).[15] In addition, the Emergency Medical Treatment and Active Labor Act (EMTALA) guarantees medical treatment for all people who arrive at emergency departments in hospitals that accept Medicare, regardless of factors such as citizenship, legal status, or ability to pay.[16]

California laws and regulations go further and promote all individuals' rights to access healthcare, including some individuals whose immigration status does not permit them to enroll in federally funded Medicaid.[17] As the backbone of California's healthcare safety net, the California Department of Health Care Services (DHCS) administers Medi-Cal (California's Medicaid program) and seeks to preserve and to improve the overall health and well-being of all Californians. Similarly, the California Department of Managed Health Care and the California Department of Insurance oversee access to healthcare by Californians covered by managed care and insurance contracts. California law guarantees medical treatment for all people, regardless of immigration status, at any hospital that operates an emergency department.[18]

Purpose of this Guide

The first version of this guide was published after the California Values Act, or SB 54, was enacted during the 2017-2018 Regular Session. SB 54 mandated that the California Attorney General publish model policies "limiting assistance with immigration enforcement to the fullest extent possible consistent with federal and state law" at several kinds of public institutions, including "health facilities operated by the State or a political subdivision of the State."[19] All health facilities operated by the State or a political subdivision of the State were required to implement the model policies or equivalent policies.[20] Covered "health facilities" include facilities as defined in section 1250 of the California Health and Safety Code, clinics as defined in sections 1200 and 1200.1 of the Health and Safety Code, and substance abuse treatment facilities.[21] The Attorney General published a revised version of the guide in December 2024.

As stated above, this guide has been updated to reflect recent changes in federal immigration enforcement practices and policy as well as changes in California state law since December 2024. This guide also includes a new section related specifically to individuals who are accompanied by law enforcement officials, including immigration authorities, for the receipt of medical care. These changes include DHS's rescission of its sensitive locations policy, the increased reliance on databases and data-sharing in immigration enforcement, and California's enactment of several new laws that impact healthcare facilities and providers and their response to immigration enforcement. As discussed earlier, these new state laws, all introduced during the 2025-26 Regular Session of the California State Legislature, include Senate Bill 81 (effective September 20, 2025), Senate Bill 580 (effective January 1, 2026), and Assembly Bill 495 (effective January 1, 2026). The 2026 guide also adds a new section titled "Section 4: Responding When Patients Are in Custody for Civil Immigration Law Enforcement."

This guide is intended to satisfy the Attorney General's mandate under SB 54 and SB 580 as it relates to healthcare facilities operated by state and local agencies, while also offering guidance, policy recommendations, and model policies that may be helpful to private healthcare facilities. While public healthcare facilities are encouraged to review the generally applicable SB 580 guidance and model policies that the Attorney General published for state and local agencies on July 1, 2026, public healthcare facilities can satisfy their obligations under SB 580 by implementing the model policies found in this guide or their substantial equivalent.[22]

California law enforcement agencies are restricted under state law from performing the functions of immigration officers.[23] But healthcare facilities should be aware that, although ICE and U.S. Customs and Border Protection (CBP) are the federal agencies with primary responsibility for immigration enforcement, there are instances in which other law enforcement agencies, including local ones, may also attempt to enforce immigration laws.[24] In this guide, ICE, CBP, and other law enforcement agencies attempting to enforce immigration laws are treated the same, in terms of the advice given for how healthcare facilities should handle interactions with them. Any policy adopted to address interactions between healthcare facility personnel and immigration enforcement officers should encompass any law enforcement agencies that seek to enforce immigration law and should handle requests from all law enforcement agencies acting with that purpose in the same way.

Some healthcare facilities may have already adopted policies equivalent to, or exceeding, the protections provided with the policies set forth in this guide. To the extent that healthcare facilities have developed policies that are aligned with or provide greater protections for immigrants, the model policies in this guide are not intended to displace those policies. Nor does the exclusion of a particular policy in this guide—whether recommended by a stakeholder group or implemented by an agency—necessarily indicate the Attorney General's disapproval of that policy. Rather, this guide offers foundational elements reflecting the minimum that should be present in the policies of any covered California healthcare facility and should serve as a resource to enhance current policies as needed and to ensure alignment with state law. Healthcare facilities that have already adopted policies should use this guide as a resource to ensure alignment, providing patient protections at least as strong as are described here. Ultimately, the policies of healthcare facilities operated by the State or a political subdivision of the State must at minimum follow the model policies here, except where new laws or circumstances require adjustments.

This guide is not intended to cover the obligations arising from employer-employee relationships at public healthcare facilities, although some of those obligations are referenced. Public healthcare facilities should be aware that other laws may apply to immigration enforcement activities and requests for information directed at facility employees.

If a healthcare facility program encounters circumstances that are not addressed in this guide, healthcare facility personnel should consult with a designated facility manager, administrator, or legal counsel.

01 Gathering and Handling Patient and Family Health Information

Purpose of this Section

Provide healthcare facility administrators with policies for collecting and retaining patient and family health information, while preventing unnecessary collection and maintenance of information on the immigration status of patients and their families.

Governing Law

1. Privacy Law and Personal Health Information

California state and federal laws and regulations give all patients, regardless of immigration status, the right to keep their medical records private in most circumstances. All healthcare facilities and other covered entities should already understand and have policies in place to protect private medical information; this guide complements, but is not a substitute for, general privacy policies.[25]

HIPAA

The federal Health Insurance Portability and Accountability Act (HIPAA), including its Privacy Rule and its Security Rule, provides protections for the use and disclosure of information contained in medical records. Healthcare facilities should be well-versed in ensuring HIPAA compliance. Under HIPAA, protected health information, or PHI, is any individually identifiable information that a healthcare provider receives from an individual and that relates to their health status, treatment, or payment, and that could be used to identify the person.[26] Federal guidance explains that demographic information, including but not limited to common identifiers like name, address, birth date, or Social Security numbers, when they can be associated with any health information,[27] is considered PHI.[28]

PHI may not be used or disclosed, except under certain conditions, including: for treatment or payment for healthcare;[29] upon the consent of the patient;[30] in connection with a use or disclosure otherwise permitted, if the disclosure is the minimum necessary to accomplish the purpose of the disclosure;[31] or under limited circumstances for which neither authorization nor agreement is required.[32] Federally funded programs that provide treatment for substance-abuse disorders must take additional precautions.[33] (See Sections 2 and 4 of this guide for additional information about the circumstances under which personal health information may be disclosed to law enforcement.)

California Law

California state laws provide similar and additional privacy protections. The California Constitution includes a right to "privacy."[34] California has several laws protecting health information privacy, including: the Confidentiality of Medical Information Act (CMIA), which prohibits healthcare providers, insurance plans, and contractors from disclosing medical information to third parties;[35] the Patient Access to Health Records Act, which establishes a patient's right to see and to receive copies of their own medical records;[36] the Insurance Information and Privacy Protection Act (IIPPA), which applies to insurance agents, brokers, and companies;[37] and the Information Practices Act (IPA), which limits California state agencies' authorization to collect, manage, and disseminate personal information.[38] Additionally, healthcare facilities are obligated to prevent unauthorized access to, or disclosure of, medical information.[39]

Protected Health Information

The scope of private health information protected from disclosure is very broad. In California, CMIA, as amended by SB 81, specifies that place of birth (where it is individually identifying information) and individually identifying information regarding immigration status, including current or prior immigration status, shall be treated as "medical information" when the information is known or collected in electronic form by a healthcare provider, healthcare service plan, pharmaceutical company, or contractor regarding a patient's medical history.[40]

In addition, both federal and state rules provide protections of any characteristics that could uniquely identify the individual.[41] The HIPAA Privacy Rule generally requires healthcare facilities to protect the confidentiality of a patient's PHI.[42] HIPAA defines PHI as individually identifiable information that a healthcare provider receives from an individual related to the patient's health status, treatment, or payment, and that could be used to identify the person.[43] (See Section 2.2 below for more information about PHI.)

Most healthcare providers must give all patients a notice of provider privacy policies.[44] The notice tells patients how their personal information about their healthcare will be used, who will see that information, what the patients' rights are, and where to lodge a complaint if those rights have been violated. A patient has the right to ask their healthcare provider or insurer to contact the patient only in certain ways or in certain locations. For example, a patient can ask to be sent notices only at home or only at work.

2. Collection of Immigration-Related Personal Information for Public Benefits Purposes

Healthcare facilities have no general affirmative legal obligation to inquire into a patient's immigration status. In some circumstances, however, immigration status information may be relevant to a determination of a patient's eligibility for public benefits that assist with payment for healthcare, and HIPAA permits disclosure of personal health information for this purpose. County, state, and federal agencies, not healthcare facilities, make final determinations regarding immigrant eligibility for healthcare benefits, but healthcare facilities may play a role in that eligibility screening process. For example, hospitals participating in California's Hospital Presumptive Eligibility (HPE) program may temporarily provide qualified individuals immediate access to Medi-Cal covered services.[45] The information collected by DHCS under HPE is provided by the patient and is not verified against any federal databases. However, for the limited purpose of ensuring that eligibility has not otherwise been established for the individual, DHCS verifies an individual's HPE information against the California Medi-Cal Eligibility Data System. Other programs or sources of healthcare payment or coverage, and the types of immigration-related information that are collected, are discussed below.

The ACA and the Medicaid Act require that individuals seeking coverage under programs like federally funded Medicaid, CHIP, and subsidized private insurance through Covered California (California's state-based health insurance benefit exchange under the ACA) provide information regarding their immigration status and some information about their household members to determine eligibility for such coverage.

Medi-Cal

Medicaid is a federal-state partnership to provide healthcare coverage to low-income individuals and families. The program coverage and policies vary by state. The Medicaid program in California is known as "Medi-Cal." California has expanded the Medi-Cal program to use state-only funds to provide coverage for many adults under certain income levels, even if their immigration status precludes them from qualifying for federal Medicaid funds.[46] An immigrant, like any other beneficiary, must meet certain eligibility requirements, such as income limits and California residency.

DHCS is required under federal law to verify citizenship or immigration status for most individuals who apply for Medi-Cal coverage and to report data, including demographic information and immigration status, to the federal government. California law provides that all types of information concerning an individual and obtained for provision of Medi-Cal services "shall be kept confidential, and shall not be open to examination other than for purposes directly connected with the administration of the Medi-Cal program."[47] Starting July 1, 2027, hospitals may require patients to participate in a screening for Medi-Cal eligibility before screening for a charity care or other discount payment program.[48] If a facility assists someone in applying for Medi-Cal, the facility may become aware of an individual's immigration status. However, California public healthcare facilities should not otherwise ask for citizenship or immigration information from patients in their facilities.

In California, CHIP serves low-income children under the age of 19 years and pregnant women who have incomes above the level to qualify for Medi-Cal, including immigrants, without a waiting period, throughout pregnancy until the end of the post-partum period.[49]

Medicare

Medicare is a federal health benefit program that serves seniors and persons with disabilities and has different eligibility rules from Medi-Cal, including requirements for qualifying work history, and immigration-status restrictions. While some non-citizens are eligible for Medicare, all Medicare recipients must have "satisfactory immigration status." Following the passage of H.R. 1, the "One Big Beautiful Bill Act," in July 2025, "satisfactory immigration status" for Medicare includes only lawful permanent residents (green card holders), some Cuban and Haitian immigrants, and Compact of Free Association, or "COFA," migrants from certain Pacific island nations.[50] Medicare applicants (including those dually eligible for both Medi-Cal and Medicare) have their individual information determined and verified by a federally managed data services hub, such that the federal government has the relevant information.[51]

Covered California

An individual must have certain types of immigration status in the United States to purchase health insurance through the health benefit exchange (Covered California, in California). H.R. 1 restricted noncitizens' eligibility to receive healthcare coverage through state health benefit exchanges like Covered California. The new law defines "eligible aliens" as lawful permanent residents (green card holders), some Cuban and Haitian immigrants, and Compact of Free Association, or "COFA," migrants from certain Pacific island nations. Formerly eligible "lawfully present" individuals, including lawful temporary residents, refugees and asylees, and those with temporary protected status, are no longer eligible for coverage.

An individual who applies for coverage through Covered California and who is determined to be eligible for federally funded Medicaid or for subsidies will have their eligibility information verified through the federal data services hub, meaning that the federal government has the relevant information.

The ACA requires applicants seeking coverage through a health insurance exchange, such as Covered California, to provide information about their immigration status.[52] Applicants who attest to eligibility based on immigration status, rather than citizenship, must provide their Social Security numbers (if applicable) and "such identifying information with respect to the enrollee's immigration status as the Secretary [of Health and Human Services], after consultation with the Secretary of Homeland Security, determines appropriate."[53]

Covered California collects information regarding immigration status of only the person seeking health coverage, not of family members who are not applying for coverage. Covered California uses that information for eligibility verification and to ensure the efficient operation of the healthcare exchange.

Emergency Services

All individuals, including immigrants regardless of status, must be screened and provided with some healthcare for an emergency medical condition under federal and state law. EMTALA requires hospitals to provide a medically appropriate screening exam for any patient, regardless of immigration status, who comes to the hospital's emergency department.[54] If the hospital determines that a patient has an emergency condition, then EMTALA restricts the hospital from transferring the patient until the patient has been stabilized.[55] California law likewise requires licensed healthcare facilities to provide emergency services and care to any person who requests them "for any condition in which the person is in danger of loss of life, or serious injury or illness . . . when the health facility has appropriate facilities and qualified personnel available to provide the services or care." The healthcare facility may not first question the patient's ability to pay.[56] Hospitals may not delay screening or treatment in order to resolve questions about the patient's method of payment or insurance status.[57]

Recommendations Regarding Databases Under SB 580

This section provides recommendations regarding healthcare facilities databases. While the recommendations below are consistent with the Attorney General's July 1, 2026, SB 580 guidance, the recommendations below are specifically tailored to databases maintained by healthcare facilities.

1. Policies and Procedures for Gathering and Handling Confidential Patient Information

- Healthcare facilities should limit collection of information about immigration status, citizenship status, and national origin to information that the facilities are required by law to collect.
    - If a health provider must collect such information for a patient, the provider should avoid including that information in the patient's medical and billing records.
    - Healthcare facilities should collect such information for only the person seeking care, not their family members.
- Healthcare facilities should respond promptly to requests by patients (or their parents, guardians, or caretakers, as appropriate) to remove immigration status information from their medical records, as permitted by law.
- Healthcare facilities should educate patients about their privacy rights. Healthcare facilities should amend standard notices of privacy practices to clarify that information about immigration status may be protected by privacy laws.
- Healthcare facilities should make information regarding privacy laws and policies accessible to individuals with limited English proficiency, in the languages commonly spoken in the community.
- All healthcare facility staff, including any volunteers whose duties may involve responding to external information requests or healthcare delivery, should be well-trained in the facility's policies and procedures for collecting and maintaining confidential patient information.

2. Limiting the Availability of Information in Databases for Immigration Enforcement Purposes

Healthcare facilities covered by HIPAA already should be familiar and compliant with the HIPAA Security Rule. That rule outlines standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity, and requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.[58]

To the extent that healthcare facilities' existing information security policies do not already address the HIPAA Security Rule, facilities should develop policies and procedures to protect private information in medical databases. These policies and procedures also should be mandated for databases maintained by vendors (including "business associates," as defined by HIPAA[59]) or in connection with vendor (or business associates') services provided to a healthcare facility.

- Establish policies that restrict the disclosure of protected health information and ensure that all staff and vendors (or business associates) follow those restrictions.
- Ensure that contracts with vendors (or business associates) include terms that prohibit unauthorized access or disclosure of protected health information or other personally identifiable information to law enforcement, including immigration enforcement agents.

- Develop audit criteria for healthcare facility staff and vendors (or business associates) requiring them to conduct database audits and to demonstrate compliance through reporting or access.

- If healthcare facility staff or vendors (or business associates) become aware that protected health information or other personally identifiable information has been requested by or shared with law enforcement, including immigration enforcement officers, ensure that the request or information-sharing is documented and reported to appropriate healthcare facility personnel.

- Document and report all disclosures of patient records or database information to law enforcement, including immigration enforcement officers. You may send reports to our office at Immigration@doj.ca.gov.

- Ensure that all contracts with vendors (or business associates) include terms requiring that healthcare facility staff document all requests for information by law enforcement, including immigration enforcement officers.

- The policies recommended above should include all contracts with vendors (or business associates) that permit them to sell or make information available to third parties, including the federal government.

3. Audit Criteria Recommendations

Healthcare facilities are encouraged to adopt the following audit criteria recommendations for data collection and information gathering policies. Facilities may choose to include additional information or provide additional protections. Your healthcare facility can tailor the following recommended policies by inserting information specific to your facility's functions, as indicated in the brackets.

[Healthcare facility] strives to provide a clear, objective, and measurable foundation for audits. Strong criteria ensure that audits generate actionable insights, highlight improvement opportunities, and enhance accountability across the organization. Whether establishing operational audits or compliance audits, [healthcare facility] has adopted processes and procedures to implement secure and legally compliant database operations to ensure that auditors can assess whether objectives are being met effectively and whether [healthcare facility] complies with regulations or internal standards.

In support of this objective, [healthcare facility] will undertake best efforts to implement auditing best practices, which may include the following recommendations:

1. Establishing or designating a person, committee, unit, or oversight body responsible for conducting agency-wide database audits, and clearly defining the roles, responsibilities, and authority necessary to fulfill this responsibility;

   Note: This designee should have sufficient independence to perform their oversight responsibilities objectively and without undue influence or personal conflict, as well as have the necessary skill and knowledge to effectively discharge their oversight responsibilities;

2. Granting the designee access to sufficient relevant and reliable information, such as agency policies, to fulfill oversight responsibilities by, for example, defining the scope of information necessary to effectively exercise its oversight role, establishing a process to periodically review the quality and quantity of information it receives from [healthcare facility] and external sources, and establishing appropriate, credible, complete, and timely performance and risk information to [healthcare facility] to allow for correction;

3. To assist with establishing a baseline of knowledge and the context by which to assess compliance with expectations, [healthcare facility] will evaluate policies and procedures, internal control documents, industry standards and best practices, and relevant laws and regulations to identify the required or desired state or expectation with respect to [healthcare facility]'s program or operation.

To facilitate the criteria by which compliance expectations may be measured, [healthcare facility] will also consider regularly doing the following:

1. Reviewing forms, databases, and medical intake practices to avoid collecting information that is not necessary to administer treatment, such as unnecessary household member identifiers or unnecessary place-of-birth fields;

   Note: Personally identifiable information or personal information is any data that can be used to identify a specific individual. Personal information may include, but is not limited to, name, social security number, physical description, gender and sexual identity, home address, home telephone number, education, financial matters, and medical or employment history;

2. Reviewing and logging all immigration enforcement requests for access to facilities, records, or information systems, including the documentation presented, internal review steps, and outcome;

3. Reviewing and logging all instances where a vendor discloses information or data for immigration enforcement purposes that [healthcare facility] becomes aware of;

4. Reviewing database access rights and promptly revoking unnecessary privileges for users with no business need;

5. Reviewing and ensuring agreements relating to data sharing, including contracts with private vendors, incorporate terms that prohibit unauthorized accessor disclosure of data to law enforcement, including immigration authorities;

6. Reviewing and identifying chain of command and the individual(s) responsible for reviewing requests for information and issuing approvals; and

   Conducting audits and establishing how often audits should occur, listing the programs that collect personally identifiable information, identifying minimum scope of data collection needed for each programmatic necessity, identifying minimum data retention requirements based on programmatic necessity, and establishing processes for data handling.

[Healthcare facility] has designated [list name(s)/job title] as the [individual(s)/office] responsible for implementing corrective actions identified by the audit. [Name(s)/job title] will aim to engage with appropriate internal and external stakeholders to align expectations and document agency compliance at regular review intervals.

4. Database-related Training Recommendations

It is best practice for a healthcare facility, at a minimum, to adopt and implement the following database-related training recommendations:

1. Maintain training completion records;

2. Identify individual(s) responsible for developing training, determining how often training should occur, and personnel who should be trained. This includes making contractors, vendors, or other agencies aware of all provisions of relevant agency policies and access to in-person workshops, quarterly webinars, or onboarding training related to interactions with enforcement agents;

3. Train staff, volunteers, and contractors on how to determine the origin of informational requests and how to categorize their intended use, including requesting, in writing, the legal basis and intended use, and documenting it as part of the record;

4. Train staff to identify any governing general or sector-specific privacy or confidentiality law applicable to information requests that may be relevant to agency operations, identify legal authorities for the receipt of information, and relevant exemptions to those legal authorities;

5. Train staff to assist requesters in creating written requests for information and to direct a requester to enter into a Data Use Agreement if appropriate;

6. Train staff on the scope of an informational request and how to provide only the minimum information required by law;

7. Train staff in compliance with retention schedules and secure deletion methods.

8. Train staff on written policies and processes for responding to law enforcement requests for information, including requests related to immigration enforcement;

9. Train staff on federal and state legal limits on assistance with immigration enforcement.

10. Train staff on how to respond to enforcement requests, including de-escalation practices and when to elevate to a supervisor or manager;

11. Train staff about privacy and best practices for handling personally identifiable information. This may include only allowing authorized data usage in secured locations, conducting regular training on data security, and ensuring that data is only accessed from official workstations and laptops that meet technological control standards. Among other practices, making sure to only access, copy, download, or export the minimum necessary amount of personally identifiable information that is required to perform any specific business function;

12. Train staff on procedures for logging and documenting all interactions with law enforcement, including immigration enforcement requests;

13. Train staff on documenting or reporting deficiencies in database management and processes for corrective measures;

14. Train staff on how to identify and report patterns of non-compliance within the chain of command or with the appropriate external agency.

5. Confidential Treatment of Records and Requests for Information

Healthcare facilities are encouraged to keep a log and accounting of all requests for and disclosures of personal information to law enforcement officers and agents, including to immigration enforcement officers. This log would include the date, nature, and purpose of each disclosure, along with the name, title, and address of the person or agency to whom the disclosure was made. Healthcare facilities are encouraged to retain such log and accounting until the record associated with the disclosure is destroyed.

The disclosures for which a log and accounting would be maintained would include, but are not necessarily limited to, the following:

1. To a governmental entity if required by state or federal law;

2. To a law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes, unless disclosure is otherwise prohibited by law;

3. To another person or governmental organization to the extent necessary to obtain information from the person or governmental organization for an investigation by the agency of a failure to comply with a specific state or federal law that the agency is responsible for enforcing;

4. Pursuant to a court order;

5. Pursuant to a subpoena;

6. Pursuant to a search warrant; and/or

7. Pursuant to some other compulsory legal process.

Healthcare facilities should have data and record retention schedules based on legal requirements and privacy best practices.

02 Sharing Patient and Family Health Information

Purpose of this Section

Identify categories of patient information not subject to release by healthcare facilities, identify circumstances in which patient information may or must be disclosed by healthcare facilities, identify when information provided to determine eligibility for public insurance might be shared within the federal government for immigration enforcement, and provide model policies protecting against the release of patient or family information, to the extent permitted under the law.

Governing Law

1. Citizenship and Immigration Status Information

Federal law does not impose an affirmative duty on state or local government entities to collect information about an individual's citizenship or immigration status. California law generally prevents law enforcement agencies from "[i]nquiring into an individual's immigration status."[60]

Under federal law, hospitals with emergency rooms must screen and treat people who need emergency medical services, regardless of whether a person has health insurance, how much money the person has, or the person's immigration status.[61] Similarly, anyone can seek primary and preventive healthcare at certain kinds of community clinics[62] regardless of whether they are insured, their ability to pay, or their immigration status. Neither citizenship, nor lawful immigration status, nor a Social Security number are required to receive healthcare services under federal law. But, as mentioned above, hospitals, clinics, health centers, or other medical providers may ask for this information to determine if a patient may be eligible for public health insurance, like Medicaid, or to establish the patient's method of payment for services. The California Department of Healthcare Services is also required to share data about Medi-Cal enrollees on a regular basis with the federal government for program integrity and oversight purposes.[63]

Historically, the U.S. Department of Health and Human Services (HHS) did not share information collected for eligibility purposes for use by civil immigration enforcement officials. However, the current federal administration has issued new policies permitting sharing of this kind of information with DHS for immigration enforcement purposes.[64] California and other states have filed a lawsuit challenging the legality of this change in policy, and healthcare facilties should contact the California Department of Justice to determine the extent to which information sharing with the federal government may be subject to a court order.[65]

As of 2025, CMIA specifically safeguards individually identifying information regarding immigration status or place of birth that is known to or collected by a healthcare provider (or healthcare service plan, pharmaceutical company, or contractor) as a form of "medical information." Further, CMIA specifically provides that, unless expressly authorized by a patient, or as required or permitted under specific legal provisions (such as determining program eligibility), healthcare providers "shall not disclose medical information for immigration enforcement."[66]

Nevertheless, healthcare facilities seeking to protect immigrant patients' privacy should avoid, to the extent possible, acquiring information about immigration and citizenship status. (See Section 1 above.) Federal law restricts healthcare facilities from sharing PHI without patient consent, as described above under HIPAA's Privacy Rule,[67] subject to specific exceptions set forth in HIPAA. (See additional discussion

about PHI in this Section below.) Those federal restrictions apply with equal force to patient personal information, such as information regarding a patient's citizenship or immigration status, contained in medical records.

Sections 1373 and 1644 of title 8 of the U.S. Code prohibit state and local governments from prohibiting or restricting any government entity or official from maintaining or exchanging information about a person's immigration status with immigration authorities or other governmental entities.[68] However, Sections 1373 and 1644 do not obligate government entities or officials to provide the federal government with (or maintain) any information about a person's immigration status (or any information of any other kind). Further, where information about a person's immigration status qualifies as "protected health information" under HIPAA, that federal law (i.e., HIPAA) prohibits sharing that information with immigration authorities (or other governmental entities), unless a specific HIPAA exception that permits or requires such sharing applies. As such, the State's restrictions on sharing immigration status information contained in medical records is consistent with federal law, and this guide does not call for any public agency policy prohibiting or restricting agency employees in violation of Sections 1373 or 1644.

Note that there have been successful legal challenges to Section 1373 and court decisions addressing the scope of information that it covers. The United States Court of Appeals for the Ninth Circuit has held that Section 1373 extends only to a person's "citizenship or immigration status."[69]

2. Patient Information Generally

Healthcare providers have no affirmative legal obligation to inquire into, or to report to immigration authorities, information about a patient's immigration status. As discussed above, the HIPAA Privacy Rule is the primary federal law that requires healthcare facilities to protect the confidentiality of a patient's protected health information, with certain exceptions. For a more detailed discussion of PHI protections, please see Section 1.1 above.

Under some of the legal exceptions, including when information is requested by law enforcement officials for law enforcement purposes, PHI may be shared, but its release is generally not required. Similarly, the HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

As discussed above, California has several laws governing health information privacy. Most notable is CMIA, which provides some stronger privacy protections for medical information than those in HIPAA.

3. Restrictions on Release of Personal Information or Patient Records

HIPAA

Under the HIPAA Privacy Rule, organizations that must comply with the rule are called "covered entities," and include health plans, healthcare clearinghouses, and healthcare providers, such as local healthcare facilities. A covered entity may not use or disclose protected health information except (1) as permitted or required by the Privacy Rule; or (2) as authorized in writing by the individual who is the subject of the information (or the individual's personal representative). Under the Privacy Rule, anyone aged 18 years or older and emancipated minors can exercise the rights of individuals; but specific provisions address the protected health information of unemancipated minors (younger than 18 years).[70] A minor can exercise rights under the rule in one of three circumstances:

- When the minor has the right to consent to healthcare and has consented, such as when a minor has consented to treatment of a sexually transmitted disease under a state minor consent law.[71]

- When the minor may legally receive the care without parental consent, and the minor or another individual or a court has consented to the care.[72]

- When a parent has assented to an agreement of confidentiality between the healthcare provider and the minor, which occurs most often when an adolescent is seen by a physician who knows the family.[73]

In each of these circumstances, the parent is not the personal representative of the minor and does not automatically have access to health information specific to the situation, unless the minor requests that the parent be given such access. However, under immigration law, "child" or "minor" is not uniformly defined, and the age of a child for purposes of certain immigration benefits may vary from 18 years old to 21 years old.[74] Therefore, a healthcare facility should determine who is entitled to make decisions about access to a young person's health information before seeking parent/guardian approval of any disclosures relevant to immigration enforcement. The adolescent may be entitled to maintain the privacy of their medical records under state law even from the adolescent's parents, and seeking consent from parents or guardians would deprive the minor of this protection.

As noted above, healthcare providers must give each patient a notice of privacy policies.[75] The notice tells patients how their personal health information will be used, who will see that information, what their rights are, and where to file a complaint if their privacy has been compromised.

Under HIPAA, a healthcare facility has an obligation to provide, upon a patient's request, an "accounting of disclosures" whenever it has disclosed any patient's protected health information.[76] However, a healthcare facility is not required to account for disclosures that were made for treatment, payment, or healthcare operations, and disclosures authorized by the individual.[77] Disclosures that are subject to the accounting-for-disclosures requirement include those made by a healthcare facility that is not a party to a related litigation matter or proceeding yet compelled thereby to take some action;[78] made in proceedings before a healthcare oversight agency,[79] or made in response to a subpoena, discovery request, or other lawful process (discussed below).[80]

CMIA

Like HIPAA, the primary purpose of CMIA, a state law, is to protect an individual's medical information from unauthorized disclosure. However, instead of "protected health information," CMIA applies to "medical information," which it defines as "individually identifiable" information about a patient's medical history, mental or physical condition, or treatment.[81] Under CMIA, individually identifiable information is medical information that includes a data element that identifies a person, such as a name, address, e-mail address, telephone number, or Social Security number, and includes information that can be combined with other publicly available information to reveal a person's identity.[82]

In 2025, SB 81 amended CMIA to expressly provide that any individually identifiable information about a patient's immigration status or place of birth regarding a patient's medical history that is known or collected by a healthcare provider shall be treated as "medical information."[83] SB 81 also added a provision to CMIA expressly prohibiting the disclosure of medical information for immigration enforcement,[84] except to the extent authorized by the patient, or as required by one of the CMIA provisions identifying the circumstances in which medical information must be disclosed, or as permitted by one of the CMIA provisions identifying the circumstances in which medical information may be disclosed.[85] With regard to individually identifying information regarding a patient's immigration

status, CMIA permits a public facility or official to share information regarding a patient's immigration status with federal immigration authorities if such disclosure would for some reason be permitted or required under HIPAA.[86] And to be clear, there is no HIPAA provision that generally excludes information regarding a person's immigration status from the general HIPAA rule that a person's protected health information may not be disclosed to a third-party without the person's valid, written authorization.

As amended by SB 81, CMIA also requires covered healthcare provider entity personnel to immediately notify management, administration, or legal counsel of any request for medical information for immigration enforcement purposes and any request to review documents.[87] Legal requirements imposed on covered healthcare provider entities by SB 81 are discussed further in Sections 3 and 4 of this guide.

SB 81 also amended CMIA to limit the type of court order that can compel disclosure of medical information: Formerly CMIA provided that information could be disclosed if compelled by a "court order;" after SB 81, disclosure may be compelled by "[a] court order issued by a court of this state or a federal court, including, but not limited to, a court order issued by a court of this state pursuant to Section 2029.300 of the Code of Civil Procedure relating to a foreign subpoena."[88] SB 81 also amended CMIA to provide that, "A provider of health care, health care service plan, or contractor shall not comply with a court order that constitutes a foreign subpoena, absent a court order issued pursuant to Section 2029.300 of the Code of Civil Procedure."[89] In addition, SB 81 amended CMIA to limit the type of search warrant that can compel the disclosure of medical information to "a valid search warrant issued by a judicial officer, including a magistrate" and to provide that a search warrant based on another state's law cannot compel disclosure of medical information if that state's law interferes with California law.[90]

Like HIPAA, CMIA applies to healthcare providers, health insurers, and individuals or businesses they contract with that have access to medical information. However, CMIA's definition of "provider of health care" is broader than HIPAA's and includes, for example, any business that offers software or products to maintain such medical information.[91] Finally, unlike HIPAA, CMIA provides an individual private right of action.[92]

4. Exceptions Requiring or Permitting Disclosure of Information Without Consent

HIPAA

The HIPAA Privacy Rule allows covered entities to disclose protected health information in certain circumstances, as described below. Note that HIPAA's privacy protections generally are broader than under CMIA. For instance, CMIA allows providers to disclose medical information when "otherwise required by law." Because CMIA's disclosure exception is broader than under HIPAA, we have detailed HIPAA's more protective provisions below.

Required Disclosures

Pursuant to the Privacy Rule, a healthcare facility must disclose protected health information (1) when an individual (or their personal representative) specifically requests access, and (2) to HHS when it is undertaking a compliance investigation, review, or enforcement action.[93] In special circumstances dealing with public health concerns and disease outbreaks, healthcare providers may be required to disclose protected health information under title 17 of the California Code of Regulations.[94] State laws and regulations mandate that specified diseases and conditions be reported by healthcare providers and laboratories to the public health authorities.[95] DHCS is also required to share a variety of data about all Medi-Cal enrollees on a regular basis to the federal government for program integrity and oversight purposes.[96]

Permissive Disclosures

Healthcare facilities covered under HIPAA are permitted, but not required, to disclose protected health information, without an individual's consent in a number of circumstances: (1) to the individual (unless required for access or accounting of disclosures); (2) for treatment, payment, and healthcare operations;[97] (3) to provide an individual an opportunity to agree or object to disclosure;[98] (4) incident to an otherwise permitted use and disclosure;[99] (5) for public interest and benefit activities (see below);[100] and (6) as a limited data set for the purposes of research, public health, or healthcare operations.[101] Any sharing of protected health information data sets for the purpose of research is limited to de-identified information.[102]

Some of the most important permissible disclosures relevant to public interest and benefit activities are when disclosures are required by law, or for public health, public safety, or in accordance with court orders. Healthcare facilities may be required to report protected health information to a law enforcement official when required under certain laws, including those requiring the reporting of certain types of wounds or other physical injuries.[103] State laws commonly require healthcare providers to report incidents of gunshot or stab wounds or other violent injuries. Additionally, healthcare providers are commonly required to report child abuse or neglect or adult abuse, neglect, or domestic violence.[104] Healthcare facilities may also be required to provide protected health information to a law enforcement official, but only to the extent that such disclosure is required by law, such as when complying with a properly issued court order, warrant, subpoena, or summons.[105] Any written request for PHI must show that the request is relevant and material, specific and limited in scope, and that the de-identified data cannot be used.[106] Therefore, while HIPAA will not require disclosure under these circumstances, disclosure without patient authorization nevertheless may be required by other laws.

With respect to Medicare, the federal government verifies applicants' eligibility through a federally managed data services hub.[107] Medicare records contained within that system may be disclosed without a beneficiary's consent, but only in certain limited situations; disclosure for federal law enforcement purposes is only permitted "if the [federal law enforcement] activity is authorized by law," and if the request is from the head of a federal agency and specifies the particular "record desired and the law enforcement activity for which the record is sought."[108]

One permissive disclosure exception that may apply in a hospital or other healthcare facility setting where a person is in custody for immigration enforcement purposes is found at 45 Code of Federal Regulations (C.F.R.) section 164.512, subdivision (k)(5)(I), which applies to a law enforcement official having "lawful custody" of an individual who represents that a disclosure is necessary for certain health, safety, or security reasons. This permissive disclosure exception is discussed in detail in Section 4 of this guide.

5. Federal Grant Funding Conditions

The federal government has sought to condition the receipt of certain federal grant funding on the recipient agreeing to cooperate with immigration authorities or to comply with certain federal laws relating to immigration. Such conditions can give rise to potential legal issues. As of the date of this publication, there have been many lawsuits challenging federal government attempts to require immigration enforcement cooperation as a condition of receiving federal grant funding. To date, courts deciding these issues generally have sided with states like California that have brought such challenges.[109], [110] In one recent lawsuit, twenty states and the District of Columbia sued the U.S. Department of Homeland Security and others for placing immigration conditions on federal grant funding.[111] Such conditions also may be inconsistent with state law.

Recommendations

In addition to the model policies discussed on pages 25-26, healthcare facilities should consider adopting the following recommendations.

1. Policies and Procedures Regarding Information Sharing

Healthcare facilities and their providers are required to protect patient information, and in most circumstances a healthcare facility must obtain consent from the patient before any patient information is disclosed. Still, healthcare facilities should have policies and procedures in place regarding disclosures of protected health information in response to court orders, warrants, subpoenas, summonses, and administrative requests. Obviously, the procedure should provide sufficient details to help employees determine how to respond. (See model policies in Section 3.)

To guarantee protected health information is safeguarded, each healthcare facility should designate a healthcare facility administrator to handle immigration issues, ensuring staff members and relevant volunteers are adequately dealing with immigration enforcement inquiries and requests, dissemination of information to patients, and compliance with internal procedures.

In addition, healthcare facilities should develop policies and procedures that seek to achieve the following goals:

- Prohibit the unauthorized collection of information that might indicate the citizenship or immigration status of patients, family members, and other visitors to the facility;

- No patient information, including immigration status, place of birth, or medical records, shall be disclosed without:

    - A valid, signed judicial warrant or court order; or
    - A lawful subpoena; or
    - Written patient authorization,

    unless otherwise permitted or required by law.

- Post or provide notification of medical information privacy rights to all patients[112];

- Prohibit sharing of hospital or healthcare facility patient and visitor registration and check-in records and/or waiting room logs;

- Refer all information requests to a designated person or persons—such as a medical director, facility administrator, or legal counsel—who will have the authority to respond to law enforcement requests, specifically immigration enforcement-related requests (see Sections 3 and 4 of this guide); and

- Train all healthcare facility staff, including security personnel and hospital/facility volunteers, about the facility's procedures for handling law enforcement requests for information, specifically immigration enforcement-related requests, or for patient medical information (See Sections 3 and 4 of this guide). The training should emphasize the governing law on the subject.

- Staff should take reasonable safeguards to protect patients' privacy, including securing electronic systems and restricting the access to patient care areas to authorized personnel only.

- Prohibit photography, audio recording, video recording, or surveillance within nonpublic, patient-care areas without patient permission.

- Request that law enforcement officers remain outside of all patient-treatment or examination rooms and areas, particularly while discussing a patient's medical care and/or during physical/sensitive examinations, unless staff are concerned that being alone with the patient would raise safety concerns. If necessary for safety reasons, law enforcement officers may maintain line of sight on the patient.

- If a law enforcement officer or agent refuses to comply with a healthcare provider's request to step out of the patient room or treatment area while discussing medical care and/or to conduct a physical/sensitive exam, the provider should evaluate whether the medical discussion can be temporarily delayed. If not, the healthcare provider should proceed with treatment and document the officer/agent's refusal to leave the room and immediately notify management and/or legal counsel.

2. General Information Policies

Most healthcare providers must give all patients a notice of privacy policies, which alerts patients of their privacy rights, how their personal health information will be used, who will see that information, and where to file a complaint if those rights have been violated. Healthcare providers should:

- ✓ Ensure that the healthcare facility will not voluntarily release information to third parties for immigration enforcement purposes but rather will only release information as expressly authorized or required by law or valid legal process.
- ✓ Provide access to privacy notices in multiple languages to reach immigrants whose primary languages are not English.
- ✓ Provide annual updates of any changes to the healthcare facility's privacy policies.

Healthcare providers have no affirmative legal obligation to inquire into or report to immigration authorities information about a patient's immigration status. As discussed above, the HIPAA Privacy Rule is the primary federal law that requires healthcare facilities to protect the confidentiality of a patient's protected health information, with certain exceptions.[113] (The definition of "protected health information" is discussed above.) Under some of the legal exceptions, including when information is requested by law enforcement officials for law enforcement purposes, protected health information may be shared, but its release is generally not required.[114] Similarly, the HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

As discussed above, California has several laws governing health information privacy. Most notable is CMIA,[115] which provides privacy protections for medical information that are in some cases stronger than those in HIPAA.[116]

3. Requirements for Written Consent for Release of Patient Information

- ✓ The patients or eligible representatives, in their preferred language (or after adequate translation), must sign and date the consent forms before disclosure of the information.
- ✓ The consent form must include the following:
  - Description of the records to be disclosed;
  - Reason for disclosure;

- Party or class of parties to whom disclosure may be made; and
- If desired by the patient, a copy of the records to be released.

✓ The consent notice must be permanently kept in the patient's record file.

4. Federal Grants and Contracts

Healthcare facilities should pay close attention to the terms and conditions of federal grants or contracts to identify whether they are being asked to cooperate with immigration authorities or comply with certain federal laws related to immigration as a condition of receiving grants or funding under grants, or contracts or payments under contracts. As noted above, federal agencies in the past, and more recently, have sought to condition federal grant funding on states or local governments agreeing to cooperate with federal officials in the enforcement of civil immigration laws or to comply with federal immigration laws. As discussed above, these grant conditions may be illegal under federal law and inconsistent with state law.

An entity confronted with such a condition should consult its legal counsel. A public entity facing such a condition may also contact the Office of the California Attorney General, which has been involved in ongoing litigation efforts challenging conditional federal funding. Healthcare facilities should ask their federal grant coordinator (or contracting agency) for more time to consult with legal counsel before making any agreements.

Model Policies

All healthcare facilities operated by the State or a political subdivision of the State shall adopt the following model policies, or equivalent policies, by January 1, 2027, and all other California healthcare facilities are encouraged to adopt the following model policies, or equivalent policies. The text below should be adapted by inserting the information sought in the bracketed portions.

Model Policies and Procedures Regarding Information Sharing

- [Healthcare facility] should develop and post its model policies, if at all possible, in the languages commonly spoken in the local community, and make these policies accessible on the [healthcare facility's] website. Staff, including any relevant volunteers, should be well-trained in these policies and procedures.
- [Healthcare facility] shall designate a healthcare facility administrator to handle immigration issues, ensuring staff members and relevant volunteers are adequately dealing with immigration enforcement inquiries and requests, dissemination of information to patients, and compliance with internal procedures.
- [Healthcare facility] should implement a policy that is protective of patient information, under which [healthcare facility] staff members and volunteers disclose patient information only when required or expressly authorized to do so by law.
- [Healthcare facility] and [designated facility manager or administrator] should consult legal counsel to help [healthcare facility] determine when and to what extent [healthcare facility] is required to comply with administrative requests.
- [Healthcare facility] shall require that an immigration enforcement official provide their badge or identification card to be photocopied by [healthcare facility] personnel.
- For responding to requests issued by immigration enforcement officers, [healthcare facility] should develop a verification procedure to determine and document:
    - The specific agency the requester is from;
    - Whether the requester has law enforcement power;
    - The specific types of protected health information the requester seeks; and
    - The reason the requester wants the information, including any legal authority claimed.
- [Healthcare facility] should develop procedures for handling information requests by telephone, such as requiring a call-back process through publicly listed agency phone numbers. Staff members and volunteers receiving immigration inquiries and requests shall first consult with the [designated healthcare facility manager or administrator] or legal counsel to ensure that correct protocols are followed.
- [Healthcare facility] should establish policies that provide guidance on determining whether a document labeled "subpoena," "warrant," or "summons" has been signed by a federal judge, a California state judge, or a proper judicial officer, as set out in SB 81.
- [Healthcare facility] shall develop and maintain written policies and procedures on reviewing and responding to warrants, administrative warrants, subpoenas, court orders, and the release of [healthcare facility] records. These policies shall provide that requests accompanied by administrative warrants, administrative subpoenas, judicial warrants, judicial subpoenas, and court orders are to be forwarded to and reviewed by legal counsel before a response is made.

Model Policies and Procedures Regarding Information Sharing Continued

- [Healthcare facility] should develop a procedure to require that any responses/disclosures to requests for PHI are narrowly tailored as required by HIPAA. Ideally, the request should be handled and/or reviewed by the [healthcare facility's] privacy officer, medical records department, and/or competent legal counsel to ensure that any disclosures do not violate HIPAA or CMIA.
- If [healthcare facility] is required to make a disclosure of patient information to immigration authorities without the patient's authorization in compliance with a court order or judicial warrant, then the [healthcare facility] should document the disclosure in compliance with facility policies and procedures. Such documentation should include information that supported the decision to disclose the information. Disclosures to law enforcement are subject to the accounting-of-disclosures requirement under the HIPAA Privacy Rule.

Model Policies for Information Notice to Patients or Representatives

- [Healthcare facility] should post and issue general information policies telling patients of their privacy rights and remedies.
    - [Healthcare facility] should give assurances that [healthcare facility] will not release information to third parties for immigration enforcement purposes, except as required or expressly authorized by law or court order.
    - [Healthcare facility] should provide a comprehensive list of privacy protections, under both federal law and California law (including a patient's right of action for disclosures in violation of CMIA).
- Healthcare facility should post information guides regarding immigrant patient rights, including the right to remain silent.

03 Responding to Requests for Physical Access to Healthcare Facilities and Patients for Immigration Enforcement Purposes

Purpose of this Section

Provide recommendations and model policies for how to respond when a law enforcement officer is seeking physical access to a healthcare facility or patient for immigration enforcement. Review relevant federal policy and relevant federal and state laws.

Governing Law

1. Rescission of Federal "Protected Areas" Policy

On January 20, 2025, the Secretary of the U.S. Department of Homeland Security (DHS), which oversees U.S. Immigration and Customs Enforcement (ICE) and the U.S. Customs and Border Protection (CBP), rescinded the Biden-era version of the "protected areas" policy that had limited immigration enforcement in or near areas requiring "special protection."[117] The Biden-administration policy did not prohibit enforcement actions in protected areas but directed that ICE and CBP should avoid enforcement actions in or near protected areas "to the fullest extent possible."[118] Medical or mental healthcare facilities, such as hospitals, doctor's offices, health clinics, vaccination or testing sites, urgent care centers, sites that serve pregnant individuals, and community health centers, were considered "protected areas" under the former policy.[119]

DHS's current policy, as of the date of this publication, is that officers should use their discretion to balance a variety of interests in deciding what law enforcement actions to take, including the degree to which any law enforcement action occurs in a sensitive location, along with "common sense."[120] Consistent with this policy, current ICE guidelines charge Assistant Field Office Directors and Assistant Special Agents in Charge with responsibility for making case-by-case determinations regarding whether, where, and when to conduct an immigration enforcement action in or near a protected area and providing verbal or written authorizations for such actions.[121] The ICE guidelines state that protected areas include "hospitals."[122]

Since the rescission of the protected areas policy, news reports have documented immigration enforcement activity around hospitals, elementary schools, and other sites previously designated as protected areas.[123]

The lawfulness of DHS's current policy is the subject of litigation pending as of the date of this publication.

2. Access to Sites and Patients for Immigration Enforcement: Health and Safety Code/SB 81

Senate Bill No. 81 (2025-2026 Regular Session) added Chapter 2 of Division 20 to the Health and Safety Code, "Patient Access and Protection." This chapter applies to all "health care provider entities"[124] that receive public funding, including mobile clinics and travelling providers.[125] Covered entities were required to be in compliance with the requirements set forth below by November 4, 2025.[126] Non-covered healthcare provider entities "are encouraged to adopt the [same] requirements.[127]

Access to Facilities and Patients in General

Under SB 81, "immigration enforcement" means "any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person's presence in, entry or reentry to, or employment in, the United States."[128]

Whenever there is a request for access to a healthcare facility covered by SB 81 for immigration enforcement purposes, or for access to a patient at such a facility for immigration enforcement purposes, facility personnel must immediately notify entity management, administration, or legal counsel.[129] This includes a case where a law enforcement officer enters a nonpublic area of the facility for immigration enforcement purposes.[130] Facility personnel must also immediately notify entity management, administration, or legal counsel whenever they are presented with a request to review entity documents at a facility, including a subpoena, warrant, or court order.[131] (As discussed in Section 2 of this guide, SB 81 amended the Confidentiality of Medical Information Act (CMIA) with regard to sharing medical information through court orders and search warrants.[132]) Covered entities must "inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement that grants access to health care provider entity sites or to patients."[133]

To the extent possible, covered entities must establish or amend procedures for monitoring, documenting, and receiving visitors consistent with the foregoing requirements and are encouraged to post a "notice to authorities" at facility entrances.[134]

Designation of Nonpublic Areas and Restricted Access to Nonpublic Areas

Pursuant to SB 81, codified at Health and Safety Code section 24251, subdivision (a) ("subdivision (a)"), covered entities must designate areas where patients receive care or discuss protected health information as nonpublic. The law encourages facilities to designate areas as nonpublic through mapping, signage, key entry, policy, or a combination thereof.[135]

Healthcare provider entities must not give anyone permission to access nonpublic areas of a facility, as described in subdivision (a), for immigration enforcement purposes, unless required by state or federal law or unless the person has a valid, signed judicial warrant or court order.[136] (Additional information about how to identify judicial warrants, which are different from administrative warrants, can be found below.) Healthcare provider entities and their personnel shall, to the extent possible, have at least one personnel witness and document any denial of permission for access.[137] Exceptions: The law does not prohibit any person, including an immigration enforcement officer, from accessing nonpublic areas of a hospital to receive care for themselves or someone in their care; or where a law enforcement officer, including an immigration enforcement officer, accompanies a person in their lawful custody to access healthcare services or transportation and arrangement to healthcare provider entities.[138] (Care or custody situations are discussed in Section 4 of this guide.)

To the extent possible, covered entities must establish or amend procedures for monitoring, documenting, and receiving visitors consistent with these requirements and are encouraged to post a "notice to authorities" at facility entrances.[139]

3. Access to Nonpublic Areas of a Place of Labor

The Immigrant Worker Protection Act (Assembly Bill No. 450; 2017-2018 Regular Session), imposes obligations on employers and persons acting on their behalf, in the event an officer engaged in immigration enforcement seeks to enter an employer's place of business, subject to certain exceptions.[140]

Employers, or persons acting on behalf of the employer, are prohibited from providing "voluntary consent" for an immigration enforcement agent to enter "any nonpublic areas of a place of labor."[141] This provision does not apply if the agent provides a signed judicial warrant.[142] (Additional information about how to identify judicial warrants, which are different from administrative warrants, can be found below.) This provision also does not preclude an employer from bringing an immigration enforcement agent into a nonpublic area of the workplace for the purpose of determining whether the agent has a signed judicial warrant, "provided no consent to search nonpublic areas is given in the process."[143]

Whether voluntary consent has been provided by an employer, or a person working on behalf of an employer, is a fact-based determination that depends upon the specific circumstances of the interaction between the employer and the officer conducting immigration enforcement, including the conduct of, and words used by, the employer or person working on behalf of the employer. In general, for consent to be voluntary, it cannot be the result of duress or coercion, whether express or implied.

4. Unreasonable Searches and Seizures

The Fourth Amendment to the U.S. Constitution protects individuals against unreasonable searches and seizures. What is required for law enforcement officers to access different areas of a healthcare facility for Fourth Amendment purposes depends on whether an individual has an expectation of privacy in the place to be entered or searched. Where a reasonable expectation of privacy exists, the U.S. Constitution prohibits access without consent, a judicial warrant, or the types of circumstances that excuse the warrant requirement. This guide does not address all of the factual circumstances that may arise relating to an individual's Fourth Amendment protections in different areas of a facility. The California Constitution also protects individuals against unreasonable searches and seizures.[144]

5. Access to Protected Health Information

Requests for access to facilities or patients may implicate patients' privacy rights regarding their protected health information. As discussed in Section 1 of this guide, the Health Insurance Portability and Accountability Act (HIPAA) establishes federal standards for the confidentiality, security, and transmissibility of healthcare information, and CMIA establishes state standards. Healthcare facilities should be well-versed in ensuring HIPAA and CMIA compliance.

As discussed in Section 2 of this guide, HIPAA-protected information must be withheld unless one of the HIPAA exceptions applies and CMIA-protected information must be withheld unless one of the CMIA exceptions applies.

6. Medical Code of Ethics

The American Medical Association's Code of Medical Ethics sets forth a number of principles which relate to a doctor's obligation to provide care, even in the face of immigration enforcement activities. For example, physicians must provide competent medical care; they must respect the rights of patients, and "safeguard patient confidences and privacy within the constraints of the law;" and, while caring for a patient, they must "regard responsibility to the patient as paramount." Therefore, doctors have ethical obligations to their patients that may require them to seek to restrict immigration enforcement officers' access to a patient.

7. Warrants, Subpoenas, and Court Orders

ICE Administrative "Warrant"

An ICE administrative "warrant" is the most typical type used by immigration enforcement officers. An ICE administrative warrant can be issued by a number of federal agents[145] and ICE administrative warrants can be issued for purposes of removing an individual.[146] Such a document authorizes an immigration enforcement officer to arrest a person suspected of violating immigration laws. An ICE warrant can be issued by any authorized immigration enforcement officer. An ICE administrative warrant is not a warrant within the meaning of the Fourth Amendment to the U.S. Constitution because an ICE warrant is not supported by a showing of probable cause of a criminal offense. An ICE warrant is not signed by a court judge or magistrate.

An ICE administrative warrant does not grant an immigration enforcement officer any special power to compel facility personnel to assist with their requests. An ICE warrant does not authorize access to nonpublic areas of a healthcare facility under California law.[147] An ICE administrative warrant alone does not allow an immigration enforcement officer to search facility records. (See Appendix A for a sample ICE administrative "arrest warrant" (Form I-200), and Appendix B for a sample ICE "removal warrant" (Form I-205).) Healthcare facility personnel should not physically interfere with an immigration enforcement officer in the performance of their duties. However, a facility employee should not assist with the apprehension of a person identified in an ICE administrative warrant, nor should a facility employee consent to an immigration enforcement officer's search of the facility. In fact, a healthcare facility that is a public employer may not provide voluntary consent to an immigration enforcement officer seeking access to a nonpublic area when presented with an ICE administrative warrant.[148] As noted above, under SB 81, covered entity personnel are required to direct requests for access to entity sites, patients, and documents to the entity's management, administration, or legal counsel.[149]

Federal Court Warrant

A federal court warrant is signed by a district judge or a magistrate judge of a U.S. District Court, based on a finding of probable cause authorizing the search or seizure of property, the entry into a nonpublic place to arrest a person named in an arrest warrant, or the arrest of a named person.

There are two types of federal court warrants, a search-and-seizure warrant and an arrest warrant:

- A federal search-and-seizure warrant allows an officer to conduct a search authorized by the warrant. (See Appendix C for a sample federal search and seizure warrant (Form AO 93).)

- A federal arrest warrant allows an officer to arrest the individual named in the warrant. (See Appendix D for a sample federal arrest warrant (Form AO 442).)

Prompt compliance with a federal court warrant is usually required. Where feasible, however, healthcare facility personnel should consult with the designated facility manager, administrator, or legal counsel before responding. As noted above, under SB 81, covered entity personnel must direct requests for access to entity sites, patients, and documents to the entity's management, administration, or legal counsel, including requests for review of healthcare provider entity documents through a lawfully issued subpoena, warrant, or court order.[150]

Note that under a California law enacted in 2025, an individual authorized by Penal Code section 1299.02 to apprehend a bail fugitive is prohibited from using that position for immigration enforcement purposes, except pursuant to a valid, signed judicial warrant or court order.[151]

Administrative Subpoena

A DHS administrative subpoena is a document that requests production of documents, testimony, or other evidence for use in immigration related investigations or in immigration proceedings, and is issued by an immigration enforcement officer or other DHS personnel.[152] The administrative subpoena will contain the following information: file number, subpoena number, mailing address to which to mail the requested information, a list of the regulations that apply, the request for information, and the signature(s) of the officer(s). (See Appendix E for a sample administrative subpoena (Form I-138).)

A healthcare facility generally does not need to immediately comply with an administrative subpoena. If an immigration enforcement officer arrives with an administrative subpoena, the facility may decline to produce the information sought and may choose to challenge the administrative subpoena before a judge. Therefore, facility personnel should immediately contact the designated facility manager, administrator, or legal counsel upon receipt of an administrative subpoena. As noted above, under SB 81, covered healthcare provider entity personnel must direct requests for access to entity sites, patients, and documents to the entity's management, administration, or legal counsel, including requests for review of healthcare provider entity documents through a lawfully issued subpoena, warrant, or court order.[153]

Federal Judicial Subpoena

A federal judicial subpoena is a document that asks for the production of documents or other evidence. The federal judicial subpoena will identify a federal court and the name of the judge or judicial magistrate issuing the subpoena and may require attendance at a specific time and location and the production of prescribed records. (See Appendix F for a sample federal judicial subpoena.)

As with an administrative subpoena, noted above, a healthcare facility generally does not need to immediately comply with a federal judicial subpoena and can challenge it before a federal judge in a U.S. District Court. Facility personnel should therefore immediately contact a designated facility manager, administrator, or legal counsel upon receipt of a federal judicial subpoena. As noted above, under SB 81, a covered healthcare provider entity's personnel must direct requests for access to entity sites, patients, and documents to the entity's management, administration, or legal counsel, including requests for review of healthcare provider entity documents through a lawfully issued subpoena, warrant, or court order.[154]

Court Order

If an immigration enforcement officer arrives with a court order, the designated facility manager, administrator, or legal counsel shall review the order with legal counsel or other designated person, and then respond accordingly. As noted above, under SB 81, a covered healthcare provider entity's personnel must direct requests for access to entity sites, patients, and documents to the entity's management, administration, or legal counsel, including requests for review of healthcare provider entity documents through a lawfully issued subpoena, warrant, or court order.[155]

Notice to Appear

A notice to appear (NTA) is a charging document issued by ICE, CBP or the U.S. Citizenship and Immigration Services (USCIS) seeking to commence formal removal (or deportation) proceedings against an individual before an immigration court. An NTA contains allegations made about a particular person's immigration status, and charges about the person's removability (or deportability), and has no bearing on healthcare facility staff. An NTA notifies an individual that he or she is expected to appear before an immigration judge on a certain date. An NTA does not authorize an individual's arrest by immigration enforcement authorities or local law enforcement authorities.[156] (See Appendix G for a

sample of an NTA (Form I-862).)

An NTA does not require healthcare facility staff to take any action. It also does not grant an officer engaged in immigration enforcement any special power to compel the facility to assist the officer. An NTA does not authorize access to nonpublic areas of the facility. An NTA does not legally require facility staff to allow authorities to search facility records.

Substance Abuse Disorder Treatment Facilities

A facility that is subject to 42 C.F.R. Part 2 cannot release information about a patient, even in response to a subpoena or other lawful order, unless pursuant to a court order that satisfies requirements found in 42 C.F.R. §§ 2.61-2.67, as applicable. Facility staff should review any request for access with legal counsel or other designed persons in light of Part 2's specific requirements.

Additional Resources

In the event that a patient or patient's family member is detained, healthcare facilities should be aware of the following resources.

ICE Detainee Locator

The ICE detainee locator (https://locator.ice.gov/odls/#/search) can help people determine if their family member has been detained and where the family member is being held. In using the ICE detainee locator, it is helpful to know the family member's date of birth and 'A-Number' (Alien Registration Number), if there is one.

> Please Note: The ICE detainee locator is intended for locating individuals already detained. If an individual has general questions about their immigration status, they should be referred to the list of legal service providers.

Rapid Response Networks

In response to immigration enforcement actions, some immigrant rights and legal advocacy organizations have developed Rapid Response Networks. These provide hotlines where individuals can call if they see or are impacted by immigration enforcement actions; often mobilize trained responders to verify reports of enforcement activity; and connect individuals to legal assistance, "Know Your Rights" information, and follow-up services. In some cases, they also coordinate rapid attorney activation when someone is detained.

> Please note: Rapid Response Networks are not government agencies—they are community defense systems that help people understand their rights and access legal resources when immigration enforcement actions are taking place locally.

Legal Assistance

Immigration lawyers in private practice or legal aid organizations may be able to provide legal assistance to secure the release of an individual or an individual's family member, or to help arrange for visitation.[157]

- ✓ An individual can determine whether lawyers are licensed by and in good standing with the State Bar of California by checking online at https://www.calbar.ca.gov/legal-professionals.

- ✓ Individuals may be able to find legal assistance from legal aid offices and lawyer referral services at the California Department of Social Services website, http://www.cdss.ca.gov/inforesources/immigration/contractor-contact-information, or at the California Courts website, http://www.courts.ca.gov/1001.htm. California courts also operate Self-Help Centers that may also be able to provide legal assistance to individuals.
- ✓ A list of these centers across the state is available at https://selfhelp.courts.ca.gov/self-help/find-self-help. A list of additional resources can also be found on the Attorney General's website: https://oag.ca.gov/immigrant#resources

  Please note: The fact that an attorney is licensed, accredited, or in good standing with a State Bar does not guarantee competence, diligence, or honesty; individuals should independently verify qualifications and exercise caution to reduce the risk of inadequate representation or fraud. Moreover, individuals should not hire an immigration consultant (often referred to as "notarios" in the Spanish language) if they are seeking advice and assistance regarding their immigration status. Immigration consultants are not attorneys or immigration experts. In fact, legally they are only allowed to help with non-legal tasks, such as translating information. Immigration consultants cannot—and should not—provide advice or direction about an individual's eligibility for different types of immigration relief, identify relevant immigration forms to submit to the federal government, and/or speak to the federal government on an individual's behalf. In addition, immigration consultants must be bonded and pass background checks with the Secretary of State. To learn whether a specific immigration consultant has complied with these requirements, consult the Secretary of State website here: https://specialfilings.sos.ca.gov/icbs.

Immigration Court Website and Hotline

If an individual wants to know the status of their immigration case they can consult the Executive Office for Immigration Review (EOIR) Automated Case Information System website (https://acis.eoir.justice.gov/en/) and/or call the Immigration Court Hotline at 1-800-898-7180. It is useful to check both the website and hotline since they have different categories of information. The Asylum Seeker Advocacy Project (ASAP) also provides links and resources to navigating the immigration court system here: https://asaptogether.org/en/check-court/.

EOIR will frequently change the time, date, and potentially even the location of immigration hearings. If EOIR changes this information, it will email a new notice of hearing, but individuals can also always check with the Immigration Court Hotline. Individuals must show up for all of their immigration hearings. If they do not, they may be ordered removed in their absence.

Consulate or Embassy

The consulate or embassy of an individual's country of origin may be able to offer additional information and assistance.

Recommendations

1. Establish Procedures for Monitoring and Receiving Visitors to Healthcare Facilities and Designating Restricted-Access Areas

Healthcare facilities should have in place procedures for monitoring, documenting, and receiving visitors to their facilities consistent with SB 81[158] and those policies should encompass law enforcement officers. Immigration enforcement officers may be in civilian clothing without displaying a badge or other insignia. Model policies for receiving and registering outsiders, including law enforcement officers, are included below. The law encourages healthcare facilities to post a "notice to authorities" at facility entrances.[159]

Healthcare facilities should develop policies to enhance the privacy available to facility users while being consistent with their healthcare mission. At a minimum, healthcare provider entities covered by SB 81 must "designate areas where patients are receiving treatment or care, or where a patient is discussing protected health information, as nonpublic," and are encouraged to designate those areas through mapping, signage, key entry, policy, or a combination of those.[160] Non-SB 81 covered entities should do the same.

Beyond measures required or encouraged by SB 81, healthcare facilities should consider which areas of their facilities can benefit from restricted access and clearly designate those areas through mapping, signage, key-entry, badge requirements, sticker requirements for permitted visitors, or a combination thereof. Such areas need not be limited to areas where patients are receiving treatment or care or areas where protected health information is being discussed. At least so long as a facility is prepared to enforce restricted access policies in the area, restricted access areas could include waiting rooms and other waiting areas. Healthcare facilities can have, and indeed do have, different policies in place regarding restricted areas, for instance, areas designated for staff or patients (and individuals accompanying patients) only. Designating restricted areas and having policies limiting access to outsiders can promote a safe environment conducive to the facility's mission. Healthcare facilities should also acknowledge that immigration enforcement activities, and threats of such activities, interfere with healthcare facility activities and should adopt policies on restricted areas and similar policies regarding access to facilities that promote the facility's mission. While restricted areas protect facility users and staff in other ways and promote a safe environment conducive to the institution's mission, such restrictions on access will not always equate to Fourth Amendment protection.

Law enforcement officers seeking to enforce civil law, including civil immigration law, may seek to enter hospitals through emergency personnel or emergency medical services personnel entrances and back entrances. Healthcare facilities should take reasonable measures to prevent such entry, including designating such areas as nonpublic, having a security/check-in presence at such entrances, and having such entrances locked to the extent not inconsistent with the delivery of medical care.

Facilities should also have in place policies or procedures related to the Immigrant Worker Protection Act, which prohibits giving "voluntary consent" for an immigration enforcement officer to enter "any nonpublic areas of a place of labor."[161] See Immigrant Worker Protection Act Frequently Asked Questions document jointly issued by the California Attorney General and the California Department of Industrial Relations.

2. Develop Policies for Responding to Immigration Enforcement Officers' Physical Presence at Healthcare Facility

When the circumstances allow, healthcare facility personnel should immediately notify the designated facility manager, administrator, or legal counsel of any request by an immigration enforcement officer for healthcare facility physical access or patient access, or any requests for review of healthcare facility documents (including via the service of a lawful subpoena, a petition, a complaint, a warrant, or a court order). Healthcare facility staff should not assist law enforcement officers with any immigration enforcement actions. Also, healthcare facility personnel should direct the immigration enforcement officer to the designated facility manager, administrator, or legal counsel when the immigration enforcement officer requests access to a healthcare facility site or patient, including to obtain information about a patient or their family. The healthcare facility administrator should, in turn, contact the healthcare facility's legal counsel and inform the immigration enforcement officer to direct requests and questions to the healthcare facility's legal office. Note that for healthcare provider entities covered by SB 81, immediately notifying entity management, administration, or legal counsel of requests for facility or patient access or information for immigration enforcement purposes, or requests for review of documents, are not only things facilities should do, but things they must do.[162]

Healthcare facility personnel should identify circumstances in which granting immigration enforcement officers access to patients may interfere with physicians' duty to provide competent medical care, to safeguard patient confidences and privacy, and to otherwise prioritize their obligations to their patients. If a provider determines that granting a request for access would interfere with their ethical obligations to the patient, they should consult with the healthcare facility's ethics official and legal counsel.

The policy language below provides specific steps that healthcare facility personnel should follow in responding to an officer present at the healthcare facility specifically for immigration enforcement purposes.

3. Develop Policies Regarding Parental Notification of Immigration Enforcement Actions

Healthcare facility personnel should require consent from a minor patient's parent or guardian before a minor can be interviewed or searched by any officer seeking to enforce immigration laws at a healthcare facility, unless the officer presents a valid, effective warrant signed by a judge (see, e.g., sample federal search and seizure warrant [Form AO 93], attached as Appendix C; see also sample federal arrest warrant [Form AO 442], attached as Appendix D), or presents a valid, effective court order. Healthcare facility personnel should immediately notify the minor's parents or guardians if a law enforcement officer requests or gains access to a minor for immigration enforcement purposes, unless the access was in compliance with a judicial warrant or subpoena that restricts the disclosure of the information to the parent or guardian. Healthcare facilities are encouraged to consult with their attorneys if situations involving the parental notification of information enforcement actions arise.

Healthcare providers should also update any relevant policies or procedures in light of Assembly Bill No. 495 (2025-2026 Regular Session), which relates to caregiver authorization affidavits for minors.[163]

4. Develop Training Programs for Healthcare Facility Staff

Healthcare facilities shall establish training regarding immigration issues for healthcare facility staff and relevant volunteers, including information on responding to requests from officers enforcing immigration law to visit facility sites or to have access to patients or their protected health information, including SB 81's requirements for referring requests to entity management, administration or legal counsel.[164] In light of SB 81, such training should inform staff and relevant volunteers on how to

respond to requests relating to immigration enforcement that grants access to healthcare provider entity sites or patients.[165] Such training should also cover the other requirements imposed by SB 81, discussed above—e.g., subject to exceptions, no access to nonpublic areas for immigration enforcement, and direction to have denials of access to nonpublic areas witnessed and documented.[166]

If feasible, the healthcare facility should also designate an immigrant-affairs liaison to facilitate training programs for staff and relevant volunteers, to help provide non-legal advice to families, and to assist in communications with the healthcare facility and other stakeholders in local and state government.

5. Policy Distribution

Healthcare facilities should distribute printed copies of their policies concerning responding to immigration enforcement to all staff and relevant volunteers and have printed copies available at workstations. Healthcare facilities should also provide the policies to staff and volunteers electronically.

6. Encourage Patient Preparedness

Healthcare facilities should encourage patients to attend community "Know Your Rights" trainings and update their emergency contacts. Healthcare facilities should provide patients with contact information for legal assistance organizations, to help patients make family preparedness plans (e.g., designating a standby legal guardian for minor children), in the event that a parent is taken into immigration custody.[167]

Please Note: For additional information, the Department of Industrial Relations has created a notice regarding the Workplace Know Your Rights Act (Senate Bill No. 294, 2025-2026 Regular Session). The notice is available at: https://www.dir.ca.gov/dlse/Know-Your-Rights-Notice/Know-Your-Rights-Notice-English.pdf.

7. Develop Document Retention Policies

Healthcare facilities should develop policies for retaining documents related to responding to law enforcement officers' physical presence at healthcare facilities for immigration enforcement—e.g., incident reports and documents created as part of complying with SB 81 (including documented denials of permission to access nonpublic areas). Healthcare facilities are encouraged to retain such records in a centralized location and to retain such records for ten years.

Model Policies

All healthcare facilities operated by the State or a political subdivision of the State shall adopt the following model policies, or equivalent policies, by January 1, 2027, and all other California healthcare facilities are encouraged to adopt the following model policies, or equivalent policies. The text below should be adapted by inserting the information sought in the bracketed portions.

Model Policies for Monitoring and Receiving Visitors into Healthcare Facilities

- No visitor—which would include immigration enforcement officers—shall enter or remain on [healthcare facility] grounds without having registered with [healthcare facility]'s designee. If there are no urgent circumstances necessitating immediate action, and if the visitor does not possess a judicial warrant or court order that provides a basis for the visit, the visitor must provide the following information to [healthcare facility]'s designee:
  - ✓ Name, address, occupation;
  - ✓ Age, if less than 21 years;
  - ✓ Purpose in entering [healthcare facility];
  - ✓ Proof of identity.

  (Try to obtain this information even from a visitor or officer with a court order.)
- If it is not reasonably possible to implement this registration requirement for all visitors, [healthcare facility] will make all reasonable efforts to register visitors who are at the facility for purposes related to law enforcement, including law enforcement officers accompanying patients in their care or custody.
- [Healthcare facility] shall post signs at the entrances of the facility to notify outsiders of the hours of operation and requirements for registration. [Healthcare facility] shall also post a "notice to authorities" consistent with Health and Safety Code, section 24250, subdivision (a), at facility entrances.
- [Healthcare facility] personnel shall report entry by immigration enforcement officers to [designated healthcare facility manager or administrator], as would be required for any unexpected or unscheduled outside visitor coming into the facility.

Model Policies for Responding to Immigration Enforcement at Healthcare Facilities

- Immigration officers may be uncooperative, noncompliant, or even combative in responding to healthcare facility personnel. Healthcare facility personnel should not assist, intervene, or physically interfere with immigration officers or become argumentative with them. Rather, [healthcare facility's] policies provide for personnel to make certain requests of law enforcement officers, withhold voluntary consent to certain actions, refer officers to a designated facility manager, administrator, or legal counsel for questions and requests, and document and report law enforcement officers' refusals to comply with requests made to them under [healthcare facility's] policies and procedures. [Healthcare facility] personnel should limit themselves to taking these steps.

- There shall be a designated healthcare facility manager or administrator who shall be responsible for performing all of the functions assigned to such role under [healthcare facility's policies]. There shall be at least one designated healthcare facility manager or administrator designated for each work shift. The designated healthcare facility manager's or administrator's contact information shall be provided to all [healthcare facility] personnel and posted in appropriate work areas.

- [Healthcare facility] shall have a standardized incident reporting form for facility personnel to prepare incidents reports consistent with these policies.

- If a law enforcement officer seeks to conduct civil (non-criminal) law enforcement activities within the facility, facility personnel shall request that they move outside the facility or to designated public areas, if appropriate. This includes instances where officers are at a hospital or other healthcare facility to stop, question, or detain people.

- [Healthcare facility] personnel initially interacting with law enforcement officers should clearly and calmly state that the [facility, or state or local agency that operates the facility] does not provide consent to access the facility to conduct civil (non-criminal) law enforcement activities without a judicial warrant.

- As soon as possible, [healthcare facility] personnel shall notify the [designated healthcare facility manager or administrator] of any request (including subpoenas, petitions, complaints, warrants, or court orders) by an immigration enforcement officer to access a healthcare facility or a patient, or any request for the review of [healthcare facility] documents.

- In addition to notifying the [designated healthcare facility manager or administrator], [healthcare facility] personnel shall take the following steps in response to an officer present at the healthcare facility for immigration enforcement purposes:

    1. Advise the officer that before proceeding with their request, [healthcare facility] staff must first notify and receive direction from the [designated healthcare facility manager or administrator] and/or legal counsel.

    2. Ask to see, and make a copy of or note, the officer's credentials (name and badge number). Also ask for and copy or note the telephone number of the officer's supervisor.

    3. Ask the officer to explain the purpose of the officer's visit and note the response.

    4. Ask the officer to produce any documentation that authorizes healthcare facility access.

    5. Make copies of all documents provided by the officer.

Model Policies for Responding to Immigration Enforcement at Healthcare Facilities Continued

6. Decline to answer questions posed by the officer and direct them to speak to the [designated healthcare facility manager or administrator] and/or legal counsel.

7. State that [healthcare facility] does not consent to entry of [healthcare facility] or portions thereof.

8. Without expressing consent, respond according to the requirements of the officer's documentation. If the officer has:

    - An ICE administrative "warrant" (see Appendices A and B): Immediate compliance is not required. Inform the officer that [healthcare facility] cannot respond to the warrant until after it has been reviewed by the designated facility manager, administrator, or legal counsel. Provide a copy of the warrant to the designated personnel or legal counsel as soon as possible.
    - A federal judicial warrant (either a search-and-seizure warrant or an arrest warrant; see Appendices C and D): Prompt compliance usually is required, but, where feasible, staff should consult with legal counsel before responding.
    - A subpoena for production of documents or other evidence (see Appendices E and F): Immediate compliance is not required. Inform the officer that [healthcare facility] cannot respond to the subpoena until after it has been reviewed by a designated facility manager, administrator, or legal counsel. Give your copy of the subpoena to the designated administrator or legal counsel as soon as possible.
    - A notice to appear (see Appendix G): This document is not directed at the healthcare facility. Healthcare facility staff is under no obligation to deliver or facilitate service of this document to the person named in the document. If you get a copy of the document, give it to your designated facility manager, administrator, or legal counsel as soon as possible.

9. Document the officer's actions in as much detail as possible when they enter [healthcare facility] premises, but without interfering with the officer's movements.

10. If the officer orders staff to provide immediate access to facilities, [healthcare facility] staff should immediately contact a designated administrator and comply with the officer's request if a delay would jeopardize the patient's health. Personnel also should not attempt to physically interfere with the officer, even if the officer appears to be acting without consent or appears to be exceeding the purported authority given by a warrant or other document. If an officer enters the premises without authority, [healthcare facility] personnel shall simply document the officer's actions while at the facility. Documentation should include confirmation that the officers were informed that consent was not provided to enter nonpublic areas.

11. [Healthcare facility] staff should complete an incident report that includes the information gathered as described above and the officer's statements and actions.

12. All [healthcare facility] staff and relevant volunteers shall be informed on how to respond to requests relating to immigration enforcement that grants access to [healthcare facility or entity] sites or patients. (Health & Saf. Code, § 24251, subd. (d).)

Model Policies for Responding to Immigration Enforcement at Healthcare Facilities Continued

13. [Healthcare facility] shall designate areas where patients are receiving treatment or care, or where a patient is discussing protected health information, as nonpublic. (Health & Saf. Code, § 24251, subd. (a).) [Healthcare facility] will designate these areas through mapping, signage, key entry, policy, or a combination of those. (Health & Saf. Code, § 24251, subd. (a).)

14. Unless required by state or federal law, [health care facility] and its personnel shall not allow any person access to the areas designated nonpublic for immigration enforcement purposes, unless that person has a valid judicial warrant or court order that specifically grants access to the nonpublic areas of the facility. (Health & Saf. Code, § 24251, subd. (b).) This does not prohibit a person who is in lawful custody from being accompanied to access health care services and for their transportation and arrangement to health care provider entities and does not prohibit any person from entering nonpublic areas of [healthcare facility] to receive care for themselves or someone in their care or custody. (Health & Saf. Code, § 24254.)

15. [Healthcare facility] shall, to the extent possible, have the denial of access to nonpublic areas of the facility witnessed and documented by at least one facility personnel. (Health & Saf. Code, § 24251, subd. (c).)

16. To the extent not already addressed by the above policies, as required by Health and Safety Code section 24250, facility personnel shall notify and direct requests to a designated healthcare facility administrator, management, or legal counsel in the following instances: (1) any request for access to a health care provider entity site or patient for immigration enforcement; (2) any request for review of health care provider entity documents, including through a lawfully issued subpoena, warrant, or court order; and, (3) any request made to access a health care provider entity site or patient, including to obtain information about a patient or their family, for immigration enforcement.

Model Policies for Parental Notification of Immigration Enforcement Actions

1. [Healthcare facility] personnel must receive consent from a minor patient's parent or guardian (provided the child is not legally regarded as their own personal representative of their medical records) before a minor patient can be interviewed or searched by any officer seeking to enforce the civil immigration laws at [healthcare facility], unless the officer presents a valid, effective warrant signed by a judge, or presents a valid, effective court order.

2. [Healthcare facility] personnel shall immediately notify the minor patient's parent or guardian if a law enforcement officer requests or gains access to a patient for immigration enforcement purposes, unless such access was in compliance with a judicial warrant or subpoena that restricts the disclosure of the information to the parent or guardian.

04 Responding When Patients Are in Custody for Civil Immigration Enforcement

Purpose of this Section

Provide recommendations and model policies for how to respond when a law enforcement officer is accompanying an individual in their care or custody to receive medical care. Review relevant federal and state laws.

Governing Law

1. Law Enforcement Officers Accompanying Patients In Their Custody For Receipt of Medical Care

As discussed in Section 3 of this guide, a healthcare provider entity covered by SB 81 must not allow anyone to access nonpublic areas of a facility for immigration enforcement purposes, unless required by state or federal law, or unless the person has a valid judicial warrant or court order that specifically grants access to nonpublic areas of the facility.[168] However, that restriction does not prohibit any person, including an immigration officer, from entering nonpublic areas of a hospital to receive care for themselves or someone in their care or custody, "and does not prohibit a person who is in lawful custody from being accompanied to access health care services and for their transportation and arrangement to health care provider entities."[169]

If an immigration enforcement officer is accompanying a patient in their custody to a facility covered by SB 81 to receive medical care, and that officer also is seeking access or information for immigration enforcement purposes, or also seeking to review documents, then the facility remains subject to the SB 81 requirements for how to respond to immigration enforcement set forth in Section 3 of this guide. For example, if an officer has accessed a nonpublic area for purposes of the care or custody exception, and then seeks access to a nonpublic area for immigration enforcement purposes, SB 81 prohibits a covered healthcare provider entity from voluntarily allowing such access, and requires the entity, to the extent possible, to have at least one personnel witness and document any denial of permission for access.[170] As noted in Section 3 of this guide, SB 81-covered healthcare facilities must inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement that grant access to healthcare provider entity sites or to patients.[171]

2. Patient Privacy Rights

As discussed above, Health Insurance Portability and Accountability Act (HIPAA) (federal law) and Confidential Medical Information Act (CMIA) (California law) protect the privacy of patient information. The general rule against non-consensual disclosure of protected health information (HIPAA) or medical information (CMIA) continues to apply where a patient is in the lawful custody of a law enforcement officer, unless a specific exception applies. Federal and state constitutional provisions that might confer privacy protections continue to apply as well.[172] Furthermore, for a patient involuntarily detained, a healthcare facility must abide by California Welfare and Institutions Code section 5328, governing the disclosure of all information and records obtained in the course of providing mental health services and developmental-disability services. Federal law also requires hospitals participating in Medicare or Medicaid to protect a patient's "right to personal privacy."[173] California acute care hospital regulations provide that patients have the right to "[f]ull consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly."[174]

3. Disclosure of Protected Health Information to Law Enforcement Official Custodian Where Necessary For Health, Safety, or Security

HIPAA regulations allow a HIPAA-covered entity to disclose protected health information to a "law enforcement official" having "lawful custody" of an individual without the individual's consent if the official represents that the protected health information to be disclosed is "necessary" for: (i) the provision of health care to the individual; (ii) the health and safety of the individual or other inmates; (iii) the health and safety of the officers or employees of or others at the correctional institution; (iv) law enforcement on the premises of the correctional institution; (v) the administration and maintenance of the safety, security, and good order of the correctional institution; or (vi) the administration and maintenance of the safety, security, and good order of the correctional institution.[175]

"Law enforcement official" includes an immigration enforcement official.[176] "'Correctional institution' means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody."[177] Persons held in "lawful custody" are not limited to persons in correctional institutions, however, but also include, among others, "aliens detained awaiting deportation, . . . witnesses, or others awaiting charges or trial."[178]

The HIPAA exception for disclosure of protected health information to a law enforcement official having lawful custody of an individual is permissive, not mandatory.[179] Further, for the exception to apply, it is not enough that the enforcement official simply request or demand the patient's protected health information: The official must represent that the disclosure requested is necessary for one or more of the reasons specified above[180] and state the purpose for seeking the particular information that is being requested.[181]

Before disclosing the requested information, the entity must verify the identity and authority of the person requesting the disclosure, if the person's identity or authority is not known to the entity.[182] Where such reliance is reasonable under the circumstances, the entity may rely on any of the following: "(A) If the request is made in person, presentation of an agency identification badge, other official credentials, or other proof of government status; (B) If the request is in writing, the request is on the appropriate government letterhead; or (C) If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, [or] memorandum of understanding . . . that establishes that the person is acting on behalf of the public official."[183]

To verify the authority of the person seeking the disclosure, the entity may rely, if such reliance is reasonable under the circumstances, on "[a] written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement of such legal authority."[184]

When making a disclosure under the custodial exception, the healthcare entity must comply with HIPAA's "minimum necessary" rule, which requires that, when disclosing protected health information, the disclosing entity must make reasonable efforts to limit the protected information disclosed to the minimum amount necessary to accomplish the disclosure's intended purpose.[185] The entity must have in place criteria designed to limit disclosures to the information reasonably necessary to accomplish the purpose for which disclosure is sought, and must review requests for disclosure on an individualized basis in accordance with such criteria.[186] If such reliance is reasonable under the circumstances, the entity may rely on the law enforcement official's representation "that the information requested is the minimum necessary for the stated purpose(s)."[187]

CMIA does not include a specific exception for an individual in law enforcement custody as HIPAA does.[188] For purposes of this guide, however, it is presumed that CMIA too permits a disclosure as to a person in a law enforcement official's custody, provided the same requirements for the HIPAA exception to apply are satisfied.[189]

4. Where Disclosure of Protected Health Information is Not Authorized by HIPAA or CMIA

There may be circumstances where neither the law enforcement custody exception nor any other HIPAA or CMIA privacy rule exception applies (or is even invoked), but a law enforcement officer having lawful custody of a patient nonetheless seeks to be in a place where they can hear or see communications of the patient's protected health information.[190] In such a case, HIPAA and CMIA provide a basis for the healthcare facility to assert that the officer should not be in a place where they can hear or see the HIPAA- or CMIA-protected information or that the information should be shielded from the officer in some other way.

Relatedly, a healthcare provider must permit individuals to request, and must accommodate reasonable requests by individuals, to receive communications of protected health information from the healthcare provider by alternative means or at alternative locations.[191] This right to receive confidential communications of protected health information must be stated in the entity's HIPAA-required notice of privacy practices.[192]

Thus, a patient facing the prospect of a non-consensual disclosure of their protected health information to a law enforcement officer where no HIPAA exception applies, but the officer is nonetheless remaining in a place where they are able to see or hear communications of the patient's protected health information, must be permitted to request that the provider communicate the protected health information by some alternative means. If the request can be reasonably accommodated, the provider must accommodate it.[193]

Further, entities covered by HIPAA "must have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information."[194] The entity must reasonably safeguard protected health information from any intentional or unintentional disclosure in violation of the HIPAA regulations and limit incidental uses or disclosures from an otherwise permitted use or disclosure.[195] HIPAA does not exempt a law enforcement officer who has custody of a patient from these requirements. Thus, where a patient is in a law enforcement official's custody at a healthcare facility, and a disclosure of the patient's protected health information to the official having custody is not authorized by HIPAA, and the official having custody is in a place where protected health information is being used or disclosed for an otherwise lawful purpose, the entity must reasonably safeguard the information from being unintentionally or incidentally disclosed to the official.

5. Right to Have Health Information Shared With Family or Others

Provided the individual is informed in advance and has the chance to agree to the disclosure or not, an entity covered by HIPAA may disclose to the individual's family members, other relatives, close personal friends, or any other person identified by the individual, the protected health information directly relevant to such person's involvement with the individual's healthcare.[196] Further, subject to certain requirements being satisfied, a covered entity may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.[197] HIPAA regulations further provide that, "[t]he patient has the right to have a family member or representative of their choice and their own physician notified promptly of their admission to the hospital."[198]

Law enforcement agencies/officers may have authority to limit these rights for legitimate reasons as to patients in their custody.

6. Patient Care Rights

As a condition of participating in Medicare and Medicaid, hospitals must protect and promote each patient's rights, including the following.[199] "The patient has the right to receive care in a safe setting" and "the right to be free from all forms of abuse or harassment."[200] The patient has the right to participate in the development and implementation of their care plan.[201] The patient or their representative, as allowed under state law, has the right to make informed decisions regarding care, including being informed of their status, being involved in care planning and treatment, and being able to request or refuse treatment.[202] Patients also have the right to be free from restraint or seclusion, subject to exceptions to ensure the immediate physical safety of the patient, a staff member, or others.[203] Law enforcement officers may have authority to apply restraints to patients in their custody, but only for justified safety or security reasons.

In addition, participating hospitals are required to have an effective patient discharge planning process.[204] Emergency Medical Treatment and Active Labor Act regulations also set standards for patient transfers, including discharges, in cases covered by that Act.[205]

California regulations require acute care hospitals to adopt written patients' rights policies,[206] with patients' rights including, but not limited to, the right to receive information about their illness, the course of treatment and prospects for recovery, the right to receive as much information about any proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment, and the right to participate actively in decisions regarding medical care, including the right to refuse treatment, to the extent permitted by law.[207]

7. Medical Code of Ethics

The American Medical Association's Code of Medical Ethics sets forth several principles which relate to a doctor's obligation to provide care, even in the face of immigration enforcement activities. For example, physicians must provide competent medical care; they must respect the rights of patients, and "safeguard patient confidences and privacy within the constraints of the law;" and, while caring for a patient, they must "regard responsibility to the patient as paramount." Therefore, doctors may have ethical obligations to their patients that require them to seek to restrict immigration enforcement officers' access to a patient.

8. Patient Visitation Rights

Hospitals participating in Medicare and Medicaid are required to have written policies and procedures regarding patients' visitation rights.[208] Hospitals must inform each patient of their visitation rights.[209] Hospitals must inform patients of their right, subject to their consent, to receive the visitors whom they designate.[210] Hospitals must ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.[211]

California acute care hospital regulations recognize a patient right to designate visitors of their choosing, unless no visitors are allowed or the facility reasonably determines that the presence of a particular visitor would endanger a patient's health or safety, a facility staff member, or other facility visitor, or would significantly disrupt the facility's operations.[212]

Law enforcement agencies/officers may have authority to limit these rights for legitimate reasons as to patients in their custody.

9. Additional Resources

See "Additional Resources" in Section 3 of this guide.

Recommendations[213]

- Healthcare facilities should have in place policies and procedures for responding to cases where a law enforcement officer is accompanying a patient in civil (i.e., non-criminal) law enforcement custody for the receipt of medical care, including patients in custody for civil immigration enforcement purposes. These policies and procedures may differ from a facility's policies for cases where a patient is in criminal custody.[214]

- Many of the recommendations in Section 3 of this guide are applicable to cases where a law enforcement officer is accompanying a patient in civil law custody for the receipt of medical care, though they may require some adaptation in the custodial context—e.g., having in place policies for receiving visitors; posting a "notice to authorities;" designating nonpublic areas; not providing voluntary consent to enter nonpublic areas; elevating requests and questions to a designated facility manager, administrator, or legal counsel; identifying circumstances where granting law enforcement officers access to patients may compromise patient privacy rights or interfere with providers' ability to provide competent medical care; complying with law enforcement officer orders; not attempting to physically interfere with a law enforcement officer, even if the officer appears to be acting without authority (including exceeding the purported authority given by a warrant or other document); and not assisting with immigration enforcement (e.g., searches, interviews, or apprehensions).

- However, the model policies in this section are designed to more specifically address the issues that may arise when law enforcement officers are accompanying a patient in a healthcare facility because the patient is (or at least is asserted to be) in the officer's lawful custody for civil law enforcement purposes, including civil immigration law enforcement. Healthcare facilities should have in place specific policies and procedures for safeguarding patient privacy, patient care, and other patient rights where patients are in a facility under civil custody and where the law enforcement officers are accompanying them for that reason. Healthcare facilities should have in place procedures for personnel to elevate law enforcement officers' refusals to comply with facility policies related to patient privacy, patient care, and other patient rights to a designated healthcare facility manager, administrator, or legal counsel.

- Healthcare facilities are encouraged to have policies in place allowing the sharing of information about in-custody patients with family members, legal counsel, and others, patient visitation, and patient communications (e.g., phone calls). Again, healthcare facilities may choose to have policies for civil custodian situations that are different from their policies concerning patients in criminal custody. Healthcare facilities' policies concerning patients in civil custody should reflect that officers might order restrictions in these areas notwithstanding facility policies and requests, and that the facility's role in such cases is to document the incidents and consult legal counsel as appropriate.

- Healthcare facilities should have their own procedures for determining when the criteria warranting the permissive disclosure of the protected health information of a patient in custody for health, safety, or security reasons are satisfied and ensuring that any disclosures are kept to the minimum necessary.

- Healthcare facilities should thoroughly train their staff and relevant volunteers on their policies and procedures for responding to law enforcement officers who are present at the facility for the purpose of accompanying patients in their civil (non-criminal) custody for the receipt of medical care. Healthcare facilities are encouraged to include drills and practice scenarios as part of their training. Staff and relevant volunteers should practice at making the requests of law enforcement officers that are contemplated by the healthcare facility's policies, deferring

law enforcement questions and requests to a designated facility manager, administrator, or legal counsel, elevating law enforcement officer refusals to comply with their requests/ healthcare facility policies to a designated facility manager, administrator, or legal counsel, and documenting all relevant events in a standardized incident reporting form.

- Healthcare facilities that provide patients with language translation or interpreter services should have policies stating that such services shall be available to patients who are in immigration enforcement custody for the purpose of assisting patients and facility personnel with communications related to matters addressed by the recommendations and model policies in this section.

- For pregnant and postpartum individuals and babies in immigration enforcement custody, it may violate federal policy to detain them.[215] In particular, babies born in immigration custody in the United States are U.S. citizens who cannot be removed. Healthcare facility staff may wish to contact a legal assistance organization identified in Section 3 of this guide or the Attorney General's Office via email at Immigration@doj.ca.gov, if they believe pregnant or postpartum individuals and/or babies may have been unlawfully detained by immigration enforcement.

- Healthcare facilities should make available to their staff and relevant volunteers immigration-related Know Your Rights materials and legal assistance resources that they may give to patients who are brought to their facilities in custody of immigration enforcement officers. Healthcare facilities should make this information accessible to individuals with limited English proficiency, in the languages commonly spoken in the community.

Patient Discharge and Continuation of Care

Healthcare facilities should follow their established procedures for patient discharge and continuity of care, which should correspond to the Governing Law outlined in this guide.

In addition to existing policies, healthcare facilities should develop policies to ensure that patients who are discharged into custodial situations receive the necessary continuity of care and treatment addressed in this guide. Please see the model policies entitled "Required Practices for Patient Discharge and Continuation of Care" in the section below, which state the required procedure for all California healthcare facilities operated by a state or local agency.

Model Policies

All healthcare facilities operated by the State or a political subdivision of the State shall adopt the following model policies, or equivalent policies, by January 1, 2027, and all other California healthcare facilities are encouraged to adopt the following model policies, or equivalent policies. The text below should be adapted by inserting the information sought in the bracketed portions. [216]

Model Policies and Procedures Concerning Patients in Custody for Civil Immigration Enforcement

- Adopt the Model Policies in Section 3 or substantial equivalents. In addition:

Officer Accompanying a Patient in Civil Custody for the Receipt of Medical Care[217]

- [Healthcare facility] personnel's priority shall be to provide medical care to the patient under detention. Patient care should not stop or be delayed based on this policy or its implementation. However, personnel should also ensure that [supervisory or lead employee] is immediately notified of the presence of any civil law enforcement officer who has not completed the visitor registration process. Lack of any required visitor sticker will be a presumption that the officer failed to follow the visitor registration process.
- [Healthcare facility] shall have a standardized incident reporting form for facility personnel to prepare incidents reports consistent with these policies.
- While the patient is receiving medical care, the [supervisory or lead employee] should immediately notify the designated facility manager, administrator, or legal counsel and security of the presence of the patient under civil custody and the law enforcement officer.
- If security is not available or the presence of the designated facility manager, administrator, or legal counsel will be delayed, the [supervisory or lead employee] shall attempt to request and document the law enforcement officer's credential's (name, badge number, agency).
- The designated facility manager, administrator, or legal counsel, or [supervisory or lead employee] if their presence will be delayed, shall request and copy any warrant, court order, or other document the law enforcement officer has to establish an individual is in their lawful custody, and copies of such documents shall be promptly provided to [healthcare facility's] legal counsel. The designated facility manager, administrator, or legal counsel shall otherwise promptly seek to identify and document the asserted basis for the officer's assertion of care or lawful custody of the patient, and the information shall be promptly provided to [healthcare facility's] legal counsel. If facility personnel are unable to obtain any documents providing a purported basis for the officer's assertion of custody, that information shall be included in the incident report, including whatever the officer tells personnel with regard to being unable or unwilling to provide such documents.
- No [healthcare facility] personnel shall consent to questioning or information disclosure without the healthcare facility administrator's and [healthcare facility legal counsel's] review and approval. When such requests are made, personnel should notify the law enforcement officer that their request is being reviewed by the healthcare facility administrator and [healthcare facility legal counsel].
- [Healthcare facility] personnel should clearly indicate that [healthcare facility] [and any other relevant entity—e.g., the County or the State] do not provide voluntary consent for entry to nonpublic areas without a judicial warrant or court order. This policy recognizes

that while a law enforcement officer without a warrant may be found to have authority to be in nonpublic areas of the facility with an individual in their care or custody for that individual's receipt of medical care, whether the officer actually has such authority is a legal question, and [healthcare facility's] policy is not to give voluntary consent and to communicate the lack of voluntary consent to the officer.

- The designated healthcare facility manager or administrator shall report the presence of a patient in custody for civil law enforcement, including civil immigration enforcement, to [healthcare facility's risk management or legal counsel], including the asserted basis for the claim of custody and any relevant documentation. The designated healthcare facility manager or administrator shall likewise report the presence of a patient who has been brought to [healthcare facility] in the care of an immigration enforcement officer (i.e., a patient who is not under arrest or post-arrest custody).
- It is the policy of [healthcare facility] that all law enforcement officers who are present in [healthcare facility] because they have custody over a patient must remain identifiable as a law enforcement officer at all times and comply with all facility safety rules and policies, with violations to be reported to the designated facility manager, administrator, or legal counsel, for escalation to [designated office].
- [Healthcare facility] shall designate locations for law enforcement officers who are accompanying patients in custody to wait during times when patient privacy requires that the officer leave the patient's room or other treatment area and request the officers to wait in such areas.
- If a law enforcement officer refuses to comply with any part of this policy or any requests made by any [healthcare facility] staff consistent with this policy, the designated facility manager, administrator, or legal counsel, or [healthcare facility] staff, if they are unavailable, shall immediately report the matter to [healthcare facility's risk management or legal counsel], and staff should include the information in the incident report, including the officer's statements and actions. As appropriate, before elevating the matter, the designated facility manager, administrator, or legal counsel shall try to resolve any refusals to comply with [healthcare facility] policies with the law enforcement officer's supervisor, and such efforts shall be reflected in the incident report.

Patient Care

- [Healthcare facility] personnel shall seek to safeguard the patient's right to proper care. Restraints, weapons, or officers' presence should not interfere with or delay medical care.
- [Healthcare facility] personnel are prohibited from relying on law enforcement officers to serve as interpreters or surrogate decisionmakers for patients in their care or custody.
- [Healthcare facility] personnel shall request law enforcement officers to comply with all medically necessary precautions as determined by healthcare facility staff, including, but not limited to, masking, gowning, sanitization, etc.
- Physical restraints by [healthcare facility] staff shall only be applied when medically necessary or due to safety concerns that the patient will self-harm or harm others. Medically necessary restraints require the approval and order of a licensed clinician. Type and number shall be consistent with medical safety standards and determined by a license clinician.
- If a patient in civil custody is brought to the facility by a law enforcement officer in restraints or is placed in restraints at the facility by an officer, and those restraints interfere

with medical care, [healthcare facility] personnel shall request removal of the restraints. If the request is refused, personnel shall ask for and document the asserted reason.

- [Healthcare facility] personnel shall document in the patient's medical records when a law enforcement officer or agent refuses to remove restraints from a patient under detention after being asked to do so for medical care purposes, including the reason given for the refusal. Personnel should notify the designated facility manager, administrator, or legal counsel immediately for proper escalation.
- Any medical care delay or negative effect due to the officer's refusal to remove the restraints shall also be documented in the medical record and escalated to the designated facility manager, administrator, or legal counsel.
- When an officer accompanying a patient in detention for the receipt of medical care stays within the patient's room, [healthcare facility] personnel should make appropriate requests that the officer not interfere with medical care or with patient's ability to rest and recover, including requests that officers not use mobile devices in the patient's room without headphones/ear buds, and not talk, use mobile devices or otherwise interfere with patient's sleep at night.

Patient Information, Visitation, and Communications

- Regarding [facility's "blackout" or "do not announce" procedures"], once [healthcare facility] determines that a patient is not under criminal detention, such procedures will not be applied as a matter of course. The patient may request their name not be placed in the facility's directory due to security, safety, or privacy concerns. The law enforcement officer may also request the [procedure] be applied for specific safety or security reasons. The request will be reviewed by the designated facility manager, administrator, or legal counsel in consultation with [designated office(s)]. The patient's name will remain in the directory until [designated office] authorizes the removal.
- Criminal detention visitation policies restrictions do not apply as a matter of course to patients under civil detention.
- [Healthcare facility's] visitation policies and procedures are the same for patients in custody for civil immigration enforcement as for any other patients.
- With patient's consent and per the patient's request, family will be informed that the patient is in the facility and provided with patient's general medical status. The patient's consent to contact their family must be documented on the patient's medical record.
- With patient's consent, the patient's legal counsel and government representatives and/or agencies may be informed by the designated facility manager, administrator, or legal counsel that the patient is at the facility.
- As a matter of [healthcare facility] policy, the patient has the right to directly communicate with family, legal counsel, clergy, advocates, and others.
- Refusal by a law enforcement officer acting under civil law enforcement authority to allow visitation or communications shall be documented and immediately reported to the designated facility manager, administrator, or legal counsel, who will escalate the matter to [designated offices including additional legal counsel]. [Healthcare facility] Personnel shall ask the officer for the reason why visitation or communications is being denied and include the reasons given in the documentation.

Protection of Patient Privacy and Information

- Adopt the Model Policies in Section 2 of this guide or substantial equivalents. In addition:
- Federal and state confidentiality laws regarding patients' personal privacy and protected health/medical information shall be strictly followed in the case of patients who are in a law enforcement officer's custody.
- [Healthcare facility] personnel shall take reasonable safeguards to protect patients' privacy, including using privacy screens/curtains, securing electronic systems, and restricting the access to patient care areas to authorized personnel only.
- It is [healthcare facility] policy not to allow photography, audio recording, video recording, or surveillance by law enforcement officers accompanying patients in detention within patient care settings. [Healthcare facility] personnel shall request such officers to comply with this policy and report any refusals to comply to the designated facility manager, administrator, or legal counsel.
- Unless there is a safety concern from staff about being alone with the patient, [healthcare facility] personnel shall request that officers accompanying patients in detention remain outside the patient's room at all times.
- Otherwise, [healthcare facility] personnel shall request any officer accompanying patients in civil law detention to step out of the examination or patient room or treatment areas during a patient's medical care discussion and/or patient's physical/sensitive examinations to safeguard patient's privacy rights. If the officer refuses the request, personnel shall request that the officer at least move out of earshot and remain outside the privacy screen/curtain, if one is being used (or can be used).
- If an officer accompanying a patient in detention refuses to comply with the request to step out of the patient room or treatment area while medical care is being discussed or a physical/sensitive exam is being conducted, or at least to remain out of earshot (and beyond a privacy screen/curtain, as applicable), [healthcare facility] personnel shall evaluate whether or not the medical discussion or exam can be temporarily delayed while the matter is elevated to the designated facility manager, administrator, or legal counsel to further pursue the request that the officer step out of the room, to determine if the officer will acquiesce to the requests so that the discussion or exam can be conducted in private or with more privacy. If it is not reasonable to delay the discussion or exam, the healthcare provider must proceed with the discussion or exam and document the refusal. In addition, personnel shall immediately notify the designated facility manager, administrator, or legal counsel. In all events where any request made to an officer to accommodate a patient's privacy rights is not granted, personnel shall report the matter to the designated healthcare facility for documentation and appropriate follow-up.
- To the extent reasonably possible, [healthcare facility] shall designate locations for law enforcement officers who are accompanying patients in civil custody to wait during times when patient privacy requires that the officer leave the patient's room or treatment area. If necessary for safety reasons, [healthcare facility] shall facilitate law enforcement officers maintaining a line of sight on the patient while keeping the officer out of ear shot.
- To the extent not otherwise provided above, if an officer accompanying a patient in detention refuses to comply with any of the above policies or requests for the protection of patient privacy and information under the policies, [healthcare facility] personnel shall report the incident to the designated facility manager, administrator, or legal counsel at the earliest reasonable opportunity and such information shall be included in the incident report.

Required Practices for Patient Discharge and Continuation of Care

- [Healthcare facility] staff shall follow the same discharge planning and continuation of care protocols for all patients, regardless of whether they are subject to detention.
- [Healthcare facility] must determine that the patient has completed treatment at the facility prior to discharge.
- [Healthcare facility] will train providers and staff that the facility's policy is that only facility providers and staff, and not law enforcement officers, will determine when it is safe to discharge a patient based upon the patient's diagnosis, treatment plan, and status of recovery.
- [Healthcare facility] staff shall coordinate the discharge plan with the facility's [medical director or similar official] and the receiving clinician of the facility where the patient will continue their medical care (i.e., a detention facility or any other medically appropriate facility offering a lower level of care).
- [Healthcare facility] providers will discuss the patient's discharge plan with the receiving clinician (i.e., discharge diagnosis, recommendations for ongoing medical evaluation, treatment, access to proper and necessary mediation, and follow-up appointments) *before* the patient is discharged to the receiving facility.
- [Healthcare facility] providers shall not discuss the patient's medical information or discharge planning with law enforcement officers or agents other than medical or clinical staff at the law enforcement agency or detention facility.
- [Healthcare facility] staff must make all reasonable efforts to connect with and to confirm that the receiving facility has the resources to meet the medical needs of the patient before discharge to determine whether it is a safe discharge.
- In the event that [healthcare facility] staff cannot determine whether it is a safe discharge, [healthcare facility] staff should escalate the matter to the facility's medical director or designated official, document this in the patient's records, and follow procedures for discharging patients for whom continuity of care cannot reasonably be confirmed prior to release.

Frequently Asked Questions (FAQ):

Immigration Enforcement Involving Healthcare Facilities

1. What is SB 81, and how does it affect healthcare providers in California?

Senate Bill No. 81 (2025-2026 Reg. Sess.) (SB 81) restricts most hospitals and other healthcare facilities from sharing information about the immigration status of patients (while adhering to the federal law prohibition against prohibiting or restricting any governmental entity or official from sharing information about a person's immigration status with other governmental entities). It also requires healthcare provider entities to designate nonpublic areas of medical facilities where access for immigration enforcement purposes is limited. SB 81 requires areas where patients are receiving treatment or care, or where a patient is discussing protected health information, to be designated as nonpublic for this purpose.

To learn more, see Sections 2 and 3 of this guide; California Civil Code, §§ 56.05, 56.10; California Health & Safety Code, §§ 26250-26257; and the California Department of Justice SB 81 Bulletin.

2. Are mobile healthcare clinics, travelling providers, or similar community-oriented "street medicine" covered by SB 81?

Yes, community-oriented healthcare providers, such as mobile service units and mobile clinics, are "clinics" and/or "providers," as set out in SB 81, if they are licensed.

To learn more, see Section 3 of this guide; California Health & Safety Code, §§ 1765.105 and 24252, subds. (b), (d), and (f); and the California Department of Justice SB 81 Bulletin.

3. Can healthcare providers in California prevent immigration authorities from entering healthcare facilities or certain areas within those facilities?

California law requires publicly funded healthcare facilities to designate as nonpublic those areas where patients receive treatment or care or discuss health information. California law prohibits such facilities from allowing access to those nonpublic areas for immigration enforcement purposes, unless required by law, or unless the officer has a judicial warrant or court order granting access. That law does not prevent immigration authorities from entering these areas to receive care for someone in their care or custody. Facilities may be able to prevent immigration authorities from accessing other areas without a warrant by designating and treating such areas as private, restricted-access areas.

In addition, healthcare facilities who are employers are prohibited from providing voluntary consent for immigration authorities to enter any nonpublic areas of their place of labor, unless the officer provides a judicial warrant.

To learn more, see Section 3 of this guide; California Health & Safety Code, §§ 24250-24257; the California Department of Justice SB 81 Bulletin; and the Immigrant Worker Protection Act (Assembly Bill 450) Frequently Asked Questions issued by the California Attorney General and the California Department of Industrial Relations.

4. How should a healthcare facility determine whether a person is in the "lawful custody" of immigration authorities who are accompanying them for the receipt of medical care?

Whether a person is in lawful custody is a legal determination for a court. The healthcare facility should request and copy all documents the law enforcement officer might have to show the asserted basis for custody, such as an arrest warrant. Facility staff should provide the information and documents they receive to designated facility personnel or legal counsel.

5. As a healthcare provider, must I allow a law enforcement officer accompanying a patient to be in the patient's room or an area where the patient is receiving treatment or care?

The healthcare provider should ask the officer to remain outside of the treatment room or area, unless facility staff are concerned about their own safety. If the officer maintains they must be able to keep the patient in their sight, request the officer to move out of earshot, if possible, while maintaining a line of sight. If the request is refused, the provider should elevate the matter to designated facility personnel or legal counsel. The healthcare provider should not interfere with the officer's access to an area in which the officer is insisting on being present.

To learn more, see Section 4 of this guide.

6. How should healthcare providers handle the discharge of a patient who is in the custody of immigration authorities prior to completing treatment? How should providers ensure the patient receives sufficient care at the detention center where they will be taken?

Please see the model policies for "Required Practices for Patient Discharge and Continuation of Care" found in Section 4 of this guide for specific policies.

Healthcare facilities should follow their established procedures for patient discharge and develop policies to ensure that patients who are discharged into custody receive the necessary continuity of care and treatment addressed in this guide. To confirm that the patient receives a safe discharge, the healthcare facility should contact the receiving facility to ensure that the patient will receive necessary medication and continued treatment according to the healthcare facility's care plan for the patient.

To learn more, see the Section 4 Model Policies contained in this guide.

7. What if immigration enforcement officers act unlawfully?

Healthcare facility personnel should prioritize their own safety and the safety of those around them, including other patients. Staff should not interfere with or physically impede immigration authorities. Rather, staff should contact healthcare facility security and/or designated facility administrators, management, or legal counsel responsible for responding to immigration enforcement-related requests. Facility staff also may report the incident to our office at Immigration@doj.ca.gov.

8. What if healthcare facility staff are immigrant workers who have concerns about their own immigration status?

These staff members should avoid interacting with law enforcement officers who are conducting immigration enforcement.

As an employer, you may wish to consult information about California's Immigrant Worker Protection Act (Assembly Bill No. 450), which applies to both public and private employers. Please see the Immigrant Worker Protection Act Frequently Asked Questions document jointly issued by the California Attorney General and the California Department of Industrial Relations.

The California Department of Industrial Relations has created a notice about the Workplace Know Your Rights Act (Senate Bill No. 294, 2025-2026 Regular Session) that may be helpful, as well. The notice is available at: https://www.dir.ca.gov/dlse/Know-Your-Rights-Notice/Know-Your-Rights-Notice-English.pdf

9. What if a patient, their family/friends, or a staff member are detained by immigration authorities?

The ICE Online Detainee Locator System (https://locator.ice.gov/odls/#/search) can help people determine if someone has been detained and where the individual is being held. In using the ICE Online Detainee Locator, it is helpful to know the individual's birthdate and "A-number" (Alien Registration Number), if there is one. An individual who entered the United States without inspection may not have an A-number.

> Note: The ICE Online Detainee Locator is intended only for locating individuals who are already detained. The website is not updated regularly, and if an individual known to be detained does not appear on the website, it should not be interpreted as confirmation that they are no longer detained or that they have been deported.

Endnotes

1 Haddock & Roy, ICE and Deportations: *How Trump Is Reshaping Immigration Enforcement*, Council on Foreign Relations (Feb. 27, 2026) https://www.cfr.org/articles/ice-and-deportations-how-trump-reshaping-immigration-enforcement (as of May 1, 2026); American Immigration Council, *Immigration Detention Expansion in Trump's Second Term* (Jan. 2026) https://www.americanimmigrationcouncil.org/wp-content/uploads/2026/01/immigration-detention-report.pdf (as of May 1, 2026).

2 Craft & Singh, *US arrests more immigrants in February 2025 than any month in last seven years*, The Guardian (Mar. 13, 2025), https://www.theguardian.com/us-news/2025/mar/13/us-immigration-arrests-february-2025 (as of May 1, 2026); Blair & Hausman, *Immigration Enforcement in the First Nine Months of the Second Trump Administration*, Deportation Date Project (Jan. 27, 2026), https://deportationdata.org/analysis/immigration-enforcement-first-nine-months-trump.html (as of May 1, 2026).

3 See Ruiz Soto, *A New Era of Immigration Enforcement Unfolds in the U.S. Interior and at the Border Under Trump 2.0*, Migration Policy Inst. (Oct. 2025), https://www.migrationpolicy.org/news/new-era-enforcement-trump-2 (as of May 1, 2026); Haddock & Roy, ICE and Deportations: How Trump Is Reshaping Immigration Enforcement, Council on Foreign Relations (Feb. 27, 2026), https://www.cfr.org/articles/ice-and-deportations-how-trump-reshaping-immigration-enforcement (as of May 1, 2026); U.S. Dept. of Homeland Security, *DHS Sets the Stage for Another Historic Year* (Jan. 20, 2026) https://www.dhs.gov/news/2026/01/20/dhs-sets-stage-another-historic-record-breaking-year-under-president-trump (as of May 1, 2026); American Immigration Council, *Immigration Detention Expansion in Trump's Second Term* (Jan. 2026) https://www.americanimmigrationcouncil.org/wp-content/uploads/2026/01/immigration-detention-report.pdf (as of May 1, 2026).

4 Bustillo, *Homeland Security Makes Cuts to Civil Rights and Immigration Oversight Offices* (Mar. 21, 2025) NPR https://www.npr.org/2025/03/21/nx-s1-5336738/homeland-security-rif-cuts-dhs (as of June 24, 2026); U.S. Sen. Blumenthal, *Blumenthal Releases Whistleblower Documents Showing Drastic Cuts to ICE Training and Testing for New Recruits* (Feb. 23, 2026) https://www.blumenthal.senate.gov/newsroom/press/release/blumenthal-releases-whistleblower-documents-showing-drastic-cuts-to-ice-training-and-testing-for-new-recruits (as of June 24, 2026).

5 *See, e.g.*, U.S. Dept. of Homeland Security, *Secretary Mayorkas Issues New Guidance for Enforcement Action at Protected Areas* (Oct. 27, 2021) https://www.dhs.gov/archive/news/2021/10/27/secretary-mayorkas-issues-new-guidance-enforcement-action-protected-areas (as of May 1, 2026).

6 Stewart et al., *How Tech Powers Immigration Enforcement*, The Brookings Institution (Oct. 6, 2025) https://www.brookings.edu/articles/how-tech-powers-immigration-enforcement/ (as of May 1, 2026); *see also Understanding Immigration Enforcement Databases*, American Immigration Council (2026) https://www.americanimmigrationcouncil.org/content-understanding-immigration-enforcement-databases/ (as of May 3, 2026).

7 Gov. Code, § 7284.8, subd. (a).

8 Gov. Code, § 12532.5, subd. (a)(1).

9 Gov. Code, § 12532.5, subd. (a)(2).

10 Gov. Code, § 12532.5, subd. (b).

11 Marisol Cuellar Mejia et al., *Immigrants in California* (Jan. 2026), Public Policy Institute of California, available at https://www.ppic.org/publication/immigrants-in-california/ (as of May 2, 2026).

12 See Gov. Code, §§ 7284.2, 7284.8, subd. (a); Health & Saf. Code, §§ 24250-24257; Civ. Code, §§ 56.05, subd. (j)(2), 56.10, subds. (a), (f).

13 See California Association of Public Hospitals and Health Systems, *Fast Facts*, available at https://caph.org/about/members/facts/ (as of May 2, 2026).

14 Drishti Pillai et al., *KFF/New York Times 2025 Survey of Immigrants: Health and Health Care Experiences During the Second Trump Administration* (Nov. 18, 2025), KFF, available at https://www.kff.org/immigrant-health/kff-new-york-times-2025-survey-of-immigrants-health-and-health-care-experiences-during-the-second-trump-administration/ (as of May 2, 2026).

15 The Commonwealth Fund, *The U.S. Healthcare System*, available at https://www.commonwealthfund.org/international-health-policy-center/countries/united-states (as of May 2, 2026).

16 42 U.S.C. § 1395dd; 42 C.F.R. § 440.255; *see also* Centers for Medicare & Medicaid Services (CMS), *Emergency Medical Treatment and Labor Act* (EMTALA) (as of Mar. 10, 2026), available at https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act (as of May 2, 2026); Centers for Medicare & Medicaid Services, Fact Sheet: Emergency Health Services for Undocumented Aliens (May 9, 2025), available at https://www.cms.gov/newsroom/fact-sheets/emergency-health-services-undocumented-aliens (as of May 2, 2026).

17 Welf. & Inst. Code, § 14007.8, subd. (a)(2); California Department of Health Care Services, Immigration Status and Changes to Medi-Cal Eligibility, available at https://www.dhcs.ca.gov/Medi-Cal/Pages/immigration-status-categories.aspx (as of May 2, 2026); see generally California Department of Health Care Services, Medi-Cal, https://www.dhcs.ca.gov/Medi-Cal/Pages/home.aspx (as of May 2, 2026).

18 Health & Saf. Code, § 1317.

19 Gov. Code, § 7284.8, subd. (a). SB 54 defines "immigration enforcement" to include "any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and

all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person's presence in, entry, or reentry to, or employment in, the United States." Gov. Code, § 7284.4, subd. (f). This guide adopts that definition.

20 Gov. Code, § 7284.8, subd. (a).

21 Gov. Code, § 7284.4, subd. (d). The statute defines "health facility" by reference to parts of the Health and Safety Code, under which health facilities include: general acute care hospitals; acute psychiatric hospitals; skilled nursing facilities; intermediate care facilities; special hospitals (dentistry or maternity); intermediate care facilities for the developmentally disabled; congregate living healthcare facilities; correctional treatment centers (i.e., healthcare facilities operated by the California Department of Corrections and Rehabilitation); and hospice facilities. Health & Saf. Code, §§ 1200, 1200.1, and 1250.

22 Note that private entities may not be subject to the same legal constraints as public entities pertaining to non-assistance with immigration authorities.

23 Gov. Code, § 7284.6, subd. (a)(1)(G). Under a recently enacted law, an individual authorized by Penal Code section 1299.02 to apprehend a bail fugitive is prohibited from using that position for immigration enforcement purposes, except pursuant to a valid judicial warrant or court order. Pen. Code, § 1299.07, subd. (f).

24 Examples of law enforcement agents and officers include (city) police chiefs, police officers, (county) sheriffs, deputy sheriffs, healthcare facility police officers or security agents, and virtually any agent of the DHS.

25 For more general guidance about how to protect patient privacy, healthcare facilities should consult with the California Center for Data Insights and Innovation's *Statewide Health Information Policy Manual* (SHIPM), available at https://www.cdii.ca.gov/compliance-and-policy/statewide-health-information-policy-manual-shipm/ (as of May 2, 2026). The California Hospital Association also publishes guidance for the association's members regarding privacy; see California Health Information Privacy Manual, available at https://calhospital.org/publications/california-health-information-privacy-manual/ (as of May 2, 2026). Patients seeking general information about their privacy rights and remedies should consult the California Attorney General's guide, *Your Patient Privacy Rights: A Consumer Guide to Health Information Privacy in California*, available at https://oag.ca.gov/privacy/facts/medical-privacy/patient-rights (as of May 2, 2026).

26 PHI excludes education records covered by the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, and employment records held by a covered entity. (45 C.F.R. §§ 160.103, 164.512, subd. (f)(1).)

27 PHI's relationship with health information is fundamental. Identifying information alone, such as personal names, residential addresses, or phone numbers, would not necessarily be designated as PHI. U.S. Department of Health and Human Services (HHS), *Guidance Regarding Methods for De-identification of Protected Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule*, available at https://www.hhs.gov/hipaa/for-professionals/special-topics/de-identification/index.html (as of May 2, 2026).

28 45 C.F.R. §§ 160.103; 164.514, subd. (b)(2)(i)(R) (listing as items to be removed to ensure deidentification "[a]ny other unique identifying number, characteristic, or code […]"); See also HHS *Guidance Regarding Methods for De-identification of Protected Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule*, available at https://www.hhs.gov/hipaa/for-professionals/special-topics/de-identification/index.html (as of May 2, 2026).

29 45 C.F.R. § 164.506.

30 45 C.F.R. § 164.508.

31 45 C.F.R. §§ 164.502(b), 164.514(d), 164.530(c).

32 45 C.F.R. §§ 164.502(a), 164.512, 164.514(e), (f), and (g).

33 42 C.F.R. Part 2 .

34 Cal. Const., art. I, § 1

35 Civ. Code, § 56, et seq.

36 Health & Saf. Code, § 123110, et seq.

37 Ins. Code, § 791, et seq.

38 Civ. Code, § 1798, et seq. A government agency may not disclose an individual's personal information without their consent, other than to a guardian or conservator of the individual, to officers or employees of the agency that holds the information for the performance of their official duties, or where authorized by state or federal law. Civ. Code, § 1798.24, subds. (c)-(e).

39 Health & Saf. Code, §§ 1280.15, 1280.18.

40 Civ. Code, § 56.05, subd. (j). Pursuant to SB 81, subdivision (j)(2) states: "If individually identifying information regarding immigration status, including current and prior immigration status, or place of birth, is known or collected in electronic or physical form by a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, it shall be treated as medical information, as defined in paragraph (1)."

41 45 C.F.R. §§ 160.103; 164.514(b)(2)(I)(R) (HIPAA regulations listing as items to be removed to ensure de-identification: "[a]ny. . .unique identifying number, characteristic, or code [. . .]"); Civ. Code, § 56.05, subd.(j) ("'Individually identifiable' means that the medical information includes or contains any element of personal

identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity").

42 45 C.F.R. § 160.103.

43 45 C.F.R. § 160.103 (see definition of "protected health information," which uses additional defined terms including "health information" "individual," and "individually identifiable health information")..

44 45 C.F.R. § 164.520 (HIPAA regulation requiring provision of notice of privacy practices); Civ. Code, § 1798.17; Gov. Code, § 11019.9; California Department of General Services, *State Administrative Manual* (2014), § 5310.1, available at https://www.dgs.ca.gov/Resources/SAM/TOC/5300/5310-1 (as of May 2, 2026).

45 See DHCS *Hospital Presumptive Eligibility (HPE) Program Frequently Asked Questions*, available at https://mcweb.apps.prd.cammis.medi-cal.ca.gov/faq/hpe-faq (as of Mar. 4, 2026). According to DHCS, an applicant does not need to provide a Social Security number, although doing so is "highly recommended."

46 DHCS, *Coverage for All*, available at https://www.dhcs.ca.gov/Medi-Cal/Pages/help.aspx (as of May 2, 2026); see also 8 U.S.C. § 1621(d).

47 Welf. & Inst. Code, § 14100.2, subd. (a); see also CMS, *Eligibility for Non-Citizens in Medicaid and CHIP* (Nov. 2014), available at https://www.medicaid.gov/medicaid/enrollment-strategies/downloads/overview-of-eligibility-for-non-citizens-in-medicaid-and-chip.pdf (as of May 2, 2026) (noting that collection of Social Security number must be consented to and used only to determine eligibility for applicant/beneficiary, or for purpose directly connected to Medicaid).

48 Health & Saf. Code, § 127406(b)(3).

49 Welf. & Inst. Code, §§ 14005.64, subd. (c)(3)(A); 14013.3(d)(1); Cal. Code Regs., tit. 22, §§ 50260, 50262.3, subd. (a); see also DHCS, *Medi-Cal Access Program*, available at http://mcap.dhcs.ca.gov/MCAP_Program/ (as of May 2, 2026).

50 For more information about how H.R. 1 changed the definition of "satisfactory immigration status" for Medicare purposes, see 42 U.S.C. § 1395mmm. The more restrictive definition applies starting in 2027.

51 See, e.g., CMS, SORN 09-70-0526 ("Common Working File"), available at https://www.hhs.gov/privacy/sorns/09700526/index.html (as of May 2, 2026); CMS, SORN 09-70-0536 ("Medicare Beneficiary Database"), available at https://www.hhs.gov/privacy/sorns/09700536/index.html (as of May 2, 2026).

52 42 U.S.C. § 18081(b)(2).

53 42 U.S.C. § 18081(b)(2).

54 42 U.S.C. § 18081(b)(2).

55 42 U.S.C. § 1395dd(b), (c).

56 Health & Saf. Code, § 1317, subds. (a), (d).

57 42 U.S.C. § 1395dd(h).

58 See 45 C.F.R. §§ 164.102-164.106, 164.302-164.318.

59 See 45 C.F.R. § 160.103 (defining "business associate" for purposes of HIPAA Security Rule).

60 Gov. Code, § 7284.6, subd. (a)(1)(A). See also Cal. Dept. of Justice, Div. of Law Enforcement, Information Bulletin No. 2025-DLE-03, *Updated Responsibilities of Law Enforcement Agencies Under the California Values Act, California TRUST Act, and the California TRUTH Act* (Jan. 17, 2025), https://oag.ca.gov/system/files/media/2025-dle-03.pdf (as of May 1, 2026), at pp. 2.

61 See 42 U.S.C. § 1395dd, et seq.

62 Community clinics include federally qualified healthcare centers, and family planning clinics, including Ryan White funded clinics (which provide HIV/AIDS treatment and related services), all of which provide healthcare services regardless of insurance coverage or immigration status.

63 See, e.g., 42 U.S.C. § 1396b(r)(1)(F) (requiring States to provide the federal government with "detailed individual enrollee encounter data and other information that the [HHS] Secretary may find necessary"); 42 C.F.R. § 439.818.

64 See, e.g., U.S. Immigration and Customs Enforcement, Use of HHS Information and Rescission of ICE Policy Memorandum 11066. (Oct. 27, 2025); Notice of Medicaid Information Sharing Between the Centers for Medicare and Medicaid Services and the Department of Homeland Security, 90 Fed. Reg. 53,324 (Nov. 25, 2025).

65 For updated information about the status of the litigation, see Federal Accountability | State of California - Department of Justice - Office of the Attorney General, available at https://oag.ca.gov/federal-accountability (as of May 4, 2026).

66 Civ. Code, § 56.10, subd. (f).

67 See 45 C.F.R. § 164.502; *see also* 45 C.F.R. Parts 160 and 164 for the full HIPAA Privacy Rule. General HHS guidance interpreting these regulations and the HIPAA Privacy Rule is found at: Standards for Privacy of Individually Identifiable Health Information, Office of the Assistant Secretary for Planning and Evaluation, U.S. Dep't of Health and Human Services, available at https://aspe.hhs.gov/standards-privacy-individually-identifiable-health-information (as of May 2, 2026).

68 8 U.S.C. § 1373.

69 *City and County of San Francisco v. Garland* (9th Cir. 2022) 42 F.4th 1078, 1085 (quoting *City and County of San Francisco v. Barr* (9th Cir. 2020) 965 F.3d 753, 764). Federal district courts have determined that 8 U.S.C. § 1373 violates the Tenth Amendment to the U.S. Constitution, but the Ninth Circuit has not resolved that question. See, e.g., *City of Chicago v. Sessions* (N.D. Ill. 2018) 321 F. Supp. 3d 855, 872 (finding that Section 1373 violates the Tenth Amendment), *aff'd and remanded sub nom. City of Chicago v. Barr* (7th Cir. 2020) 957 F.3d 772 (affirming without reaching constitutionality of Section 1373); *Cnty. of Ocean v. Grewal* (D.N.J. 2020) 475 F. Supp. 3d 355, 377-378 (accumulating district court cases finding Section 1373 facially unconstitutional under the 10th Amendment), *aff'd sub nom. Ocean Cnty. Bd. of Commissioners v. Att'y Gen. of State of New Jersey* (3d Cir. 2021) 8 F.4th 176 (affirming without reaching constitutionality of Section 1373); see also *United States v. Illinois* (N.D. Ill. 2025) 796 F.Supp.3d 494, 523 (explicitly declining to "decide whether § 1373 is constitutional," but noting several major "state sovereignty concerns that would arise if § 1373 overtook state and local law.").

Within California, a federal district court has called the 8 U.S.C. § 1373(a) "highly suspect," but the Ninth Circuit did not squarely address its constitutionality when considering that decision on appeal. *United States v. California*, 314 F.Supp.3d at p. 1101, *affd. on other grounds* (9th Cir. 2019) 921 F.3d 865, *cert. den.* (2020) 590 U.S. 1015. In its opinion, the Ninth Circuit construed Section 1373 narrowly, finding that the scope of information covered by the statute is limited to "information strictly pertaining to immigration status (*i.e.*, what one's immigration status is)" and clarifying that the federal statute does not apply to other categories of information, such as an individual's release date or home or work address. *United States v. California*, 921 F.3d 865, 891 (declining to interpret 8 U.S.C. § 1373 to include release dates and addresses); *see also City & Cnty. of San Francisco v. Barr*, 965 F.3d 753, 757, 763 (Section 1373 does not cover release dates, or contact and release status information); *City & Cnty. of San Francisco v. Garland* (9th Cir. 2022) 42 F.4th 1078, 1085 ("We have rejected DOJ's interpretation of Section 1373 repeatedly. . . . Section 1373 only covers immigration-status information—*i.e.*, 'what one's immigration status is.'") (quoting *U.S. v. California*, 921 F.3d at 891).

Most recently, a federal court in New York rejected a Trump Administration lawsuit challenging New York's "Green Light" law, which prohibits any New York State employee from asking for citizenship status information from any applicant for a standard driver's license. *United States v. New York* (N.D.N.Y., Dec. 23, 2025, No. 1:25-CV-00205 (AMN/MJK)) 2025 WL 3718641, at *7. While the federal government claimed that the Green Light law violated Section 1373, the court cited and followed the reasoning of the *Illinois*, *City of San Francisco*, and *Ocean County* decisions above in concluding that there was no conflict with Section 1373 and thus rejecting the Administration's challenge. As of the timing of this publication, the Trump Administration has filed a notice of appeal of that decision. See *United States of America v. State of New York*, No. 26-387 (2nd Cir. 2026).

70 45 C.F.R. § 164.502(g)(3).

71 45 C.F.R. § 164.502(g)(3)(A).

72 45 C.F.R. § 164.502(g)(3)(B).

73 45 C.F.R. § 164.502(g)(3)(C).

74 An "unaccompanied alien child" is defined as a child who has not attained 18 years of age. (6 U.S.C. § 279(g)(2).) An "unaccompanied refugee minor" is defined as a child who has not yet attained 18 years of age. (45 C.F.R. § 400.111.) Whereas a "child" is defined as an unmarried person under 21 years of age, for purposes of applying for immigration benefits, such as naturalization and approvals of visa petitions, issuance of visas, including special immigrant juvenile status. (8 U.S.C. § 1101(b-c).)

75 45 C.F.R. § 164.520(a)(1).

76 45 C.F.R. § 164.528.

77 45 C.F.R. § 164.528.

78 45 C.F.R. § 164.512(a), (e)(1)(I).

79 45 C.F.R. § 164.512(d)

80 45 C.F.R. § 164.512(e).

81 Civ. Code, § 56.05, subd. (j).

82 Civ. Code, § 56.05, subd. (j).

83 Civ. Code, § 56.10, subd. (j)(2).

84 SB 81 amended CMIA to include a definition of "immigration enforcement:" "any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person's presence in, entry or reentry to, or employment in, the United States."

85 Civil Code, §§ 56.05, subd. (j)(2), 56.10(a), (b), and (f); see also California Department of Justice SB 81 Bulletin, available at https://oag.ca.gov/system/files/attachments/press-docs/SB%2081%20Bulletin%20-%20October%202025.pdf (as of May 2, 2026).

86 See Civ. Code, § 56.10, subd. (c)(14) (providing that a health care provider may disclose medical information when the disclosure is otherwise specifically authorized by law); 8 U.S.C. § 1373 (prohibiting a state or local government entity from prohibiting or restricting the exchange of information regarding an individual's citizenship or immigration status with federal immigration authorities); see also Civ. Code, § 56.10, subd. (f) (a provider shall not disclose medical information for enforcement except to the extent expressly authorized by the patient, or as required by Civil Code

section 56.10, subdivision (b), or as permitted by subdivision (c)).

87 Health & Saf. Code, § 24250, subd. (b).

88 See Civ. Code, § 56.10, subd. (b)(1)(A).

89 See Civ. Code, § 56.10, subd. (b)(1)(B).

90 Civ. Code § 56.10(b); see also California Department of Justice DOJ SB 81 Bulletin, available at https://oag.ca.gov/system/files/attachments/press-docs/SB%2081%20Bulletin%20-%20October%202025.pdf (as of May 2, 2026).

91 Civ. Code, § 56.05, subd. (m).

92 Civ. Code, §§ 56.35-56.37.

93 45 C.F.R. § 164.502(a)(2).

94 Cal. Code Regs., tit. 17, §§ 2500 (reportable communicable diseases), 2593, 2641.5-2643.20 (Human Immunodeficiency Virus (HIV) infection reporting), 2800-2812 (reportable non-communicable diseases and conditions). For complete HIV-specific reporting requirements, see Cal. Code Regs., tit. 17, §§ 2641.30-2643.20, and California Department of Public Health (CDPH), Office of AIDS, *HIV Surveillance and Case Reporting Resources*, available at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAsre.aspx (as of May 2, 2026).

95 See CDPH, Division of Communicable Diseases, *Reportable Diseases and Conditions*, available at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx (as of May 2, 2026).

96 See, e.g., "25-20 Statement from the Department of Health Care Services on the Federal Use of Medi-Cal Data and Member Privacy," June 13, 2025, available at https://www.dhcs.ca.gov/formsandpubs/publications/oc/Pages/2025/25-20-Statement-Federal-Use-Medi-Cal-Data-6-13-25.aspx#:~:text=If%20data%20of%20individuals%20who,already%20sent%20to%20immigration%20enforcement. (as of May 4, 2026).

97 45 C.F.R. § 164.506(c).

98 45 C.F.R. § 164.510.

99 45 C.F.R. § 164.502(a)(1)(iii).

100 45 C.F.R. § 164.512.

101 45 C.F.R. § 164.514(e).

102 45 C.F.R. § 164.514(e).

103 45 C.F.R. § 164.512(f)(1).

104 45 C.F.R. § 164.512(c)(1). Where a covered entity makes a disclosure permitted or required by law, the entity must promptly inform the individual that such a report has been or will be made, except if there is reason to believe that this information will place the individual at risk.

105 45 C.F.R. § 164.512(f)(1)(ii)(A).

106 45 C.F.R. § 164.512(f)(1)(ii)(C).

107 See, e.g., CMS, SORN 09-70-0526 ("Common Working File"), available at https://www.hhs.gov/privacy/sorns/09700526/index.html (as of May 2, 2026); CMS, SORN 09-70-0536 ("Medicare Beneficiary Database"), available at https://www.hhs.gov/privacy/sorns/09700536/index.html (as of May 2, 2026).

108 *See* 45 C.F.R. § 5b.9(b)(7). Information about individuals that is under the control of federal agencies is generally subject to the federal Privacy Act, 5 U.S.C. § 552a.

109 An example of an unlawful grant condition from the federal government is when the U.S. Department of Transportation announced in April 2025 that all recipients of federal transportation funding would be required to cooperate with federal officials in the enforcement of federal immigration law. California and other states sued the federal government arguing that these immigration enforcement conditions on grant dollars were unlawful. See First Amended Complaint for Declaratory and Injunctive Relief, *California v. U.S. Dept. of Transportation* (D.R.I. 2025) 788 F.Supp.3d 291, 316. As in similar past cases, the court ruled in California's favor, concluding that federal law "does not require unbridled state cooperation with federal civil immigration enforcement." *California v. U.S. Dept. of Transportation* (D.R.I. 2025) 808 F.Supp.3d 291, 306; for similar past cases see *City of Providence v. Barr* (1st Cir. 2020) 954 F.3d 23, 45; *City of Philadelphia v. Atty Gen. of U.S.* (3d Cir. 2019) 916 F.3d 276, 291; *City of Chicago v. Barr* (7th Cir. 2020) 961 F.3d 882, 931; *City & Cnty. of San Francisco v. Barr* (9th Cir. 2020) 965 F.3d 753, 761; *City of Los Angeles v. Barr* (9th Cir. 2019) 941 F.3d 931, 944; *Colorado v. U.S. Dept. of Justice* (D. Colo. 2020) 455 F.Supp.2d 1034, 1040; *City of Evanston v. Sessions* (N.D. Ill., Aug. 9, 2018, No. 18 C 4853) 2018 WL 10228461 at *1; *City of Albuquerque v. Barr* (D. N.M. 2021) 515 F.Supp.3d 1163, 1181–1182. As related to federal transportation funding, the court found that the U.S. Department of Transportation acted beyond the authority given to it by Congress in conditioning federal grant funding on civil immigration enforcement, which was unrelated to transportation spending generally. *California v. U.S. Dept. of Transportation* (D. R.I. 2025) 808 F.Supp.3d 291, 307.

110 Presidential executive orders have also been used as a tool to try to limit funding to jurisdictions that limit assistance with immigration enforcement. In April 2025, President Trump issued Executive Order 14287 directing DHS to publish and update a list of states and local jurisdictions considered to be "sanctuary jurisdictions" and to notify those jurisdictions of their status and potential "defiance" of federal immigration law. Exec. Order No. 14,287, 90 Fed.Reg. 18761 (Apr. 28, 2025). This Executive Order directed DHS to identify federal funds, including grants and contracts, that can be suspended or terminated where legally permissible and to pursue legal remedies and enforcement measures to try and bring "non-complying" jurisdictions into alignment with federal law—as defined by President

Trump's administration. A federal district court in California has issued an order preventing enforcement of this executive order, meaning federal funds cannot be withheld based solely on a jurisdiction's "sanctuary" status, but the federal government has appealed the order and an appellate court will decide whether to uphold it. *City & Cnty. of San Francisco v. Trump* (N.D. Cal. 2025) 782 F.Supp.3d 830, 835 (No. 25-3889, app. pending) (as of May 28, 2026).

111 *California v. U.S. Dept. of Trans.* (D. R.I. 2025) 805 F.Supp.3d 291.

112 This practice is required by HIPAA. See 45 C.F.R. § 164.520; Notice of Privacy Practices for Protected Health Information | HHS.gov, https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html (as of May 28, 2026).

113 45 C.F.R. § 160.103.

114 45 C.F.R. § 164.512, subd. (f). State laws vary, however, as to whether healthcare facilities are required to report undocumented status.

115 Civ. Code, §§ 56.10-56.37.

116 Civ. Code, §§ 56.10-56.37; see also Health & Saf. Code, § 1280.15.

117 Benjamine C. Huffman, Acting Secretary, U.S. Department of Homeland Security, Memorandum re Enforcement Actions in or Near Protected Areas (Jan. 20, 2025), 1 (superseding and rescinding DHS's October 27, 2021, Guidelines for Enforcement Actions in or Near Protected Areas).

118 Alejandro N. Mayorkas, Secretary, Department of Homeland Security, Memorandum re Guidelines for Enforcement Actions in or Near Protected Areas (Oct. 27, 2021), 2, 3. Under the former policy, immigration enforcement actions could take place at protected areas only when either: (a) prior approval was obtained from Agency headquarters or delegate; or (b) there were exigent circumstances necessitating immediate action without prior approval. Alejandro N. Mayorkas, Secretary, Department of Homeland Security, Memorandum re Guidelines for Enforcement Actions in or Near Protected Areas (Oct. 27, 2021), 3-4. Enforcement actions within the policy's scope included such actions as arrests, civil apprehensions, searches, inspections, seizures, service of charging documents or subpoenas, interviews, and immigration enforcement surveillance. Alejandro N. Mayorkas, Secretary, Department of Homeland Security, Memorandum re Guidelines for Enforcement Actions in or Near Protected Areas (Oct. 27, 2021), 4.

119 Alejandro N. Mayorkas, Secretary, Department of Homeland Security, Memorandum re Guidelines for Enforcement Actions in or Near Protected Areas (Oct. 27, 2021), 2-3.

120 Benjamine C. Huffman, Acting Secretary, U.S. Department of Homeland Security, Memorandum re Enforcement Actions in or Near Protected Areas (Jan. 20, 2025).

121 Caleb Vitello, Acting Secretary, U.S. Immigration and Customs Enforcement, Memorandum re Common Sense Enforcement Actions in or Near Protected Areas (Jan. 31, 2025), 2.

122 Caleb Vitello, Acting Secretary, U.S. Immigration and Customs Enforcement, Memorandum re Common Sense Enforcement Actions in or Near Protected Areas (Jan. 31, 2025), 2.

123 See, e.g., Canizares, *Minneapolis Parents, Teachers Demand ICE Leave After Targeting Schools*, Minnesota Spokesman-Recorder (Jan. 16, 2026), available at https://spokesman-recorder.com/2026/01/16/ice-at-minneapolis-schools/ (as of May 2, 2026); Ibarra and Hwang, *ICE is Suddenly Showing up in California Hospitals. Workers Want More Guidance on What to do.* (Aug. 26, 2025), available at https://calmatters.org/health/2025/08/immigration-hospitals-workers-fear/ (as of May 2, 2026).

124 A "health care provider entity" includes all of the following: "(a)(1) Public hospitals, which means a hospital that is licensed to a county, a city, a city and county, the State of California, the University of California, a local health care district, a local health authority, or any other political subdivision of the state. (2) Nonpublic hospitals, which means a hospital that meets both of the following conditions: (A) The hospital does not meet the definition of a public hospital, as defined in paragraph (1). (B) The hospital is licensed as a general acute care hospital, as defined in Section 1250, pursuant to Chapter 2 (commencing with Section 1250) of Division 2. (b) Clinics, as defined in Section 1200 and 1200.1, a clinic licensed pursuant to Section 1204, and a clinic exempt from licensure pursuant to subdivisions (b) and (h) of Section 1206. (c) A physician organization, as defined in subdivision (p) of Section 127500.2. (d) Providers, as defined in subdivision (q) of Section 127500.2. (e) Integrated health care delivery systems, as defined in Section 1182.14 of the Labor Code. (f) Other hea[l]th care providers that deliver or furnish services related to physical or mental health and wellness, education, or access to justice." Health & Saf. Code, § 24252.

125 Health & Saf. Code, § 24255.

126 Health & Saf. Code, § 24256 (45 days from Sep. 20, 2025, effective date).

127 Health & Saf. Code, § 24255.

128 Health & Saf. Code, § 24253.

129 Health & Saf. Code, § 24250, subd. (b)(1); see also Health & Saf. Code, § 24250, subd. (b)(3) ("If a request is made to access a health care provider entity site or patient, including to obtain information about a patient or their family, for immigration enforcement, health care provider entity personnel shall direct that request to the designated health care provider entity management, administrator, or legal counsel.").

130 Health & Saf. Code, §§ 24250, subd. (b)(1), 24251, subd. (b).

131 Health & Saf. Code, § 24250, subd. (b)(2).

132 Civ. Code, § 561.10, subd. (b)(1)(A), (B) (court orders); Civ. Code, § 56.10, subd. (b)(6) (search warrants).

133 Health & Saf. Code, § 24251, subd. (d).

134 Health & Saf. Code, § 24250, subd. (a).

135 Health & Saf. Code, § 24251, subd. (a).

136 Health & Saf. Code, § 24251, subd. (b).

137 Health & Saf. Code, § 24251, subd. (d).

138 Health & Saf. Code, § 24254.

139 Health & Saf. Code, § 24250, subd. (a).

140 The Immigrant Worker Protection Act contains other terms limiting assistance with immigration enforcement officers by public employers and persons acting on their behalf, including, for example, when responding to requests by immigration enforcement officers for employee records. (Gov. Code, § 7285.2.) These terms, and other legal requirements running between employers and their employees, are outside the scope of this guide. See California Department of Justice *Immigrant Worker Protection Act (Assembly Bill 450) Frequently Asked Questions*, available at https://oag.ca.gov/system/files/media/ab450-faqs.pdf (as of May 20, 2026).

141 Gov. Code, § 7285.1, subd. (a).

142 Gov. Code, § 7285.1, subd. (a).

143 Gov. Code, § 7285.1, subd. (c).

144 Cal. Const., art. I, § 13.

145 See 8 C.F.R. § 287.5.

146 See 8 CFR §§ 241.2, 241.32.

147 See, e.g., Health & Saf. Code, § 24251, subd. (b).

148 Gov. Code, § 7285.1.

149 Health & Saf. Code, § 24250, subd. (b).

150 Health & Saf. Code, § 24250, subd. (b).

151 Pen. Code, § 1299.07, subd. (f).

152 See 8 C.F.R. § 287.4(a).

153 Health & Saf. Code, § 24250, subd. (b).

154 Health & Saf. Code, § 24250, subd. (b).

155 Health & Saf. Code, § 24250, subd. (b).

156 *Arizona v. United States* (2012) 567 U.S. 387, 407.

157 For information about who may represent individuals in immigration proceedings, see U.S. Department of Justice, *Can Someone Represent You Before EOIR?*, available at https://www.justice.gov/eoir/can-someone-represent-youeoir (as of May 29, 2026).

158 Health & Saf. Code, § 24250, subd. (a); see Health & Saf. Code, §§ 24250-24257.

159 Health & Saf. Code, § 24250, subd. (a).

160 Health & Saf. Code, § 24251, subd. (a).

161 Gov. Code, § 7285.1, subd. (a).

162 Health & Saf. Code, § 24250.

163 AB 495 amended the Family Code to allow a person who is a relative of a minor who is living in the person's home, and who is 18 years of age or older, to have the same rights to authorize medical care for the minor that are given to guardians under section 2353 of the Probate Code, by completing a caregiver's authorization affidavit that meets the requirements of part 1.5 of division 11 of the Family Code. Fam. Code, §§ 6550, 6552. This law is intended to address the circumstance of children being separated from their parents or primary caregivers due to immigration policies, including by clarifying the powers granted under caregiver authorization affidavits to ensure consistent recognition by healthcare providers. 2025 Cal. Stats., ch. 664, § 2; see Fam. Code, § 6550, subds. (c), (d) (providing legal protections to a person who acts in good faith reliance on a caregiver's authorization affidavit to provide medical care); Fam. Code, § 6552 (form caregiver's authorization affidavit language giving notice to healthcare providers of the rights conferred by the affidavit and the legal protection for a healthcare service provider who acts in good faith reliance on the affidavit).

164 See Health & Saf. Code, § 24250.

165 See Health & Saf. Code, § 24251, subd. (d).

166 See Health & Saf. Code, § 24251, subds. (c), (d).

167 Instructions on how to develop a family preparedness plan, affidavits, and sample emergency cards for minors can be found at https://www.ilrc.org/community-resources/know-your-rights/step-step-family-preparedness-plan (as of May 2, 2026).

168 Health & Saf. Code, § 24251, subd. (b). The Immigrant Worker Protection Act (IWPA) provides that, except as otherwise required by federal law, an employer, or person acting on behalf of an employer, shall not provide

voluntary consent to an immigration enforcement agent to enter into any nonpublic areas of a place of labor, unless the agent provides a judicial warrant. (Gov. Code, § 7285.1, subd. (a).)

169 Health & Saf. Code, § 24254. SB 81 does not define "lawful custody."

170 Health & Saf. Code, § 24251, subd. (c).

171 Health & Saf. Code, § 24251, subd. (d).

172 The application of federal and state constitutional privacy protections to the in-custody situation is beyond the scope of this guide. Note that the specific constitutional provision(s) that might provide privacy protections in a particular custodial situation may differ depending on the type of detention at issue.

173 42 C.F.R. § 482.13(c)(1).

174 Cal. Code Regs., tit. 22, § 70707, subd. (b)(7); Cal. Code Regs., tit. 22, § 70707, subd. (b)(8).

175 45 C.F.R. § 164.512(k)(5)(i). This disclosure provision also applies to a correctional institution having lawful custody of an inmate.

176 See 45 C.F.R. § 164.103 ("Law enforcement official" means "an officer or employee of any agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to: (1) Investigate or conduct an official inquiry into a potential violation of law; or (2) Prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law").

177 45 C.F.R. § 164.501.

178 45 C.F.R. § 164.501.

179 45 C.F.R. § 164.512(k)(5)(i) ("covered entity *may* disclose") (emphasis added).

180 45 C.F.R. § 164.512(k)(5)(i).

181 See 45 C.F.R. § 164.514(d)(3)(iii)(A) (if such reliance is reasonable under the circumstances, the entity may rely on the law enforcement official's representation "that the information requested is the minimum necessary for the stated purpose(s)").

182 45 C.F.R. § 164.514(h).

183 45 C.F.R. § 164.514(h)(2)(ii).

184 45 C.F.R. § 164.514(h)(2)(iii)(A). A request made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority. 45 C.F.R. § 164.514(h)(2)(iii)(B).

185 See 45 C.F.R. § 164.502(b). The "minimum necessary" standard does not apply to uses or disclosures that are required by law, as described by 45 C.F.R. § 164.512(a). 45 C.F.R. § 164.502(b)(2)(v).

186 45 C.F.R. § 164.502(b)(1).

187 45 C.F.R. § 164.514(d)(3)(iii)(A).

188 See Civ. Code, § 56.10.

189 See Civ. Code, § 56.10.

190 The basis and scope of an officer's potential authority to be present with a patient in their custody even when protected or otherwise private health information is being exchanged, or treatment is being delivered, is beyond the scope of this guide.

191 45 C.F.R. § 164.522(b)(1).

192 45 C.F.R. § 164.520(b)(iv)(B).

193 45 C.F.R. § 164.522(b)(1).

194 45 C.F.R. § 164.530(c)(1).

195 45 C.F.R. § 164.530(c)(2)(i).

196 45 C.F.R. § 164.510(b)(1)(i).

197 45 C.F.R. § 164.510(b)(1)(ii).

198 45 C.F.R. § 482.13(b)(4).

199 For the rights set forth in this paragraph at participating rural emergency hospitals and participating critical access hospitals, see 42 U.S.C. § 485.534 and 42 U.S.C. § 485.614, respectively.

200 42 C.F.R. § 482.13(c)(2), (3).

201 42 C.F.R. § 482.13(b)(1).

202 42 C.F.R. § 482.13(b)(2).

203 42 C.F.R. § 482.13(e).

204 42 C.F.R. § 482.43; 42 C.F.R. § 485.532 (participating rural emergency hospitals); 42 C.F.R. § 485.642 (participating critical access hospitals).

205 42 C.F.R. § 489.24.

206 Cal. Code Regs., tit. 22, § 70707, subd. (a).

207 Cal. Code Regs., tit. 22, § 70707, subd. (b)(4)-(6).

208 42 C.F.R. § 482.13(h); see 42 C.F.R. § 485.534 (participating rural emergency hospitals); 42 C.F.R. § 485.614 (participating critical access hospitals).

209 42 C.F.R. § 482.13(h)(1).

210 42 C.F.R. § 482.13(h)(2).

211 42 C.F.R. § 482.13(h)(4).

212 Cal. Code Regs., tit. 22, § 70707, subd. (b)(17).

213 For purposes of the recommendations and model policies in this section, employees of private immigration detention contractors should generally be treated the same as law enforcement officers when they bring individuals in their care or custody to external healthcare facilities to receive medical care.

214 The recommendations and model policies in this section are not intended to encompass cases where a law enforcement officer has an individual in criminal custody.

215 See ICE Directive 11032.4: Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals (July 1, 2021), available at https://www.ice.gov/doclib/detention/11032.4_IdentificationMonitoringPregnantPostpartumNursingIndividuals.pdf (as of May 26, 2026).

216 For purposes of these Model Policies, it is assumed that employees of private immigration detention contractors providing immigration detention centers under federal contracts, who might bring detained individuals to an external healthcare facility for medical care, should generally be treated the same as immigration enforcement officers when they bring individuals in their care or custody to external healthcare facilities to receive medical care.

217 It may be difficult for [healthcare facility] personnel to determine whether a person who is being accompanied by a law enforcement officer for immigration enforcement is in civil custody or criminal custody. Unless a law enforcement officer informs personnel that an individual they are accompanying is under criminal arrest or is being held based on criminal charges that have been filed, personnel should follow this policy for patients who are in civil custody. The designated facility manager of administrator should consult with legal counsel to determine whether a patient is in criminal custody rather than civil custody when the law enforcement officer has not been able to provide a clear answer.

Appendix A

Immigration and Customs Enforcement "Arrest Warrant" (Form I-200)

U.S. DEPARTMENT OF HOMELAND SECURITY **Warrant for Arrest of Alien**

File No. _____

Date: _____

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that _____ is removable from the United States. This determination is based upon:

☐ the execution of a charging document to initiate removal proceedings against the subject;

☐ the pendency of ongoing removal proceedings against the subject;

☐ the failure to establish admissibility subsequent to deferred inspection;

☐ biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or

☐ statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

_____
(Signature of Authorized Immigration Officer)

_____
(Printed Name and Title of Authorized Immigration Officer)

Certificate of Service

I hereby certify that the Warrant for Arrest of Alien was served by me at _____ (Location)

on _____ (Name of Alien) on _____ (Date of Service), and the contents of this notice were read to him or her in the _____ (Language) language.

_____ Name and Signature of Officer

_____ Name or Number of Interpreter (if applicable)

Form I-200 (Rev. 09/16)

Appendix B

Immigration and Customs Enforcement "Removal Warrant" (Form I-205)

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

WARRANT OF REMOVAL/DEPORTATION

File No: _____

Date: _____

To any immigration officer of the United States Department of Homeland Security:

_____
(Full name of alien)

who entered the United States at _____ on _____
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- ☐ an immigration judge in exclusion, deportation, or removal proceedings
- ☐ a designated official
- ☐ the Board of Immigration Appeals
- ☐ a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Secretary of Homeland Security under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of:

_____
(Signature of immigration officer)

_____
(Title of immigration officer)

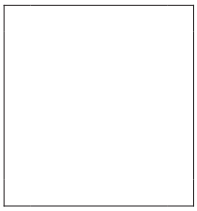
_____
(Date and office location)

ICE Form I-205 (8/07) Page 1 of 2

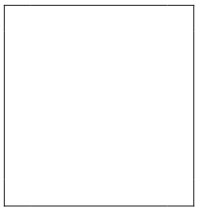
To be completed by immigration officer executing the warrant: Name of alien being removed:

_____

Port, date, and manner of removal: _____



Photograph of alien removed



Right index fingerprint of alien removed

_____
(Signature of alien being fingerprinted)

_____
(Signature and title of immigration officer taking print)

Departure witnessed by: _____
(Signature and title of immigration officer)

If actual departure is not witnessed, fully identify source or means of verification of departure:

_____

_____

_____

_____

If self-removal (self-deportation), pursuant to 8 CFR 241.7, check here. ☐

Departure Verified by: _____
(Signature and title of immigration officer)

Appendix C

Federal Search and Seizure Warrant (Form AO 93)

AO 93 (Rev. 11/13) Search and Seizure Warrant

UNITED STATES DISTRICT COURT

for the

In the Matter of the Search of
(Briefly describe the property to be searched or identify the person by name and address)

) Case No.

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the _____ District of _____
(identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal *(identify the person or describe the property to be seized)*:

YOU ARE COMMANDED to execute this warrant on or before _____ *(not to exceed 14 days)*
❒ in the daytime 6:00 a.m. to 10:00 p.m. ❒ at any time in the day or night because good cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to _____.
(United States Magistrate Judge)

❒ Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized *(check the appropriate box)*
❒ for ____ days *(not to exceed 30)* ❒ until, the facts justifying, the later specific date of _____.

Date and time issued: _____ _____
Judge's signature

City and state: _____ _____
Printed name and title

Appendix D

Federal Arrest Warrant (Form AO 442)

AO 442 (Rev. 11/11) Arrest Warrant

UNITED STATES DISTRICT COURT

for the

United States of America
v.
) Case No.

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay
(name of person to be arrested) _____ ,
who is accused of an offense or violation based on the following document filed with the court:

❒ Indictment ❒ Superseding Indictment ❒ Information ❒ Superseding Information ❒ Complaint
❒ Probation Violation Petition ❒ Supervised Release Violation Petition ❒ Violation Notice ❒ Order of the Court

This offense is briefly described as follows:

Date: _____

_____
Issuing officer's signature

City and state: _____

_____
Printed name and title

Return

This warrant was received on *(date)* _____ , and the person was arrested on *(date)* _____
at *(city and state)* _____ .

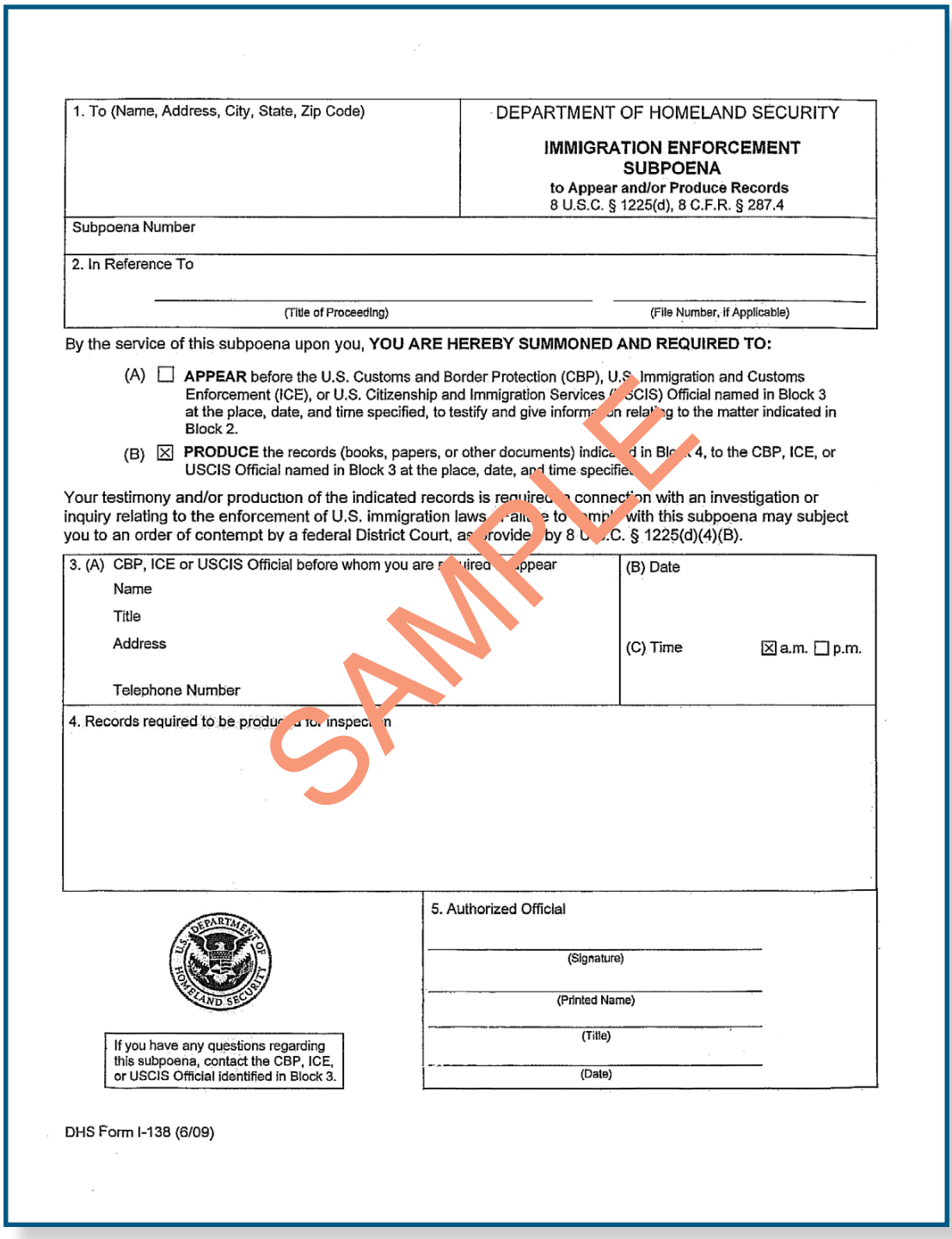
Date: _____

_____
Arresting officer's signature

_____
Printed name and title

Appendix E

Department of Homeland Security Immigration Enforcement Subpoena (Form I-138)



1. To (Name, Address, City, State, Zip Code)	DEPARTMENT OF HOMELAND SECURITY **IMMIGRATION ENFORCEMENT SUBPOENA** **to Appear and/or Produce Records** 8 U.S.C. § 1225(d), 8 C.F.R. § 287.4
Subpoena Number	
2. In Reference To (Title of Proceeding) (File Number, if Applicable)	

By the service of this subpoena upon you, **YOU ARE HEREBY SUMMONED AND REQUIRED TO:**

(A) ☐ **APPEAR** before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2.

(B) ☒ **PRODUCE** the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, or USCIS Official named in Block 3 at the place, date, and time specified.

Your testimony and/or production of the indicated records is required in connection with an investigation or inquiry relating to the enforcement of U.S. immigration laws. Failure to comply with this subpoena may subject you to an order of contempt by a federal District Court, as provided by 8 U.S.C. § 1225(d)(4)(B).

3. (A) CBP, ICE or USCIS Official before whom you are required to appear Name Title Address Telephone Number	(B) Date (C) Time ☒ a.m. ☐ p.m.
4. Records required to be produced for inspection	

If you have any questions regarding this subpoena, contact the CBP, ICE, or USCIS Official identified in Block 3.

5. Authorized Official

(Signature)

(Printed Name)

(Title)

(Date)

DHS Form I-138 (6/09)

SAMPLE

Appendix F

Federal Judicial Subpoena (Form AO 88B)

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action

UNITED STATES DISTRICT COURT

for the

_____)
Plaintiff)
v.) Civil Action No.
_____)
Defendant)

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To: _____
(Name of person to whom this subpoena is directed)

❒ *Production:* **YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material:

Place:	Date and Time:

❒ *Inspection of Premises:* **YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:	Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: _____

CLERK OF COURT

OR

_____ _____
Signature of Clerk or Deputy Clerk *Attorney's signature*

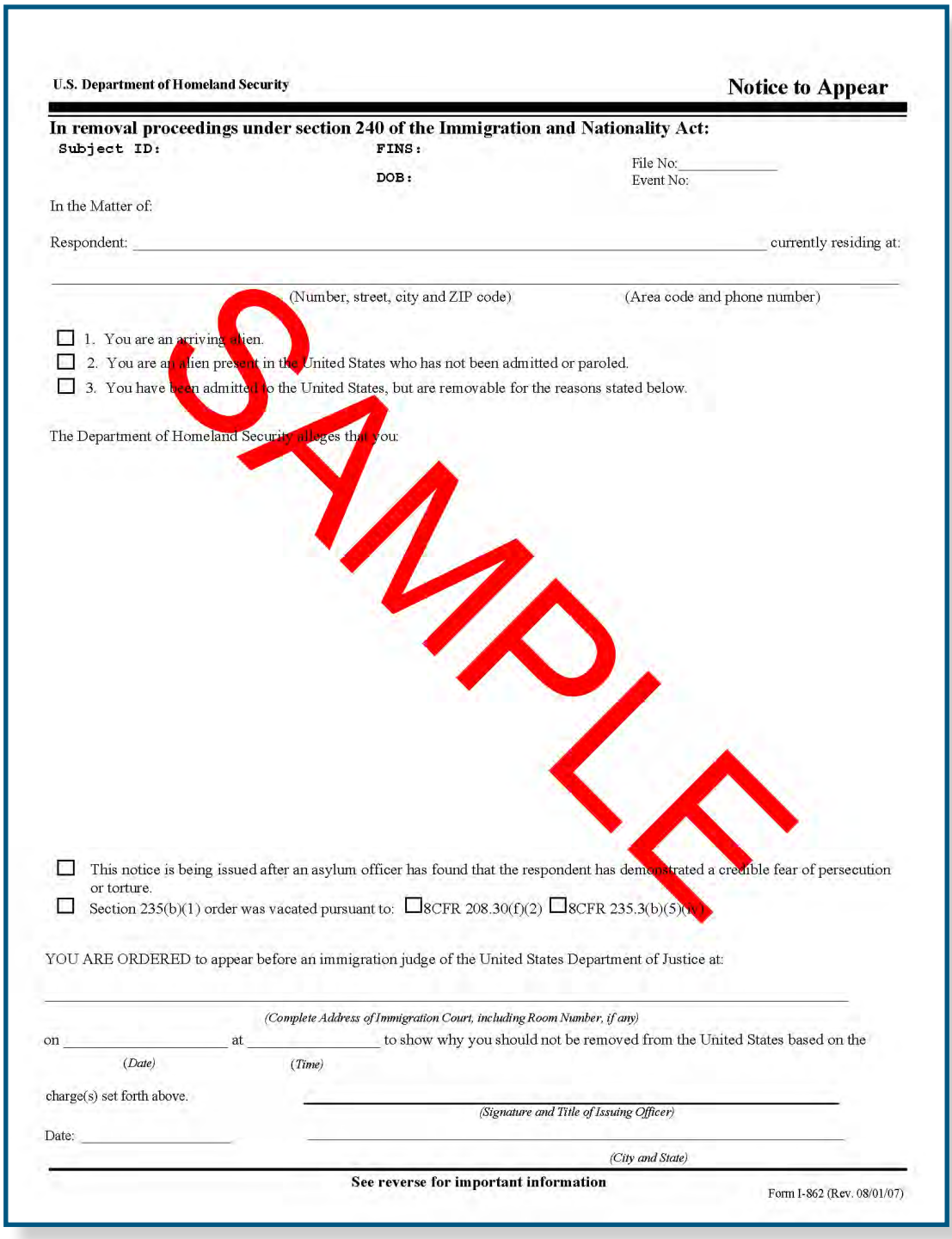
The name, address, e-mail address, and telephone number of the attorney representing *(name of party)* _____ _____, who issues or requests this subpoena, are:

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

Appendix G

Notice to Appear (Form I-862)



U.S. Department of Homeland Security

Notice to Appear

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: **FINS:**

DOB:

File No:_____
Event No:

In the Matter of:

Respondent: _____ currently residing at:

_____
(Number, street, city and ZIP code) (Area code and phone number)

☐ 1. You are an arriving alien.
☐ 2. You are an alien present in the United States who has not been admitted or paroled.
☐ 3. You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

SAMPLE

☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
☐ Section 235(b)(1) order was vacated pursuant to: ☐8CFR 208.30(f)(2) ☐8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

_____
(Complete Address of Immigration Court, including Room Number, if any)

on _____ at _____ to show why you should not be removed from the United States based on the
(Date) *(Time)*

charge(s) set forth above.

_____
(Signature and Title of Issuing Officer)

Date: _____

_____
(City and State)

See reverse for important information

Form I-862 (Rev. 08/01/07)

Appendix H

Quick Reference Guide for Healthcare Facility Personnel

What Should You Do if an Immigration Enforcement Officer Comes to Your Healthcare Facility?

1. As soon as possible, notify the designated healthcare facility administrator (the person tasked with responding to immigration enforcement actions at the healthcare facility) of any request (including subpoenas, petitions, complaints, warrants, or court orders) by an immigration enforcement officer to access a healthcare facility or a patient, or any request for the review of [healthcare facility] documents.
2. Advise the officer that before proceeding with his or her request, you must first notify and receive direction from a designated healthcare facility administrator.
3. Ask to see, and make a copy of or note, the officer's credentials (name and badge number). Also ask for and copy or note the telephone number of the officer's supervisor.
4. Ask the officer to explain the purpose of the officer's visit, and note the response.
5. Ask the officer to produce any documentation that authorizes healthcare facility access.
6. Make copies of all documents provided by the officer.
7. Decline to answer questions posed by the officer and direct him or her to speak to the designated healthcare facility administrator.
8. State that the healthcare facility does not consent to entry of the healthcare facilities or portions thereof.
9. Without expressing consent, respond according to the requirements of the documentation. If the officer has:
   - ✓ An ICE administrative "warrant" (see samples in Appendix, items A & B): Immediate compliance is not required. Inform the officer that the healthcare facility cannot respond to the warrant until after it has been reviewed by a designated administrator. Provide a copy of the warrant to the designated administrator as soon as possible.
   - ✓ A federal judicial warrant (either a search-and-seizure warrant or an arrest warrant; see samples in Appendix, items C & D): Prompt compliance usually is required, but where feasible, consult with legal counsel before responding.
   - ✓ A subpoena for the production of documents or other evidence (see samples in Appendix, items E & F): Immediate compliance is not required. Inform the officer that the healthcare facility cannot respond to the subpoena until after it has been reviewed by a designated administrator. Give your copy of the subpoena to the designated administrator or legal counsel as soon as possible.
   - ✓ A notice to appear (see sample in Appendix, item G): This document is not directed at the healthcare facility. There is no obligation to deliver this document or facilitate service to the person named in the document. If you get a copy of the document, give it to your designated healthcare facility administrator as soon as possible.
10. Document the officer's actions in as much detail as possible after he or she enters healthcare facility premises, but without interfering with the officer's movements.

11. If the officer orders staff to provide immediate access to facilities, comply with the officer's order and also immediately contact a designated administrator. Do not attempt to physically interfere with the officer, even if the officer appears to be acting without consent or appears to be exceeding the purported authority given by a warrant or other document. If an officer enters the premises without authority, [healthcare facility] personnel shall simply document the officer's actions while at the facility.
12. [Healthcare facility] staff should document the officer's actions while in [healthcare facility] premises in as much detail as possible, but without interfering with the officer's movements.
13. [Healthcare facility] staff should complete an incident report that includes the information gathered as described above and the officer's statements and actions.