

Operational Policy Agenda 11-24-25

Title	Area	Revised?	Summary of Changes
Responding to Immigration Enforcement	Contra Costa Health	Yes	This is a Contra Costa Health policy. Updates were made to align with SB 81. County Counsel reviewed and added their changes. Dr. Colfax approved this policy.
Inmate - Patient Policy (Formerly Policy for Treatment of Prisoner Patients)	Hospital & Health Centers	Yes	This is a Contra Costa Health Policy. Updates were made to align with SB81. County Counsel reviewed and added their changes. Dr. Colfax and David Culberson approved the policy.
Policy for Consent to Medical Treatment	Hospital & Health Centers	Yes	Updates for 2024 CMS/CHA guidelines. Clarifies necessary aspect of informed consent. Allows for Advanced Practice Providers (e.g., NP, PA) as practitioners. Other verbiage updates to make more in line with CMS guidelines.



Origination: 06/08/2025
Last Approved: 8/19/2025
Effective: 8/20/2025

Last Revised:
~~11/10/25~~~~08/19/2025~~~~xxx~~
Next Review: ~~8/20/2026~~~~xxx~~

Owner: Gilbert Salinas
Lavonna Martin
Grant Colfax,

MD
Area: Administration

129 A - POLICY FOR RESPONDING TO IMMIGRATION ENFORCEMENT ISSUES

POLICY STATEMENT:

Contra Costa Health (CCH) is committed to everyone in need of and who are eligible for our services, regardless of immigration status.

The purpose of this policy is to provide guidance to CCH staff in responding to immigration enforcement activities, including monitoring and receiving visitors, immigration officer presence at CCH facilities, notifying minor patients' parents or guardians of immigration enforcement actions, and information sharing.

Unless required by state or federal law, CCH staff shall not allow any person to access the nonpublic areas of a CCH facility for immigration enforcement, unless the person has a valid judicial warrant or court order that specifically grants access to the nonpublic areas of the facility.

This policy applies to all CCH operated facilities including Contra Costa Regional Medical Center, Health Centers, Behavioral Health Clinics, including substance use treatment programs, Public Health Clinics, Homeless emergency and medical respite shelters and permanent supportive housing programs. This policy applies to all employees, medical staff, clinical residents, contractors, and volunteers.

CCH has onsite administrators at each facility to manage potential immigration enforcement issues. The role of these administrators is to ensure staff members and contractors are appropriately dealing with immigration enforcement inquiries and requests and are complying with internal procedures. Onsite administrators in need of guidance may contact the Chief Equity Officer in the Office of the Director at Gilbert.Salinas@cchealth.org. All CCH reception and frontline staff should have the name and contact information for their direct supervisor, who is available for each shift, and the contact information for the Sheriff's Office. (See Attachment A for-contact info for the Sheriff.)

Although U.S. Immigration and Customs Enforcement (ICE) and U.S. Customs and Border Protection (CBP) are the federal agencies with primary responsibility for federal immigration enforcement, there are instances in which other agencies may also attempt to enforce immigration laws. **While the policy references immigration officers, the policy pertains to any law enforcement officer or agency attempting to enforce immigration laws.** While immigration officers typically wear uniforms, staff should be aware that an immigration officer may also appear in civilian clothing.

GUIDELINES:

Monitoring and Receiving Visitors at CCH Facilities

Immigration officers may enter public areas of CCH facilities without a warrant or consent and

may question any person present (with that person's consent). CCH staff should not interfere with immigration officer activity in a public area of a facility, though CCH staff should alert their direct supervisor and if the direct supervisor is not available contact the onsite administrator of the presence of immigration officers in the facility and document the activity if feasible. This documentation may be in the form of an email addressed to the direct supervisor.

No visitor, including immigration enforcement officers, shall enter or remain in non-public areas of a CCH facility without having registered with the facility, in accordance with the facility's rules and regulations regarding visitors. If there are no exigent circumstances necessitating immediate action (such as urgent national security or public safety threat), 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 the direct supervisor:

- Name, address, occupation.
- Age, if less than 21 years.
- Purpose in entering the healthcare facility.
- Proof of identity.

(The direct supervisor should attempt to obtain this information even if the visitor or officer presents a court order.)

Frontline and reception area staff should neither confirm nor deny the presence of a patient to an immigration officer, should refer the officer to their direct supervisor, and proceed as set forth in Section III.

CCH staff shall report entry by immigration enforcement officers to their direct supervisor, as would be required for any unexpected or unscheduled outside visitor coming into the facility.

Responding to Immigration Law Enforcement Presence at CCH Facilities

CCH staff shall immediately notify their direct supervisor of any request (including subpoenas, complaints, warrants, or court orders) by an immigration enforcement officer to access a non-public area of a CCH facility or a patient, including to obtain information about a patient or a patient's family, or any request for the review of CCH documents. Please notify the Sheriff's office onsite security representative also.

A. Interaction Protocol

CCH staff shall take the following steps in response to an officer present at a CCH facility for immigration enforcement purposes:

1. Always remain calm and professional.
2. Advise the officer that before proceeding with the officer's request, CCH staff must first notify and receive directions from their direct supervisor.
3. Immediately contact their direct supervisor for assistance. Decline to answer questions and wait for their direct supervisor or the onsite manager to arrive. Staff should provide their name and title to the officer if requested.
4. If possible, the direct supervisor should handle all steps that follow. If the direct supervisor at the site is not available, staff may contact the onsite manager.
5. Verify that the officer is an immigration officer (or another federal officer). Ask to see, and make a copy of or note, the officer's credentials (name, agency, and badge number). Also ask for and copy or note the name and telephone number of the officer's supervisor.
6. Ask the officer to explain the purpose of the officer's visit and note the response.
7. Ask the officer to produce any documentation that authorizes CCH facility access.
8. Make copies of all documents provided by the officer. The direct supervisor may ask another staff member to copy the information.
9. If the circumstances warrant, advise the officer that the facility is not obstructing the

officer's progress.

10. State that CCH does not consent to entry to non-public areas of the facility. For law enforcement to access a private/restricted area within the facility, a valid judicial warrant is required absent exigent circumstances or consent. If an officer is in a public area or waiting room, the officer may remain in the area, during normal business hours of operation Monday through Friday 8 am – 5 pm.
11. Without expressing consent, respond according to the requirements of the officer's documentation. See Section III(B), below, regarding documentation categories and the appropriate response. Ask the officer to wait while the documents are reviewed.
12. Document the officer's actions in as much detail as possible without interfering with the officer's movements.
13. If the officer orders staff to provide immediate access to a non-public area of the facility, CCH staff should comply with the officer's order. CCH staff 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. **CCH staff may say, "I do not consent and am not authorized to grant consent. But because I have no other choice at this time, I will not interfere with your order".** If an officer enters a non-public area without authority, CCH personnel shall document the officer's actions.
14. If the officer enters a non-public area of the facility, the direct supervisor should always accompany the officer while the officer is in the non-public area. If feasible, the direct supervisor may record the activities of the officer. If possible, the officer should be directed away from patients and confidential areas.
15. If an immigration officer removes a patient or another individual, the direct supervisor may ask the officer where the individual is being taken.
16. If an immigration officer seizes records or other items, the direct supervisor should document which items are taken and request that the officer provide a receipt.
17. The direct supervisor should complete an incident report that includes the information gathered as described above and the officer's statements and actions.

B. Documentation Categories and Response Protocol

An immigration officer may present any of the following documents:

1. A **federal judicial warrant** (either a search-and-seizure warrant or an arrest warrant; see Exhibits A.1 and A.2): A judicial warrant is issued by a "U.S. District Judge" or "U.S. Magistrate Judge" from "U.S. District Court". A judicial warrant is a court order that authorizes the search of property, seizure of property, or arrest based on probable cause.

A judicial warrant should specify an address, time for execution, the place or person to be searched for, and any items to be seized, all described with specificity. The warrant must be signed by a judge or magistrate judge to be valid. Prompt compliance usually is required, but where feasible, the direct supervisor should notify and consult with the County Counsel's Office before responding.

If the officer has a valid judicial warrant, the direct supervisor should pay close attention and verbally object if officers go beyond the scope of their authority to search or seize objects as specified in the warrant (e.g., if the warrant allows a search of the emergency room, officers may not use the warrant to search private patient examination rooms). If possible, this verbal objection should be witnessed by at least one other staff member. The objection should be documented in writing and acknowledged by the staff members. If the officer orders staff to provide immediate access to a non-public area of the facility, CCH staff should comply with the officer's order. CCH staff 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.

2. An **ICE administrative “warrant”** (see Exhibits B.1 and B.2): An administrative warrant is issued by the “Department of Homeland Security”, an “Immigration Judge”, or an “Immigration Officer”.

If the direct supervisor has not yet arrived, inform the officer that CCH cannot respond to the warrant until it has been reviewed by the direct supervisor. Provide a copy of the warrant to the direct supervisor as soon as possible. Staff should not give ICE any information or allow ICE to enter any non-public areas of the facility. If ICE requests or attempts to access a non-public area, Staff should verbally deny ICE access to any non-public area of the facility and if possible, have this denial witnessed by at least one other staff member. The denial should be documented in writing and acknowledged by the staff members. If the officer orders staff to provide immediate access to a non-public area of the facility, CCH staff should comply with the officer’s order. CCH staff 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.

An administrative warrant does not give officers the authority to enter private areas or seize records.

3. A **subpoena** for production of documents or other evidence (see Exhibits C.1 and C.2): This is a document requesting documents or evidence. Immediate compliance is not required. CCH staff should not provide documents on the spot and should not consent to an officer search. Inform the officer that CCH cannot respond to the subpoena until it has been reviewed by an area supervisor and legal counsel. Staff should handle the subpoena pursuant to existing subpoena protocols. Staff is not required to give ICE any information or allow ICE to enter any non-public areas of the facility. If ICE requests or attempts to access a non-public area, Staff should verbally deny ICE access to any non-public area of the facility and if possible, have this denial witnessed by at least one other staff member. The denial should be documented in writing and acknowledged by the staff members. The direct supervisor should contact the onsite Administrator and the Office of the County Counsel for assistance as soon as possible following receipt of the subpoena.
4. A **notice to appear** (see Exhibit D): This is a document notifying a person of removal proceedings. This document is not directed at CCH. CCH staff should not deliver or facilitate service of this document to the person named in the document. CCH staff should not provide access to non-public areas to search. CCH staff should not give ICE any information. If ICE requests or attempts to access a non-public area, Staff should verbally deny ICE access to any non-public area of the facility and if possible, have this denial witnessed by at least one other staff member. The denial should be documented in writing and acknowledged by the staff members. The direct supervisor should notify the onsite administrator of any notice to appear.
5. A **court order**: Staff should provide the court order to their direct supervisor. If ICE requests or attempts to access a non-public area, Staff should verbally deny ICE access to any non-public area of the facility and if possible, have this denial witnessed by at least one other staff member. The denial should be documented in writing and acknowledged by the staff members. The direct supervisor should notify the onsite Administrator who will consult with the County Counsel’s Office regarding handling of the order.

Responding to Immigration Enforcement Present Out in the Field

A. Interaction Protocol

1. **Handling when staff meet with a client in their home and immigration enforcement officers arrive at the client's home.**
 - During any interaction, staff should ensure that their actions are consistent with the purpose of the client visit and do not exceed the scope of their employment.
 - Staff should not hide a client or assist the client in evading an officer.
 - Staff should not engage with immigration officers. If an officer asks a question, the staff member may state, "I am not authorized to answer any questions."
 - Staff may leave if they choose to do so. Staff may also observe the interaction if they are not interfering with officers' actions and it is safe to do so. Staff should prioritize their personal safety.
 - If immigration officers ask staff to move or leave, staff should do so.
 - If the client is detained, staff may ask the immigration officers where the client is being taken.
 - When the interaction concludes, staff should report the incident to their direct supervisor.
2. **Handling when staff meet with a client in a public space, such as a coffee shop or park, and immigration officers approach the client.**
 - Staff should conduct themselves as noted above.
 - If the meeting is at a business location and staff of the business direct people leave, staff should exit the building.
3. **Handling when immigration officers are present at a community event at which staff are in attendance (like a health fair).**
 - If the event is at a county facility, staff should proceed as stated in this policy under **Responding to Immigration Law Enforcement Presence at CCH Facilities.**
 - Otherwise, staff should conduct themselves as noted above.
 - If event or facility staff direct people to leave, staff should leave the area.
4. **Handling when immigration officers approach a county vehicle in which staff is transporting a client.**
 - As with any interaction with law enforcement:
 - If staff believe that law enforcement is attempting to pull them over, staff should pull over and stop in a safe place, turn off the vehicle, and put their hands on the steering wheel.
 - If the officer approaches the vehicle, staff may ask the officer which agency they work for.
 - If asked, staff should show their driver's license, registration, and proof of insurance to the officer (through a partially opened window).
 - If the officer asks to search for the vehicle, staff may refuse consent to search. However, if the officer states they have the authority to search, staff should state they are not consenting to a search but otherwise follow the officer's directions.
 - Staff may ask if they are free to leave.
 - Otherwise, staff should conduct themselves as noted above.

Parental Notification of Immigration Law Enforcement Actions

CCH staff 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 civil immigration laws at a CCH facility, unless the officer presents a valid, effective warrant signed by a judge, or presents a valid, effective court order. (See Section III(B).)

CCH staff shall immediately notify the minor patient's parent, guardian, or the foster parent and social worker of a dependent child if a law enforcement officer requests or gains access to a patient for immigration enforcement purposes, unless such access followed a judicial warrant that restricts the disclosure of the information to the parent or guardian.

Requests for Patient/Client Information and Information Sharing

California and federal laws and regulations give all patients or clients, regardless of immigration status, the right to keep their medical records private in most circumstances. CCH Health Information Management (HIM) will not release information to third parties for immigration enforcement purposes, except as required by law or court order.

CCH staff should limit collecting information about immigration status, citizenship, and national origin to only what is necessary and required by law. CCH staff should avoid including this information in medical and billing records, limit collection to the individual seeking care, not their family members, and promptly respond to requests to remove such information from medical records, as permitted by law.

In connection with any information request issued for immigration enforcement purposes, CCH HIM staff should document and verify the following information:

- The specific agency the requester is from.
- The form of the request (e.g., subpoena, court order, etc.).
- Whether the requester is a law enforcement agency.
- The specific types of protected health information the requester seeks.
- The reason the requester wants the information, including any legal authority claimed.
- Whether the request requires patient notification and if so, whether the requester provided proof of notification.

CCH staff who receive a document labeled “subpoena,” “warrant,” or “order,” should contact their direct supervisor to determine if the document has been issued by a court or judicial officer, and whether the request for PHI is narrowly tailored as required by HIPAA. Requests received by mail or by email should be directed to the direct supervisor for initial handling.

The direct supervisor should notify the Chief Equity Officer, who will consult with the County Counsel's Office to help determine when and to what extent CCH is required to comply with requests that seek immigration-related information or are for, or appear to be for, immigration enforcement purposes.

If CCH is required to make a disclosure of patient information to immigration enforcement authorities without the patient's authorization in compliance with a court order, subpoena, or judicial warrant, HIM should document the disclosure in compliance with all existing CCH policies and procedures for such disclosures. 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.

Additional Provisions

CCH staff should ensure that patients have access to information about their privacy rights and inform them that their healthcare information is protected by federal and state laws by providing

patients with the Notice of Privacy Practices pursuant to current CCH policy.

CCH staff should be cognizant of information that is in open view of the public, such as files and computer screens. Even without a warrant, immigration officers may examine anything in plain view, including conversation in private areas that can be heard from public areas.

Only onsite administrators have the authority to validate court orders or warrants and permit immigration officer entry into non-public areas. If the officer orders staff to provide immediate access to a non-public area of the facility, CCH staff should comply with the officer's order. CCH staff 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.

All public-facing staff, direct supervisors, and onsite administrators should be familiar with the provisions of this policy. It is the responsibility of the onsite administrators to ensure that all public-facing staff, including temporary staff, have read this policy.

CCH staff **should not**:

- Act as interpreters for immigration officers.
- Hide patients or escort patients or others out of the facility to avoid contact with immigration officers or otherwise assist a person in evading immigration officers.
- Provide any false or misleading information to immigration officers.
- Provide patients or others with legal advice.
- Obstruct or interfere with immigration officers.

RELATED LINKS:

[Attachment A: Managing an Interaction with ICE](#)

[Attachment B: Judicial and Administrative Warrant Samples](#)

APPROVALS:

[Joint Conference Committee:](#)

Health Services Director: Grant Colfax, MD

Chief Equity Officer: Gilbert Salinas

[Date Approved: 11/10/25](#)

Managing an Interaction with ICE

An employee contacted by U.S. Immigration & Customs Enforcement (ICE) while working at a CCH facility should...



- Immediately notify their direct supervisor
- If your supervisor is not available, contact your worksite's administrator on duty
- The Chief of Security for your site or a designee can help with interpreting legal paperwork, but will not directly interact with ICE. If not available, call **925-370-5315** or **925-383-2367** for a Sheriff's Office representative

Managing an Interaction with ICE

An employee contacted by U.S. Immigration & Customs Enforcement (ICE) while working or at a CCH facility should...

- Immediately notify their direct supervisor
- If your supervisor is not available, contact your worksite's administrator on duty
- The Chief of Security for your site or a designee can help with interpreting legal paperwork, but will **NOT** directly interact with ICE. If not available, call **925-370-5315** or **925-383-2367** for a Sheriff's Office representative

Supervisor determines ICE representative has legal paperwork

ICE may have the right to search the site or make an arrest. Contact County Counsel immediately by calling **925-655-2200**

No paperwork

You are **NOT** required to provide ICE access to non-public areas. You are **NOT** required to give ICE any information. You may ask ICE to leave. Notify County Counsel immediately by calling **925-655-2200**

ICE representative still demands access

Do **NOT** physically interfere with ICE. You may say, "I do not consent. But because I have no other choice at this time, I will not interfere with your order." Document ICE's actions, if safe to do so

ATTACHMENT A.1 - EXAMPLE JUDICIAL WARRANT

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

ATTACHMENT A.2 - EXAMPLE JUDICIAL WARRANT

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

ATTACHMENT B.1 - EXAMPLE ADMINISTRATIVE WARRANT

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 _____ on _____, and the contents of this
(Name of Alien) (Date of Service)

notice were read to him or her in the _____ language.
(Language)

Name and Signature of Officer

Name or Number of Interpreter (if applicable)

ATTACHMENT B.2 - EXAMPLE ADMINISTRATIVE WARRANT

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)

ATTACHMENT C.1 - EXAMPLE SUBPOENA

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	(B) Date
Name _____	(C) Time ☒ a.m. ☐ p.m.
Title _____	
Address _____	
Telephone Number _____	

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)

EXAMPLE C.2 - EXAMPLE SUBPOENA

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.

Defendant

)
)
) Civil Action No.
)
)
)

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).

ATTACHMENT D - EXAMPLE NOTICE TO APPEAR

U.S. Department of Homeland Security

Notice to Appear

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

Subject ID: _____

FINS: _____

File No: _____

DOB: _____

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:

- ☐ 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



Origination 05/1995
 Last Approved N/A
 Effective Upon Approval
 Last Revised 09/2025
 Next Review 3 years after approval

Owner Adalberto Garibay: Deputy Sheriff-40 Hour
 Area Hospital & Health Centers

Policy for Treatment of Prisoner Patients

POLICY STATEMENT:

Prisoners will be appropriately cared for when admitted for medical care and appropriate security measures will be taken. Each law enforcement agency that transports and brings an in-custody prisoner to CCRMC or any Health Center, shall retain full responsibility for the security, supervision, and custody of the prisoner at all times. Appropriate security measures should be utilized to prevent escape, protect medical staff and the public, while maintaining custody for the duration of the hospital stay. The Health Services Security Unit (HSSU) will not be responsible for the care or custody of any prisoners ~~that are brought in~~/inmates, including those under the custody of the Contra Costa County Office of the Sheriff.

GUIDELINES:

GENERAL GUIDELINES:

- A. Law enforcement agencies shall be in their respective uniform of the day and have all safety equipment necessary to perform their tasks as a law enforcement officer.
- B. Law enforcement agencies will adhere to their department's restraint policies for prisoner custody and care and should be cognizant of felony and high-risk prisoners that should be restrained to the bed frame unless medically impractical. Nursing staff will check all restraints for adequate circulation and proper fit (skin breaks/tightness) and may pad the restraints if necessary.
- C. Law enforcement agencies will adhere to PC 3407, whereby leg restraints, waist chains, or handcuffing behind the body shall not be used on known pregnant prisoners, or while in recovery after delivery. PC 3407 also states, "a pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed

necessary for the safety and security of the inmate, the staff, or the public."

- D. Searches of prisoner patients, bed and immediate surroundings will be conducted by the agency responsible for the custody and care of the prisoner.
- E. Law enforcement agencies are not to read prisoner patient health records, nor will they normally use Medical Center equipment with the exceptions of wheelchairs, etc.
- F. Law enforcement agencies will take special security precautions when prisoner patients need to ambulate, use the bathroom, or shower.
- G. Responding to Unusual Clinical Events or Emergencies:
 - 1. **Code Blue** (Life threatening): If a code blue is called involving a prisoner, the Deputy/Officer will remove all restraints and move out of the way; if the code involves another patient in the room, the Deputy/Officer will move out of the way, staying as close to the door as possible.
 - 2. **Code Red** (fire): The Deputy/Officer will remain with the prisoner patient in case evacuation is necessary. If a Code Red is announced and the Deputy/Officer is not in the area s/he will return to the unit and remain with the prisoner until the Code Red is secured. If more than one prisoner patient is in custody, the Deputy/Officer will respond to the prisoner nearest the Code Red first and will evacuate if necessary.
 - 3. **Disaster**: In case of an actual disaster, the Deputy/Officer will receive his/her instructions from an HSSU supervisor.

GUIDELINES FOR ADMITTED SHERIFF'S OFFICE INMATE PATIENTS:

- A. Sheriff's Deputies will adhere to Custody Services Bureau (CSB) policy 2.10.26 – Hospital Deputy, when supervising admitted inmate patients.
- B. Sheriff's Deputies will be in full on-duty uniform and have all safety equipment necessary to perform their tasks as a law enforcement officer.
- C. All inmates, except for known pregnant females, under the custody of the Sheriff's Office, will be restrained via "T" chain restraints unless medically impractical. Nursing staff will check all restraints for adequate circulation and proper fit (skin breaks/tightness) and may pad the restraints if necessary.
- D. Sheriff's Deputies will adhere to Sheriff's Office CSB Policy (Use of Special Restraints) and PC 3407, regarding the use of restraints on known pregnant female inmates.
- E. When only one inmate is present to supervise, Sheriff Deputies will remain in the same room or in the immediate area unless logging or reporting activity, on a break/meal break, or when relieved by another deputy. When there is more than one inmate requiring supervision, Sheriff's Deputies will check on inmates at least once each half hour and note it via a log; if there is only one assigned Sheriff's Deputy, the Deputy will stay at the bedside of the highest security risk inmate or at the direction of the CSB Operations Sergeant/designee.
- F. Visiting
 - 1. All visitors for inmate patients are subject to Sheriff's Office CSB Social Visiting policy rules and must have an appropriate visitor pass. Visits will be allowed Monday

to Sunday, between 0800 – 2000 hours only and limited to two 30-minute visits per week. Medical staff will not advise family/friends that they may visit an inmate. Authorization for any inmate visit requires the approval of the HSD Security unit Chief/designee.

2. Medical Center admitting staff will notify Sheriff's Deputies if a visitor arrives to check-in for a visit.
3. Sheriff's Deputies will be present and supervise all visits.
4. Visitors will be instructed that no personal effects or money may be left with an inmate, nor may any item be left with staff for an inmate.
5. Any unauthorized visitor will be denied visitation and could be subject to arrest if they fail to follow directions/lawful orders.

G. Telephone Privileges

1. Inmates may be permitted to make phone calls at the discretion of the supervising Sheriff's Deputy. The deputy shall dial the number for the inmate (noting the number called in the log) and will monitor phone conversations.
2. Outgoing inmate patient telephone calls will be via collect only and no outgoing calls will be made by medical staff on behalf of an inmate patient.

H. Mail Privileges

1. All outgoing inmate mail will not be censored but may be held with Sheriff's Office supervisor approval, until the inmate is discharged from the hospital if security concerns dictate such actions.
2. All incoming inmate mail must go through the detention facility. A Sheriff's Aide assigned to the mailroom will ensure that inmate mail is given to a Transportation Deputy daily for delivery to the Hospital Deputy.

I. Communication

1. Day-to-day issues not relating to HIPPA, will be communicated directly to the unit Charge Nurse and the Sheriff's Deputy responsible for supervising the inmate. Administrative issues should be directed to the Nurse Program Manager/designee; on weekends, evening, or night shifts, contact the Medical Center Supervisor by pager (243).

REFERENCES:

TJC Standard PC 02.01.01 The Hospital provides the patient with care, treatment, and service according to his or her individualized care plan.

Approval Signatures

Step Description

Approver

Date

Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	11/2025
	Adalberto Garibay: Deputy Sheriff-40 Hour	09/2025

Standards

No standards are associated with this document

History

Sent for re-approval by Ta, Tom: Health Svcs Admin-Level C on 9/23/2025, 5:12PM EDT

Deleted the word 'Admitted' in the title because the policy covers all prisoner patients, not just ones that are admitted. Created general guidelines to cover all and Sheriff Office guidelines to cover admitted inmate patients under custody of the Sheriff's Office.

Draft saved by Garibay, Adalberto: Deputy Sheriff-40 Hour on 9/23/2025, 5:46PM EDT

Edited by Garibay, Adalberto: Deputy Sheriff-40 Hour on 9/23/2025, 5:49PM EDT

Overall change in policy which reflects responsibilities of all law enforcement agencies having a prisoner/inmate at CCRMC or Health Center.

Last Approved by Garibay, Adalberto: Deputy Sheriff-40 Hour on 9/23/2025, 5:49PM EDT

Last Approved by Sabio, Ira-Beda: Director, Inpatient Nursing OP on 11/14/2025, 11:08AM EST

This was already reviewed at CPC and should be going through all approval processes - JCC in Nov.



Origination 01/2020
Last Approved N/A
Effective Upon Approval
Last Revised 11/2025
Next Review 3 years after approval

Owner David Piccinati:
Associate Medical Director
Area Hospital & Health Centers

Policy for Consent to Medical Treatment

POLICY STATEMENT:

This policy outlines the importance of obtaining the consent of patients receiving medical treatment at Contra Costa Regional Medical Center and Health Centers (CCRMC & HC). It is the ~~physician's or provider~~ practitioner's duty to inform the patient about the recommended care and of the alternatives, including risks of refusing to undergo declining the recommended procedure. ~~Staff~~ When written consent is responsible to obtain the signature of the patient after the physician has completely required (procedure with anesthesia, deep sedation, or procedural sedation), staff will verify documentation of written informed and consented the patient except for the minor procedures consent prior to the procedure.

GUIDELINES:

During hospitalization or clinic treatment, important rights of a patient are affected. The consent of the patient to those activities of the treating ~~physician~~ practitioner(s) and health services personnel which might affect those rights, establishes a defense to any subsequent charge that such rights were transgressed without permission.

Both personal and property rights of the patient are affected during the treatment process. Of paramount concern is the potential for committing a battery against the patient. A charge of battery can arise out of the slightest physical contact and would include treatment without patient consent.

~~Due to the nature of hospitalization and medical treatment, the courts have held that the patient's consent, depending on the complexity of treatment, must be informed. The principle of informed consent is met when the signer:~~

- ~~A. knows what they/he/she is signing~~
- ~~B. knows what procedures are being recommended or contemplated~~
- ~~C. knows what alternative methods of treatment are available~~
- ~~D. knows the risks and benefits involved and the expected outcome of the treatment and its alternative(s).~~

In order to give informed consent, the patient must be informed of:

1. The nature of the procedure;
2. The risks, complications, and expected benefits or effects of the procedure and expected outcome;
3. Any alternatives to the treatment and their risks and benefits (including the alternative of deciding not to have the procedure);
4. Any potentially conflicting interest the provider may have, such as research or financial interests.

Informed consent should be used for treatments and procedures that are complicated in that the average layperson would not understand the nature of the treatment or procedure and associated risks and benefits without additional explanation. For example: a medical procedure performed in the operating room.

Simple consent is required for treatments or procedures where risks and benefits are commonly understood by the average layperson and activities where consent is included in Consent to Services (See Attachments). Simple consent is needed for hospital and clinic lab personnel to draw blood for anonymous HIV testing on behalf of the Public Health Department. Other examples include chest x-ray and nursing services.

The activities related to hospitalization also raise the potential for allegations of false imprisonment and invasion of privacy. Evidence of the patient's informed consent establishes a defense for the attending physician(s) and CCRMC & HC.

CCRMC & HC will not permit any medical treatment (except for emergency treatment) unless the patient or a person legally authorized to act on the patient's behalf has consented thereto.

Consent to medical treatment must be freely given by the patient or legally authorized representative and will not be obtained through the exercise of either duress or coercion. ~~A patient's informed consent for surgery/diagnostic/therapeutic~~ Consent for these procedures ~~will be evidenced in writing. Consent for these procedures~~ is valid for maximum of three (3) months from date of signing informed consent unless ~~the specific consent form states~~ stated otherwise.

~~Simple consent is required for treatments or procedures where risks and benefits are commonly understood by the average layperson and activities where consent is included in Consent to Treat. Simple consent is needed for hospital and clinic lab personnel to draw blood for anonymous HIV testing on behalf of the Public Health Department. Other examples include chest x-ray and nursing services.~~

~~As per the Centers for Medicare and Medicaid Services~~ Procedures which require anesthesia, procedures

~~which deep sedation, or procedural sedation require anesthesia~~ a written informed consent (~~deep sedation or anesthesia~~ [Attachment A: Procedure or Treatment Consent](#)) ~~require a written. The information discussed during informed consent with information about the risks, benefits, and alternatives of the procedure. The information discussed during informed consent should be documented in the medical record. Patients undergoing~~ This consent can be documented either on a procedure ~~with anesthesia or deep sedation require a written consent. This form or as an electronic consent can be documented either on a procedure consent form or as an electronic consent in the electronic in the~~ medical record. Patients undergoing a procedure without anesthesia nor deep sedation may consent verbally but the discussion of the risks, benefits and alternatives should be documented in the medical record. In all cases, the patient should be informed of the type of procedure, its risks, benefits and alternatives as part of the consent process.

For procedures which do not require ~~anesthesia~~ written informed consent, a verbal informed consent is sufficient. The verbal consent should include the ~~risks, benefits or alternatives to the procedure and estimated recovery times when appropriate~~ elements discussed above. The consent discussion should be documented in ~~a procedure note~~ the medical record. Topical or local analgesia such as a lidocaine injection is **not** considered anesthesia (ie. does not cause sedation or change in consciousness.)

Notwithstanding the consent described in this paragraph, if the undersigned is a foster parent (as defined by Health and Safety Code section 1527), the consent only applies to ordinary medical treatment (~~including, but not limited to, immunizations, physical examinations, and X-rays~~) in accordance with Health and Safety Code section 1530.6 and as otherwise prescribed by the juvenile court.

RELATED LINKS:

[Procedure for Consent to Medical Treatment](#)

[Procedure for Consent to Medical Treatment](#)

~~Attachment A:~~ [Attachment A: Contra Costa Regional Medical Center and Health Centers Procedure or Treatment Consent](#)

~~Attachment B: CHA Decision Makers for Medical Treatment of Adults~~

~~(<https://calhospital.org/wp-content/uploads/2021/04/quickreferenceguides.pdf>)~~

~~Attachment C:~~

[Attachment B: CHA Decision Makers for Medical Treatment of Adults](#)

[Attachment C:](#)

1. CHA Consent Requirements for Medical Treatment of Minors (<https://calhospital.org/wp-content/uploads/2021/04/quickreferenceguides.pdf>)
2. Authorization for Third Party to Consent to Treatment of Minor Lacking Capacity to Consent ([MR44-7](#) and [MR 44-A-1](#))
3. [MR 497-6 Authorization for Minor to Receive Follow-Up Outpatient Treatment Without Presence of Parental/Legal Representative](#)
4. Caregiver's Authorization Affidavit, [MR 673 \(English\)](#), [MR 674 \(Spanish\)](#)
5. [MR 99-4 Self-sufficient Minor Information Form](#)

6. Authorization by Juvenile Court for Treatment of a Minor (MR 498)

Attachment D: Procedure Specific Consents and Referenced California Law

California law requires that consent be obtained in writing for certain procedures and for treatments for specific types of conditions, including:

1. sterilizations, Cal. Admin. Code §§ 51305.1 - 51305.4.
2. hysterectomy, Cal. Health & Safety Code § 1690.
3. breast cancer, Cal. Health & Safety Code § 109275.
4. prostate cancer, Cal. Health & Safety Code § 109280 and § 109282.
5. gynecological cancers, Cal. Health & Safety Code § 109278.
6. psychosurgery, Cal. Welfare & Institutions Code § 5326.6 and electroconvulsive therapy, Cal.

Attachment E: Refusal to Permit Medical Treatment (MR242)

~~Attachment D: Procedure Specific Consents and Referenced California Law~~

~~Attachment E: Refusal to Permit Medical Treatment (MR242)~~

~~Attachment F: Consent for Blood or Blood Products Transfusion (MR39C) and CDPH "A Patient's Guide to Blood Transfusion." 03/2022 A Patient's Guide to Blood Transfusion | MBC (ca.gov)~~

~~Attachment G: Limited English Proficiency policy~~

~~Attachment H: 4V Minor Consent Medi-Cal Services <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEPM/4V-MinorConsent-12-16-21.pdf>~~

Attachment G: Procedure for Patient Interpreter Services

Attachment H: 4V Minor Consent Medi-Cal Services

REFERENCES:

~~Centers for Medicare and Medicaid Services Memo# QSO-24-10 Hospitals. 4.1.2024~~

~~California Hospital Association: 2024 Consent Manual: Patient consent to treatment and related health care law (50th edition, 2024)~~

~~Health Services Department Policies and Procedures, Policy No. 402 – "Access to Services for Limited English Proficient, Deaf and Hearing Impaired Persons"~~

~~The Joint Commission Standard RI.01.01.01, "The hospital respects, protects and promotes patient rights."~~

~~The Joint Commission Standard RI.01.03.01, "The hospital honors the patient's right to give or withhold informed consent."~~

~~AMA Code of Medical Ethics, 2.1.2 Decisions for Adult Patients Who Lack Capacity~~

~~22 California Code of Regulations §§ 51305.1 – 51305.4~~

~~California Welfare & Institutions Code §§ 5326.5 and 5326.6~~

~~California Penal Code § 242, People v. Longoria, 34 Cal. App. 4th 12, 14~~

Centers for Medicare and Medicaid Services Memo# QSO-24-10 Hospitals. 4.1.2024

California Hospital Association: 2024 Consent Manual: Patient consent to treatment and related health care law (50th edition, 2024)

Health Services Department Policies and Procedures, Policy No. 402 – “Access to Services for Limited English Proficient, Deaf and Hearing Impaired Persons”

The Joint Commission Standard RI.01.01.01, “The hospital respects, protects and promotes patient rights.”

The Joint Commission Standard RI.01.03.01, “The hospital honors the patient’s right to give or withhold informed consent.”

AMA Code of Medical Ethics, 2.1.2 Decisions for Adult Patients Who Lack Capacity

22 California Code of Regulations §§ 51305.1 - 51305.4

California Welfare & Institutions Code §§ 5326.5 and 5326.6

California Penal Code § 242, People v. Longoria, 34 Cal. App. 4th 12, 14

APPROVALS:

Patient Care Policy and Evaluation Committee: 2/2023, 12/2023, 9/2024

Medical Executive Committee: 2/2023, 12/2023, 09/2024, 9/2024

Joint Conference Committee: 3/2023, 3/2024, 3/2025

Attachments

[!\[\]\(5d1236892fa2d2fe9c75eccd9edb8b57_img.jpg\) CONSENT TO SERVICES and CONDITIONS OF SERVICES OR ADMISSION.pdf](#)

[!\[\]\(8259257197cab443c75179f9ad75467a_img.jpg\) Definition of General Anesthesia and Levels of Sedation-Analgesia.docx](#)

Approval Signatures

Step Description	Approver	Date
Ambulatory Clinical Practice Committee	Helena Martey: Chief Nursing Officer - Interim	Pending
	David Piccinati: Associate Medical Director	11/2025

Standards

History

Comment by Piccinati, David: Associate Medical Director on 11/14/2025, 12:34PM EST

I updated all the links and made sure they point to the relevant documents in polycystat, other than the below:

- Authorization by Juvenile Court for Treatment of a Minor (MR 498) is not available on PolicyStat

Draft saved by Piccinati, David: Associate Medical Director on 11/14/2025, 2:49PM EST

Edited by Piccinati, David: Associate Medical Director on 11/14/2025, 2:57PM EST

Updates for 2024 CMS/CHA guidelines. Clarifies necessary aspect of informed consent. Allows for APPs as practitioners. Other verbiage updates to make more in line with CMS guidelines. The actual consent form has been significantly revamped as well.

Last Approved by Piccinati, David: Associate Medical Director on 11/14/2025, 2:57PM EST

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