

Welcome!

CARE Community Briefing:

**Guidance and Model Policies to Assist
California's Healthcare Facilities**

Thursday, October 1 | 1:30pm - 2:30pm

The presentation will begin shortly. No audio is currently being played.



ACCESSIBILITY

- **Find the menu bar at the bottom of your zoom window**
 - **For presentation resources, please find the “Resources” tab.**
 - You may see different sections such as “Links” and “Documents”.
 - More resources will be added during the presentation.
 - They may also be found at: oag.ca.gov/care/community-briefings.
 - **For closed captioning, select “captions” and turn them on. Translated captions in multiple languages are available.**
- **If you do not see the options above, they may be under “more”**

AGENDA

I. Welcome- *Cat Nou, Office of CARE, Director*

II. Introductory Remarks- *Attorney General Rob Bonta*

III. Presentation: Guidance and Model Policies to Assist California's Healthcare Facilities

- *Marnie Ganotis, Deputy Attorney General, Healthcare Rights and Access Section*
- *Kenneth Sugarman, Deputy Attorney General, Civil Rights Enforcement Section*

IV. Questions and Answers

V. Thank You

Background

- **Senate Bill 54 (Eff. Jan. 1, 2018)** (codified in relevant part at Cal. Gov. Code, § 7284.8)
- **Increase in immigration enforcement**
 - At and around healthcare facilities
 - Seeking information held by state and local agencies and access to patients
 - Impact on public trust, safety, health, and welfare
- **Senate Bill 81 (Eff. Sep. 20, 2025)** (codified at Cal. Civ. Code, §§ 56.05, 56.10 & Cal. Health & Saf. Code, §§ 26250-26257)
- **Senate Bill 580 (Oct. 2, 2025)** (codified at Cal. Gov. Code, § 12532.5)

Overview of Senate Bill 580 (2025)

Promoting Safe and Secure Government Access for All

Guidance and Model Policies to Assist State and Local Agencies in
Responding to Immigration Issues Pursuant to Senate Bill 580 (2025)



Rob Bonta
California Attorney General
July 2026

SB 580 (codified at Cal. Gov. Code, § 12532.5) requires that:

- By July 1, 2026, the CA Attorney General “shall publish model policies for state and local agencies relating to interactions with immigration authorities consistent with federal and state law.”
- By January 1, 2027, state and local agencies "shall implement" those model policies or equivalent policies.
- Also by July 1, 2026, the Attorney General "shall publish guidance, audit criteria, 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 makes the availability of information therein to anyone or any entity for the purposes of immigration enforcement limited to the fullest extent practicable, consistent with federal and state law."

Implementation of Senate Bill 580

- **Where can the general SB 580 guide and model policies be found?**
 - Under the heading of "Immigration Guides" on the "Publications" page of the Office of the Attorney General's website – <https://oag.ca.gov/publications>.
- **The more specific guidance presented today implements SB 580 for the healthcare facilities that state and local agencies operate.**
- **Facilities that do not already have equivalent policies in place must implement the model policies or equivalent policies by January 1, 2027.**
- **The requirements of SB 81 are already in effect and must be complied with already.**



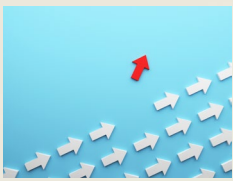
The Healthcare Facilities Guide: Promoting Safe and Secure Healthcare Access for All

Promoting Safe and Secure Healthcare Access for All

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



Rob Bonta
California Attorney General
September 2026



The Healthcare Facilities Guide: A Roadmap

- **Where do I find the Healthcare Facilities Guide?**

- <https://oag.ca.gov/system/files/media/healthcare-guidance.pdf>

- **What is the organization of the Guide?**

- **Section 1:** Gathering and Handling Patient and Family Health Information
- **Section 2:** Sharing Patient and Family Health Information
- **Section 3:** Responding to Requests for Physical Access to Healthcare Facilities and Patients for Immigration Enforcement Purposes
- **Section 4:** Responding When Patients Are in Custody for Civil Immigration Enforcement (**NEW**)

- **What is contained within each section of the Guide?**

- An overview statement about the purpose of the section
- Governing law
- Recommendations
- Model policies
- Appendices (exemplars of forms/warrants/subpoenas)

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Core Principles Informing the Model Policies



- **First:** *State and local resources must not be used to assist immigration enforcement activities, except as required by state or federal law.*
- **Second:** *Agencies should limit or restrict the collection, retention, and disclosure of information that could aid in identifying or apprehending individuals without lawful immigration status, unless required by law or necessary to administer a lawful program.*
- **Third:** *Where there is no legal obligation to comply, agencies must require appropriate legal process — i.e., a judicial warrant, judicial subpoena, or court order — before complying.*
- **Fourth:** *Requests for information must be directed to designated agency staff or legal counsel trained to evaluate such requests.*
- **Fifth:** *Agencies should document interactions with immigration authorities, including information and access requests and the presentation of legal process.*

Legal Framework

Federal Responsibility for Immigration Law

- The federal government is responsible for the formulation, administration, and enforcement of immigration law, primarily through ICE, CBP, and USCIS (components of DHS)

No Federal Law Requires State or Local Agency Participation

- No federal law requires a state or local agency to participate in or facilitate immigration enforcement.
- 8 U.S.C. § 1373 (and similar statute, 8 U.S.C. § 1644), bars prohibitions or restrictions on sharing citizenship or immigration status information, **BUT** (1) does not reach other information (addresses, location, photographs, release dates), and (2) does not require agencies to respond to federal requests.

Tenth Amendment

- The federal government cannot compel states to enact or administer a federal regulatory program.
- California is constitutionally permitted to limit the use of state and local resources for immigration enforcement. Examples of doing so:
 - **California Values Act / SB 54 (2018)**
 - **SB 81 (2025)**

Section 1: Gathering and Handling Patient and Family Health Information

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.

Section 1: Gathering and Handling Patient and Family Health Information

Governing Law

Privacy Laws May Prohibit or Limit Disclosure of Information:

- The California Constitution contains an “inalienable right” to privacy limiting the disclosure of personal information.
- Federal and state statutes, including the federal Health Insurance Portability and Accountability Act (**HIPAA**) and California's Confidentiality of Medical Information Act (**CMIA**), impose disclosure limits on certain types of data.
- All healthcare facilities and other covered entities should already have policies in place to protect private medical information.

This content is found in the Guide at p. 8.



Section 1: Gathering and Handling Patient and Family Health Information

Governing Law (Cont.)



HIPAA:

- HIPAA addresses what is considered protected health information (**PHI**).
- PHI is information a healthcare provider receives from an individual related to health status, treatment, or payment, and that could be used to identify the person.
- PHI includes demographic information like name, address, birth date, or SSN, when associated with any health information.
- PHI may not be used or disclosed, except under certain conditions, including:
 - ✓ For treatment or payment for healthcare;
 - ✓ With patient consent; or
 - ✓ As otherwise allowed by law, if it is minimal and tailored to the purpose of the disclosure.

Section 1: Gathering and Handling Patient and Family Health Information

Governing Law (Cont.)

CMIA and SB 81:

- The **CMIA** prohibits healthcare providers, insurance plans, and contractors from disclosing medical information to third parties.
- In 2025, **SB 81 amended the CMIA** to state that “medical information” includes
 - Place of birth, or
 - Current or prior immigration status

when it is learned in the course of receiving a patient’s medical history.

Section 1: Gathering and Handling Patient and Family Health Information

Governing Law (Cont.)



CALIFORNIA DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

SB 81 BULLETIN

New Requirements for Health Care Providers Under SB 81 (Civil Code 56.10)

To: Management, administrators, legal counsel and personnel of health care providers, health care service plans, or contractors subject to the Confidentiality of Medical Information Act

The Office of the Attorney General is issuing this bulletin to provide notice to health care providers, health care service plans, and contractors (referred to herein as “covered entities”) of new legal obligations required by Senate Bill 81 (SB 81), which took effect on **September 20, 2025**. SB 81 amends the Confidentiality of Medical Information Act (CMIA) (Civil Code Section 56.10) and the Health and Safety Code to (1) restrict covered entities from sharing information on the immigration status of patients, and (2) require health care provider entities to designate non-public areas of health facilities where access for immigration enforcement purposes is limited.

SB 81's New Restrictions on Sharing Medical Information (effective September 20, 2025)

SB 81 amends the CMIA (Civil Code Section 56.10) to impose the following requirements regarding sharing of medical information:

1. **Definition of Medical Information:** Specifies that place of birth, current or prior immigration status and other individually identifying information on immigration status constitutes “medical information” when the information is collected or known by a health care provider, health care service plan, pharmaceutical company, or contractor. (Civ. Code, § 56.05, subd. (j).) Such individually identifying information on immigration status is entitled to the full protection of the CMIA. (*See id.*)
2. **Disclosure of Medical Information for Immigration Enforcement:** Prohibits covered entities from disclosing any medical information for immigration enforcement purposes, except to the extent disclosure is required by subdivision (b) or permitted by subdivision (c) of Section 56.10, or expressly authorized by a patient, enrollee or subscriber. (Civ. Code, § 56.10, subd. (f).)¹
3. **Court Orders:** Limits the types of court orders that compel covered entities to disclose information. Covered entities must disclose medical information when compelled by a court order issued by a federal or California state court. (Civ. Code, § 56.10, subd. (b)(1)(A).) SB 81 prohibits health care providers, service plans, and contractors from complying with court orders issued by any other court, unless a California court has ordered, pursuant to Civil Code section 2029.300, that the foreign court order from another state be followed. (Civ. Code, § 56.10, subd. (b)(1)(B).)²

The SB 81 Bulletin can be found on the California DOJ website at:

[SB 81 Bulletin - October 2025](#)

Section 1: Gathering and Handling Patient and Family Health Information

Recommended Policies and Procedures for Gathering and Handling Confidential Patient Information

- ❖ The Guide contains several recommendations about collecting and retaining sensitive medical information.
- ❖ **Primarily, the Guide recommends that healthcare facilities should:**
 - ✓ Limit collection of information about immigration status, citizenship status, and national origin to what facilities are required to collect by law.
 - ✓ Educate patients about their medical privacy rights.
 - ✓ Amend facility notices about privacy practices to state that immigration status information may be protected by privacy laws.
 - ✓ Make information available in languages commonly spoken in the community, if possible.
 - ✓ Train facility staff about its policies for collecting and maintaining confidential patient information.

These recommendations are found in the Guide at p. 12.

Section 1: Gathering and Handling Patient and Family Health Information

Recommended Policies and Procedures for Confidential Treatment of Records and Requests for Information

➤ Recommendations about maintaining records about disclosures:

- Keep a log of all requests for and disclosures of personal information to law enforcement until the record associated with the disclosure is destroyed.
- Include the date, nature, and purpose of each disclosure, and the name, title, and address of the person or agency to whom the disclosure was made.
- Logs should include details about disclosures to / pursuant to:
 - Government entities
 - Law enforcement
 - A court order, subpoena, search warrant, and/or another compulsory legal process.

Section 1: Gathering and Handling Patient and Family Health Information

Recommendations Regarding Agency Databases

- Section 1 of the Guide also contains guidance, audit criteria, and training recommendations for databases for healthcare facilities to limit the availability of information for immigration enforcement.
- These recommendations are in line with SB 580.
- Additional information about SB 580 and database recommendations can be found in the SB 580 Guide.

This content is found in the Guide at pp. 12-16.



Section 2: Sharing Patient and Family Health Information

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.

Section 2: Sharing Patient and Family Health Information

Governing Law

Overview: Relevance of citizenship and immigration status information to receiving healthcare:

- **No duty to collect.** Federal law does not impose an affirmative duty on state or local governments to collect information about an individual's citizenship or immigration status.
- **Law-enforcement inquiry usually prevented under California law.** California law generally prohibits state and local law enforcement agencies from inquiring into an individual's immigration status.
- **CMIA offers some protections.** The CMIA specifically states that providers "shall not disclose medical information for immigration enforcement" unless authorized by a patient or otherwise required by law.
- **Healthcare providers may ask.** Inquiry is permissible 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.

This content is found in the Guide at p. 17.

Section 2: Sharing Patient and Family Health Information Governing Law (Cont.)

HIPAA protections for 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.
- **HIPAA Privacy Rule:** requires healthcare facilities to protect the confidentiality of a patient's PHI.
 - ✓ One exception to this rule is when information is requested by law enforcement officials for law enforcement purposes.
 - ✓ In this case, PHI *may* be shared, but its release is generally not required.
- **HIPAA Security Rule:** establishes national standards to protect electronic PHI received, used, or maintained by healthcare entities.

Section 2: Sharing Patient and Family Health Information Governing Law (Cont.)

Exceptions requiring or permitting disclosure of information without consent

Required disclosures:

- **Investigation and enforcement.** Healthcare facilities must disclose PHI to HHS when it is undertaking a compliance investigation, review, or enforcement action.
- **Program integrity and oversight.** California DHCS must share data about Medi-Cal enrollees regularly with the federal government for program integrity and oversight purposes.
- **Threats to public health.** Providers may be required to disclose private medical information when dealing with a disease outbreak or public-health threat.

Section 2: Sharing Patient and Family Health Information Governing Law (Cont.)

Exceptions requiring or permitting disclosure of information without consent (cont.):

Permissive disclosures:

- Some of the most important permissible disclosures relevant here are when disclosures are required by law, or for public health, public safety, or in accordance with court orders.
- While HIPAA will not *require* disclosure under these circumstances, disclosure without patient authorization nevertheless *may be required* by other laws.
- Another permissive disclosure exception that may apply in the healthcare setting is if a person is **in custody of immigration enforcement**.
- Federal regulations state that when a law enforcement official has “lawful custody” of someone and represents that health information is necessary for certain health, safety, or security reasons, it may be disclosed to law enforcement.

See Guide section 4 for more detail.

Section 2: Sharing Patient and Family Health Information Model Policies (Cont.)

Model Policies for Information Notice to Patients or Representatives

Healthcare facilities should:

- Post and issue general information policies informing patients about their privacy rights and remedies. Including:
 - Giving assurances that the facility will not release information to third parties for immigration enforcement purposes, except as required or expressly authorized by law or court order.
 - Providing a comprehensive list of privacy protections under federal and California law (including a patient's right of action for disclosures in violation of CMIA).
- Post information guides about immigrant patient rights, including the right to remain silent.

This content is found in the Guide at pp. 25-26.



Section 2: Sharing Patient and Family Health Information

Types of Demands Agencies May Receive

- **Court Orders**

- A court order authorizes or requires the actions specified but does not require or authorize actions beyond its terms.
- A party subject to a court order may seek relief from the court.

- **Public Records Act Requests**

- The California Public Records Act establishes a general rule of disclosure and states that public records are open to inspection, subject to statutory exemptions and other legal limitations.
- Under the Public Records Act, a request made by an immigration authority is evaluated under the same legal framework as a request made by any member of the public. (See Gov. Code Section 7920.000 *et seq.*)

Judicial / Grand Jury Subpoenas

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

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

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).

Types of Demands Agencies May Receive

Administrative Subpoenas

- Administrative subpoenas are issued by an agency, not a court.
- Administrative subpoenas are not “self-executing.”
- Much case law addresses permissible and impermissible uses of administrative subpoenas. (*See, e.g., Peters v. United States*, 853 F.2d 692 (9th Cir. 1988).)
- Administrative subpoenas should be properly served.
- Agency staff should immediately contact designated staff, an administrator, and/or legal counsel upon receipt. (SB 81 – Cal. Health & Saf. Code, § 24250, subd. (b).)
- An example of a **DHS-issued administrative subpoena (Form I-138)** is seen here and has been included in **Appendix E of the Guidance**.

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

5. Authorized Official

(Signature)
(Printed Name)
(Title)
(Date)

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

DHS Form I-138 (8/09)

Section 2: Sharing Patient and Family Health Information

Model Policies

- The Guide contains model policies and procedures about information sharing.
- They are found at **pages 25-26 of the Guide**.
- Healthcare facilities operated by the state (or a political subdivision of the state) must adopt the model policies or equivalent policies by January 1, 2027.
- All other California healthcare facilities are encouraged to do the same.
- The model policy text in the Guide can be adapted by inserting information relevant to the healthcare facility.



Section 3: Responding to Requests for Physical Access to Healthcare Facilities and Patients for Immigration Enforcement Purposes

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.

Access to Public Agency Facilities for Immigration Enforcement – Types of Requests & Concerns Raised

- Officers may seek to enter facilities to locate and arrest individuals, question employees or members of the public, accompany individuals in their custody, or conduct other enforcement activity.
- Request or demands for access may be accompanied by administrative documents, judicial warrants, subpoenas, or no documents at all.
- Enforcement activity in or around facilities can distract and divert facility and agency personnel, hinder facilities' functions, disrupt the delivery of healthcare services, diminish public trust, and adversely impact access.
- Voluntarily granting access to nonpublic areas of healthcare facilities will in many instances violate state law.

Access to Agency Facilities – Governing Law

- **General Principle**
 - A facility being open to the public in some areas does not mean all areas are subject to unrestricted entry by immigration officers.
- **Fourth Amendment, U.S. Constitution**
 - Protects against unreasonable searches and seizures
 - Applies where there is a reasonable expectation of privacy, which can include nonpublic areas of government facilities.
- **SB 81 (codified in relevant part at Cal. Health & Safety Code, §§ 24250-24257)**
 - Requires facilities to designate as nonpublic areas where patients receive care or discuss protected health information
 - Prohibits healthcare 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. Does not prohibit access by a law enforcement officer who is accompanying a patient in their custody for receipt of medical care.
- **The Immigrant Worker Protection Act (AB 450) (codified in relevant part at Cal. Gov. Code, § 7285.1)**
 - Except as otherwise required by federal law, an agency “shall not provide voluntary consent” for an immigration enforcement agent to enter any nonpublic area of a place of labor or to access, review, or obtain employee records, without a subpoena or judicial warrant.

Documents That May Accompany Requests for Physical Access

Notice to Appear

- Issued by ICE, CBP, or USCIS to commence formal removal proceedings against an individual.
- Does not authorize or require state or local agency staff to grant access to nonpublic areas.
- Does not authorize or require state or local agency personnel to take any action or otherwise grant or cooperate with requests from immigration enforcement authorities
- An example of a Notice to Appear (Form I-862) is seen here and has been included in Appendix A of the Guidance.

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 charges 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)(ii)

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)

Other Types of Documents That May be Presented

Administrative Arrest and Removal Warrants

- Typically issued by immigration enforcement officers with ICE or other agencies within DHS.
- Not issued by a court
- An example of an ICE "Arrest Warrant" (Form I-200) is seen to the left and in Appendix B.
- An example of an ICE "Removal Warrant" (Form I-205) is seen on the right and has been included in Appendix B.

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)

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 _____ (Place of entry) on _____ (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)

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Other Documents That May Be Presented – Judicial Arrest and Search Warrants

- Issued by a court upon a finding of probable cause.
- Bear a magistrate or judge's signature, identify the issuing court, and typically include a case number and court seal.
- A judicial arrest warrant authorizes officers to arrest the named individual; a judicial search warrant authorizes a search of a specific location, person, or vehicle. Authority is limited to the scope of the warrant.
- *Samples (Federal Search Warrant, Form AO 93, and Federal Arrest Warrant, Form AO 442) have been included in Appendices C and D of the Guidance.*

Model Policies – Access to Facility Locations

- **Receiving Visitors/Registration**
- **Distinction Between Public and Nonpublic Areas**
 - Facility policies shall clearly define and identify nonpublic areas through signage, access controls, and visitor protocols.
- **Public Areas**
 - Officers present to conduct non-criminal law enforcement activities, such as stopping or detaining people for questioning about their citizenship or immigration status, shall be asked to move outside the facility or to designated public areas.
- **Nonpublic Areas**
 - Unless otherwise required by state or federal law, facility 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 grants access.
- **Model Policies set forth at Section III, starting at page 37**

Model Policies – Requirements Regarding Nonpublic Areas

- Nonpublic areas should be designated as such
- Notify and direct nonpublic area access request to designated administrator, management, or legal counsel
- Facility shall not allow any person access to the areas designated nonpublic for immigration enforcement purposes.
- Exceptions:
 - Access required by state or federal law
 - Valid judicial warrant or court order that specifically grants access to the nonpublic areas of the facility.
 - Person in custody being accompanied to access health care services.
- Collect and copy any documentation
- To the extent possible, facility shall have the denial of access to nonpublic areas of the facility witnessed and documented by at least one facility personnel.
- Record events on incident reporting form.

Section 4: Responding When Patients Are in Custody for Civil Immigration Enforcement

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.

Patients in Custody – Types of Requests & Concerns Raised

- Immigration officers may seek to be physically present with individuals in their custody when they are receiving medical care or protected health information is being discussed.
- Physical restraints that interfere with care.
- Immigration officers moving around in nonpublic areas.
- Immigration officers seeking to act as interpreters or to involve themselves in patient care interactions.
- Immigration officers conducting immigration enforcement beyond accompaniment.
- Patient discharge planning.

Responding When Patients Are in Custody – Legal Framework

- Officers generally have authority to accompany individuals in their custody for the receipt of medical care, though scope of authority may vary with the circumstances.
- Authority to accompany a patient to nonpublic areas for the receipt of medical care is not authority to conduct immigration enforcement activities.
- SB 81 requires facility personnel to elevate requests to access facility sites and patients.
- Patient rights to care and privacy and to participate in care planning; rights to have information disclosed to family/others; visitation rights; discharge planning.
- Medical ethical obligations.
- HIPAA exception for disclosure to law enforcement official with custody for health, safety, or security reasons .

Responding When Patients Are in Custody – Legal Framework Continued

- How should a healthcare facility determine whether a person is in the “lawful custody” of immigration authorities?”
- Lawful custody is a legal determination for a court.
 - 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.

Model Policies – Examples

- Designate locations for officers to wait when patient privacy requires the officer leave patient's room/other treatment area and request officers to wait in such areas.
- Personnel are prohibited from relying on law enforcement officers to serve as interpreters or surrogate decisionmakers for patients in their care or custody.
- Apply restraints only when medically necessary or due to safety concerns and request removal of restraints that interfere with medical care.
- Take reasonable safeguards to protect privacy, including privacy screens/curtains, securing electronic systems, and restricting the access to patient care areas.
- Absent safety concern from staff, request that officers accompanying patients in detention remain outside the patient's room at all times.

Model Policies – Examples Continued

- Request officer to leave examination or patient room or treatment areas during medical care discussion and/or patient's physical/sensitive examinations. Request that the officer at least move out of earshot. Try to shield communications.
- “Blackout” or “do not announce” procedures: Once determined that a patient is not under criminal detention, such procedures will not be applied as a matter of course. See Model Policies for additional detail.
- 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.
- Facility policy is that patient may directly communicate with family, legal counsel, clergy, advocates, and others.
- Document refusals.

Model Policies – Examples Continued

- Required Practices for Patient Discharge and Continuation of Care
 - Follow the same discharge planning and continuation of care protocols for all patients.
 - Determine patient has completed treatment at facility prior to discharge.
 - Train providers and staff that policy is only facility providers and staff, and not law enforcement officers, will determine when it is safe to discharge a patient.
 - Coordinate discharge plan with receiving facility clinician prior to discharge.
 - Don't discuss patient medical information/discharge planning with officers or agents other than medical/clinical staff at agency or detention facility.
 - Make reasonable efforts to confirm receiving facility has resources to meet the medical needs of the patient before discharge.
 - If staff cannot determine whether it is a safe discharge, escalate the matter to the facility's medical director or designated official.

And last but not least...the FAQs:

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.



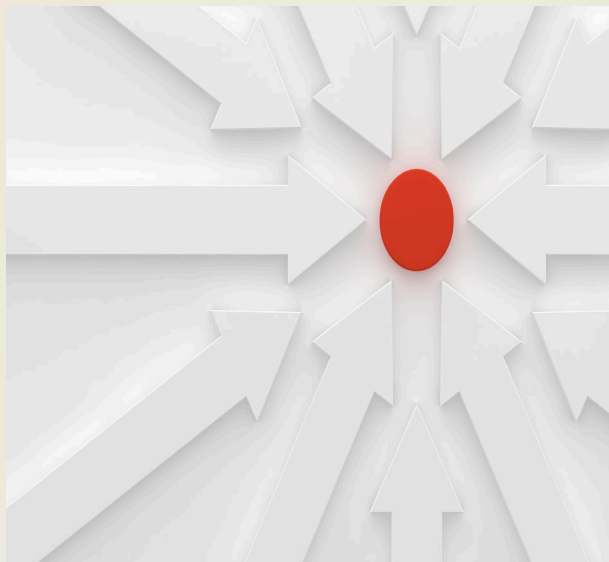
...and a Quick Reference Guide

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.



Additional Resources for Community Members

- **ICE Detainee Locator**

- locator.ice.gov — helps determine if someone has been detained and where, using date of birth and A-Number if available. The site is not updated in real time.

- **Rapid Response Networks**

- Community-based responses (not involving government agencies) to immigration enforcement – offer hotlines for reporting of enforcement activity and connecting individuals to legal assistance and “Know Your Rights” information.

- **Legal Assistance**

- State Bar of California attorney search (calbar.ca.gov), legal aid directories (e.g., [National Immigration Legal Services Directory - Immigration Advocates Network](#)), and California Courts Self-Help Centers.
- Immigration Court Hotline: 1-800-898-7180, and the EOIR case status website.
- Consulate or Embassy of an individual's country of origin may offer additional assistance.
- Know Your Rights materials

Resources

- For the full updated guidance, please visit:
oag.ca.gov/immigrant – Scroll down to Resources – Resources for Public Institutions – Guidance and Model Policies to Assist California’s Healthcare Facilities
- To access CA DOJ immigration resources visit:
 - <https://oag.ca.gov/immigrant/resources>
 - Know your rights materials; resources for employers
- To report federal agent misconduct:
 - <https://oag.ca.gov/reportmisconduct>

Questions

Thank You!

Upcoming Events:

CARE Community Briefing Series: SB 54 Updated Guidance and Model Policies for Public Institutions	
Thursday, 10/8 1:30-2:30 PM Guidance and Model Policies to Assist California Shelters	Thursday, 10/29 1:30-2:30 PM CARE Community Briefing: Guidance and Model Policies to Assist California's Labor Agencies
Thursday, 10/15 2:00-3:00 PM CARE Community Briefing: Guidance and Model Policies to Assist California's Public Libraries	Thursday, 11/12 1:30-2:30 PM CARE Community Briefing: Guidance and Model Policies to Assist California's Colleges and Universities

Register At: oag.ca.gov/care

Subscribe to receive notices on SB 54 Guidance and Model Policies: oag.ca.gov/subscribe

Contact Us: care@doj.ca.gov