State of California
Office of Administrative Law

In re: **Department of Corrections and Rehabilitation**	**NOTICE OF APPROVAL OF CERTIFICATE OF COMPLIANCE**
Regulatory Action: **Title 15, California Code of Regulations** **Adopt sections:** 3999.209 **Amend sections:** 3076, 3076.1, 3076.2, 3076.5, 3999.98, 3999.99 **Repeal sections:** 3076.3, 3076.4	**Government Code Sections 11349.1 and 11349.6(d)** **OAL Matter Number: 2025-0912-03** **OAL Matter Type: Certificate of Compliance (C)**

This certificate of compliance action makes permanent regulatory changes concerning the recommendation to recall commitments and resentencing of incarcerated persons pursuant to Penal Code, section 1172.2 first implemented in OAL Matter Nos. 2025-0211-06EON and 2025-0523-01EON.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: October 24, 2025

Jason W. Falina
Attorney

For: Kenneth J. Pogue
Director

Original: Jeffrey Macomber, Secretary
Copy: Robin Hart

Docusign Envelope ID: ACE821CF-FB71-4B16-B30B-D77B4FFD2DF9

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-2025-0523-02	2025-0912-03C	

For use by Office of Administrative Law (OAL) only

OFFICE OF ADMINISTRATIVE LAW

Electronic Submission

OFFICE OF ADMIN. LAW
2025 SEP 12 AM 11:41

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

OCT 24 2025

1:42 PM

RECVED DATE	PUBLICATION DATE
05/23/2025	06/06/2025
NOTICE	REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
Department of Corrections and Rehabilitation

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
Compassionate Release	15	3076	~~TBD~~ 06/06/2025

3. NOTICE TYPE	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
[X] Notice re Proposed Regulatory Action [ ] Other	Robin Hart	(916) 896-6780	

OAL USE ONLY	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE
	[ ] Approved as Submitted [ ] Approved as Modified [ ] Disapproved/ Withdrawn	2025,23-2	6/6/25

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
Compassionate Release	2025-0211-06EON, 2025-0523-01EON

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	
	ADOPT: 3999.209
	AMEND: 3076, 3076.1, 3076.2, 3076.5, 3999.98, 3999.99
TITLE(S): 15	REPEAL: 3076.3, 3076.4

3. TYPE OF FILING

- [ ] Regular Rulemaking (Gov. Code §11346)
- [ ] Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)
- [ ] Emergency (Gov. Code, §11346.1(b))
- [X] Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
- [ ] Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
- [ ] Emergency Readopt (Gov. Code, §11346.1(h))
- [ ] File & Print
- [ ] Other (Specify)
- [ ] Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
- [ ] Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

- [ ] Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
- [X] Effective on filing with Secretary of State
- [ ] §100 Changes Without Regulatory Effect
- [ ] Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- [ ] Department of Finance (Form STD. 399) (SAM §6660)
- [ ] Fair Political Practices Commission
- [ ] State Fire Marshal
- [ ] Other (Specify)

7. CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
Robin Hart	(916) 896-6780		Robin.Hart@cdcr.ca.gov

8. **I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

DocuSigned by:

SIGNATURE OF AGENCY HEAD OR DESIGNEE	DATE
Jeffrey Macomber	8/27/2025

TYPED NAME AND TITLE OF SIGNATORY
Jeffrey Macomber, Secretary, California Department of Corrections and Rehabilitation

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

OCT 24 2025

Office of Administrative Law

FINAL TEXT OF REGULATIONS

In the following, strikethrough indicates deleted text and underline indicates added, amended, or moved text.

California Code of Regulations, Title 15, Division 3, Adult Institutions, Programs, and Parole

Chapter 1. Rules and Regulations of Adult Operations

Article 6.6. Department Recommendation to Recall Sentence and Resentence Incarcerated Person

Section 3076 is amended to read:

Section 3076. Secretary's Authority.

(a) Subdivision (a)(1) of Section 1172.1 of the Penal Code authorizes the Secretary to recommend to a sentencing court that the sentence and commitment previously imposed on an incarcerated person be recalled and that the court resentence the incarcerated person for any reason, subject to the Secretary's sound discretion.

(b) The provisions of this article do not apply to condemned incarcerated persons and incarcerated persons sentenced to life without the possibility of parole.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 1172.1 and 5054, Penal Code.

Section 3076.1 is amended to read:

Section 3076.1. Recommendation Pursuant to Subdivision (a)(1) of Section 1172.1 of the Penal Code.

Sections 3076.1(a) through 3076.1(e)(3) remain unchanged.

(4) Pursuant to the broad discretion vested in the Secretary by statute, namely subdivision (a)(1) of Section 1172.1 of the Penal Code, the Secretary's decision is final and not subject to internal administrative review.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 290, 1172.1, 3041, 3051, 3055 and 5054, Penal Code; and Cal. Const., Art. I, sec. 32.

Section 3076.2 is amended to read:

Section 3076.2. Referral Based on a Law Enforcement, Prosecutorial, or Judicial Referral.

(a) No more than 10 business days after receiving a request from the head of a law enforcement agency, head of a prosecutorial agency, or judicial officer asking that the Secretary consider referring an incarcerated person to a sentencing court pursuant to subdivision (a)(1) of Section 1172.1 of the Penal Code, the Classification Services Unit shall forward a copy of the request to the District Attorney of the county that prosecuted the incarcerated person resulting in their current incarceration in state prison for consideration pursuant to the District Attorney's independent authority to initiate such a referral.

Sections 3076.2(b) and 3076.2(c) remain unchanged.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 1172.1(a), 3043 and 5054, Penal Code.

Section 3076.3 is repealed.

Section 3076.4 is repealed.

Section 3076.5 is renumbered to 3076.3 and amended to read:

Section 3076.3. Victim Notifications.

(a) Recommendation pursuant to subdivision (a)(1) of Section 1172.1 of the Penal Code.

(1) No more than 10 business days after the Office of Victim and Survivor Rights and Services has been notified of a referral by the Department to the sentencing court pursuant to subdivision (a)(1) of Section 1172.1 of the Penal Code, based on exceptional conduct as described in subsection 3076.1(a)(1) or a law enforcement, prosecutorial, or judicial referral as described in subsection 3076.2, that office shall notify all victims registered with the Department pursuant to subdivision (b) of Section 679.03 of the Penal Code of the Department's action.

(2) No more than 10 business days after the Office of Victim and Survivor Rights and Services has been notified that the sentencing court has scheduled a hearing on a referral pursuant to subdivision (a)(1) of Section 1172.1 of the Penal Code, based on the substantial likelihood of a sentencing discrepancy as described in subsection 3076.1(a)(2) or a change in sentencing law as described in subsection 3076.1(a)(3), that office shall notify all victims registered with the Department pursuant to subdivision (b) of Section 679.03 of the Penal Code of the Department's action.

(b) All notifications made pursuant to this section shall include the name and the address of the court that will consider the recall of the incarcerated person's commitment.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 679.03, 1172.1, 2085.5, 3003, 3043, 3043.1, 3043.2, 3043.25, 3043.3, 3053.2, 3058.8, 3605, 5054 and 5065.5, Penal Code.

Chapter 2. Rules and Regulations of Health Care Services

Article 1. Health Care Definitions

Section 3999.98 is amended to incorporate in alphabetical order the following, and all other text within this section remains the same:

Section 3999.98. Definitions.

Compassionate Release means the court recall and resentencing of an ~~patient~~ incarcerated person in accordance with the process set forth in the California Code of Regulations, Title 15 section 3999.209 and California Penal Code section 1172.2.

Director of Health Care Services means the Statewide Chief Medical Executive.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Newsom* (U.S. Dist. Ct., N.D.Cal., October 3, 2005, No. C01-1351 JST) 2005 WL 2932253~~*Plata v. Newsom* (N.D. Cal., July 22, 2020, No. 01-CV-01351-JST) 2020 WL 4248685~~.

Section 3999.99 is amended to incorporate in alpha-numerical order the following, and all other text within this section remains the same:

Section 3999.99. Forms.

CDCR 128-C (Rev. 03/25), Medical-Psychiatric-Dental (Chrono)

CDCR 3038 (Rev. ~~03/25~~10/25), Notification and Authorization to Incarcerated Person Regarding Compassionate Release

CDCR 3039 (Rev. ~~03/25~~10/25), Waiver of Defendant's Physical or Remote Presence at Compassionate Release Hearing

CDCR 7385 (Rev. 01/25), Authorization for Release of Protected Health Information

CDCR 7385-CR (Rev. 05/25), Authorization for Release of Protected Health Information – Compassionate Release

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

Subchapter 2. Patient's Entitlements and Responsibilities

Article 1. Provisions of Health Care Services

Section 3999.209 is adopted to read.

Section 3999.209. Compassionate Release.

(a) California Department of Corrections and Rehabilitation (CDCR) shall refer to the court an ~~patient~~incarcerated person who meets the criteria for Compassionate Release and follow the processes set forth in Penal Code (PC) section 1172.2.

(b) The Primary Care Provider (PCP) shall identify ~~patients~~incarcerated persons who meet the medical criteria for compassionate release set forth in PC section 1172.2(b), which is either:

(1) The ~~patient~~incarcerated person has a serious and advanced illness with end-of-life trajectory; or

(2) The ~~patient~~incarcerated person is permanently medically incapacitated with a medical condition or functional impairment that renders them permanently unable to complete basic activities of daily living, including but not limited to, bathing, eating, dressing, toileting, transferring, and ambulation, or has progressive end-stage dementia and that incapacitation did not exist at the time of the original sentencing.

(c) An ~~patient~~incarcerated person, family member, or designee may independently request consideration of an ~~patient~~incarcerated person for compassionate release by providing a written request to the institution Chief Medical Executive (CME).

(d) The PCP, in consultation with institution CME or designee, shall determine if an incarcerated person meets the medical criteria for compassionate release.

(~~d~~1) If the PCP determines an ~~patient~~incarcerated person meets the medical criteria for compassionate release, and the ~~patient~~incarcerated person is statutorily eligible pursuant to PC 1170.02 and PC 1172.2(o), the PCP, in consultation with the institution CME or designee, shall initiate the referral to the Director of Health Care Services. This begins the 45-calendar day window permitted by law within which an ~~patient~~incarcerated person who meets the requirements of the law shall be referred to the court. The referral shall include the following:

(~~1~~A) CDCR 128-C, Medical-Psychiatric-Dental (Chrono) and

(~~2~~B) CDCR 7385-CR, Authorization for Release of Protected Health Information – Compassionate Release.

(2) If the PCP, in consultation with the institution CME or designee, determines that the incarcerated person does not meet the medical criteria or if the incarcerated person is not statutorily eligible pursuant to PC 1170.02 and PC 1172.2(o), they shall not initiate the referral to the Director of Health Care Services; and shall document that determination in the health record and notify the incarcerated person and headquarters Complex Care Team.

(e) Director of Health Care Services Review.

(1) If the Director of Health Care Services does not concur that the ~~patient~~incarcerated person meets the medical criteria for compassionate release, the Director, or designee, shall document the reason(s) for the decision and notify the PCP, Classification and Parole Representative (C&PR), institution CME, Classification Services Unit (CSU), headquarters Complex Care Team, and ~~patient~~incarcerated person~~, and designee~~ via a denial letter.

(2) If the Director of Health Care Services concurs that the ~~patient~~incarcerated person meets the medical criteria for compassionate release, the Director, or designee, shall notify the Warden, ~~Classification Services Unit (~~CSU~~)~~, and ~~Classification and Parole Representative (~~C&PR~~)~~ ~~office~~ to process the referral.

(f) Upon receipt of the Director's notification, if the ~~patient~~incarcerated person is found eligible, the C&PR, or designee, shall notify the ~~patient~~incarcerated person within 48 hours and do the following:

(1) Explain the process, and offer the ~~patient~~incarcerated person the opportunity to complete a CDCR 3038, Notification and Authorization to Incarcerated Person Regarding Compassionate Release, whereby they may designate a family member or other outside agent to be notified of their medical condition and prognosis and to inform that person regarding the compassionate release process. If the ~~patient~~incarcerated person ~~lacks capacity to consent,~~does not appear to understand or has been deemed mentally unfit, the ~~patient's~~incarcerated person's emergency contact shall be notified and informed of the compassionate release referral and process.

(2) ~~If the patient has the capacity to consent, o~~Offer the ~~patient~~incarcerated person an opportunity to complete a CDCR 3039, Waiver of Defendant's Physical or Remote Presence at Compassionate Release Hearing. ~~If the patient lacks capacity to consent,~~If the incarcerated person does not appear to understand or has been deemed mentally unfit, the incarcerated person's emergency contact shall be notified. ~~t~~The C&PR, or designee, shall indicate such on the CDCR 3039~~ that, due to patient's medical condition, the patient lacks capacity to waive their right to personally appear~~.

(g) The C&PR, or designee, shall prepare a referral packet which shall include, at a minimum, the following:

(1) A Case Factor Summary in which the Correctional Counselor shall review and summarize relevant information from documents in the incarcerated person's~~individual's~~ central file including, without limitation, information regarding the current commitment offense, prior

criminal history, institutional behavior, work and education assignments, participation in self-help activities, victim notifications, registration requirements, and known parole residency restrictions.

(2) CDCR 3038

(3) CDCR 3039

(4) CDCR 128-C

(5) CDCR 7385-CR

(h) The C&PR, or designee, shall obtain the Warden's signature and submit the compassionate release referral packet to the CSU.

(i) The CSU shall submit the approved packet to the appropriate court, the District Attorney's office, and the Public Defender's office. The CSU shall also notify ~~responsible~~applicable parties at CDCR, including the Office of Victim and Survivor Rights and Services (OVSRS).

(1) OVSRS shall notify all victims registered with the Department pursuant to ~~subdivision (b) of Section 679.03 of the PC of the Department's action~~PC Section 679.03(b).

(j) Pursuant to PC section 1172.2(c), within 10 calendar days of receiving a referral for compassionate release, the sentencing court shall hold a hearing. CDCR shall facilitate an ~~patient's~~incarcerated person's or the legal representative's timely request to attend the hearing remotely.

(k) The C&PR, or designee, shall notify the ~~patient~~incarcerated person of the court's decision.

(*l*) Pursuant to PC section 1172.2(~~*l*~~l), if the sentencing court grants the recall and resentencing application, the ~~patient~~incarcerated person shall be released by the Department within 48 hours of receipt of the court's order, unless a longer time period is agreed to by the ~~patient~~incarcerated person ~~or ordered by the court~~. If the ~~patient~~incarcerated person has agreed to waive the 48-hour release requirement, the Department shall request the sentencing court include in its order that the ~~patient~~incarcerated person shall be released within 30 calendar days to allow for the coordination of their housing and medical needs in the community to a location where access to care is available.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 28(b), California Constitution; and Sections ~~5054,~~ 1170, 1170.18(c), 1172, ~~and~~ 1172.2, and 5054, Penal Code~~; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California~~.

DATE MEDICAL-PSYCHIATRIC-DENTAL

NAME and NUMBER CDCR-128-C (Rev. 03/25)

DATE MEDICAL-PSYCHIATRIC-DENTAL

NAME and NUMBER CDCR-128-C (Rev. 03/25)

DATE MEDICAL-PSYCHIATRIC-DENTAL

Repeal

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

NOTIFICATION AND AUTHORIZATION TO INCARCERATED PERSON REGARDING COMPASSIONATE RELEASE
CDCR 3038 (Rev. 03/25)

To: _____ **CDCR#:** _____
Institution: _____ **Date:** _____

Notice of Compassionate Release Process:

Pursuant to California Penal Code Section 1172.2, your Primary Care Provider (PCP) referred you for compassionate release consideration. The California Department of Corrections and Rehabilitation (CDCR) will submit the referral to the sentencing court within 45 days of the Chief Medical Executive's receipt of the initial referral from your PCP. Once received, the sentencing court is expected to hold a hearing within ten days. If the sentencing court grants you compassionate release, CDCR is required to release you within 48 hours of the court's order unless a longer time is agreed to by you and is ordered by the court, in which case, you shall be released within 30 days. CDCR will provide you with updates about the status of your referral.

Patient Action Required:

1) **Name Additional Person to Receive Status Updates.** Would you like to identify another person (for example, a family member) to receive updates regarding the status of your referral?

   ☐ Yes. Name of person and contact information: _____
   Note: If you would like CDCR to release any protected health information to this person, please attach CDCR Form 7385, Authorization for Release of Protected Health Information, naming this person.

   ☐ No. I decline to designate a contact person at this time.

2) **Waive the 48-hour Release Rule.** Arrangements to release an incarcerated person to a location where access to care is available can sometimes take longer than 48 hours to coordinate. If the sentencing court grants you compassionate release, but a location where you would have access to care has not been identified, do you agree to waive your right to be released within 48 hours to allow CDCR time to make arrangements for your care, but in no case longer than 30 days of the court's order?

   ☐ Yes

   ☐ No. I decline to waive the 48-hour release rule at this time.

Incarcerated Person Lacks Capacity:

☐ Due to the incarcerated person's medical condition, it has been determined the incarcerated person lacks capacity to waive their right to 48-hour release. Note the emergency contact name notified as outlined in Penal Code Section 1172.2(d) and (f).

Name of emergency contact: _____

Incarcerated Person's Name (Print or Type)	Date Notice Provided:	Notice Provided by (Print or Type Counselor's Name)
_____ Incarcerated Person's Signature	_____	_____ Counselor's Signature
Incarcerated Person's Designee, if applicable (Print or Type)	Date Notice Provided:	Notice Provided by (Print or Type Counselor's Name)

Effective Communication:

When required per policy, the Correctional Counselor shall document the provision of effective communication within SOMS (Offender Assessments>Effective Communication History). The assistance provided shall be consistent with the incarcerated person's disability. Additionally, the primary method of communication (if assigned) shall be used and documented, or the Correctional Counselor shall document the reason for not using the primary method of communication.

DISTRIBUTION: **Original:** Sentencing Court **Copies:** Incarcerated Person, C-File, Public Defender, District Attorney, DAI

NOTIFICATION AND AUTHORIZATION TO INCARCERATED PERSON REGARDING COMPASSIONATE RELEASE
CDCR 3038 (Rev. 10/25)

To: _____ **CDCR#:** _____

Institution: _____ **Date:** _____

Notice of Compassionate Release Process:

Pursuant to California Penal Code Section 1172.2, your Primary Care Provider (PCP) referred you for compassionate release consideration. The California Department of Corrections and Rehabilitation (CDCR) will submit the referral to the sentencing court within 45 days of the Chief Medical Executive's receipt of the initial referral from your PCP. Once received, the sentencing court is expected to hold a hearing within ten days. If the sentencing court grants you compassionate release, CDCR is required to release you within 48 hours of the court's order unless a longer time is agreed to by you and is ordered by the court, in which case, you shall be released within 30 days. CDCR will provide you with updates about the status of your referral.

Form Offered:

☐ The incarcerated person does not appear to understand or has been deemed mentally unfit and therefore the emergency contact was notified.

Name of emergency contact: _____

Incarcerated Person Action Required:

1) **Name Additional Person to Receive Status Updates**. Would you like to identify another person (for example, a family member) to receive updates regarding the status of your referral?

☐ Yes. Name of person and contact information: _____
Note: If you would like CDCR to release any protected health information to this person, please attach CDCR Form 7385, Authorization for Release of Protected Health Information, naming this person.

☐ No. I decline to designate a contact person at this time.

2) **Waive the 48-hour Release Rule.** Arrangements to release an incarcerated person to a location where access to care is available can sometimes take longer than 48 hours to coordinate. If the sentencing court grants you compassionate release, but a location where you would have access to care has not been identified, do you agree to waive your right to be released within 48 hours to allow CDCR time to make arrangements for your care, but in no case longer than 30 days of the court's order?

☐ Yes

☐ No. I decline to waive the 48-hour release rule at this time.

Incarcerated Person's Name (Print or Type) _____ Incarcerated Person's Signature	Date Notice Provided: _____	Notice Provided by (Print or Type Counselor's Name) _____ Counselor's Signature
Incarcerated Person's Designee, if applicable (Print or Type)	Date Notice Provided:	Notice Provided by (Print or Type Counselor's Name)

Effective Communication:

When required per policy, the Correctional Counselor shall document the provision of effective communication within SOMS (Offender Assessments>Effective Communication History). The assistance provided shall be consistent with the incarcerated person's disability. Additionally, the primary method of communication (if assigned) shall be used and documented, or the Correctional Counselor shall document the reason for not using the primary method of communication.

DISTRIBUTION: **Original:** Sentencing Court **Copies:** Incarcerated Person, C-File, Public Defender, District Attorney, DAI

Repeal

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

WAIVER OF DEFENDANT'S PHYSICAL OR REMOTE PRESENCE AT COMPASSIONATE RELEASE HEARING

CDCR 3039 (Rev. 03/25)

For the Superior Court of California County of

_____

(Print or Type County of Commitment)

The undersigned defendant, having been advised of their right to be present at all stages of the proceedings, including, but not limited to, presentation of and arguments on questions of fact and law, and to be confronted by and cross-examine all witnesses, hereby knowingly, intelligently, and voluntarily waives the right to be physically or remotely present at the hearing of any motion or other proceeding in this cause. The undersigned defendant hereby requests the court to proceed during every absence of the defendant that the court may permit pursuant to this waiver, and hereby agrees that their interest is represented at all times by the presence of their attorney the same as if the defendant were physically or remotely present in court, and further agrees that notice to their attorney that their physical or remote presence in court on a particular day at a particular time is required is notice to the defendant of the requirement of their physical or remote appearance at that time and place.

	Incarcerated person physically unable to sign however, communicated to staff listed below they understand their right to appear and agree to waive that right.
	Incarcerated person elects to waive.
	Incarcerated person elects <u>not</u> to waive and therefore did not sign this form.
	Due to patient's medical condition, patient lacks capacity to waive their right to personally appear.

_____
Incarcerated Person's Name (Print)

_____
Staff Name/Title (Print)

_____
Incarcerated Person's Signature

_____
Staff Signature

_____
CDCR Number

_____
Date

_____
Date

<u>Effective Communication:</u>

When required per policy, the Correctional Counselor shall document the provision of effective communication within SOMS (Offender Assessments>Effective Communication History). The assistance provided shall be consistent with the incarcerated person's disability. Additionally, the primary method of communication (if assigned) shall be used and documented, or the Correctional Counselor shall document the reason for not using the primary method of communication.

DISTRIBUTION: **Original:** Sentencing Court **Copies:** Incarcerated Person, C-File, Public Defender, District Attorney, DAI

Adopt

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

WAIVER OF DEFENDANT'S PHYSICAL OR REMOTE PRESENCE AT COMPASSIONATE RELEASE HEARING

CDCR 3039 (Rev. 10/25)

For the Superior Court of California County of

_____

(Print or Type County of Commitment)

The undersigned defendant, having been advised of their right to be present at all stages of the proceedings, including, but not limited to, presentation of and arguments on questions of fact and law, and to be confronted by and cross-examine all witnesses, hereby knowingly, intelligently, and voluntarily waives the right to be physically or remotely present at the hearing of any motion or other proceeding in this cause. The undersigned defendant hereby requests the court to proceed during every absence of the defendant that the court may permit pursuant to this waiver, and hereby agrees that their interest is represented at all times by the presence of their attorney the same as if the defendant were physically or remotely present in court, and further agrees that notice to their attorney that their physical or remote presence in court on a particular day at a particular time is required is notice to the defendant of the requirement of their physical or remote appearance at that time and place.

	Incarcerated person elects to waive.
	Incarcerated person physically unable to sign however, communicated to staff listed below they understand their right to appear and agree to waive that right.
	Incarcerated person elects not to waive and therefore did not sign this form.
	If the incarcerated person does not appear to understand or has been deemed mentally unfit, the incarcerated person's emergency contact shall be notified.

_____
Incarcerated Person's Name (Print)

_____
Staff Name/Title (Print)

_____
Incarcerated Person's Signature

_____
Staff Signature

_____
CDCR Number

_____
Date

_____
Date

Effective Communication:

When required per policy, the Correctional Counselor shall document the provision of effective communication within SOMS (Offender Assessments>Effective Communication History). The assistance provided shall be consistent with the incarcerated person's disability. Additionally, the primary method of communication (if assigned) shall be used and documented, or the Correctional Counselor shall document the reason for not using the primary method of communication.

DISTRIBUTION: **Original:** Sentencing Court **Copies:** Incarcerated Person, C-File, Public Defender, District Attorney, DAI

Adopt

STATE OF CALIFORNIA
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION - COMPASSIONATE RELEASE
CDCR 7385-CR (Rev. 05/25)

California Correctional Health Care Services

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

1. PATIENT INFORMATION

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

2. PARTIES TO RECEIVE INFORMATION (SELECT ONE)

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

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

3. PARTY TO RELEASE INFORMATION (SELECT ONE)

☐ CDCR
☐ Organization Name_____

4. PURPOSE

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

5. INFORMATION TO BE RELEASED

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

☐ 1. All information related to my care
☐ 2. The following information
- ☐ Mental health information
- ☐ Dental information
- ☐ Medical information
- ☐ Other information (specify) _____

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

B. Specially Protected Health Information (select if applicable)

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

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

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

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

C. Dates of Service (select one)

☐ All dates of service

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

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

☐ Written or electronic records (e.g., facsimile, mail, CD)

☐ Verbal or written correspondence (Note: This option is not available to patients who have paroled or discharged from CDCR.)

7. EXPIRATION DATE

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

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

☐ This authorization expires one year from the date signed below

☐ This authorization expires on the following date: _____.

8. RIGHTS

I understand:

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

9. SIGNATURES

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

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

DISTRIBUTION: Original: Health Records; Copies: Patient
EHRS LOCATION: Administrative – Authorization for Release of Health Care Record; Authorization for Release of PHI

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

1. PATIENT INFORMATION

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

2. PARTIES TO RECEIVE INFORMATION (SELECT ONE)

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

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

3. PARTY TO RELEASE INFORMATION (SELECT ONE)

☐ CDCR
☐ Organization Name_____

4. PURPOSE

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

5. INFORMATION TO BE RELEASED

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

☐ 1. All information related to my care
☐ 2. The following information
- ☐ Mental health information
- ☐ Dental information
- ☐ Medical information
- ☐ Other information (specify) _____

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

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C. Dates of Service (select one)

☐ All dates of service

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

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

☐ Written or electronic records (e.g., facsimile, mail, CD)

☐ Verbal correspondence

7. EXPIRATION DATE

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

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