



## JUDICIAL COUNCIL OF CALIFORNIA

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# REPORT TO THE JUDICIAL COUNCIL

*Item No.: 20-135*

For business meeting on: May 15, 2020

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**Title**

Juvenile Law: Psychotropic Medication  
Information Release

**Agenda Item Type**

Action Required

**Effective Date**

September 1, 2020

**Date of Report**

April 24, 2020

**Contact**

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**Rules, Forms, Standards, or Statutes Affected**

Adopt Cal. Rules of Court, rule 5.642;  
amend rules 5.640, 5.706, 5.708, and 5.810;  
approve forms JV-228 and JV-228-INFO;  
adopt form JV-229; revise forms JV-221,  
JV-223, JV-224, and JV-287

**Recommended by**

Family and Juvenile Law Advisory  
Committee

Hon. Jerilyn L. Borack, Cochair

Hon. Mark A. Juhas, Cochair

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### Executive Summary

The Family and Juvenile Law Advisory Committee recommends adopting one rule of the California Rules of Court and amending four rules, approving two forms, adopting one form, and revising four forms, to conform to recent statutory changes regarding children for whom the juvenile court has approved requests for prescription of psychotropic medications, which were enacted by Senate Bill 377 (McGuire; Stats. 2019, ch. 547).

### Recommendation

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective September 1, 2020:

1. Amend rule 5.640 of the California Rules of Court to add three new forms (discussed below) to the list of the documents the applicant must provide the child's attorney when providing

notice of the request for psychotropic medication, and to add “Indian custodian” whenever there is a reference to “parent or legal guardian.”

2. Adopt rule 5.642 to provide the requirements for processing the forms, including providing the forms to the child and child’s attorney, signing the authorization form, and sending the authorization form to the California Department of Social Services (CDSS).
3. Amend rules 5.706 and 5.708 to require the social worker to provide before the hearing a blank copy of *Withdrawal of Release of Information to Medical Board of California* (form JV-229) to the child if the child has signed *Position on Release of Information to Medical Board of California* (form JV-228) if it is the last hearing before the child turns 18 years of age or if the social worker is recommending termination of juvenile court jurisdiction.
4. Amend rule 5.810 to require the probation officer to provide before the hearing a blank copy of *Withdrawal of Release of Information to Medical Board of California* (form JV-229) to the child if the child has signed *Position on Release of Information to Medical Board of California* (form JV-228) if it is the last hearing before the child turns 18 years of age or if the social worker is recommending termination of juvenile court jurisdiction.
5. Approve *Position on Release of Information to Medical Board of California* (form JV-228) for the child or child’s attorney to indicate whether the child authorizes CDSS to release the child’s identification information to the Medical Board of California (the board) so it can ascertain whether there is excessive prescribing of psychotropic medication.
6. Approve *Background on Release of Information to Medical Board of California* (form JV-228-INFO) to give to the child and child’s attorney to explain why form JV-228 is being provided, what information may be revealed to the board, the confidentiality of the information revealed to the board, and a description of the process to withdraw any authorization.
7. Adopt *Withdrawal of Release of Information to Medical Board of California* (form JV-229) as a mandatory form for the child or child’s attorney to use to withdraw any authorization to release information to the board.
8. Revise *Proof of Notice on Application* (form JV-221) to include the three additional documents that must be served on the child and child’s attorney by the applicant.
9. Revise *Order on Application for Psychotropic Medication* (form JV-223) to add a new item for the court to indicate whether the authorization is for three or more concurrent psychotropic medications for 90 days or more and, if so, order the applicant to provide the child and the child’s attorney blank copies of *Position on Release of Information to Medical Board of California* (form JV-228), *Background on Release of Information to Medical Board*

*of California* (form JV-228-INFO), and *Withdrawal of Release of Information to Medical Board of California* (form JV-229).

10. Revise *County Report on Psychotropic Medication* (form JV-224) to add an item for the social worker or probation officer to indicate whether the court order is for three or more concurrent psychotropic medications for 90 days or longer. If so, the item would ask whether form JV-228 has been filed with the court.
11. Revise *Confidential Information* (form JV-287) to amend the instructions to indicate the form can be used with form JV-228, that the form must be kept under seal in the court file, and that only the court, the agency, and the child's attorney can look at the information.

The text of the new and amended rules is attached at pages 11–17. The new and revised forms are attached at pages 18–32.

### **Relevant Previous Council Action**

As mandated by Senate Bill 543 (Bowen; Stats. 1999, ch. 552), effective January 1, 2001, the Judicial Council adopted a California Rule of Court and two Judicial Council forms regarding administration of psychotropic medications to children under the jurisdiction of the juvenile court. This initial proposal included rule 1432.5, *Application for Order for Psychotropic Medication—Juvenile* (form JV-220), and *Opposition to Application for Order for Psychotropic Medication—Juvenile* (form JV-220A). Clarifying changes were made to the rule and forms effective January 1, 2003, January 1, 2005, and July 1, 2005.

Effective January 1, 2007, rule 1432.5 was renumbered as rule 5.640, as part a comprehensive reorganization and renumbering to improve the format and usability of the California Rules of Court. Effective January 1, 2008, the Judicial Council amended rule 5.640, revised form JV-220, revoked form JV-220A, and adopted forms JV-219-INFO, JV-220(A), JV-221, JV-222, and JV-223 to improve the statewide procedure used to seek authorization for administering psychotropic medication to children in out-of-home placements.

Effective January 1, 2014, the council amended rule 5.640 and revised three related forms: JV-219-INFO, *Information About Psychotropic Medication Forms*; JV-221, *Proof of Notice: Application for Psychotropic Medication*; and JV-222, *Opposition to Application Regarding Psychotropic Medication* to (1) clarify the time frame for filing an opposition to an application for the juvenile court to authorize the administration of psychotropic medication for a child, (2) clarify appropriate methods of service and notice protocols, and (3) add notice requirements for an Indian child's tribe if psychotropic medication is being sought for an Indian child.

Effective July 1, 2016, the council amended rule 5.640; approved two related forms, *Child's Opinion About the Medicine* (form JV-218) and *Statement About Medicine Prescribed* (form JV-219); adopted two related forms, *Physician's Request to Continue Medication—Attachment* (form JV-220(B)) and *County Report on Psychotropic Medication* (form JV-224); revised five

related forms, *Application for Psychotropic Medication* (form JV-220), *Physician’s Statement—Attachment* (form JV-220(A)), *Proof of Notice of Application* (form JV-221), *Input on Application for Psychotropic Medication* (form JV-222), and *Order on Application for Psychotropic Medication* (form JV-223); and revised and renumbered one related form, *Guide to Psychotropic Medications Forms* (form JV-217-INFO) to implement the mandates of Senate Bill 238 (Mitchell; Stats. 2015, ch. 534) which required the Judicial Council to develop rules and forms to (1) ensure that the child and his or her caregiver and Court Appointed Special Advocate volunteer (CASA), if any, have an opportunity to provide input on the medications being prescribed; (2) ensure that information regarding an assessment of the child’s overall mental health and treatment plan, as well as information regarding the rationale for the proposed medication are provided to the court; (3) address how to proceed if information, otherwise required to be included in a request for authorization, is not included in the request; (4) include a process for periodic oversight by the court of orders regarding the administration of psychotropic medication; and (5) mandate that the child welfare agency, probation department, or other person or entity who submitted the request for authorization of psychotropic medication provide a copy of the court order approving or denying the request to the child’s caregiver.

Most recently, effective January 1, 2018, based on the suggestions received from stakeholders and others about how the forms were functioning, the Judicial Council made several clarifying changes to the rule and forms in a “clean-up” proposal. The council again amended rule 5.640; approved *Order Delegating Judicial Authority Over Psychotropic Medication* (form JV-216) as a new optional form to document the court’s findings and order when the court orders that a parent is authorized to approve or deny the administration of psychotropic medication; and again revised forms JV-217-INFO, JV-219, JV-220, JV-220(A), JV-220(B), JV-221, JV-222, JV-223, and JV-224.

## **Analysis/Rationale**

As indicated in the legislative history for SB 377, in 1999, the Legislature passed Senate Bill 543 (Bowen; Stats. 1999, ch. 552) to provide that only a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for children in foster care and that the juvenile court may issue a specific order delegating this authority to a parent if the parent poses no danger to the child and has the capacity to authorize psychotropic medications. This legislation was passed in response to concerns that foster children were being subjected to excessive use of psychotropic medication, and that judicial oversight was needed to reduce the risk of unnecessary medication. The Judicial Council was required to adopt rules of court to implement the new requirement. Accordingly, rule 5.640 of the California Rules of Court was adopted and specified the process for juvenile courts to follow in authorizing the administration of psychotropic medications; it also permits courts to adopt local rules to further refine the approval process.

In 2004, the provisions of SB 543 were amended by Assembly Bill 2502 (Keene; Stats. 2004, ch. 329) to require a judicial officer to approve or deny, in writing, a request for authorization to administer psychotropic medication, or set the matter for hearing, within seven days. This

amendment was intended to ensure timely consideration of requests for authorization to administer psychotropic medication to dependent children.

In 2015, Senate Bill 238 (Monning; Stats. 2015, ch. 534) further amended these provisions to, among other things, require the rules of court and corresponding forms to address specified concerns. These concerns included ensuring that the dependent or ward and the dependent's or ward's caregiver (or court-appointed special advocate, if any) are allowed an opportunity to provide input on the medications being prescribed, and that guidance be provided to the court on how to evaluate the request for authorization. The bill also required the rules of court and forms to include a process for periodic oversight by the court of orders regarding the administration of psychotropic medications.

In 2017, Senate Bill 1174 (McGuire; Stats. 2017, ch. 840), required the Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) to provide data, pursuant to a specified data-sharing agreement, to the Medical Board of California regarding Medi-Cal physicians and their prescribing patterns of psychotropic medications and related services for dependents or wards of the court, and provided that personal identifiers were to be removed from the data before providing it. That bill also required the board to contract with a psychiatrist who has expertise and specializes in pediatric care for the purpose of reviewing the data provided to the board to ensure the appropriate standard of care was being met.

The board's expert reviewing the data provided by CDSS flagged 86 patients who fit the description of being on three or more psychotropic medications for 90 days or more.<sup>1</sup> In order to assess if the psychotropic medications were prescribed appropriately and consistent with the standard of care, the board must review the patient's medical record. Under existing law, the board is required to obtain authorization to contact the individual before it can even ask for authorization to review the patient's medical record. Through administrative efforts with CDSS, the board received authorization to contact five individuals and was only able to get three authorizations for release of a patient's medical record. This resulted in the board only being able to investigate 3 of the 86 cases originally identified.<sup>2</sup>

Senate Bill 377 is intended to allow the board to get the information it needs to investigate more cases of potential over-prescription of psychotropic medication. The bill revises Welfare and Institutions Code sections 369.5 and 739.5 regarding psychotropic medication prescriptions, and requires the Judicial Council to develop a form to include a request for authorization by the child or child's attorney for CDSS to release the child's identification information to the board so it can ascertain whether there is excessive prescribing of psychotropic medication.

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<sup>1</sup> Welfare and Institutions Code section 14028 requires CDSS to share with the board data for all foster children who are or have been on three or more psychotropic medications for 90 days or more.

<sup>2</sup> Sen. Com. on Judiciary, Analysis of Sen. Bill No. 377 (2019–2020 Reg. Sess.) Apr. 23, 2019, p. 5

## **Policy implications**

The committee considered how to best implement SB 377, which required the development of a Judicial Council form with specified stakeholders.

The proposed forms and rules of court are intended to allow the board to get the information it needs to investigate more cases of potential over-prescription of psychotropic medication. The proposal should result in the board reviewing more cases to determine whether there is excessive prescribing of psychotropic medication to foster youth.

## **Comments**

This proposal circulated for comment as part of the winter 2020 invitation-to-comment cycle from December 11, 2019, to February 12, 2020, to the standard mailing list for family and juvenile law proposals. Included on the list were appellate presiding justices, appellate court administrators, trial court presiding judges, trial court executive officers, judges, court administrators and clerks, attorneys, family law facilitators and self-help center staff, legal services attorneys, social workers, probation officers, CASA programs, and other juvenile and family law professionals. Senate Bill 377 also required the Judicial Council to develop the form in consultation with CDSS, the Medical Board of California, the County Welfare Directors Association, the Chief Probation Officers of California, and groups representing foster children, dependency counsel, and children's advocates. Ten organizations provided comment: one agreed with the proposal, seven agreed with the proposal if modified, no commenters opposed the proposal, and two did not indicate a position. A chart with the full text of the comments received and the committee's responses is attached at pages 33–68.

The committee sought specific comment on whether the authorization to release information should last until it is withdrawn or whether there was an appropriate time for it to expire. The commenters did not overwhelmingly agree on any time frame. One thought it should last until withdrawn, several thought it should last one year, one thought it should be resigned every six months, since the orders are made that often, and one commentator, CDSS, agreed with the proposed three-year time frame that circulated for public comment.

The committee considered several time limits on the duration of the authorization. Since the board is looking at prescribing practices of physicians, the board may need to obtain information on children in past data sets. A short time limit, for example a one-year limit, on the authorization would only address data recently submitted to the board. One issue the board seeks to address, however, is its inability to obtain information on children that may have been in foster care several years ago. The board is looking at prescription patterns and as such, is not only requesting the identifying information for children in the most recent data set, but also for children prescribed medication by that same doctor for what could be years ago. Additionally, a short time frame would increase workload for the department, the child's attorney, the court clerk, and CDSS. The committee concluded that the authorization should remain valid until it is withdrawn. The committee has amended the rules and forms to indicate this. The rules have also been amended to require the social worker or probation officer to provide the youth a blank copy of *Withdrawal of Release of Information to Medical Board of California* (form JV-229) when it

is the last hearing before the child turns 18 years of age, or if the recommendation is to terminate juvenile court jurisdiction. This approach will decrease workload for both court clerks and CDSS since the authorization form will not need to be repeatedly filed and sent to CDSS.

CDSS, one of the stakeholders that SB 377 mandated the council to consult with, in response to the rule requiring the court clerk to send the JV-228 to CDSS at the address indicated on the form, commented:

The CDSS has significant concerns that this proposed provision imposes a requirement that does not exist in statute for the CDSS to be the repository of these documents, without any analysis of the costs and burdens that would be triggered by the creation of a separate system at the state level to receive and maintain the JV-228 forms. The CDSS does not typically receive individual case documents from the JV-220 process or maintain individual case files or records for child welfare services or probation cases. Such recordkeeping is done at the local level by the appropriate county child welfare services agency or county probation department overseeing the child's case. The CDSS therefore recommends striking paragraph (2) of subdivision (c) of the proposed Rule of Court 5.642 to remove CDSS as the point of delivery and repository for the JV-228 forms. Instead, the CDSS recommends that Rule 5.642 require either the clerk of the court to mail a copy of the filed JV-228 form to the respective county child welfare services agency or probation department, so it may be included in the child's existing individual case file, or alternatively, that the proposed rule require the child's attorney to provide a copy of form JV-228 to the county child welfare services agency or probation attorney upon filing the form with the juvenile court. Should the Medical Board of California request a further review of a dependent's/ward's medical record, the CDSS can simply contact the necessary county agency to determine if there is a JV-228 form on file.

The suggestion of maintaining the JV-228 form in the social worker or probation officer's file, however, does not address one of the main problems the board is having, which is obtaining the identifying information of children whose cases have been closed.

CDSS further commented:

The CDSS respectfully notes that this proposed Rule of Court creates a new responsibility and imposes a direct duty on an agency of the executive branch that is not prescribed by statute. The CDSS has significant concerns that this provision creating a new responsibility for an agency of the executive branch that is not a party to juvenile court proceedings may be beyond the constitutional authority of the Judicial Council to "adopt rules for court administration, practice, and procedure, and perform other functions prescribed by statute," as set forth in subdivision (d) of Section 6, Article VI of the California Constitution. Senate Bill 377, which added sections 369.5(a)(2)(D) and 739.5 (a)(2)(D) to the Welfare and

Institutions Code, does not specify an expansion of this authority nor authorize the direct imposition of a new duty upon CDSS via the Rules of Court.

Senate Bill 377 imposed the unique requirement on the Judicial Council that it create a form for use by the California Department of Social Services to authorize that agency to release the identifying information of youth or nonminor dependents whose prescriptions for psychotropic medications the board would like to investigate. As indicated in the legislative history, the current process has resulted in only 3 of 86 children reviewed by the board. The bill, and the mandated form, are intended to assist CDSS to perform its statutorily mandated information sharing with the board so that the board can perform its statutorily mandated review of the child's medical records to decide if there are any violations of the law or excessive prescribing of psychotropic medications. As the process is currently performed, the board is unable to meet its statutory obligations because it is not getting the necessary information releases from CDSS. This is a unique use of a Judicial Council form, but it is mandated by statute. Additionally, the fact that a rule goes beyond what is contained in a statute does not make it inconsistent with the statute.<sup>3</sup> Unless the circumstances show otherwise, it should be presumed that the Legislature simply chose not to establish specific procedures in that area and that the council is free to do so.<sup>4</sup> SB 377 requires the Judicial Council to develop a form to include a request for authorization by the child or child's attorney for CDSS to release the child's identification information to the Medical Board of California, so it can ascertain whether there is excessive prescribing of medication. Establishing basic procedures for how that form is provided to the child and maintained for a future request by the Medical Board of California is within the Judicial Council's rule-making authority.

One commentator, a large court, suggested amending rule 5.640 to add "Indian custodian" wherever there is a reference to "parent or legal guardian." The committee agrees with this suggestion and recommends amending rule 5.640. The Indian Child Welfare Act defines an "Indian custodian" as "any Indian person who has legal custody of an Indian child under tribal law or custom or under State law or to whom temporary physical care, custody, and control has been transferred by the parent of such child."<sup>5</sup> Federal and state law provide the Indian custodian with the same rights and protections as a parent.<sup>6</sup>

Three commentators thought the authorization form should expire when the child turns 18 years old. As discussed above, the committee concluded that the authorization should remain valid until it is withdrawn. The committee recommends, however, that the council amend three rules to require the social worker or probation officer to provide the child with a blank copy of

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<sup>3</sup> *Butterfield v. Butterfield* (1934) 1 Cal.2d 227.

<sup>4</sup> See *People v. Mendez* (1999) 19 Cal.4th 1084; *In re Juan C.* (1993) 20 Cal.App.4th 748; compare *Simpson v. Smith* (1989) 214 Cal.App.3d Supp. 7 (statute that was amended to delete notice requirement inconsistent with rule requiring notice).

<sup>5</sup> 25 U.S.C. § 1903 (6).

<sup>6</sup> 25 U.S.C. §§ 1901 et seq.; §§ 224(d), 224.1(a).



*Withdrawal of Release of Information to Medical Board of California* (form JV-229) when it is the last hearing before the child turns 18 years of age, so the child and their attorney can determine whether they want the authorization to continue.

As circulated for public comment, the proposed rules allowed the child to withdraw authorization by a written letter to CDSS or the filing of form JV-229. CDSS commented it was concerned about permitting a letter to be sent to the CDSS. Permitting a letter, it wrote, especially without any requirements on how to communicate withdrawal of authority, will result in confusion and lack of uniformity. CDSS therefore requested removing the option of sending a letter to the CDSS. The committee agrees with the concerns of CDSS, has removed the option of sending the letter to CDSS, and is recommending that the council adopt JV-229 as a mandatory form.

One commentator proposed modifications to ensure the Welfare and Institutions Code section 827 process applied to the child's juvenile court case file.<sup>7</sup> The committee agrees that it could be possible that the board may seek information from the juvenile court case file, and if so, the protections and procedures in section 827 should apply. The committee recommends including in proposed rule 5.642 and on form JV-228 statements that the authorization is for the release of medical records only, not an authorization for the release of the juvenile court case file as described by section 827.

### **Alternatives considered**

The committee considered requiring that the court provide a blank authorization form and Information Sheet to the child and the child's attorney when the court ordered three or more psychotropic medications for 90 days or longer. This process, however, would not result in the receipt of these forms immediately when the order was made. Since most orders for psychotropic medications are made ex parte without attorneys present, the forms would likely not be provided to the court until the next status review hearing, which could be months from when the order was made. There also would be no reminder to the court that the documents needed to be provided.

The committee concluded that having the applicant (typically the social worker or probation officer) provide the forms when providing notice of the application was a better approach. The applicant is already required under rule 5.640 to provide five documents to the child's attorney when notice is given. The committee concluded that it was most efficient to add three more potential documents to the notice at the beginning of the request for psychotropic medications. The committee also concluded that it was more efficient since the social workers and probation officers have a better understanding of the forms and when they are needed than a courtroom clerk.

The committee considered having CDSS notify the court when the board is requesting the identifying information of a child; however, this approach would not be helpful for prescriptions made several years ago, as the child's case would likely be closed. That approach would only

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<sup>7</sup> Section 827 lists the people and entities that may inspect a juvenile court case file without filing a petition with the juvenile court requesting a court order authorizing the person to inspect the file.

address data recently submitted to the board, but one issue the board seeks to address is its inability to obtain information on children that may have been in foster care several years ago. The board is looking at prescription patterns and as such, is not only requesting the identifying information for children in the most recent data set, but also for children prescribed medication by that same doctor for what could be years ago.

The committee also considered creating a form that could be sent to CDSS without filing it with the court. However, the committee concluded that the form could easily be lost or misplaced if it was not kept in the child's court file. Filing the form also allows the court the ability to review the file to determine if the form has been filled out.

The committee considered several time limits on the duration of the authorization. See discussion above in the Comments section of this report.

### **Fiscal and Operational Impacts**

The proposal includes an added requirement that notice to the child's attorney include blank copies of *Position on Release of Information to Medical Board of California* (form JV-228), *Background on Release of Information to Medical Board of California* (form JV-228-INFO), and *Withdrawal of Release of Information to Medical Board of California* (form JV-229). Providing notice with three additional documents will likely result in minimal implementation costs and a slight increase in workload for the person or persons providing notice to the parties and attorneys. The proposal also includes an added requirement that the court clerk send the filed copy of *Position on Release of Information to Medical Board of California* (form JV-228) to CDSS. This will likely result in minimal implementation costs and a slight increase in workload for the court clerk. In implementing the revised forms, courts will incur standard reproduction costs.

The proposal includes a requirement that CDSS receive and maintain any signed copies of form JV-228, in the event the board requests identifying information of a child, nonminor dependent, or former dependent or ward, for the purposes of further evaluating possible excessive prescribing of psychotropic medication. This will result in an unknown increase in workload for CDSS staff to maintain these forms and any signed withdrawals of authorization. However, this requirement is consistent with the legislative intent of increasing the number of cases the board reviews to ascertain whether there is excessive prescribing of psychotropic medication.

### **Attachments and Links**

1. Cal. Rules of Court, rules 5.640, 5.642, 5.706, 5.708, and 5.810, at pages 11–17
2. Forms JV-221, JV-223, JV-224, JV-228, JV-228-INFO, JV-229, and JV-287, at pages 18–32
3. Chart of comments, at pages 33–67
4. SB 377,  
[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200SB377](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB377)

Rule 5.642 of the California Rules of Court would be adopted, and rules 5.640, 5.706, 5.708, and 5.810 would be amended, effective September 1, 2020, to read:

**Rule 5.640. Psychotropic medications**

**(a) \* \* \***

**(b) Authorization to administer (§§ 369.5, 739.5)**

(1) Once a child is declared a dependent child of the court and is removed from the custody of the parents, ~~or~~ guardian, or Indian custodian, only a juvenile court judicial officer is authorized to make orders regarding the administration of psychotropic medication to the child, unless, under (e), the court orders that the parent or legal guardian is authorized to approve or deny the medication.

(2) Once a child is declared a ward of the court, removed from the custody of the parents, ~~or~~ guardian, or Indian custodian, and placed into foster care, as defined in Welfare and Institutions Code section 727.4, only a juvenile court judicial officer is authorized to make orders regarding the administration of psychotropic medication to the child, unless, under (e), the court orders that the parent or legal guardian is authorized to approve or deny the medication.

**(c) Procedure to obtain authorization**

(1) To obtain authorization to administer psychotropic medication to a dependent child of the court who is removed from the custody of the parents, ~~or~~ legal guardian, or Indian custodian, or to a ward of the court who is removed from the custody of the parents, ~~or~~ legal guardian, or Indian custodian and placed into foster care, the following forms must be completed and filed with the court:

(A)–(C) \* \* \*

(2) The child, caregiver, parents, ~~or~~ legal guardians, or Indian custodian, child's Indian tribe, and Court Appointed Special Advocate, if any, may provide input on the medications being prescribed.

(A)–(C) \* \* \*

(3) *Input on Application for Psychotropic Medication* (form JV-222) may be filed by a parent, ~~or~~ guardian, or Indian custodian, ~~his or her~~ their attorney of record, a child's attorney of record, a child's Child Abuse Prevention and Treatment Act guardian ad litem appointed under rule 5.662 of the California

Rules of Court, or the Indian child's tribe. If form JV-222 is filed, it must be filed within four court days of receipt of notice of the application.

(4)–(9) \* \* \*

- (10) Notice of the application must be provided to the parents, ~~or~~ legal guardians, or Indian custodian, their attorneys of record, the child's attorney of record, the child's Child Abuse Prevention and Treatment Act guardian ad litem, the child's current caregiver, the child's Court Appointed Special Advocate, if any, and where a child has been determined to be an Indian child, the Indian child's tribe (see also 25 U.S.C. § 1903(4)–(5); Welf. & Inst. Code, §§ 224.1(a) and (e) and 224.3).

(A)–(B) \* \* \*

(C) Notice must be provided as follows:

(i)–(ii) \* \* \*

- (iii) Notice to the child's attorney of record and any Child Abuse Prevention and Treatment Act guardian ad litem for the child must include:

a.–c. \* \* \*

- d. A blank copy of *Input on Application for Psychotropic Medication* (form JV-222) or information on how to obtain a copy of the form; ~~and~~

- e. A blank copy of *Child's Opinion About the Medicine* (form JV-218) or information on how to obtain the form; and

- f. If the application could result in the authorization of three or more psychotropic medications for 90 days or longer, notice must also include a blank copy of *Position on Release of Information to Medical Board of California* (form JV-228), a copy of *Background on Release of Information to Medical Board of California* (form JV-228-INFO), a blank copy of *Withdrawal of Release of Information to Medical Board of California* (form JV-229), and the procedures in rule 5.642 must be followed.

(iv) \* \* \*

(11) \* \* \*

(12) The court may grant the application without a hearing or may set the matter for hearing at the court's discretion. If the court sets the matter for a hearing, the clerk of the court must provide notice of the date, time, and location of the hearing to the parents, ~~or~~ legal guardians, or Indian custodian, their attorneys of record, the dependent child if 12 years of age or older, a ward of the juvenile court of any age, the child's attorney of record, the child's current caregiver, the child's social worker or probation officer, the social worker's or probation officer's attorney of record, the child's Child Abuse Prevention and Treatment Act guardian ad litem, the child's Court Appointed Special Advocate, if any, and the Indian child's tribe at least two court days before the hearing. Notice must be provided to the child's probation officer and the district attorney, if the child is a ward of the juvenile court.

(d) \* \* \*

**(e) Delegation of authority (§ 369.5, 739.5)**

If a child is removed from the custody of his or her parent, ~~or~~ legal guardian, or Indian custodian, the court may order that the parent, legal guardian, or Indian custodian is authorized to approve or deny the administration of psychotropic medication. The order must be based on the findings in section 369.5 or section 739.5, which must be included in the order. The court may use *Order Delegating Judicial Authority Over Psychotropic Medication* (form JV-216) to document the findings and order.

(f) \* \* \*

**(g) Progress review**

(1)–(5) \* \* \*

(6) The child, caregiver, parents, ~~or~~ legal guardians, or Indian custodian, and Court Appointed Special Advocate, if any, may provide input at the progress review as stated in (c)(2).

(7) \* \* \*

**(h)–(k) \* \* \***

1 **Rule 5.642. Authorization to release psychotropic medication prescription**  
2 **information to Medical Board of California**

3  
4 **(a) Providing authorization forms**

5  
6 Whenever there is an *Application for Psychotropic Medication* (form JV-220) filed  
7 with the court under rule 5.640, the applicant must review the *Physician's*  
8 *Statement—Attachment* (form JV-220(A)) or *Physician's Request to Continue*  
9 *Medication—Attachment* (form JV-220(B)) to determine if the request would result  
10 in the child being prescribed three or more concurrent psychotropic medications for  
11 90 days or more, as described in section 14028. If the request would result in the  
12 child being prescribed three or more psychotropic medications for 90 days or more,  
13 the applicant must provide blank copies of *Position on Release of Information to*  
14 *Medical Board of California* (form JV-228), *Background on Release of Information*  
15 *to Medical Board of California* (form JV-228-INFO), and *Withdrawal of Release of*  
16 *Information to Medical Board of California* (form JV-229) to the child and the  
17 child's attorney.

18  
19 **(b) Signing authorization form**

20  
21 (1) Form JV-228 may be signed by either the child, nonminor dependent, or the  
22 attorney, with the informed consent of the child if the child is found by the  
23 court to be of sufficient age and maturity to consent. Sufficient age and  
24 maturity to consent must be presumed, subject to rebuttal by clear and  
25 convincing evidence, if the child is 12 years of age or over. If the child does  
26 not want to sign form JV-228, the child's attorney may not sign it. The  
27 child's attorney may sign form JV-228 with the approval of a child 12 years  
28 of age or older, if the child is under 12 years of age, or if the court finds the  
29 child not to be of sufficient age and maturity to consent.

30  
31 (2) The authorization is for the release of medical records only. It is not an  
32 authorization for the release of juvenile court case files as described in  
33 section 827.

34  
35 **(c) Filing and sending authorization form**

36  
37 (1) The child's attorney must review form JV-228 with the child and file it with  
38 the superior court.  
39  
40 (2) Within three court days of filing, the clerk of the superior court must send  
41 form JV-228 to the California Department of Social Services at the address  
42 indicated on the form.

1 **(d) Withdrawal of authorization**

2  
3 At any time, the child, nonminor dependent, or attorney may withdraw the  
4 authorization to release information to the Medical Board of California.

5  
6 (1) Withdrawal may be made by filing *Withdrawal of Release of Information to*  
7 *Medical Board of California* (form JV-229) or by written letter to the  
8 California Department of Social Services.

9  
10 (2) The child, nonminor dependent, or attorney may sign (as specified in (b))  
11 form JV-229.

12  
13 (3) Within three court days of filing, the clerk of the superior court must send  
14 form JV-229 to the California Department of Social Services at the address  
15 indicated on the form.

16  
17 **(e) Notice of release of information to medical board**

18  
19 If the California Department of Social Services releases identifying information to  
20 the Medical Board of California, the California Department of Social Services must  
21 notify the child, nonminor dependent, or former dependent or ward, at the last  
22 known address. The California Department of Social Services must also notify the  
23 child's, nonminor dependent's, or former dependent's or ward's attorney, including  
24 in cases when jurisdiction has been terminated.

25  
26 **Rule 5.706. Family maintenance review hearings (§ 364)**

27  
28 (a) \* \* \*

29  
30 **(b) Release of Information to the Medical Board of California**

31  
32 If the child has signed *Position on Release of Information to Medical Board of*  
33 *California* (form JV-228), the social worker must provide the child with a blank  
34 copy of *Withdrawal of Release of Information to Medical Board of California*  
35 (form JV-229) before the hearing if it is the last hearing before the child turns 18  
36 years of age or if the social worker is recommending termination of juvenile court  
37 jurisdiction.

38  
39 ~~(b)~~(c) \* \* \*

40  
41 ~~(e)~~(d) \* \* \*

1 ~~(d)~~(e) \* \* \*

2  
3 ~~(e)~~(f) \* \* \*

4  
5 **Rule 5.708. General review hearing requirements**

6  
7 ~~(a)~~–(b) \* \* \*

8  
9 **(c) Release of Information to the Medical Board of California**

10  
11 If the child has signed *Position on Release of Information to Medical Board of*  
12 *California* (form JV-228), the social worker must provide the child with a blank  
13 copy of *Withdrawal of Release of Information to Medical Board of California*  
14 (form JV-229) before the hearing if it is the last hearing before the child turns 18  
15 years of age or if the social worker is recommending termination of juvenile court  
16 jurisdiction.

17  
18 ~~(e)~~(d) \* \* \*

19  
20 ~~(d)~~(e) \* \* \*

21  
22 ~~(e)~~(f) \* \* \*

23  
24 ~~(f)~~(g) \* \* \*

25  
26 ~~(g)~~(h) \* \* \*

27  
28 ~~(h)~~(i) \* \* \*

29  
30 ~~(i)~~(j) \* \* \*

31  
32 ~~(j)~~(k) \* \* \*

33  
34 **Rule 5.810. Reviews, hearings, and permanency planning**

35  
36 ~~(a)~~–(e) \* \* \*

37  
38 **(f) Release of Information to the Medical Board of California**

39  
40 If the child has signed *Position on Release of Information to Medical Board of*  
41 *California* (form JV-228), the probation officer must provide the child with a blank  
42 copy of *Withdrawal of Release of Information to Medical Board of California*  
43 (form JV-229) before the hearing if it is the last hearing before the child turns 18



1 years of age or if the social worker is recommending termination of juvenile court  
2 jurisdiction.

Read form JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application process.

- ① ☐ The following parents/legal guardians of the child were notified of the physician's request to begin and/or to continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with form JV-217-INFO, *Guide to Psychotropic Medication Forms*, a blank copy of form JV-219, *Statement About Medicine Prescribed* and a blank copy of form JV-222, *Input on Application for Psychotropic Medication*.

a. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Manner: ☐ In person ☐ By phone at (specify): \_\_\_\_\_  
☐ By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

b. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Manner: ☐ In person ☐ By phone at (specify): \_\_\_\_\_  
☐ By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

c. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Manner: ☐ In person ☐ By phone at (specify): \_\_\_\_\_  
☐ By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

- ② ☐ Parental rights were terminated, and the child has no legal parents who must be informed.

- ③ ☐ Parent/legal guardian (name): \_\_\_\_\_  
 was not informed because (state reason): \_\_\_\_\_

- ④ ☐ Parent/legal guardian (name): \_\_\_\_\_  
 was not informed because (state reason): \_\_\_\_\_

- ⑤ The child's current caregiver was notified that a physician is asking to treat the child with psychotropic medication and that an application is pending before the court. The caregiver was provided form JV-217-INFO, *Guide to Psychotropic Medication Forms* and a blank copy of form JV-219, *Statement About Medicine Prescribed*, or information on how to obtain a copy of the form as follows:

Clerk stamps date here when form is filed.

**DRAFT**  
**Not approved by**  
**the Judicial Council**

Fill in court name and street address:

**Superior Court of California, County of**

Fill in child's name and date of birth:

**Child's Name:**

**Date of Birth:**

Court fills in case number when form is filed.

**Case Number:**



Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

- 5 Caregiver's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner: ☐ In person ☐ By phone at (specify): \_\_\_\_\_  
☐ By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the following address  
(specify): \_\_\_\_\_

At the time of service I was at least 18 years of age and not a party to this matter. I am a resident of or employed in the county where the mailing occurred. My residence or business mailing address is: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Sign your name ☐ Signature follows on page 3.

- 6 ☐ The child's attorney and the child's CAPTA guardian ad litem, if that person is someone other than the child's attorney, were provided with completed form JV-220, *Application for Psychotropic Medication*; completed JV-220(A), *Physician's Statement—Attachment* or completed form JV-220(B), *Physician's Request to Continue Medication—Attachment*; a copy of form JV-217-INFO, *Guide to Psychotropic Medication Forms*; a blank form JV-218, *Child's Opinion About the Medication*; and a blank copy of form JV-222, *Input on Application for Psychotropic Medication*, as follows:

- a. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner: ☐ In person ☐ By fax at (specify): \_\_\_\_\_  
☐ By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_
- b. CAPTA guardian ad litem's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner: ☐ In person ☐ By fax at (specify): \_\_\_\_\_  
☐ By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

- 7 ☐ The application could result in the child being prescribed three or more concurrent psychotropic medications for 90 days or more. The child's attorney and the child's CAPTA guardian ad litem, if that person is someone other than the child's attorney, were provided with blank copies of *Position on Release of Information to Medical Board of California* (form JV-228), *Background on Release of Information to Medical Board of California* (form JV-228-INFO), and *Withdrawal of Release of Information to Medical Board of California* (form JV-229), as follows:

- a. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner: ☐ In person ☐ By fax at (specify): \_\_\_\_\_  
☐ By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_
- b. CAPTA guardian ad litem's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner: ☐ In person ☐ By fax at (specify): \_\_\_\_\_  
☐ By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_



Child's name: \_\_\_\_\_

**8** ☐ The following attorneys were notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with a copy of form JV-217-INFO, *Guide to Psychotropic Medication Forms*, a blank copy of form JV-219, *Statement About Medicine Prescribed*; and a blank copy of form JV-222, *Input on Application for Psychotropic Medication*, or with information on how to obtain a copy of each form as follows:

a. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Attorney for (name): \_\_\_\_\_

Manner: ☐ In person ☐ By phone at (specify): \_\_\_\_\_ ☐ By fax at (specify): \_\_\_\_\_  
☐ By depositing the required information and copies of forms JV-217-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

b. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Attorney for (name): \_\_\_\_\_

Manner: ☐ In person ☐ By phone at (specify): \_\_\_\_\_ ☐ By fax at (specify): \_\_\_\_\_  
☐ By depositing the required information and copies of forms JV-217-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

c. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Attorney for (name): \_\_\_\_\_

Manner: ☐ In person ☐ By phone at (specify): \_\_\_\_\_ ☐ By fax at (specify): \_\_\_\_\_  
☐ By depositing the required information and copies of forms JV-217-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

At the time of service I was at least 18 years of age and not a party to this matter. I am a resident of or employed in the county where the mailing occurred. My residence or business mailing address is: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

 \_\_\_\_\_  
Sign your name ☐ Signature follows on page 3.

**9** ☐ The child's CASA volunteer was notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. The CASA volunteer was provided with form JV-217-INFO, *Guide to Psychotropic Medication Forms*; a blank copy of form JV-218, *Child's Opinion About the Medicine*; and a blank copy of form JV-219, *Statement About Medicine Prescribed*, as follows:

CASA volunteer (name): \_\_\_\_\_ Date notified: \_\_\_\_\_

Manner: ☐ In person ☐ By phone at (specify): \_\_\_\_\_

☐ By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_



Case Number:

Child's name: \_\_\_\_\_

- 10** ☐ The Indian child's tribe was notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. The tribe was also provided with form JV-217-INFO, *Guide to Psychotropic Medication Forms*, a blank copy of form JV-219, *Statement About Medicine Prescribed*, and a blank copy of form JV-222, *Input on Application for Psychotropic Medication*.

Indian Tribe (name): \_\_\_\_\_ Date notified: \_\_\_\_\_

Manner: ☐ In person ☐ By phone at (specify): \_\_\_\_\_ ☐ By fax at (specify): \_\_\_\_\_

- ☐ By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

At the time of service I was at least 18 years of age and not a party to this matter. I am a resident of or employed in the county where the mailing occurred. My residence or business mailing address is: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
Type or print name



\_\_\_\_\_  
Sign your name

Clerk stamps date here when form is filed.

**The Court read and considered:**

- a. Form JV-220, *Application for Psychotropic Medication*, and form JV-220(A), *Physician's Statement—Attachment*, or JV-220(B), *Physician's Request to Continue Medication—Attachment* filed on (date): \_\_\_\_\_
- b. ☐ Form JV-218, *Child's Opinion About the Medicine*, filed on (date): \_\_\_\_\_
- c. ☐ Form JV-219, *Statement About Medicine Prescribed*, filed on (date): \_\_\_\_\_
- d. ☐ Form JV-219, *Statement About Medicine Prescribed*, filed on (date): \_\_\_\_\_
- e. ☐ Form JV-222, *Input on Application for Psychotropic Medication*, filed on (date): \_\_\_\_\_
- f. ☐ Form JV-222, *Input on Application for Psychotropic Medication*, filed on (date): \_\_\_\_\_
- g. ☐ CASA report
- h. ☐ Other (specify): \_\_\_\_\_

**DRAFT**  
**Not approved by**  
**the Judicial Council**

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in child's name and date of birth:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

**The Court finds and orders:**

- ① a. ☐ Notice requirements were met.  
b. ☐ Notice requirements were *not* met. Proper notice was not given to: \_\_\_\_\_

- ② ☐ The matter is set for hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
in (dept.): \_\_\_\_\_

- ③ ☐ Application was made for authorization to begin or to continue giving the child the psychotropic medication listed in (19) on page 5 of form JV-220(A) or (16) on page 4 of form JV-220(B).

**Copies of pages 5 and 6 of form JV-220(A) or pages 3 and 4 of form JV-220(B) are attached to this order.**

The application is (check one):

- a. ☐ Granted as requested.
- b. ☐ Granted with the following modifications or conditions to the request as made in (19) on page 5 of form JV-220(A) or (16) on page 4 of form JV-220(B) (specify all modifications and conditions): \_\_\_\_\_

- c. ☐ Denied (specify reason for denial): \_\_\_\_\_

If the application was for medication the child is currently taking, the social worker or probation officer must consult with the prescribing physician to determine whether the physician is recommending that the medication should be stopped immediately or gradually reduced over time.

Child's name: \_\_\_\_\_

- 4 a. ☐ This authorization will not result in the child being prescribed three or more psychotropic medications at the same time for 90 days or more.
- b. ☐ This authorization will result in the child being prescribed three or more psychotropic medications at the same time for 90 days or more, which meets the description in Welfare and Institutions Code section 14028 of the data the California Department of Health Care Services and the California Department of Social Services must share with the Medical Board of California in order to ascertain whether there is excessive prescribing of psychotropic medication. The applicant must provide the child and the child's attorney a blank copy of *Position on Release of Information to Medical Board of California* (form JV-228) and a copy of *Background on Release of Information to Medical Board of California* (form JV-228-INFO), and a blank copy of *Withdrawal of Release of Information to Medical Board of California* (form JV-229). The procedures in California Rules of Court, rule 5.642 must be followed.

- 5 ☐ The applicant must resubmit the application no later than (date): \_\_\_\_\_ with the missing information, which is: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The matter is set for hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
in (dept.): \_\_\_\_\_

- 6 The
- a. ☐ social worker
- b. ☐ probation officer
- c. ☐ person who submitted application
- is ordered to give a copy of this order, including pages 5 and 6 of form JV-220(A) or pages 3 and 4 of form JV-220(B) and the medication monograph attached to the form JV-220(A) to the child's caregiver either in person or by mail within two court days.

- 7 ☐ Other (specify): \_\_\_\_\_
- \_\_\_\_\_

- 8 The order is set for a progress review on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
in (dept.): \_\_\_\_\_

This order is effective until terminated or modified by court order or until 180 days from the date of this order, whichever is earlier. If the prescribing physician is no longer treating the child, this order extends to subsequent treating physicians. A change in the child's placement does not require a new order regarding psychotropic medication. Except in an emergency situation, a new application must be submitted and consent granted by the court before giving the child medication not authorized in this order or increasing medication dosage beyond the maximum daily dosage authorized in this order.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of judge or judicial officer

# County Report on Psychotropic Medication

The social worker or probation officer must file this form for any hearing for which the court is providing oversight of psychotropic medications. This includes all scheduled progress reviews on orders authorizing psychotropic medication and every status review hearing. If you are filing this form for a status review hearing, file it with the status review hearing report. If you need more space for any of the items, write the item number and additional information on page 4 of this form. If you need more space than page 4, attach a sheet or sheets of paper. If you do not know the answer to a question, write "I do not know."

Clerk stamps date here when form is filed.

**DRAFT**  
**Not approved by**  
**the Judicial Council**

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

Court fills in case number when form is filed.

Case Number:

1 Your name: \_\_\_\_\_

2 Your relationship to the child:

☐ Social worker ☐ Probation officer

☐ Other county staff (specify): \_\_\_\_\_

3 a. Caregiver's relationship to child: \_\_\_\_\_

b. Date of last communication with caregiver: \_\_\_\_\_

4 Child Information

a. Child's height: \_\_\_\_\_ b. Child's weight: \_\_\_\_\_

c. Prescribing physician's name: \_\_\_\_\_

d. Date last seen by prescribing physician: \_\_\_\_\_

e. Next appointment date: \_\_\_\_\_

f. Therapist's name: \_\_\_\_\_

g. Date last seen by therapist: \_\_\_\_\_

5 List current court-approved psychotropic medications. (Verify that this is what child is taking.)

Name of Medication	Dosage

Name of Medication	Dosage

6 ☐ The child is taking the medication in 5. This was verified by ☐ child ☐ caregiver ☐ other (specify): \_\_\_\_\_

7 ☐ The child is not taking the following medication in 5 (specify): \_\_\_\_\_  
This was verified by ☐ child ☐ caregiver ☐ other (specify): \_\_\_\_\_





Child's name: \_\_\_\_\_

Case Number:
--------------

- 8 a. ☐ The court has not authorized three or more psychotropic medications at the same time for 90 days or more.
- b. ☐ The court has authorized three or more psychotropic medications at the same time for 90 days or more.
- Does the court case file contain a signed copy of *Position on Release of Information to Medical Board of California* (form JV-228)?
- (1) ☐ Yes
- (2) ☐ No
- (3) ☐ I do not know.

9 Describe the caregiver's observations regarding how the child's behaviors and/or symptoms have changed since the medication was begun.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10 Describe the caregiver's observations regarding the side effects of the medication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11 Describe any concerns the caregiver has regarding the medication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12 Describe what the child says about whether his or her behaviors and/or symptoms have changed since the medication was begun.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's name: \_\_\_\_\_

Case Number:
--------------

**13** Describe what the child says about the side effects of the medication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14** Describe any concerns or complaints the child has regarding the medication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15** List the dates of all medication management appointments since the last court hearing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16** List the dates and reasons of other follow-up medical appointments since the last court hearing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17** Describe other mental health treatments that are part of the child's overall treatment plan (for example, frequency and type of counseling, wraparound, etc.) or attach mental health treatment plan from treating clinician.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Case Number:**

Child's name: \_\_\_\_\_

**18** Provide any other information you think the judge should know.

---

---

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---

---

[illegible]

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print name of person completing this form*

**Signature**

☐ Child welfare services staff (*sign above*)

☐ Probation department staff (*sign above*)

☐ Other (*specify*): \_\_\_\_\_ (*sign above*)

☐ Probation department staff (*sign above*)

☐ Other (specify): \_\_\_\_\_ (sign above)

You have been prescribed three or more psychotropic medications at the same time for 90 days or longer. The Medical Board of California will look into the care your doctor provided you and may need additional information to decide if the doctor properly prescribed medication for you. You may use this form to authorize the California Department of Social Services and the California Department of Health Care Services to give your name and contact information to the Medical Board of California, if the board requests, so the board can look more closely at your care. You can also use this form to authorize the release of limited information to the board.

**DRAFT**  
**Not approved by**  
**the Judicial Council**

*Fill in court name and street address:*

**Superior Court of California, County of**

*Court fills in case number when form is filed.*

**Case Number:**

- ① Your information:
  - a. I am the
    - ☐ child or youth
    - ☐ nonminor dependent
    - ☐ child's or youth's attorney
  - b. My name: \_\_\_\_\_
  - c. My address, city, state, and zip code (*If confidential, see ②*):  
\_\_\_\_\_
  - d. My telephone number: \_\_\_\_\_
  - e. My email address: \_\_\_\_\_
  - f. *If you are an attorney:*  
My client's name: \_\_\_\_\_  
My client's address, city, state, and zip code (*If confidential, see ②*):  
\_\_\_\_\_  
My client's telephone number: \_\_\_\_\_  
My client's email address: \_\_\_\_\_  
My state bar number: \_\_\_\_\_

- ② *If the child or nonminor dependent's address should remain confidential in the juvenile court file, a Confidential Information (form JV-287) must be completed. The address should not be included on this form.*

☐ *Check here if form JV-287 is attached.*

- ③ I understand that I cannot be denied the receipt of government services or treatment, and care may not be denied due to not authorizing the release of information.

- ④ a. ☐ I authorize ☐ my name and contact information ☐ my client's name and contact information to be shared with the Medical Board of California and authorize board staff to contact ☐ me ☐ my client for further details about medical care.
- b. ☐ I do not authorize ☐ my name and contact information ☐ my client's name and contact information to be shared with the Medical Board of California and do not authorize board staff to contact ☐ me ☐ my client for further details about medical care.

*If you check item 4b, you can skip to the signature line at the end of this form.*

- 5 a. ☐ I authorize the California Department of Health Care Services and the California Department of Social Services to connect ☐ my name ☐ my client's name to the prescribing data and other information about ☐ me ☐ my client that was previously provided under a unique number.
- b. ☐ I do not authorize the California Department of Health Care Services and the California Department of Social Services to connect ☐ my name ☐ my client's name to the prescribing data and other information about ☐ me ☐ my client that was previously provided under a unique number.
- 6 a. ☐ I authorize the Medical Board of California to see ☐ my ☐ my client's medical records to decide if there are any potential violations of the law or excessive prescribing of psychotropic medications.
- (1) The authorization is limited to medical information relevant to the investigation of the prescription of psychotropic medications only.
- (2) The information may be used only for the purpose of the investigation.
- (3) If the medical information is admitted as an exhibit in an administrative hearing, the medical board must request that it be sealed.
- b. ☐ I do not authorize the Medical Board of California to obtain ☐ my ☐ my client's medical records to decide if there are any potential violations of the law or excessive prescribing of psychotropic medications.
- 7 This authorization will remain valid for three years unless I cancel it in writing by using *Withdrawal of Release of Information to Medical Board of California* (form JV-229).
- 8 This form does not authorize the release of juvenile court case file information as described by Welfare and Institutions Code section 827.
- 9 I understand that I may cancel this authorization by filing *Withdrawal of Release of Information to Medical Board of California* (form JV-229).

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name

Signature of ☐ Child or youth  
☐ Nonminor dependent  
☐ Attorney for child, youth, or nonminor dependent

Whenever a child, nonminor dependent, or attorney signs this form, the child or nonminor dependent's attorney must file the form with the juvenile court. The clerk of the court must mail a copy of the form to the California Department of Social Services (CDSS). CDSS must maintain all forms received to review whether the child has given permission to release their information to the Medical Board of California.

California Department of Social Services  
 Attention: Information Release for California Medical Board  
 744 P Street, MS 8-13-66  
 Sacramento, CA 95814

## **1 Why you are receiving forms JV-228 and JV-229**

You have been prescribed three or more psychotropic medications at the same time for 90 days or longer. The Medical Board of California (“board”) will look into the care your doctor provided to you and may need more information to determine if the doctor properly prescribed medication for you.

California law requires the board to review medical doctors prescribing psychotropic medication to youth in foster care. As part of this review, the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) provide prescribing and other data to the board under a unique number assigned to you, but with no personal identifying information. This means that the board does not know your name or other personal information about you, and does not know how to contact you.

After renewing the data provided by DHCS and CDSS, a medical expert may decide that prescribing practices by one or more doctors involved in your care should be examined more closely. To look into the quality of medical care you were provided, the board may ask you for your name and contact information, so board staff can contact you to get further details about your care and get your permission to review your medical records. You do not need to respond to contacts from the board, even if you agreed to the release of your information. The decision to respond to the board is up to you.

The board encourages you to authorize this review, because it is important to ensure doctors are appropriately prescribing medications to youth in foster care.

## **2 Information that may be made known**

The medical board may also request that you give your permission to DHCS and CDSS to connect your name to the prescribing and other data that was provided to the board under a unique number. This means the medical board will know:

- Your name and that you are or were in foster care;
- Your contact information;
- What psychotropic medications you were prescribed;

- How much of each medication you were prescribed;
- The start and stop dates for each medication;
- Who prescribed them to you; and
- Your age and weight at the time you were prescribed these medications.

This information may help the board evaluate the quality of care you received from your doctors.

You may also allow the board to see your medical records if the board needs them to decide whether the doctor broke the law or prescribed too much psychotropic medication to you.

**You do not have to release any information to the board, and you may choose not to share your information with the board. Further, if you do not release your information, there will be no impact on or changes to the services, treatment, or care you receive from the government.**

## **3 Confidentiality of information**

Please be aware that all of the state agencies involved are committed to protecting your privacy. The medical board is required by law to keep all information used in their investigations confidential.

## **4 Withdrawal of authorization**

You can change your mind and withdraw your authorization to give information to the medical board at any time. You can do this by signing, or having your attorney sign, *Withdrawal of Release of Information to Medical Board of California* (form JV-229) and your attorney will file it with the court.

# Withdrawal of Release of Information to Medical Board of California

Clerk stamps date here when form is filed.

You may use this form to stop your authorization for the California Department of Social Services and the California Department of Health Care Services to give your name and contact information to the Medical Board of California, and to see your medical records.

**DRAFT**  
**Not approved by**  
**the Judicial Council**

- 1 Your information:
  - a. I am the
    - ☐ child or youth
    - ☐ nonminor dependent
    - ☐ child's or youth's attorney
  - b. My name: \_\_\_\_\_
  - c. My address, city, state, and zip code (*If confidential, see 2*):  
\_\_\_\_\_
  - d. My telephone number: \_\_\_\_\_
  - e. My email address: \_\_\_\_\_
  - f. *If you are an attorney:*  
My client's name: \_\_\_\_\_  
My client's address, city, state, and zip code (*If confidential, see 2*):  
\_\_\_\_\_  
My client's telephone number: \_\_\_\_\_  
My client's email address: \_\_\_\_\_  
My state bar number: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

- 2 *If you want to keep your address or your client's address confidential in the juvenile court file, fill out Confidential Information (form JV-287) and do not write the address on this form.*  
☐ Check here if form JV-287 is attached.
- 3 I DO NOT authorize ☐ my name and contact information ☐ my client's name and contact information to be shared with the Medical Board of California and DO NOT authorize board staff to contact me or my client for further details about medical care.
- 4 I DO NOT authorize the California Department of Health Care Services and the California Department of Social Services to connect my name to the prescribing data and other information about ☐ me ☐ my client that was previously provided under a unique number.
- 5 I DO NOT authorize the Medical Board of California to see ☐ my ☐ my client's medical records to decide if there are any potential violations of the law or excessive prescribing of psychotropic medications.

Date: \_\_\_\_\_

Type or print your name

Signature of

- ☐ Child or youth  
☐ Nonminor dependent  
☐ Attorney for child, youth, or nonminor dependent

Whenever a child, nonminor dependent, or attorney signs this form, the child or nonminor dependent's attorney must file the form with the juvenile court. The clerk of the court must mail a copy of the form to CDSS. CDSS must maintain all forms received.

California Department of Social Services  
 Attention: Information Release for California Medical Board  
 744 P Street, MS 8-13-66, Sacramento, CA 95814

This form is used to keep contact information confidential. It may be used along with any Judicial Council juvenile form, including *Request to Change Court Order* (form JV-180), *Application and Affidavit for Restraining Order* (form JV-245), *Relative Information* (form JV-285), *Caregiver Information Form* (form JV-290), *De Facto Parent Request* (form JV-295), and *Position on Release of Information to Medical Board of California* (form JV-228).

*You do not need to fill out this entire form. Write only the information that you know.*

This information must be kept under seal in the court file. Only the court, the agency, and the child's attorney may look at this information.

*Clerk stamps date here when form is filed.*

**DRAFT**  
**Not approved by**  
**the Judicial Council**

*Fill in court name and street address:*

**Superior Court of California, County of**

*Fill in child's name and date of birth:*

**Child's Name:**

**Date of Birth:**

*Court fills in case number when form is filed.*

**Case Number:**

**1** Your name: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2** Child's name: \_\_\_\_\_

Child's telephone number, if known: \_\_\_\_\_

Child's address, if known: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3** If known:

Child's Indian custodian, if any (*name each*): \_\_\_\_\_

Custodian's telephone number: \_\_\_\_\_

Custodian's address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4** If known:

Child's caregiver (*name each*): \_\_\_\_\_

Caregiver's telephone number: \_\_\_\_\_

Caregiver's address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Winter 20-07

**Juvenile Law: Psychotropic Medication Information Release** (Adopt Cal. Rules of Court, rule 5.642; amend rule 5.640; approve forms JV-228, JV-228-INFO, and JV-229; amend forms JV-221, JV-223, JV-224, and JV-287)

All comments are verbatim unless indicated by an asterisk (\*).

	Commenter	Position	Comment	Committees Response
1.	California Academy of Child and Adolescent Psychiatry By: Priscilla Quiroz		<p>On behalf of the nearly 1,000 members of the California Academy of Child and Adolescent Psychiatry (CALACAP), I write to you today to provide comments on the Family and Juvenile Law Advisory Committee proposal W20-07.</p> <p>First, we recommend replacing ‘excessive prescribing’ throughout the bill with ‘prescribing without appropriate clinical indication’. In 2016, SB 1174 (McGuire) indicates excessive prescribing as 3 or more psychotropics for more than 90 days, which seems very concrete and does not consider that different patients have different clinical needs. In practice, there are few kids who need more than 3 medications for longer than 90 days for clinically appreciate indications. We hope that replacing 'excessive prescribing' may have more meaning when there are looking for clinically inappropriate prescribing and not just 3 or more medication for 90 days.</p> <p>CALACAP also recommends an online database for JV-220. Although this is not directly related to SB 377 (McGuire), we believe having this database would help the impact on the system by this legislation.</p> <p>We’d like to raise the concern that if a youth’s 3 medications prescribed for over 90 days was approved by a Juvenile Court for Behavioral Health Services (JCBHS) child psychiatrist (or</p>	<p>This bill has been signed by the governor and codified. The Judicial Council cannot change the language used in the statute. The committee has tracked the language in the statute that CDSS must provide the information to the board as required by statute.</p> <p>The committee appreciates this comment, and while an online database for tracking the JV-220 forms may be a good idea, it is outside the scope of this proposal and the rule making authority of the council.</p> <p>The Medical Board of California would review the child or youth’s medical records before making a determination regarding the prescribing doctor. It is not a review of the JV-220(A) or JV-</p>

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	Commenter	Position	Comment	Committees Response
			<p>similar program) and the records reveal information that leads to finding the practice not acceptable to the MBC reviewer, this could potentially put the JCBHS reviewer at risk for the initial approval based on just a review of the JV-220(A) or (B).</p> <p>Another concern is if a youth (or their lawyer) requests information regarding the result of the MBC review which finds that the prescribing physician's practice did not meet the standard of care, the youth could sue the prescribing physician for negligence.</p> <p>CALACAP would like to let the committee know that we were strongly opposed to SB 1174 when it was introduced, and we have major concerns with SB 377. Strengthening the current arbitrary law may lead to reluctance among child psychiatrists to work with this population. There is already a significant shortage of child psychiatrist serving this population, and given the already complex nature of treating them, SB 1174 and SB 377 create further barriers to serving these children. Additionally, SB 1174 was meant to authorize investigation of the treatment only of dependents of the foster care system. SB 377, on the other hand, authorizes the investigation of both wards and dependents of the court. SB 377, therefore, attempts to expand the original scope of SB 1174 and</p>	<p>220(B). The committee recommends including in proposed rule 5.642 and on form JV-228 statements that the authorization is for the release of medical records only, not an authorization for the release of the juvenile court case file as described by section 827.</p> <p>The Medical Board of California is required to review the data and medical records to determine if the appropriate standard of care was met. The results of this determination are outside the scope of this proposal and the rule-making authority of the Judicial Council.</p> <p>See response above.</p>

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	Commenter	Position	Comment	Committees Response
			leaves ambiguous and unclear the scope of minors included under their collective umbrella.  Thank you again for the opportunity to comment on the Committee's proposal. We look forward to discussing our comments with you in more detail.	
2.	California Department of Social Services By: Lori Fuller	AM	<b>COMMENTS ON THE PROPOSED AMENDMENTS TO CALIFORNIA RULES OF COURT, RULE 5.640; ADOPTION OF CALIFORNIA RULES OF COURT, RULE 5.642; AMENDMENTS TO FORMS JV-223, JV-224, AND JV-287; AND APPROVAL OF FORMS JV-228, JV-228 INFO, AND JV-229</b>  Dear Honorable Members of the Family and Juvenile Law Advisory Committee:  This letter provides comments from the California Department of Social Services (CDSS) on the Judicial Council Family and Juvenile Law Advisory Committee's proposed amendments to rule 5.640 and addition of rule 5.642 of the California Rules of Court regarding the release of psychotropic medication information of children and youth in foster care to the Medical Board of California.  Comments to Proposed Rules of Court, rule 5.642. Authorization to release psychotropic medication prescription information to the	

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All comments are verbatim unless indicated by an asterisk (\*).

	Commenter	Position	Comment	Committees Response
			<p>Medical Board of California:</p> <p>Rule of Court 5.642(a) Providing authorization forms... If there is a request to order three or more psychotropic medications for 90 days or more, the applicant must provide a blank copy of Position on Release of Information to Medical Board of California (form JV-228) and Background on Information Release to Medical Board of California (form JV-28 INFO) to the child and the child's attorney.</p> <p>Comment #1: The CDSS recommends including a requirement that the applicant must also provide to the child and the child's attorney a blank copy of Withdrawal of Information Release to Medical Board of California (form JV-229) so the child and their attorney will have this form immediately available should they wish to withdraw their consent to release their information to the Medical Board of California at any time in the future.</p> <p>Additionally, the CDSS recommends Rule 5.642(a) be revised to state that when an Application for Psychotropic Medication (form JV-220) is filed with the juvenile court, the applicant must review of the Physician's Statement (form JV-220(A)), or Physician's Request to Continue Medication (form JV-220(B)) to determine if the request would result in the child or youth being prescribed three or more concurrent psychotropic medications for</p>	<p>The committee appreciates this comment and has amended rule 5.642 to require the applicant to also serve a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) so the child and their attorney will have this form immediately available should they wish to withdraw their consent to release their information to the Medical Board of California at any time in the future.</p> <p>The committee has amended this rule to clarify that the applicant must review <i>Physician's Statement—Attachment</i> (form JV-220(A)) or <i>Physician's Request to Continue Medication—Attachment</i> (form JV-220(B)) to determine if the request could result in the child being prescribed three or more concurrent psychotropic medications for 90 days or more.</p>

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	Commenter	Position	Comment	Committees Response
			<p>90 days or longer. This would clarify that this review applies in cases where new psychotropic medication, in addition to continuing medication that was previously authorized, will result in the child being prescribed three or more concurrent psychotropic medications for 90 days or more.</p> <p>Rule of Court 5.642(c)(2) Within three days of filing, the clerk of the superior court must send form JV-228 to the California Department of Social Services at the address indicated on the form.</p> <p>Comment #2: The CDSS has significant concerns that this proposed provision imposes a requirement that does not exist in statute for the CDSS to be the repository of these documents, without any analysis of the costs and burdens that would be triggered by the creation of a separate system at the state level to receive and maintain the JV-228 forms. The CDSS does not typically receive individual case documents from the JV-220 process or maintain individual case files or records for child welfare services or probation cases. Such recordkeeping is done at the local level by the appropriate county child welfare services agency or county probation department overseeing the child's case. The CDSS therefore recommends striking paragraph (2) of subdivision (c) of the proposed Rule of</p>	<p>The committee appreciates this comment, however the suggestion of maintaining the JV-228 form in the social worker or probation officer's file does not address one of the main problems the board is having, which is obtaining the identifying information of children whose cases have been closed. The bill, and the mandated form, are intended to assist CDSS perform its statutorily mandated information sharing with the board so that the board can perform its statutorily mandated review of the child's medical records to decide if there are any violations of the law or excessive prescribing of psychotropic medications.<sup>1</sup> As the process is currently performed, the board is unable to meet its statutory obligations because it is not getting the necessary information releases from CDSS. This is a unique use of a Judicial Council</p>

<sup>1</sup> Bus. & Prof. Code § 2245; Welf. & Inst. Code § 14028

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**Juvenile Law: Psychotropic Medication Information Release** (Adopt Cal. Rules of Court, rule 5.642; amend rule 5.640; approve forms JV-228, JV-228-INFO, and JV-229; amend forms JV-221, JV-223, JV-224, and JV-287)

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	Commenter	Position	Comment	Committees Response
			<p>Court 5.642 to remove CDSS as the point of delivery and repository for the JV-228 forms. Instead, the CDSS recommends that Rule 5.642 require either the clerk of the court to mail a copy of the filed JV-228 form to the respective county child welfare services agency or probation department, so it may be included in the child’s existing individual case file, or alternatively, that the proposed rule require the child’s attorney to provide a copy of form JV-228 to the county child welfare services agency or probation attorney upon filing the form with the juvenile court . Should the Medical Board of California request a further review of a dependent’s/ward’s medical record, the CDSS can simply contact the necessary county agency to determine if there is a JV-228 form on file.</p> <p>Additionally, CDSS recommends that the proposed language “within three days of filing” be clarified to read “within three court days of filing”. Specifying “court days” is consistent with existing language in rule 5.640.</p> <p>Rule of Court 5.642(d)(1)(2) Withdrawal of authorization. At any time, the child, nonminor dependent, or attorney may withdraw the authorization to release information to the Medical Board of California. Withdrawal may</p>	<p>form, but it is mandated by statute. Additionally, the fact that a rule goes beyond what is contained in a statute does not make it inconsistent with the statute.<sup>2</sup> Unless the circumstances show otherwise, it should be presumed that the Legislature simply chose not to establish specific procedures in that area and that the council is free to do so.<sup>3</sup> SB 377 requires the Judicial Council to develop a form to include a request for authorization by the child or child’s attorney for CDSS to release the child’s identification information to the Medical Board of California, so it can ascertain whether there is excessive prescribing of medication. Establishing basic procedures for how that form is provided to the child and maintained for a future request by the Medical Board is within the Judicial Council’s rule-making authority.</p> <p>The committee appreciates this comment and has amended the rule to indicate three <u>court</u> days of filing.</p>

<sup>2</sup> *Butterfield v. Butterfield* (1934) 1 Cal.2d 227.

<sup>3</sup> See *People v. Mendez* (1999) 19 Cal.4th 1084; *In re Juan C.* (1993) 20 Cal.App.4th 748; compare *Simpson v. Smith* (1989) 214 Cal.App.3d Supp. 7 (statute that was amended to delete notice requirement inconsistent with rule requiring notice).

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	Commenter	Position	Comment	Committees Response
			<p>be made by filing Withdrawal of Information Release to Medical Board of California (form JV-229) or by written letter to the California Department of Social Services. The child or child's attorney may sign (as specified in (b)) form JV-229 or send a letter to the California Department of Social Services.</p> <p>Comment #3: Subdivision (d)(1)(2) does not contain a mechanism for the JV-229 form to be transmitted anywhere upon being filed with the court. The CDSS recommends that the proposed rule include a requirement that the JV-229 form be transmitted to the county child welfare services agency or probation department by either the clerk of the court or the child's attorney filing the form, in order for the document to be maintained in the child's individual case file.</p> <p>The CDSS is concerned about permitting a letter to be sent to the CDSS. Permitting a letter, especially without any requirements on how to communicate withdrawal of authority, will result in confusion and lack of uniformity. The CDSS therefore recommends removing the option of sending a letter to the CDSS. The CDSS suggests that the rule prescribe the same process for transmitting the JV-229 Withdrawal of Information Release to Medical Board of California form to the county agency as will be prescribed for the JV-228 Position on Release of</p>	<p>The committee has amended this rule to indicate that <i>Withdrawal of Information Release to Medical Board of California</i> (form JV- 229) be filed with the court and sent by the clerk to CDSS. Since the rule requires CDSS to maintain the JV-228, any withdrawal of that consent would need to be maintained with the original authorization.</p> <p>The committee has revised the rule and forms to remove the option of sending a letter to CDSS and recommends that <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) be adopted as a mandatory form. The committee has amended this rule to indicate that <i>Withdrawal of Information Release to Medical Board of California</i> (form JV- 229) be filed with the court and sent by the clerk to CDSS. Since the rule requires CDSS to maintain the JV-228, any withdrawal of that consent would need to be maintained with the original authorization</p>

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	Commenter	Position	Comment	Committees Response
			<p>Information to the Medical Board form. As such, the CDSS reiterates the recommendation that either the clerk of the superior court or the child's attorney be designated as the responsible party to send the forms to the respective county child welfare or probation agency for inclusion in the child's case file. Indicating a uniform process will minimize any unnecessary confusion by all respective parties.</p> <p>Rule of Court 5.642(e) Notice of release of information to medical board. If the California Department of Social Services releases identifying information to the Medical Board of California, the California Department of Social Services must notify the child, nonminor dependent, or former dependent or ward, at the last known address. The California Department of Social Services must also notify the child's, nonminor dependent's, or former dependent's or ward's attorney, including in cases when jurisdiction has been terminated.</p> <p>Comment #4: The CDSS respectfully notes that this proposed Rule of Court creates a new responsibility and imposes a direct duty on an agency of the executive branch that is not prescribed by statute. The CDSS has significant concerns that this provision creating a new responsibility for an agency of the executive branch that is not a party to juvenile court proceedings may be beyond the constitutional authority of the Judicial Council to "adopt rules</p>	<p>Senate Bill 377 imposed the unique requirement on the Judicial Council that it create a form for use by the California Department of Social Services to authorize that agency to release the identifying information of youth or nonminor dependents whom the Medical Board of California would like to investigate prescriptions of psychotropic medications. As indicated in the legislative history, the current process has resulted in only 3 of 86 children reviewed by the board.</p>



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			for court administration, practice, and procedure, and perform other functions prescribed by statute,” as set forth in subdivision (d) of Section 6, Article VI of the California Constitution. Senate Bill 377, which added sections 369.5(a)(2)(D) and 739.5(a)(2)(D) to the Welfare and Institutions Code, does not specify an expansion of this authority nor authorize the direct imposition of a new duty upon CDSS via the Rules of Court.	The bill, and the mandated form, are intended to assist CDSS perform its statutorily mandated information sharing with the board so that the board can perform its statutorily mandated review of the child’s medical records to decide if there are any violations of the law or excessive prescribing of psychotropic medications. <sup>4</sup> As the process is currently performed, the board is unable to meet its statutory obligations because it is not getting the necessary information releases from CDSS. This is a unique use of a Judicial Council form, but it is mandated by statute. Additionally, the fact that a rule goes beyond what is contained in a statute does not make it inconsistent with the statute. <sup>5</sup> Unless the circumstances show otherwise, it should be presumed that the Legislature simply chose not to establish specific procedures in that area and that the council is free to do so. <sup>6</sup> SB 377 requires the Judicial Council to develop a form to include a request for authorization by the child or child’s attorney for CDSS to release the child’s identification information to the Medical Board of California, so it can ascertain whether there is excessive prescribing of medication. Establishing basic procedures for how that form is provided to the child and maintained for a future request by the

<sup>4</sup> Bus. & Prof. Code § 2245; Welf. & Inst. Code § 14028

<sup>5</sup> *Butterfield v. Butterfield* (1934) 1 Cal.2d 227.

<sup>6</sup> See *People v. Mendez* (1999) 19 Cal.4th 1084; *In re Juan C.* (1993) 20 Cal.App.4th 748; compare *Simpson v. Smith* (1989) 214 Cal.App.3d Supp. 7 (statute that was amended to delete notice requirement inconsistent with rule requiring notice).

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	Commenter	Position	Comment	Committees Response
			<p>The CDSS respectfully requests the removal of subdivision (e) of the proposed Rule of Court 5.642 in its entirety, and recommends an alternative approach of including on page two of the proposed JV-228 form a ninth item allowing the child and/or their attorney to check a box that indicates:</p> <p>“As a condition of my authorization, I request notification at my last known address if the Medical Board of California seeks release of my identifying information or my medical records to determine if there are any potential violations of the law or excessive prescribing of psychotropic medications.”</p> <p>The CDSS supports the idea that a child, youth, and/or their attorney should be notified if the Medical Board of California seeks release of their identity and psychotropic medication information. The CDSS is committed to continuing to partner with the Medical Board of California, local agencies, and other relevant stakeholders to develop the best process for notifying the child, including any former dependents/wards, in an appropriate, effective, and trauma-informed manner.</p> <p>Comments to Amended Rules of Court, rule 5.640. Psychotropic Medications</p>	<p>Medical Board is within the Judicial Council’s rule-making authority.</p> <p>CDSS can continue to partner with the Medical Board of California, local agencies, and other relevant stakeholders to develop the best process for notifying the child including any former dependents/wards, of the board’s request, in an appropriate, effective, and trauma-informed manner. Nothing in the rule prevents that. It simply requires CDSS to notify the child, nonminor dependent, or former dependent or ward at their last known address. It also requires CDSS to notify the attorney of record.</p>

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	Commenter	Position	Comment	Committees Response
			<p>Rule of Court 5.640(f) If the application is a request for authorization of three or more psychotropic medications for 90 days or longer, notice must also include a blank copy of Position on Release of Information to Medical Board of California (form JV-228) and a copy of Background on Information Release to Medical Board of California (form JV-28 INFO), and the procedures in rule 5.642 must be followed.</p> <p>Comment #5: The CDSS recommends including in the noticing requirements that a blank copy of Withdrawal of Information Release to Medical Board of California (form JV-229) must also be included in the notice to the child’s attorney of record.</p> <p>Additionally, the CDSS recommends Rule 5.640(f) be clarified to state that blank copies of these forms must be provided if the Application for Psychotropic Medication (form JV-220) will result in the child or youth being prescribed three or more concurrent psychotropic medications for 90 days or longer. This will clarify that this requirement applies in cases where new psychotropic medication, in addition to continuing medication that was previously authorized, will result in the child being prescribed three or more concurrent psychotropic medications for 90 days or more.</p>	<p>The committee appreciates this comment and has amended the rule to require that notice include service of a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229).</p> <p>The committee has amended this rule to clarify that the applicant must review <i>Physician’s Statement—Attachment</i> (form JV-220(A)) or <i>Physician’s Request to Continue Medication—Attachment</i> (form JV-220(B)) to determine if the request could result in the child being prescribed three or more concurrent psychotropic medications for 90 days or more.</p>

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	Commenter	Position	Comment	Committees Response
			<p>Comments to Proposed Forms:</p> <p>JV-228 Position on Release of Information to Medical Board of California</p> <p>Comment #6: The CDSS recommends the following changes:</p> <ul style="list-style-type: none"><li>• Page 2, Item #7, include clarifying language as follows: “This authorization will remain valid for three years unless: 1) I cancel it in writing; or 2) I exit foster care and the court terminates jurisdiction; or 3) If the authorization is signed only by my attorney, I reach the age of 18 years. “</li></ul>	<p>The suggested approach of the authorization becoming invalid when the child exits foster care or reaches 18 years of age does not address one of the main problems the board is having, which is obtaining the identifying information of children whose cases have been closed. There is no reason for differentiating between current and former foster youth. The legislative intent is that all foster youth should be given an opportunity to authorize the board to access their medical information if there is alleged to have been inappropriate prescribing of psychotropic medication.<sup>7</sup> The committee concluded that the authorization should remain valid until it is withdrawn. The committee has amended the rules and forms to indicate this. The rules have also been amended to require the social worker or probation officer to provide the youth a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) when it is the last hearing before the child turns 18 years of age, or if the recommendation is</p>

<sup>7</sup> Assem. Com. on Judiciary, Analysis of Sen. Bill No. 377 (2019-2020 Reg. Sess.) July 2, 2019, pp.8-9

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	Commenter	Position	Comment	Committees Response
			<p>The CDSS believes that the proposed three-year timeframe is generally appropriate for the authorization to remain valid. However, once a child exits care to reunification, adoption, or legal guardianship, the child will have a biological parent, adoptive parent, or legal guardian who may make medical decisions on behalf of the child, including whether to release the child's medical information. Additionally, once a child reaches the age of majority, they may also independently authorize the release of their own medical information. Therefore, the CDSS believes it is appropriate for the JV-228 authorization to expire in these instances.</p> <ul style="list-style-type: none"><li>• Page 2, include an item #9 allowing the child and/or their attorney to request notification at their last known address if the Medical Board seeks release of their information as a condition of their authorization.</li></ul>	<p>to terminate juvenile court jurisdiction. This approach will decrease workload for both court clerks and CDSS since the authorization form will not need to be repeatedly filed and sent to CDSS.</p> <p>See response above.</p> <p>CDSS can continue to partner with the Medical Board of California, local agencies, and other relevant stakeholders to develop the best process for notifying the child, including any former dependents/wards, in an appropriate, effective, and trauma-informed manner. Nothing in the rule prevents that. It simply requires CDSS to notify the child, nonminor dependent, or former dependent or ward at their last known address. It also requires CDSS to notify the attorney of record.</p>

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	Commenter	Position	Comment	Committees Response
			<ul style="list-style-type: none"> <li>Page 2, remove the language within the bottom box requiring the clerk of the court to mail a copy of the form to the CDSS, and instead provide instructions that the responsible party (e.g. clerk of the court or child's attorney) must provide a copy of the form to the child's respective county child welfare or probation agency for inclusion in the agency case file.</li> <li>Should CDSS remain as a point of delivery, a CDSS mail station must be included after the street address, specifically "MS 8-13-66".</li> </ul> <p>JV-228 INFO Background on Information Release to the Medical Board of California</p> <p>Comment #7: The CDSS recommends that if it remains a point of delivery of receiving a copy of the forms, Item #4 Withdrawal of authorization should specify a complete CDSS address, including the designated mail station listed above.</p> <p>Comments to Amended Forms:</p> <p>JV-223 Order on Application for Psychotropic Medication</p>	<p>The committee appreciates this comment, however the suggestion of maintaining the JV-228 form in the social worker or probation officer's file does not address one of the main problems the board is having, which is obtaining the identifying information of children whose cases have been closed. The committee recommends maintaining the requirement in rule 5.642 and on this form that the clerk of the court mail a copy of the form to CDSS.</p> <p>The committee has revised the form to include the specified CDSS mail station.</p> <p>The committee has revised the form to specify a complete CDSS address, including the designated mail station.</p>

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	Commenter	Position	Comment	Committees Response
			Comment #8: The CDSS recommends on page 2, Item #4b, should include that the applicant must provide the child and the child's attorney with a blank copy of Withdrawal of Information Release to Medical Board of California (form JV-229).	The committee has revised the form to include that the applicant must provide the child and the child's attorney with a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229).
3.	California Lawyers Association, Executive Committee of the Family Law Section	A	<i>Should the authorization to release information last until it is withdrawn or is there an appropriate time limit when it should expire?</i> The authorization should last until it is withdrawn. However, it might bring clarity to note in the JV-228 INFO under item 4 that authorization, if not withdrawn, will end upon the child turning 18 (at that point new rights arise as an adult to control medication and information related thereto).	The suggested approach of the authorization becoming invalid when the child exits foster care or reaches 18 years of age does not address one of the main problems the board is having, which is obtaining the identifying information of children whose cases have been closed. The committee has concluded that the authorization should remain valid until it is withdrawn. The committee has amended the rules and forms to indicate this. The rules have also been amended to require the social worker or probation officer to provide the youth a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) when it is the last hearing before the child turns 18 years of age, or if the recommendation is to terminate juvenile court jurisdiction. This approach will decrease workload for both court clerks and CDSS since the authorization form will not need to be repeatedly filed and sent to CDSS.
4.	County Behavioral Health Directors Association	NI	CBHDA recommends a three to six month limit on the duration of authorization which appears appropriate given the unique circumstances faced by children and youth who are in the foster care system and who may have been seen by various practitioners due to multiple placements in or out of county as determined by	The committee considered several time limits on the duration of the authorization. Since the Board, however, is looking at prescribing practices of physicians, the Board may need to obtain information on children in past data sets. A three to six month limit on the authorization would only address data recently submitted to the Board. One

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			<p>the placing agency. This will offer the most current information on the child or youth's medical history.</p> <p>In addition, it's unclear why the background document bases authorization on previous prescribing patterns since the request for authorization happens at the time the JV-223 is filed. The review after authorization to release medical records by the child or child's attorney should not exceed three to six months and it appears that the proposed timeframe is beyond</p>	<p>issue the Board seeks to address, however, is its inability to obtain information on children that may have been in foster care several years ago. The Board is looking at prescription patterns and, as such, is not only requesting the identifying information for children in the most recent data set, but also for children prescribed medication by that same doctor for what could be years ago. Additionally, a short time frame would increase workload for the department, the child's attorney, the court clerk and CDSS. The committee concluded that the authorization should remain valid until it is withdrawn. The committee has amended the rules and forms to indicate this. The rules have also been amended to require the social worker or probation officer to provide the youth a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) when it is the last hearing before the child turns 18 years of age, or if the recommendation is to terminate juvenile court jurisdiction. This approach will decrease workload for both court clerks and CDSS since the authorization form will not need to be repeatedly filed and sent to CDSS.</p> <p>The Board is looking at prescribing practices of physicians and may need to obtain information on children in past data sets. The Board is looking at prescription patterns and, as such, is not only requesting the identifying information for children in the most recent data set, but also for children prescribed medication by that same doctor for what could be years ago.</p>



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	Commenter	Position	Comment	Committees Response
			<p>the scope and intent of the legislation. The review process must be contemporaneous to determine the practitioners reasoning for prescription. It would be unreasonable to review medical records for three years to then request a practitioner to provide reasoning and to articulate their initial clinical judgment based on the child or youth's unique circumstances that occurred several years prior.</p> <p>Unintended consequences of this legislation could create a two-tiered system of treatment for foster youth versus those children and youth who have not been removed from their homes. The increased oversight could unintentionally cause practitioners to become less able to use their best clinical judgement if they believe it might lead to an unjust and unfair review.</p> <p>The appropriate forms and any potential investigation must account for unique situations that the child or youth may be subject to, such as presumptive transfer (AB 1299). Currently, the provisions related to presumptive transfer are still being developed and the processes related to timely notification which includes the appropriate transfer of medical history and records, is often inconsistent and/or incomplete. Circumstances such as this must be taken into consideration upon a review by the Medical Board of California and should be included in the appropriate form.</p>	<p>The Medical Board of California is required to review the data and medical records to determine if the appropriate standard of care was met. The results of this determination are outside the scope of this proposal and the rule-making authority of the Judicial Council.</p> <p>SB 377 requires the Judicial Council to develop a form to include a request for authorization by the child or child's attorney for CDSS to release the child's identification information to the Medical Board of California, so it can ascertain whether there is excessive prescribing of medication. The committee chose to make that form as straightforward as possible. Developing procedures for presumptive transfer cases is outside the scope of this proposal. The Judicial Council implemented policies and procedures for presumptive transfer through California Rules of</p>

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			<p>Other unique circumstances and needs of the child must be taken into consideration for foster youth, especially those children and youth who may be placed in Short-Term Residential Therapeutic Programs (STRTPs), who have chaotic internal needs due to traumatic experiences, leading to the removal from home and do not have a sense of stability or appropriate behavioral support. Circumstances such as this, from a psychiatric perspective, could increase the child and youth's need for psychotropic medications in order to keep them safe. In the absence of decent and stable placement options, the expectation that a child or youth must deal with complex psychiatric symptoms on their own should be taken into consideration related to the review of medical records.</p> <p>Language should be developed which accounts for the limited number of child psychiatrists across the state to adequately shape internal policies that will need to be developed due to the provisions related to SB 377. The</p>	<p>Court, rule 5.674, <i>Request for Hearing on Waiver of Presumptive Transfer</i> (form JV-214), <i>Notice of and Order on Request for Hearing on Waiver of Presumptive Transfer</i> (form JV-214(A)), <i>Instructions for Requesting a Hearing to Review Waiver of Presumptive Transfer</i> (form JV-214-INFO), and <i>Order After Hearing on Waiver of Presumptive Transfer</i>.</p> <p>See response above. Developing a procedure for what the Medical Board of California must take into consideration is outside the scope of this proposal.</p> <p>See response above. Developing protocols or model policies which would help counties during a review that may take place to provide greater support for practitioners is outside the scope of this proposal.</p>

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			development of internal policies could potentially become an issue, especially for small or rural counties. The state should consider protocols or model policies which would help counties during a review that may take place to provide greater support for practitioners.  Will the Medical Board of California (MBC) expert reviewer keep a copy of the records until age of maturity? If the youth withdraws consent, what happens to the records?	See response above. Proscribing to the Medical Board of California what to do with the records is outside the scope of this proposal.
5.	Los Angeles Department of Children and Family Services By: Alyssa Skolnick	AM	Consider whether authorization should expire when youth reaches age of majority or is withdrawn, whichever comes first. NMD or adult former foster might have different opinion about their info being released and should be given a opportunity to reconsider their consent once they become "legal" adults.	The suggested approach of the authorization becoming invalid when the child exits foster care or reaches 18 years of age does not address one of the main problems the board is having, which is obtaining the identifying information of children whose cases have been closed. The committee has concluded that the authorization should remain valid until it is withdrawn. The committee has amended the rules and forms to indicate this. The rules have also been amended to require the social worker or probation officer to provide the youth a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) when it is the last hearing before the child turns 18 years of age, or if the recommendation is to terminate juvenile court jurisdiction. This approach will decrease workload for both court

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			<p>Regarding item number W20-07, this change would create three (3) new psychotropic medication forms – the JV-228, JV-228-INFO, and JV-229 -- in order to allow CDSS to authorize the Medical Board of California to ascertain whether there is excessive prescribing of psychotropic medication. This would create a moderate workload impact for the PMA desk clerks, who would then have to send out these additional notice forms in addition to the JV-217, JV-217 INFO, JV-218, JV-219 forms they send out now to clients. In addition, this change would revise the existing JV-223 and JV-224 forms in order to add an item to indicate whether or not a youth is on 3 or more psych meds for 90 days or longer. Our PMA policy would need to be updated to reference these new forms.</p> <p>Although we're not necessarily opposed to these changes, we're aware that Judge Nash/Office of Child Protection would like for the Judicial Council to also update the JV-220(A) Physician's Statement in order to require prescribing physicians list the specific lab tests that were performed prior to the prescription. Currently, the form only has checkboxes (#14 a and b) for "All essential laboratory tests were performed" or "All essential laboratory tests were not performed (explain what laboratory</p>	<p>clerks and CDSS since the authorization form will not need to be repeatedly filed and sent to CDSS.</p> <p>The committee appreciates this comment and is aware that providing additional forms will create a small workload impact to those already providing notice.</p> <p>The committee appreciates this comment, however the JV-220(A) form was not a part of this proposal. Any changes to that form would be an important substantive change and public comment would need to be sought before the form could be revised. The committee will consider this comment the next time form JV-220(A) is revised.</p>

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			tests were not done and why).” However, there are some limitations with this question as currently written. First, there is no definition of what “essential” means, so there is wide variety in practice among physicians. Also, about half of PMA requests do not have any lab tests done, which is a safety issue for youth. DMH has indicated that getting the lab results is often very difficult, so they are considering creating their own form to be faxed to prescribing physicians inquiring about the specific lab tests ordered for each youth, the date they were ordered, whether results have come back, and what those results were. The biggest challenge historically is that providers very often fail to respond to these requests absent a court order. PHNs will do what they can to get these results from physicians, but without a mandate or court order, they may not be too successful. As a result, the Office of Child Protection has requested that the Judicial Council update the JV-220(A) form for doctors to indicate which lab tests were performed rather than merely having a yes/no checkbox.	
6.	Orange County Bar Association By: Scott B. Garner	AM	<b>Proposed Modification:</b> To ensure that W.I.C. section 827 is not violated, add to:  CRC 5.642(e)—The authorization is for release of medical records only, it is not an authorization for the release of juvenile court case files as described by Section 827.	The committee agrees that it could be possible that the Board may seek information from the juvenile court case file, and if so, the protections and procedures in section 827 should apply. The committee recommends including in proposed rule 5.642 and on form JV-228 statements that the authorization is for the release of medical records only, not an authorization for the release of the

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			<p>JV-228—at the end of the introduction: “This form does not authorize the release of juvenile case file information as described by Section 827.”</p> <p>JV-228-INFO—Item 2—at the end add: “This form does not authorize the release of juvenile case file information as described by Section 827.”</p> <p><b>Specific Comments:</b> <i>Does the proposal appropriately address the stated purpose? See proposed modifications.</i></p> <p><i>Should the authorization to release information last until it is withdrawn or is there an appropriate time limit when it should expire?</i> The medication authorization is reviewed regularly by the juvenile court and the authorization should have an equal lifespan.</p>	<p>juvenile court case file as described by section 827.</p> <p>The committee considered several time limits on the duration of the authorization. Since the Board, however, is looking at prescribing practices of physicians, the Board may need to obtain information on children in past data sets. A six month limit on the authorization would only address data recently submitted to the Board. One issue the Board seeks to address, however, is its inability to obtain information on children that may have been in foster care several years ago. The Board is looking at prescription patterns and, as such, is not only requesting the identifying information for children in the most recent data set, but also for children prescribed medication by that same doctor for what could be years ago. Additionally, a short time frame would increase workload for the department, the child’s attorney, the court clerk and CDSS. The committee</p>

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				concluded that the authorization should remain valid until it is withdrawn. The committee has amended the rules and forms to indicate this. The rules have also been amended to require the social worker or probation officer to provide the youth a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) when it is the last hearing before the child turns 18 years of age, or if the recommendation is to terminate juvenile court jurisdiction. This approach will decrease workload for both court clerks and CDSS since the authorization form will not need to be repeatedly filed and sent to CDSS.
7.	Superior Court of California, County of Los Angeles By: Bryan Borys	AM	<p><i>Does the proposal appropriately address the stated purpose? Yes</i></p> <ul style="list-style-type: none"> <li><i>Should the authorization to release information last until it is withdrawn or is there an appropriate time limit when it should expire?</i></li> </ul> <p>Recommendation would be for an expiration date of one (1) year after the authorization is signed to ensure that the minor has an opportunity to provide consent if a request is submitted after the one-year expiration date. If further release is necessary, then the child or the attorney should have to sign another one.</p>	<p>No response required.</p> <p>The committee considered several time limits on the duration of the authorization. Since the Board, however, is looking at prescribing practices of physicians, the Board may need to obtain information on children in past data sets. A one-year limit on the authorization would only address data recently submitted to the Board. One issue the Board seeks to address, however, is its inability to obtain information on children that may have been in foster care several years ago. The Board is looking at prescription patterns and, as such, is not only requesting the identifying information for children in the most recent data</p>

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			<p>The advisory committee also seeks comments from courts on the following cost and implementation matters:</p> <ul style="list-style-type: none"> <li>• <i>Would the proposal provide cost savings? If so, please quantify.</i></li> </ul> <p>No.</p> <ul style="list-style-type: none"> <li>• <i>What would the implementation requirements be for courts?</i></li> </ul>	<p>set, but also for children prescribed medication by that same doctor for what could be years ago. Additionally, a short time frame would increase workload for the department, the child's attorney, the court clerk and CDSS. The committee concluded that the authorization should remain valid until it is withdrawn. The committee has amended the rules and forms to indicate this. The rules have also been amended to require the social worker or probation officer to provide the youth a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) when it is the last hearing before the child turns 18 years of age, or if the recommendation is to terminate juvenile court jurisdiction. This approach will decrease workload for both court clerks and CDSS since the authorization form will not need to be repeatedly filed and sent to CDSS.</p> <p>No response required.</p>



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			<p>Implementation will require training of staff, revising and updating of the PMA protocol, PMA procedure and logs to include the new forms. Updates to forms in our CMS would need to be made. If the court decides it would like a copy of the release in the CMS, then we would need a new event code for that document. Training for courtroom staff, clerical support and supervisory staff will be required.</p> <p>• <i>Would 3 ½ months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?</i></p> <p>Yes</p> <p>OTHER COMMENTS: Currently, the court gives notice to minor's attorney. This proposal says that the Applicant (which is DCFS) has to give notice of the Release to minors (over 12) and minor's counsel. There would be reduced workload for court staff if child protective services is required to notice to minor's attorney.</p>	<p>This will likely result in minimal implementation costs and a slight increase in workload for the court clerk. In implementing the revised forms, courts will incur standard reproduction costs.</p> <p>No response required.</p> <p>Current rule 5.640 requires the applicant to provide notice to the child's attorney.</p>
8.	Superior Court of California, County of Orange, Juvenile Court and Family Law Divisions	AM	<p>JV-228 – Position on Release of Information to Medical Board of California</p> <p>For section #2, it is recommended the sentence be updated to, "If the youth or nonminor dependent's address should remain confidential</p>	<p>The committee has revised the form to accommodate for the possibility of the child,</p>

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	Commenter	Position	Comment	Committees Response
			<p>in the juvenile court file, a Confidential Information (form JV-287) must be completed. The address should not be included when completing the form. This will help clarify that either the youth, dependent, or attorney may complete the JV-287.</p> <p>For section #3, update sentence to, “Government services, treatment, and care may not be denied due to not authorizing the release of information.”</p> <p>Acknowledgement of this notice is general since multiple individuals may complete the form.</p> <p>For section #7, update sentence to, “Authorization will remain valid for three years unless it is cancelled in writing”.</p> <p><i>Does the proposal appropriately address the stated purpose?</i> Yes, the proposal addresses the stated purpose.</p> <p><i>Would the proposal provide cost savings?</i> The proposal would not provide a cost savings. Currently, our Juvenile Administration Department processes all psychotropic related requests.</p> <p><i>What would the implementation requirements be for courts?</i> Communication would be needed to judicial officers and administration staff. Procedures</p>	<p>nonminor dependent, or attorney to complete the form.</p> <p>The committee has revised the form to accommodate for the possibility of the child, nonminor dependent, or attorney to complete the form.</p> <p>The committee has revised the form to accommodate for the possibility of the child, nonminor dependent, or attorney to complete the form.</p> <p>No response required.</p> <p>No response required.</p> <p>This will likely result in minimal implementation costs and a slight increase in workload for the</p>

## Winter 20-07

**Juvenile Law: Psychotropic Medication Information Release** (Adopt Cal. Rules of Court, rule 5.642; amend rule 5.640; approve forms JV-228, JV-228-INFO, and JV-229; amend forms JV-221, JV-223, JV-224, and JV-287)

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	Commenter	Position	Comment	Committees Response
			<p>may require revisions and updates would be needed to the case management system.</p> <p><i>Would 3 ½ months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?</i>  Yes, 3 ½ months would be sufficient time to implement changes.</p>	<p>court clerk. In implementing the revised forms, courts will incur standard reproduction costs.</p> <p>No response required.</p>
9.	<p>Superior Court of California, County of San Diego  By: Mike Roddy</p>	AM	<p><i>Does the proposal adequately address the stated purpose? Yes.</i></p> <p><i>Should the authorization to release information last until it is withdrawn or is there an appropriate time limit when it should expire?</i>  There are pros and cons for both options, i.e., valid until withdrawn or valid for three years unless cancelled. Our court would be interested to hear views on this issue from foster youth and their counsel. Specifically, would youth be more or less inclined to release their information if the authorization is time-limited? If a time limit would encourage youth to sign authorizations, then it should be imposed.  N.B.: Item 7 on the proposed JV-228 form states, “This authorization will remain valid for three years unless I cancel it in writing.” If, after the comment period, it is decided to allow authorizations to last until withdrawn, this item will need to be deleted or revised accordingly.</p>	<p>No response required.</p> <p>The committee considered several time limits on the duration of the authorization. Since the Board is looking at prescribing practices of physicians, the Board may need to obtain information on children in past data sets. A one-year limit on the authorization would only address data recently submitted to the Board. One issue the Board seeks to address, however, is its inability to obtain information on children that may have been in foster care several years ago. The Board is looking at prescription patterns and, as such, is not only requesting the identifying information for children in the most recent data set, but also for children prescribed medication by that same doctor for what could be years ago. Additionally, a short time frame would increase workload for the department, the child’s attorney, the court clerk and CDSS. The committee concluded that the authorization should remain valid until it is withdrawn. The committee has amended the rules</p>

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	Commenter	Position	Comment	Committees Response
			<p><i>Would the proposal provide cost savings?</i> Probably.</p> <p><i>What would the implementation requirements be for courts—for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?</i> Training of staff (courtroom clerks and clerks who handle the paperwork) and revision of procedures will vary depending on how a court is currently handling educational rights issues.</p> <p><i>Would 3½ months from Judicial Council approval of this proposal until its effective</i></p>	<p>and forms to indicate this. The rules have also been amended to require the social worker or probation officer to provide the youth a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) when it is the last hearing before the child turns 18 years of age, or if the recommendation is to terminate juvenile court jurisdiction. This approach will decrease workload for both court clerks and CDSS since the authorization form will not need to be repeatedly filed and sent to CDSS.</p> <p>No response required.</p> <p>No response required. This appears to be a comment on another unrelated proposal.</p>

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	Commenter	Position	Comment	Committees Response
			<p><i>date provide sufficient time for implementation?</i> Three months probably is sufficient.</p> <p><i>How well would this proposal work in courts of different sizes?</i> Unknown.</p> <p>Note: Due to the proposed rule revisions and new forms JV-228 and JV-228-INFO, <b>conforming changes will need to be made to JV-221</b> (Proof of Notice of Application), item 6.</p> <p><b>Rule 5.640</b></p> <p>Query: Should “Indian custodian” be added wherever there is a reference to “parent or legal guardian”? See, e.g., subd. (b)(1), (b)(2), (c)(1), (c)(2), (c)(3), (c)(10), (c)(12), (e), (g)(6).</p> <p>See Attachment A to this comment chart for comments regarding grammatical and stylistic changes to improve readability of the rules and forms.</p>	<p>No response required.</p> <p>No response required.</p> <p>The committee has revised <i>Proof of Notice of Application</i> (form JV-221), item 6, to include the additional forms that must be provided with notice of the application.</p> <p>The committee has amended rule 5.640 to include “Indian custodian” whenever there is a reference to “parent or legal guardian.”</p> <p>The committee appreciates the level of detail in the comments provided and has made all the suggested comments to improve grammar and readability.</p>
10.	Trial Court Presiding Judges Advisory Committee/Court Executive Advisory Committee, Joint Rules Subcommittee	AM	<p>JV-228 - Position on Release of Information to Medical Board of California</p> <ul style="list-style-type: none"> <li>For section #2, it is recommended the sentence be updated to, "If the youth or nonminor dependent's address should remain confidential in the juvenile court file, a Confidential</li> </ul>	<p>The committee has revised the form to accommodate for the possibility of the child, nonminor dependent, or attorney to complete the form.</p>

## Winter 20-07

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	Commenter	Position	Comment	Committees Response
			<p>Information (form JV-287) must be completed. The address should not be included when completing the form. This will help clarify that either the youth, dependent, or attorney may complete the JV-287.</p> <ul style="list-style-type: none"> <li>For section #3, update sentence to, "Government services, treatment, and care may not be denied due to not authorizing the release of information." Acknowledgement of this notice is general since multiple individuals may complete the form.</li> </ul> <p><i>1. Does the proposal appropriately address the stated purpose?</i></p> <ul style="list-style-type: none"> <li>Yes</li> </ul> <p><i>2. Should the authorization to release information last until it is withdrawn or is there an appropriate time limit when it should expire?</i></p> <ul style="list-style-type: none"> <li>Recommendation would be for an expiration date of one (1) year after the authorization is signed to ensure that the minor has an opportunity to provide consent if a request is submitted after the one-year expiration date. If further release is necessary, then the child or the attorney should have to sign another one.</li> </ul>	<p>The committee has revised the form to accommodate for the possibility of the child, nonminor dependent, or attorney to complete the form.</p> <p>No response required.</p> <p>The committee considered several time limits on the duration of the authorization. Since the Board, however, is looking at prescribing practices of physicians, the Board may need to obtain information on children in past data sets. A one-year limit on the authorization would only address data recently submitted to the Board. One issue the Board seeks to address, however, is its</p>

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	Commenter	Position	Comment	Committees Response
				inability to obtain information on children that may have been in foster care several years ago. The Board is looking at prescription patterns and as such, is not only requesting the identifying information for children in the most recent data set, but also for children prescribed medication by that same doctor for what could be years ago. Additionally, a short time frame would increase workload for the department, the child's attorney, the court clerk and CDSS. The committee concluded that the authorization should remain valid until it is withdrawn. The committee has amended the rules and forms to indicate this. The rules have also been amended to require the social worker or probation officer to provide the youth a blank copy of <i>Withdrawal of Information Release to Medical Board of California</i> (form JV-229) when it is the last hearing before the child turns 18 years of age, or if the recommendation is to terminate juvenile court jurisdiction. This approach will decrease workload for both court clerks and CDSS since the authorization form will not need to be repeatedly filed and sent to CDSS.

## Attachment A

### W 20-07 Comment Chart

Superior Court of California, County of San Diego  
by: Mike Roddy, Executive Officer

#### Rule 5.642

Subd. (d)(2) – for consistency with subd. (d)

The child, nonminor dependent, or the child's attorney may sign (as specified in (b)) form JV-229 or send a letter to the California Department of Social Services.

#### JV-223

##### Item 4b:

Change to title of JV-228-INFO is suggested for consistency with title of JV-228.

... The applicant must provide the child and the child's attorney a blank copy of *Position on Release of Information to Medical Board of California* (form JV-228) and a copy of *Background on Information Release of Information to Medical Board of California* (form JV-228-INFO). The procedures in California Rules of Court, rule 5.642 must be followed.

#### JV-224

No comments.

#### JV-228

Note: Most of the following edits are suggested to make the text more plain-language and reader-friendly or to encourage the youth to authorize the release of information.

You have been prescribed three or more psychotropic medications at the same time for 90 days or longer. The California Medical Board of California will look into the care your doctor provided to you and may want need additional information to determine decide if the doctor appropriately properly prescribed medication for you. ...

**Item 5:** Move check box before “about me” so that it is in between “about” and “me.”

a. I authorize the California Department of Health Care Services and the California Department of Social Services to connect \_\_\_ my name \_\_\_ my client's name to the prescribing data and other information == about me \_\_\_ my client that was previously provided under a unique number.



b. I do not authorize the California Department of Health Care Services and the California Department of Social Services to connect \_\_\_ my name \_\_\_ my client's name to the prescribing data and other information \_\_\_ about \_\_\_ me \_\_\_ my client \_\_\_ that was previously provided under a unique number.

**Item 6:**

a. I authorize the Medical Board of California to obtain see \_\_\_ my \_\_\_ my client's medical records to determine decide if there are any potential violations of the law or excessive prescribing of psychotropic medications.

(1) ...

(2) The information may only be used only for the purpose of the investigation.

(3) If the medical information is admitted as an exhibit in an administrative hearing, the medical board must request that it the medical information obtained pursuant to this release be sealed.

b. I do not authorize the Medical Board of California to obtain \_\_\_ my \_\_\_ my client's medical records to determine decide if there are any potential violations of the law or excessive prescribing of psychotropic medications.

**Item 8:**

I understand that I may cancel this authorization by filing *Withdrawal of Authorization for Release of Information Release* to Medical Board of California (form JV-229) or by sending a written letter to the California Department of Social Services at the address listed in the box below.

**JV-228-INFO**

For consistency with the title of JV-228:

**Title** (at top of page and in footer): **Background on Authorization for Release of Information to Medical Board of California**

Note: Most of the following edits are suggested to make the text more plain-language and reader-friendly.

**Item 1 heading:** Reason Why you are receiving these forms JV-228 and JV-229

**Item 1:**

You have been prescribed three or more psychotropic medications at the same time for 90 days or longer. The California Medical Board of California ("board") will look into the

care your doctor provided to you and may ~~want additional~~ need more information to ~~determine~~ decide if the doctor ~~appropriately~~ properly prescribed medication for you. California law requires the The Medical Board of California, as required by California law, to review medical doctors prescribing psychotropic medication to youth in foster care. As part of this review, the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) provide prescribing and other data to the board under a unique number assigned to you, but with no personal identifying information. This means that the board does not know your name or other personal information about you, and does not know how to contact you.

The After reviewing the data provided by DHCS and CDSS, will be reviewed by a medical expert ~~who~~ may decide that prescribing practices by one or more doctors involved in your care ~~require further review~~ should be examined more closely. In order to look into the quality of medical care you were provided, the board may request that ask you provide for your name and contact information ~~to the board,~~ so board staff can contact you to get further details about your care and get your authorization permission to review your medical records. You do not need to respond to contacts from the board, even if you authorized agreed to the release of your information. The decision to respond to the board is up to you.

#### **Item 2:**

You may also authorize allow the board to ~~obtain~~ see your medical records if the board decides that one or more of the doctors involved in your care require further review needs them to ~~determine~~ decide if the whether a doctor broke the law or prescribed too much psychotropic medication to you.

**You are not required do not have to release any information to the board, and you may choose not to share your information with the board. Further, if you do not give authorization release your information, there will be no impact on or changes to the your receipt of government services, treatment, or care you receive from the government.**

#### **Item 3:**

... The medical board is required by law to keep all information about used in their investigations confidential.

#### **Item 4:**

You ~~are allowed to~~ can change your mind and ~~can~~ can withdraw your authorization to give information to the medical board at any time. You can do this by signing, or having your attorney sign, *Withdrawal of Information Release to Medical Board of California* (form JV-229) or by sending a written letter to the California Department of Social Services CDSS, Attention: Information Release for California Medical Board, 744 P Street, Sacramento, CA 95814.

## JV-229

For consistency with the titles of JV-228 and JV-228:

**Title** (at top of page and in footer): **Withdrawal of Information Release of Information to Medical Board of California**

You may use this form to stop your authorization for the California Department of Social Services and the California Department of Health Care Services to give your name and contact information to the Medical Board of California, and to stop your authorization for the Medical Board of California to review limited see your medical records.

You do not have to use this form. You may also stop your authorization by sending a written letter to the California Department of Social Services, Attention: Information Release for California Medical Board, 744 P Street, Sacramento, CA 95814.

### **Item 4:**

I DO NOT authorize the California Department of Health Care Services and the California Department of Social Services to connect      my name      my client's name to the prescribing data and other information      about      me      my client that was previously provided under a unique number.

### **Item 5:**

I DO NOT authorize the Medical Board of California to obtain see      my      my client's medical records to determine decide if there are any potential violations of the law or excessive prescribing of psychotropic medications.

## JV-287

*You do not need to fill out this entire form. Write only the information that you know.*