



# Summary of Regulations Related to STD Prevention and Control Efforts in California

This summary was developed by the  
California Department of Public Health  
Sexually Transmitted Diseases (STD) Control  
Branch

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\* These summaries are not comprehensive and are meant to serve as a guide only. Please see the codes and regulations themselves and/or consult with your legal counsel if you have any specific questions.

## California STD-Control Regulations Digest

This “California STD-Control Regulations Digest” provides stakeholders with a summary of the laws and regulations related to STD control in California, including basic definitions and legislative mandates.

The digest summarizes relevant sections of the California’s Health and Safety Code (HSC) and Code of Regulations (CCR) statutes; others referenced include California’s Business and Professions, Civil, Education, Evidence, Family, and Penal codes, and federal HIPAA regulations.

These summaries are not comprehensive and are meant to serve as a guide only. Please see the codes and regulations themselves and/or consult with your legal counsel if you have any specific questions.

### Organization of the Digest

**Code and Regulation Summaries:** Codes and regulations are summarized here. The codes and regulations are divided by subject area, and within each subject area, listed in numerical order. Codes are listed first, then regulations.

In cases where the title is self-explanatory (e.g.: “HSC 101000. Board of Supervisors appoints LHO, who is a county officer”) no additional summary description is included underneath.

Each summary also contains a hyperlink to access the full text of the code or regulation. The full text of the California Codes (laws) can be accessed at the California Legislature’s website: [www.leginfo.ca.gov](http://www.leginfo.ca.gov).

For regulations (from the California Code of Regulations), the full text is included as Appendix A in this document.

**Appendix A: California Code of Regulations – Full Text of Regulations Related to STD Control:** This contains the full text of all regulations summarized in the digest.

The full text of the codes are not included, these can be accessed at the [www.leginfo.ca.gov](http://www.leginfo.ca.gov) website.

**Index of Codes and Regulations by Subject Area:** This is an outline listing every code and regulation included in the document, by subject area, in the order in which it is presented.

**Index of Codes and Regulations in Numerical Order:** This lists all of the codes and regulations included in the document in numerical order.

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## Introduction

### **A. California Codes and Code of Regulations**

**California Codes:** California law consists of 29 codes, which cover different subject areas (e.g. Health and Safety Code (HSC), Education Code, etc.). California is unusual in that, unlike most other states (and the federal government), it has separate subject-specific codes rather than a single code divided into numbered titles. Dividing the law into codes or titles is a way of organizing the law. The state legislature writes new laws as amendments to the different codes, so it's easy to look up laws, and to find out what the current law is.

The California **Code of Regulations** (CCR) is a separate document that lists regulations that have been formally adopted by state agencies. State agencies create regulations in order to implement laws enacted by the state legislature. For example, if a new law says that "The department may set an annual licensing fee up to \$500," then the agency must make a regulation to set the amount of the fee.

In order to create or revise a regulation, a state agency must follow the process established in the Administrative Procedures Act (APA). The APA requirements include: posting a public notice, providing an opportunity to be heard by the public, filing with the Secretary of State, and publishing in the Administrative Code ([http://www.oal.ca.gov/res/docs/pdf/What\\_Is\\_a\\_Regulation.pdf](http://www.oal.ca.gov/res/docs/pdf/What_Is_a_Regulation.pdf)). Regulations carry the force of law unless they conflict with any state laws or the state or federal Constitutions.

It's important to remember that laws and regulations are subject to change and new laws are regularly proposed and written.

If you have a specific question about a bill that may not yet be enacted into law or is under discussion in the legislature, check the online state database of pending and enacted legislation (<http://www.leginfo.ca.gov/billinfo.html>).

The full text of the California codes, reflecting current law, can be found at: <http://www.leginfo.ca.gov/calaw.html>.

For the full text of the California Code of Regulations (CCR), go to [www.oal.ca.gov](http://www.oal.ca.gov) and click on "California Code of Regulations" in the "Sponsored Links" menu on the left-hand side of the screen.

### **Description of California codes with laws related to STD Control**

**Health and Safety Code:** Laws governing health and safety, including medical care and public health services. The code includes laws governing organization and authority of the CA Department of Health Care Services (DHS), Public Health Department (CDPH) local health departments, laws about STD and HIV prevention and control, licensing requirements for

health services, laws governing health insurance, and drug and alcohol and treatment programs.

**Family Code:** Laws relating to marriage, community property, child support, and other family law matters. It also includes laws concerning minors, including laws about minors' consent to medical care.

**Evidence Code:** Laws that govern the admission of facts by which parties can prove their cases in a state court of law, both civil and criminal. This includes rules establishing the confidentiality of the physician-patient relationship.

**Penal Code:** The code is divided into Part 1 and Part 2. Part 1 provides definitions of different crimes and punishments for them. Part 2 is related to criminal procedure. It contains the laws governing the criminal trial system, the correctional system, as well as standards and training requirements for local law enforcement. As mentioned above, drug-treatment and alcohol-treatment laws are included in the Health and Safety Code, rather than the Penal Code.

**Education Code:** Laws governing the educational system. It includes the laws about sexual health education and HIV/AIDS prevention education.

**Civil Code:** Laws that govern the general obligations and rights of persons within the jurisdiction of California. It includes laws about the confidentiality of medical information.

***B. Acronyms used in this document:***

<b>ADAP</b>	<b>AIDS Drug Assistance Program</b>
<b>BPC</b>	<b>Business and Professions Code</b>
<b>CAC</b>	<b>CA Administrative Code</b>
<b>CDC</b>	<b>US Centers for Disease Control</b>
<b>CCR</b>	<b>CA Code of Regulations</b>
<b>CDPH or DPH</b>	<b>CA Department of Public Health, also referred as “the department”</b>
<b>CLIA</b>	<b>Clinical Laboratory Improvement Amendments</b>
<b>CURES</b>	<b>Controlled Substance Utilization Review and Evaluation System</b>
<b>DHCS</b>	<b>CA Department of Health Care Services</b>
<b>DOJ</b>	<b>CA Department of Justice</b>
<b>DSS</b>	<b>CA Department of Social Services</b>
<b>FDA</b>	<b>Food and Drug Administration</b>
<b>HIPAA</b>	<b>Health Insurance Portability and Accountability Act</b>
<b>HSC</b>	<b>CA Health and Safety Code</b>
<b>LHD</b>	<b>Local Health Department</b>
<b>LHO</b>	<b>Local Health Officer</b>
<b>OA</b>	<b>Office of AIDS</b>
<b>PHI</b>	<b>Personal health information</b>
<b>SHEAA</b>	<b>Sexual Health Education Accountability Act</b>
<b>STD</b>	<b>Sexually transmitted disease</b>
<b>STI</b>	<b>Sexually transmitted infection (STD)</b>
<b>USPS</b>	<b>US Postal Service</b>

While term “venereal disease” is no longer commonly used (STD and STI are preferred), the term is often used in this document to reflect statutory language.

## Code and Regulation Summaries

### 1. Definitions, general mandates and authorization of health departments for STD control activities

**HSC 120500.** STDs, (as defined by the Communicable Disease Prevention and Control Act, Section 27), refer to: syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

#### 1. A. General responsibilities of the State Health Department (CDPH)

**HSC 100325.** The department will investigate the sources of morbidity and mortality and the effects of localities, employments, conditions and circumstances on the public health. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=100001-101000&file=100325-100335>

**HSC 100330.** Department has authority to compile and publish reports and statistics on death rates and rates of illness without disclosing individual cases. The department has the authority to publish statistical compilations relating to morbidity and mortality studies that do not identify individual cases and sources of information or religious affiliations. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=100001-101000&file=100325-100335>

**HSC 120125.** Department examines causes of communicable diseases in humans and domestic animals occurring or likely to occur in California. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120125-120155>

**HSC 120530.** The department may furnish treatment for a case or for a group of cases in rural counties or cities upon the recommendation of the LHO if adequate facilities for the treatment are not available in the county or city. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 131051.** Former California Dept. of Health Services conveys authority to CDPH (the department). Duties, powers, functions, jurisdiction, and responsibilities performed by the former California Dept. of Health Services transferred to the department. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=131001-132000&file=131050-131135>

#### 1. A. i. State Health Department: STD-specific regulations

**HSC 120505.** The department develops and reviews plans, and provides leadership, consults for and directly participates in STD prevention and control. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120510. The department cooperates with other agencies, institutions and stakeholders in STD prevention, control, and cure.** Stakeholders include physicians and surgeons; medical schools; public and private hospitals; dispensaries and clinics; public and private schools, college and university authorities; penal and charitable institutions; reform and industrial schools; detention homes; federal, state, local and district health officers, boards of health, and all other health authorities; mental health institutions; and other persons, institutions, or agencies. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120515. The department investigates conditions affecting STD prevention and control.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120520. The department shall conduct educational and publicity work as it may deem necessary.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120525. The department establishes, maintains and subsidizes clinics, dispensaries and prophylactic stations for diagnosis, treatment, and prevention of STDs.** It may approve and/or provide medical, advisory, financial, or other assistance to clinics, dispensaries, and stations. No clinic, dispensary, or prophylactic station shall be approved unless it meets the requirements of their city or county board and complies with its regulations. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120535. Admitting acute cases to public hospitals.** Any state agency conducting a public hospital shall admit acute STD cases, when, in the opinion of the department or LHO within its jurisdiction, persons infected with an STD may be considered a menace to public health. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120750. CDPH may design, develop and distribute posters and leaflets informing public about STDs, and make them available to State Pharmacy Board for distribution.** The department determines size, shape, and materials of posters and leaflets to fulfill the purposes of this chapter. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120750>

## **1. B. General responsibilities of Local Health Departments**

**HSC100295. The department, after consultation with and approval by the Conference of LHOs, shall by regulation establish standards of education and experience for professional and technical personnel employed in LHDs and for organization and operation of the LHDs.** These standards may include standards for the maintenance of records of services, finances and expenditures, that shall be reported to the director in a manner and at times as the director may specify. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=100001-101000&file=100275-100315>

**HSC 101000. Board of Supervisors appoints LHO, who is a county officer.**

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=100001-101000&file=101000-101010>

**HSC 101005. LHO shall be medical school graduate in good standing.**

Her/his compensation set by Board of Supervisors.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=100001-101000&file=101000-101010>

**HSC 101025. Boards of Supervisors are charged with overseeing public health in unincorporated counties.** Boards shall preserve and protect county's public health including adoption of ordinances, regulations and orders not in conflict with general laws, and provide for payment of expenses incurred on the job enforcing them. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=101001-102000&file=101025-101070>

**HSC 101029. Sheriffs and peace officers may enforce LHO orders issued to prevent spread of any contagious, infectious, or communicable disease.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=101001-102000&file=101025-101070>

**HSC 101030. In unincorporated counties, health officers enforce and observe public-health-related orders and ordinances of boards of supervisors; orders, including quarantine and other regulations/statutes relating to public health.**

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=101001-102000&file=101025-101070>

**HSC 101040. LHO may take any preventive measures to protect public health from a health hazard during: "state of (war) emergency," or "local emergency,"** as defined by Section 8558 of the Government Code, and within her/his jurisdiction. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=101001-102000&file=101025-101070>

**HSC 101045. The LHO shall investigate health and sanitary conditions in every county jail, every other publicly operated detention facility in the county, and all private work-furlough facilities and programs established pursuant to Section 1208 of the Penal Code, at least annually.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=101001-102000&file=101025-101070>

**HSC 101050. The LHO shall prepare and provide family planning and birth control-clinic information, including a list distributed by County Clerk.** List includes information about availability of pregnancy testing services provided pursuant to Section 123380.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=101001-102000&file=101025-101070>

**HSC 120100. Health Officer: includes county, city, and district health officers, and city and district health boards, but does not include advisory health boards.**

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120100-120115>

**HSC 120155. Sheriffs and peace officers may enforce departmental orders issued to prevent the spread of any contagious, infectious, or communicable disease.** When deciding whether to request assistance in enforcement of its orders, the department may consider whether it would be necessary to advise enforcement agencies of measures that should be taken to prevent their infection. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120125-120155>

**HSC 120175, 120575.** LHO proactively addresses cases of contagious/communicable disease to prevent their spread or the occurrence of additional cases.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120180. LHO in a county with population of 5 million or more may employ inspectors or investigators with Bachelor's degree and not otherwise licensed.** If the LHO of any county with population of 5 million or more employs personnel as inspectors or investigators in the enforcement of the Communicable Disease Prevention and Control Act (Section 27), who are not otherwise licensed, registered, nor certified, personnel shall meet any one of the following minimum qualifications: (a) Bachelor's degree in public health from an accredited college; (b) Bachelor's degree with a minimum of 30 units of basic sciences from an accredited institution; or statement from accredited institution that applicant has successfully completed minimum of 16 semester units distributed among public health and administration, epidemiology, public health statistics, public health microbiology, and communicable disease control. (c) Bachelor's degree from an accredited institution; and at least one year of full-time experience or equivalent in public health or law enforcement investigation or inspection. (d) Be employed as an inspector or investigator in communicable disease prevention and control by a county health department, and have passed Civil Service examination.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**17 CCR § 1303. A health educator shall hold a master's degree with specialization in public or community health education awarded upon completion of a program of study accredited by the American Public Health Association.** (For full text, click [here](#) or see page 40)

**17 CCR § 2509. LHO maintains records as necessary in order to perform duties, or as requested by the department.** The LHO determines number and type of communicable disease using methods deemed necessary in order to obtain knowledge of the general level of morbidity in her/his jurisdiction. (For full text, click [here](#) or see page 40)

## **1. B. i. Local Health Department: STD-specific regulations**

**HSC 120575. LHO investigates every case and takes all available preventive measures to ascertain infection source to prevent transmission of STDs**

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**17 CCR § 2511. LHO determines amount and type of communicable disease occurrence to ascertain morbidity level.** (For full text, click [here](#) or see page 41)

**17 CCR § 2636. LHO prepares confidential reports to the department including STD cases, acts to curb commercial sex, diagnoses STDs upon examination of test results, counsels, instructs and treats patients.** (For full text, click [here](#) or see page 41)

## **2. Testing/medical services**

### **2. A. Overview**

**HSC 120540. The department may require any physician in attendance on a person infected or suspected of being infected with an STD to submit specimens which may be designated for examination.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120545. The department may designate examination places.** Examinations may be made at a state or local laboratory as designated by the department, or in a clinical laboratory that is under the immediate supervision and direction of a clinical laboratory technologist or a licensed physician and surgeon. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120560. Diseased persons shall submit to examinations.** As determined by the department, persons with STDs shall submit to examinations to determine their condition. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120565. If a person subject to STD control discontinues any procedure required by this chapter, agency administering procedure prior to discontinuance shall attempt to determine whether person is continuing to comply with procedure elsewhere.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120600. Any person who refuses to provide information, or who knowingly exposes sex partner with an STD is guilty of a misdemeanor.** In addition, any person with an STD who knows of the condition, is not in treatment and who marries or has sexual relations, is guilty of a misdemeanor. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120605. Persons' religious beliefs shall be respected and exempted from this chapter except around reporting provisions and quarantine orders.** Nothing shall interfere with the freedom of an adherent of teachings of any well-recognized religious sect, denomination, or organization to depend exclusively upon prayer for healing in accordance with the teachings of the religious sect, denomination, or organization. Any such person, along with any person treating her/him, shall be exempt from all provisions of this chapter regarding STDs, except that the provisions of this code and regulations regarding compulsory reporting and quarantine, and regarding activities that a person with an STD may not engage, shall apply. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**15 CCR 15 § 1206.5. In correctional settings, responsible physician, in conjunction with facility administrator and LHO, develops communicable disease plan to identify, treat,**

**control and manage communicable diseases including tuberculosis and other airborne diseases.** The plan covers intake screening procedures, identifies relevant symptoms, refers for medical evaluation, and outlines incarceration treatment responsibilities and coordination with public health officials for follow-up treatment outside incarceration facilities. Plan must also reflect incidence of communicable STDs that threaten inmate and staff health. (For full text, click [here](#) or see page 44)

**17 CCR § 2514. Health-care provider in attendance on a case or suspected case of possible STD will give detailed instructions to household members regarding precautionary measures to prevent spread of STDs.** (For full text, click [here](#) or see page 41)

## **2. B. Disclosure of HIV test results to CDPH, cooperating agencies**

**HSC 121022. LHOs, Healthcare providers and laboratories shall report cases of HIV infection to the department, using patient names.** (a) To ensure knowledge of current trends in the HIV epidemic and to ensure that California remains competitive for federal HIV and AIDS funding. (b) (1) Health care providers and LHOs shall submit cases of HIV infection by courier service, USPS express mail or registered mail, other traceable mail, person-to-person transfer, fax, or electronically. The department and LHOs shall ensure continued reasonable access to anonymous HIV testing through alternative testing sites, as established by Section 120890, and in consultation with HIV planning groups and affected stakeholders. (f) State and LHO employees and contractors shall be required to sign confidentiality agreements developed by the department that include information related to the penalties for confidentiality breach and procedures for reporting a breach, prior to accessing confidential HIV-related public health records. (h) (1) LHO shall immediately report any evidence of an actual breach of confidentiality of HIV-related public health records at a city or county level to the department and the appropriate law enforcement agency. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120975-121023>

**HSC 121025. HIV/AIDS-related public health records are confidential and shall not be disclosed, except as otherwise provided by law for public health purposes or by written authorization from person who is the subject of the record or by her/his guardian or conservator. Penalties for illegal disclosure include fines and imprisonment.** (b) In accordance with Section 121022, a state or local public health agency, or an agent of that agency, may disclose personally identifying information in public health records to other local, state, or federal public health agencies or to corroborating medical researchers, when the confidential information is necessary to carry out the duties of the agency or researcher in the investigation, control, or surveillance of disease, as determined by the department or LHO. For treatment of patients co-infected with HIV, tuberculosis, and syphilis, gonorrhea, or chlamydia, LHO STD control and tuberculosis control staff may further disclose the information to state or local public-health STD control and tuberculosis control staff, the HIV-positive patient-of-record, or health care provider who provides her/his HIV, tuberculosis, and STD care. (4) Any person who commits any act described above shall be liable to the person whose confidential public health record was disclosed for all actual damages for economic, bodily, or

psychological harm that is a proximate result of the act. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=121001-122000&file=121025-121035>

## 2. C. Venipuncture/serologic tests

**HSC 120580. LHD employee may perform venipuncture or skin puncture for testing, even if s/he is not otherwise licensed to withdraw blood, provided that s/he is trained by and working under the direction of a physician, clinical scientist or bio-analyst authorized to withdraw blood.** Qualifying employee must obtain signed instructing physician's statement indicating successful completion of training. Any person employed by an LHD to perform venipuncture or skin puncture shall hold a valid and current certification. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120917. HIV counselors may perform CLIA-waived HIV tests, and HCV tests.** An HIV counselor working in an HIV counseling and testing site and under a licensed physician and surgeon, and who is trained by OA in rapid HIV test proficiency for oral swab tests and skin-puncture blood tests and universal infection control precautions, is exempted from the requirement that s/he hold a valid certification as a phlebotomist technician. A counselor who meets requirements of this section regarding performing any HIV test that is classified as waived under the CLIA may not perform any other test unless that counselor meets the statutory and regulatory requirements for performing that other test. As of January 1, 2012, HIV counselors may also perform HCV and HIV/HCV tests waived under the CLIA. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120900-120920>

## 2. D. Minor consent to medical services

**Family Code 6922. A minor may consent to medical care under certain conditions.** A minor may consent to her/his medical care or dental care if the following conditions are satisfied: minor is 15 years of age or older; minor is living separate and apart from her/his parents or guardian whether with or without consent of parent or guardian and regardless of duration of separate residence; and, minor is managing her/his own financial affairs, regardless of the source of the income. Parents or guardians are not liable for medical care or dental care provided pursuant to this section. A physician, surgeon or dentist may (with or without consent of the minor patient) advise minor's parent or guardian of treatment given or needed if the physician and surgeon or dentist has reason to know, on the basis of the information given by the minor, whereabouts of parent or guardian. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**Family Code 6924. Mental-health treatment and counseling services available to minors.** Mental health treatment or counseling to minors on an outpatient basis is available by any of the following: governmental agency, person or agency having a contract with a governmental agency to provide services, agency that receives Community Development funds, runaway house or crisis resolution center, "professional person" as defined by statute: mental health professional, marriage and family therapist, licensed educational psychologist, credentialed school psychologist, clinical psychologist, chief administrator, marriage and family therapist,

and registered intern. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**Family Code 6925. Minors have a right to consent to an abortion without parental consent.** Does not authorize a minor to be sterilized without the consent of the minor's parent or guardian, or to receive an abortion without the consent of a parent or guardian other than as provided in Section 123450 of the HSC. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**Family Code 6926. A minor who is 12 years of age or older may consent to medical care related to the diagnosis or treatment of reportable infectious diseases, including STDs. As of January 1, 2012, minors may also consent to medical care related to the prevention of a sexually transmitted disease.** The disease or condition must be one that is required by law or regulation adopted pursuant to law to be reported to the LHO, or is a related STD, as may be determined by the department. (Regulation CCR 5151, below, also authorizes minors 12 and older to consent to treatment for non-reportable STDs). The minor's parents or guardian are not liable for payment for medical care provided pursuant to this section. For a fact sheet on minor consent for prevention of STDs, please go to [std.ca.gov](http://std.ca.gov). <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**Family Code 6927. Minor consent to diagnosis or treatment for rape.** A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**Family Code 6928. Minor consent for treatment of sexual assault, provider responsibility to attempt to notify parent/guardian.** A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault. The professional person providing medical treatment shall attempt to contact the minor's parent or guardian and shall note in the minor's treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This subdivision does not apply if the professional person reasonably believes that the minor's parent or guardian committed the sexual assault on the minor. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**Family Code 6929. Right of parent or legal guardian to seek medical care and counseling for drug- or alcohol-related problem of a minor child when child does not consent to medical care and counseling.** California respects the right of a parent or legal guardian to seek medical care and counseling for a drug- or alcohol-related problem of a minor child when the child does not consent to medical care and counseling. Nothing in this section shall be construed to restrict or eliminate this right. In cases where a parent or legal guardian has sought medical care and counseling for a drug- or alcohol-related problem of a minor child, the physician shall disclose medical information concerning the care to the minor's parent or legal guardian upon her/his request, even if the minor child does not consent to disclosure, without liability for the disclosure. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**Penal Code 11171. Adequate protection of victims of child physical abuse or neglect has been hampered by the lack of consistent and comprehensive medical examinations.** Enhancing examination procedures, documentation, and evidence collection related to child abuse or neglect will improve investigation and prosecution of abuse or neglect as well as other child protection efforts including treatment and prevention of STDs.  
<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**17 CCR § 5151. A minor 12 years of age or older may consent to receive hospital, medical and surgical care related to diagnosis and/or treatment of any of the following non-reportable STDs:** *Candida genitalis*, *Chlamydia trachomatis*, *Condyloma acuminata*, *Hemophilus vaginalis* (*Gardnerella vaginale*), *Cytomegalovirus* infection, *Herpes genitalis*, *Molluscum contagiosum*, *Non-gonococcal urethritis*, *vaginitis* and *cervicitis*, *Pediculosis* (*Phthirus pubis*), *Scabies* (*Sarcoptes scabie*), *Trichomoniasis*. (For full text, click [here](#) or see page 46)

## 2. E. Prenatal testing

**HSC 120685. Every licensed physician and surgeon or other person engaged in prenatal care of a pregnant woman, or in attendance at the time of delivery, shall obtain a blood specimen at her first professional visit or within 10 days.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120675-120715>

**HSC 120690. These blood specimens are submitted to approved laboratories for syphilis testing.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120675-120715>

**HSC 120695. Laboratory specimens must be designated either for prenatal test or follow-up after recent delivery of child.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120675-120715>

**HSC 120700. Laboratories shall submit reports of records to the department as required by department's regulations.** Within 30 days, the LHO may destroy copies of reports that have been retained for a two-year period. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120675-120715>

**HSC 120705. All laboratory reports are confidential, not open to public inspection.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120675-120715>

**HSC 120710. To ensure test accuracy, the department must accept specimens for testing from anywhere in California.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120675-120715>

**17 CCR § 1125. Laboratory directors planning serologic tests for syphilis in connection with prenatal examinations shall apply to the department for approval and evaluation in order to perform tests.** LHO shall submit to department on designated forms: information as

required to evaluate personnel, equipment, and scope of activity related to these tests. (For full text, click [here](#) or see page 47)

17 CCR § 1126. Approved tests for prenatal syphilis listed here. Tests for syphilis approved by department for use with prenatal examinations: Venereal Disease Research Lab slide, Automated Reagin, Fluorescent Treponemal Antibody (absorption), Reagin Screen, and the Rapid Plasma Reagin (circle) Card. Any one of these tests shall constitute the "standard test" as required by the CA Civil Code and CA HSC. (For full text, click [here](#) or see page 48)

**17 CCR § 1127. All tests for syphilis must be conducted exactly as outlined by the author of the test.** All equipment recommended by the author of the test must be available in the laboratory before approval can be granted. (For full text, click [here](#) or see page 49)

**17 CCR § 1128. Any laboratory approved to perform prenatal serologic tests must undergo proficiency testing service approved by the department; test results are reported to the department.** Any laboratory showing unsatisfactory performance shall make changes as recommended by the department or discontinue the testing of legally required prenatal blood specimens. (For full text, click [here](#) or see page 49)

**17 CCR § 1130. Only a licensed physician or surgeon (Sections 2000-2497 of the BPC), or authorized under provisions of Chapter 3, Division 2 (Section 1200) of BPC, or who is certified under provisions of Sections 1075-1084, Title 17 of CAC, shall be permitted to conduct prenatal serologic tests.** (For full text, click [here](#) or see page 50)

**17 CCR § 1131. New personnel, employed to perform prenatal serologic tests, are required to transmit their names to the department within 30 days.** This does not apply to staff rotating from one phase of laboratory work to another. (For full text, click [here](#) or see page 51)

**17 CCR § 1132.** When there is a leadership or location change, LHO must reapply for approval to perform tests. (For full text, click [here](#) or see page 51)

**17 CCR § 1133.** Laboratories who advertise their services shall not be approved to perform prenatal serologic tests. (For full text, click [here](#) or see page 52)

## **2. F. Blood donor screening**

**HSC 1644.5 Blood donors must be screened and tested to protect the general public from STDs.** No tissues shall be transferred into the body of another person by means of transplantation, unless the donor of the tissues has been screened and found nonreactive by laboratory tests for evidence of HIV infection, viral hepatitis (B and C), human T lymphotropic virus-1 (HTLV-1), and syphilis. The department may adopt regulations requiring additional screening tests of donors of tissues when, in its opinion, the action is necessary for protection of the public, donors, or recipients. All donors of sperm shall be screened and found nonreactive as required under subdivision (a), except in the following instances: (1) A

recipient of sperm, from a sperm donor known to the recipient, may waive a second or other repeat testing of that donor if the recipient is informed of the requirements for testing donors under this section and signs a written waiver. (2) A recipient of sperm may consent to therapeutic insemination of sperm or use of sperm in other advanced reproductive technologies even if the sperm donor is found reactive for hepatitis B, hepatitis C, syphilis, HIV or HTLV if the sperm donor is the spouse of, partner of, or designated donor for that recipient. The physician providing insemination or advanced reproductive technology services shall advise the donor and recipient of the potential medical risks associated with receiving sperm from a reactive donor. The donor and the recipient shall sign a document affirming that each comprehends the potential medical risks of using sperm from a reactive donor for the proposed procedure and that each consents to it. Copies of the document shall be placed in the medical records of the donor and the recipient. (3) (A) Sperm whose donor has tested reactive for syphilis may be used for the purposes of insemination or advanced reproductive technology only after the donor has been treated for syphilis. Sperm whose donor has tested reactive for hepatitis B may be used for the purposes of insemination or advanced reproductive technology only after the recipient has been vaccinated against hepatitis B. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=01001-02000&file=1644-1644.5>

## 2. G. Examination of sexual assault victims

**HSC 1491. Sexual assault victims are provided STD and pregnancy testing at no charge.** In addition, any necessary examination is performed without charge to a victim of rape or other sexual assault pursuant to Section 13823.95 of the Penal Code. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=01001-02000&file=1491-1492>

**HSC 1492. When treating or examining rape or other sexual-assault victims, hospitals shall provide information and resources to each patient.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=01001-02000&file=1491-1492>

**Penal Code 1202.1. Courts shall order felon convicted of a sexual offense (whether or not a sentence or fine is imposed or probation is granted) to submit to a blood or oral mucosal transudate-saliva test for evidence of HIV infection within 180 days of the date of conviction.** Each person tested under this section shall be informed of test results. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=01001-02000&file=1191-1210.5>

## 2. H. Provider responsibilities regarding controlled substances

**HSC 11164. Prescriptions for controlled substances** classified as Schedule II, III, IV, or V, shall not be provider prescribed, unless LHO complies with the requirements of this section. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=11001-12000&file=11150-11180>

### 3. Partner notification and contact management

**HSC 120555. Every person diagnosed with an STD shall give all required information required information, including the name and address of any person from whom the disease may have been contracted and to whom the STD may have been transmitted.**

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120582. A physician, surgeon, nurse practitioner, nurse-midwife, or physician assistant who diagnoses an STD in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners.** This applies to chlamydia, gonorrhea and other STDs as determined by the department. The department may adopt regulations to implement this section. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 121015. Physician and Local Health Department may notify patient's partner of positive HIV test.** Notwithstanding Section 120980 or any other provision of law, no physician and surgeon who has the results of a confirmed positive test to detect HIV infection of a patient under his/ her care shall be held criminally or civilly liable for disclosing to a person reasonably believed to be the spouse, or to a person reasonably believed to be a sexual partner or a person with whom the patient has shared the use of hypodermic needles, or to the LHO, that the patient has tested positive on a test to detect HIV infection, except that no physician and surgeon shall disclose any identifying information about the individual believed to be infected, except as required in Section 121022 for reporting purposes.

The LHO may alert any persons reasonably believed to be a spouse, sexual partner, or partner of shared needles of an individual who has tested HIV positive about their exposure, without disclosing any identifying information about the individual believed to be infected or the physician making the report, and shall refer any person to whom a disclosure is made pursuant to this subdivision for appropriate care and follow-up. Upon completion of the local health officer's efforts to contact any person pursuant to this subdivision, all records regarding that person maintained by the local health officer pursuant to this subdivision, including, but not limited to, any individual identifying information, shall be expunged by the local health officer. The LHO shall keep confidential the identity and seropositivity status of individual tested and the identities of the persons contacted, as long as contact records are maintained.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120975-121023>

**17 CCR § 2636 In every STD case, attending physician shall endeavor to identify patient's sexual or other intimate contacts during disease's communicable stage, and (with patient's cooperation) bring these cases in for examination and, if necessary, treatment.** Examinations, cases, investigations and all records made under regulations for STD control shall be confidential, with no part divulged except as may be necessary, for reporting facts to the department. Parents or guardians are legally responsible for STD-infected minors' compliance with STD regulations. LHD shall endeavor to repress commercial sex: LHDs and physicians shall not issue certificates of freedom from STDs to known prostitutes as such certificates may be used for solicitation purposes. LHD may require submission of specimens from STD cases for laboratory diagnosis. Instruct patients how to

prevent spread of STDs: in addition to treatment and medical supervision, LHD shall furnish approved literature on this subject. LHD shall contact patient's sexual partner(s) or other intimate contacts during time patient was in a communicable stage. In carrying out such investigations, LHDs are invested with full powers of inspection, examination and isolation of anyone known to be infected and/or infectious with an STD. Person with knowledge about an STD-infected person failing to observe adequate precautions to prevent spreading infection shall report facts to the LHD. Syphilis shall be regarded as subject to isolation until, under treatment, all lesions are healed and a clinical examination fails to show the presence of any area from which infection may be spread. Any patient who refuses or otherwise fails to receive a full course of a currently accepted method of treatment, or who discontinues treatment prematurely, may be subjected to strict isolation as deemed necessary by LHO. (For full text, click [here](#) or see page 41)

## 4. Reporting

### 4. A. STD reporting and disclosure: providers, laboratories, schools

**HSC 120105. USPS service or notice on reporting.** It shall be sufficient to provide notice by registered or certified (return receipt) USPS if receipt signed by person to be served or notified is obtained. Receipt shall be prima facie evidence of the service or notice in any civil or criminal action. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120100-120115>

**HSC 120130. Department will maintain and publish a list of reportable diseases, establish rules requiring quarantine by the LHO, and publication of list.** The department maintains a list of reportable diseases and conditions, and for each reportable disease and condition shall specify timeliness requirements related to reporting of each disease and condition and mechanisms required for, and the content to be included in, reports made pursuant to this section. This list may be modified by the department after consultation with CA Conference of LHOs. STDs listed as reportable shall be properly reported as required to the department by the LHO. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120125-120155>

**HSC 120250. Who must report STDs to LHO.** All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living with, or visiting any sick person, in any hotel, lodging-house, house, building, office, structure, or other place where any person is ill of any infectious, contagious, or communicable disease, shall promptly report to LHO, together with name of person (if known), place where s/he is confined, and the nature of the disease (if known). <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120262. Reporting requirements related to occupational health.** Blood or tissue may be tested, and an exposed individual may be informed whether patient has tested positive or negative for an STD if exposed individual and healthcare facility (if any) is in compliance with applicable guidelines of the Division of Occupational Safety and Health. The department and

LHD are required to follow this procedure: when a person becomes “an exposed individual” through exposure to blood or other potentially infectious material from a patient while rendering healthcare-related or occupational service, exposed individual may request exposure evaluation by a physician to determine its significance. No physician or other exposed individual shall certify her/his own significant exposure. However, an employing physician may certify the exposure of one of her/his employees. Requests for certification shall be made in writing within 72 hours of the exposure. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120260-120263>

**HSC 120500. STDs refer to syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**17 CCR § 2500. Healthcare providers are required to report STD cases to LHO where patient resides.** Healthcare providers knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed (see below), shall report case to LHO where patient resides. Where no healthcare provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from an STD or condition may also report to the LHO for the jurisdiction where the patient resides. Administrators of a healthcare facility where more than one healthcare provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure timely reporting to the LHO. The following is reference sheet about reportable diseases for providers:

[http://www.cdph.ca.gov/HealthInfo/Documents/Reportable\\_Diseases\\_Conditions.pdf](http://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf)

(For full text, click [here](#) or see page 52)

**17 CCR § 2505. Laboratories required to notify LHO of any evidence of STDs (syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia).** To assist LHO, clinical laboratory director or designee at an approved public health laboratory or a veterinary laboratory where a laboratory examination of any specimen derived from the human body (or from an animal, in the case of rabies or plague testing) yields microscopical, cultural, immunological, serological, or other evidence suggestive of those diseases listed in subsections (e)(1) and (e)(2) of hyperlink below, shall report such findings to the health officer of the local health jurisdiction where the health care provider who first submitted the specimen is located. (For full text, click [here](#) or see page 52)

**17 CCR § 2508. Reporting by Schools to LHO.** It shall be the duty public or private school, kindergarten, boarding school, or day nursery administrators to immediately report to LHO presence or suspected presence of any communicable disease. (For full text, click [here](#) or see page 52)

#### **4. B. STD reporting and disclosures: local health officers**

**HSC 120190. Timely, immediate reporting of STDs to the department is mandatory.** LHO shall immediately report to the department every discovered or known case or suspect case of those diseases designated by the department for immediate reporting. Within 24 hours after

reporting and investigation, each LHO shall issue reports as the department may require. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120245. LHO shall transmit to county health officer a report showing number and character of infectious, contagious, or communicable diseases reported, and their location.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**17 CCR § 2502. LHO shall regularly report to the department on disease case numbers, conditions or outbreaks.** LHO shall report on “Weekly Morbidity by Place of Report” form to the department number of cases of diseases, conditions, or outbreaks reported pursuant to Section 2500. Copies of form are available from department's Division of Communicable Disease Control. **Confidentiality:** Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the LHO except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or to the legal representative of that individual. (1) LHO shall disclose any information, including personal information contained in an individual case report, to the department in order to determine existence of an STD, its likely cause or the measures necessary to stop its spread. (2) LHO may disclose any information contained in an individual case report, including personal information, as may be necessary to prevent the spread of disease or occurrence of additional cases. (3) LHO may disclose any information contained in an individual case report to any person or entity if disclosure may occur without linking information disclosed to the individual to whom it pertains, and the purpose of the disclosure is to increase understanding of disease patterns, to develop prevention and control programs, to communicate new knowledge about a disease to the community, or for research. (4) Notwithstanding subsections (1), (2), and (3) above, no information that would directly or indirectly identify an individual as one who has applied for or been given services for alcohol or other drug abuse by a federally assisted drug or alcohol abuse treatment program (as defined in 42 C.F.R. § 2.11) shall be included in an individual case report or otherwise disclosed absent the individual's written consent.

Whenever the LHO collects personal information in order to prepare an individual case report, LHO shall notify individual from whom information was collected: (1) personal information related to individual's disease is mandatory; (2) only disclosure of personal information will be pursuant to subsections 2502(1) and 2502(2); and (3) non-personal information may be disclosed pursuant to subsection 2502(3). Refer below to 17 CCR 2502 complete list of diseases. (For full text, click [here](#) or see page 68)

#### **4. C. Confidentiality of records**

**Civil Code 56.10. Confidentiality of medical records: requirement by healthcare provider to obtain authorization.** No provider of health care, health care service plan, or contractor shall disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as required by the courts, or by other healthcare providers in the case of an emergency. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=civ&group=00001-01000&file=56.10-56.16>

**Civil Code 56.11. Confidentiality of medical records: requests for medical records.**

Any person or entity who wishes to obtain medical information other than a person or entity authorized to receive medical information shall obtain valid authorization for the release of this information. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=civ&group=00001-01000&file=56.10-56.16>

**HSC 100330. Disclosing confidential reporting information will not jeopardize patient's privacy or permit identification in departmental reporting.** All records of interviews, written reports, and statements obtained by the department or by anyone acting jointly with the department, in connection with special morbidity and mortality studies shall be confidential of the individual: patient identity shall be used solely for study purposes. Disclosing this information to the department or to any other cooperating individual, agency or organization in any special study, shall not subject any person, hospital, sanitarium, rest home, nursing home, or other organization to any action for damages. The department may publish statistical compilations relating to morbidity and mortality studies that do not identify individual cases and sources of information or religious affiliations. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=100001-101000&file=100325-100335>

**HSC 123115. Representative of a minor shall not be entitled to inspect or obtain copies of the minor's patient records in either of the following circumstances:**

With respect to which the minor has a right of inspection under Section 123110; where healthcare provider determines that access to patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or minor's physical safety or psychological well-being. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=123001-124000&file=123100-123149.5>

#### **4. D. Health Insurance Portability and Accountability Act (HIPAA)**

**HIPAA is a federal law that defines how covered entities use individually-Identifiable (PHI) information.** HIPAA was endorsed in 1996 by the US Congress. The HIPAA Privacy Rule (aka Standards for Privacy of Individually Identifiable Health Information) provided the first nationally-recognizable regulations for use/disclosure of an individual's health information. It defines how "covered entities" use PHI. A covered entity may be a health plan, healthcare clearinghouse, or healthcare provider. HIPAA gives patients control over use of their health information; defines boundaries for use/disclosure of health records by covered entities; establishes national-level standards applicable to all healthcare providers; helps limit use of PHI and minimizes chances of its inappropriate disclosure; strictly investigates compliance-related issues and holds violators accountable with civil or criminal penalties for violating the privacy of an individual's PHI; supports cause of disclosing PHI without individual consent for individual healthcare needs, public benefit and national interests. HIPAA acknowledges that there is a need to balance steps taken to protect an individual's health information along with providing safe and accessible healthcare facilities. HIPAA strives to regulate sharing of PHI without making it a deterrent for access to healthcare. The Privacy Rule permits disclosures, under special circumstances, wherein individual authorization is not needed by public healthcare authorities. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>

## 5. Outbreak investigation

**HSC 120176. Responsibilities of LHO during outbreak.** During an outbreak of communicable disease, or upon imminent and proximate threat of communicable disease outbreak or epidemic that threatens public health, every health care provider, clinic, health care service plan, pharmacies and their suppliers, distributors, and other for-profit and nonprofit entities shall, upon LHO's request, disclose inventories of medical supplies, equipment, pharmaceuticals, vaccines, or other products that may be used for the prevention of, or may be implicated in the transmission of communicable disease. LHO shall keep this proprietary information confidential. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**17 CCR § 2501. LHO shall investigate and control a reported case, unusual disease, or outbreak.** Upon report from a provider or laboratory, LHO shall take whatever steps necessary to investigate and control the disease, condition or outbreak reported. If LHO finds that the nature of the disease and the circumstances of the case, unusual disease, or outbreak warrant such action, LHO shall examine any person who or animal which has been reported in order to verify the diagnosis, or the existence of an unusual disease, or outbreak, make an investigation to determine the source of infection, and take appropriate steps to prevent or control spread of disease. Whenever requested to do so by the department, LHO shall conduct special morbidity and mortality study for any reportable disease. (For full text, click [here](#) or see page 73)

**17 CCR § 2509. With a local STD epidemic, LHO reports to the department all facts concerning outbreak, and measures taken to abate and prevent its spread.** (For full text, click [here](#) or see page 40)

## 6. Public awareness/education

**Education Code 51931. Sex education definitions and terminology.**

**Age appropriate** refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity. **Comprehensive sex health education** means education regarding human development and sexuality, including education on pregnancy, family planning, and STDs. **HIV/AIDS prevention education** refers to methods of transmission, strategies to reduce risk of infection, and social and public-health issues. **Instructors trained in appropriate courses:** knowledge of most recent medically accurate research on human sexuality, pregnancy, and STDs. **Medically accurate:** verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, and recognized as accurate and objective by professional organizations and agencies, such as CDC, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists. **School district** includes county boards of education, county superintendents, CA School for the Deaf, and CA School for the Blind. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51930-51932>

**Education Code 51932. Areas where this code does not apply.** This chapter does not apply to descriptions or illustrations of human reproductive organs that may appear in a textbook, adopted pursuant to law on physiology, biology, zoology, general science, personal hygiene, or health; nor to instruction or materials that discuss gender, sexual orientation, or family life. Also, code does not apply to description or illustration of human reproductive organs that may appear in a textbook, adopted pursuant to law, on physiology, biology, zoology, general science, personal hygiene, or health, or to instruction or materials that discuss gender, sexual orientation, or family life. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51930-51932>

**Education Code 51933. Sex education guidelines.** Commencing in grade 7, instruction and materials shall teach that abstinence from sex is the only certain way to prevent unintended pregnancy, teach that abstinence from sex activity is the only certain way to prevent STDs, and provide information about the value of abstinence while also providing medically accurate information on other methods of preventing pregnancy and STDs. Also in Grade 7: information about STDs, effectiveness and safety of FDA-approved methods of reducing risk of contracting STDs, and information on local resources for testing and medical care for STDs. Also: effectiveness and safety of FDA-approved contraceptive methods in preventing pregnancy, including, but not limited to emergency contraception; skills for making and implementing responsible decisions about sex; law on surrendering physical custody of a minor child 72 hours or younger. A school district that elects to offer comprehensive sexual health education earlier than grade 7 may provide age appropriate and medically accurate information on any of the general topics listed above. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51933>

**Education Code 51934. School district shall ensure that all pupils grades 7 to 12, inclusive, receive HIV/AIDS prevention education from instructors trained in the appropriate courses.** Mandated HIV/AIDS prevention education, whether taught by school-district personnel or outside consultants, shall satisfy all of the criteria set forth in Education Code 51933, shall accurately reflect the latest information and recommendations from the US Surgeon General, the CDC, and the National Academy of Sciences, and shall: -discuss methods to reduce risk of HIV infection, emphasizing that sexual abstinence, monogamy, avoidance of multiple sexual partners, and abstinence from intravenous drug use are the most effective means for HIV/AIDS prevention, but shall also include statistics based upon the latest medical information citing the success and failure rates of condoms and other contraceptives in preventing sexually transmitted HIV infection, as well as information on other methods that may reduce the risk of HIV transmission from intravenous drug use; and -discuss public-health issues associated with HIV/AIDS. a) Each pupil shall receive this instruction at least once in junior high or middle school and at least once in high school. (b) HIV/AIDS prevention education, whether taught by school district personnel or outside consultants, shall satisfy all of the criteria set forth in Section 51933, shall accurately reflect the latest information and recommendations from the US Surgeon General, the CDC, and the National Academy of Sciences, and shall include the following: (1) Information on the nature of HIV/AIDS and its effects on the human body. (2) Information on the manner in which HIV is and is not transmitted, including information on activities that present the highest risk of HIV infection. (3) Discussion of methods to reduce the risk of HIV infection. Instruction shall emphasize that sexual abstinence, monogamy, avoidance of multiple sexual partners, and abstinence from

intravenous drug use are the most effective means for HIV/AIDS prevention, but shall also include statistics based upon the latest medical information citing the success and failure rates of condoms and other contraceptives in preventing sexually transmitted HIV infection, as well as information on other methods that may reduce the risk of HIV transmission from intravenous drug use. (4) Discussion of the public health issues associated with HIV/AIDS. (5) Information on local resources for HIV testing and medical care. (6) Development of refusal skills to assist pupils in overcoming peer pressure and using effective decision-making skills to avoid high-risk activities. (7) Discussion about societal views on HIV/AIDS, including stereotypes and myths regarding persons with HIV/AIDS. Instruction shall emphasize compassion for persons living with HIV/AIDS. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51934>

**Education Code 51936. School districts may have outside consultants teach sex education.** School districts may contract with outside consultants with expertise in comprehensive sexual health education or HIV/AIDS prevention education, or both, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver the instruction or to provide training for school district personnel. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51935-51936>

**Education Code 51937. Pupils encouraged to communicate with parents/guardians about human sexuality and HIV/AIDS.** Respect must be given to rights of parents or guardians to supervise children's education on these subjects. The state recognizes that while parents and guardians overwhelmingly support medically accurate, comprehensive sex education, parents and guardians have the ultimate responsibility for imparting values regarding human sexuality. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51937-51939>

**Education Code 51938. Sex education; parental permission.** A parent or guardian of a pupil has the right to excuse their child from all or part of comprehensive sexual health education, HIV/AIDS prevention education, and assessments related to that education, as follows: at the beginning of school year, or, for a pupil who enrolls in a school after the beginning of the school year, at the time of pupil's enrollment: school district shall notify the parent or guardian of each pupil about sex education and HIV/AIDS prevention education and research on pupil health behaviors and risk planning. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51937-51939>

**Education Code 51939. Parents or guardians have the right to "opt out" of sex education classes, and have alternative educational activity made available to pupils, if requested.** A pupil may not attend any class in comprehensive sexual education or HIV/AIDS prevention education, or participate in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil-health behaviors and risks, if the school has received a written request from the pupil's parent or guardian excusing pupil from participation. Pupil may not be subject to disciplinary action, academic penalty, or other sanction if parent or guardian declines to permit sex health education or HIV/AIDS prevention education or to participate in anonymous, voluntary, and confidential tests, questionnaires, or surveys on pupil health behaviors and risks. While comprehensive sexual health education, HIV/AIDS prevention education, or anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks is being administered, an alternative educational activity shall be

made available to pupils whose parents or guardians have requested that they not receive the instruction or participate in the test, questionnaire, or survey. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51937-51939>

**HSC 151000 - 151003. The Sexual Health Education Accountability Act (SHEAA)** requires that any state-funded, community-based sexual-health-education program providing education to prevent adolescent or unintended pregnancy, or to prevent STDs, meet specific requirements that parallel HSC 51930-51939. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=150001-151000&file=151000-151003>

**HSC 151001. A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or STDS, including HIV,** that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or community college. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=150001-151000&file=151000-151003>

**HSC 151002: (a) Every sexual health education program shall satisfy all of the following requirements:** (1) All information shall be medically accurate, current, and objective. (2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases. (3) Program content shall be age appropriate for targeted population. (4) Shall be culturally and linguistically appropriate for targeted population. (5) Shall not teach or promote religious doctrine, and (6) Shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code. (7) Shall provide information about effectiveness and safety of at least one or more drugs or devices approved by the FDA for preventing pregnancy and for reducing the risk of contracting STDs. (b) A sexual health education program for minors shall also comply with the following requirements: (1) It shall include information that the only certain way to prevent sexually transmitted diseases is to abstain from activities proven to transmit STDs. (c) A sexual health education program conducted by an outside agency at a public school shall comply with requirements of Section 51934 of the Education Code if program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if program addresses pregnancy prevention and STDs other than HIV/AIDS. (d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. (e) If program is conducted by an outside agency at a public school, applicant shall indicate in writing how program fits in with school's plan to comply with requirements of the CA Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code. Notwithstanding Section 47610 of the Education Code, "public school" includes a charter school for the purposes of this subdivision. h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=150001-151000&file=151000-151003>

## 7. Minors

**Family Code 6926. Minors may consent to medical care related to the diagnosis and treatment of reportable infectious diseases (including STDs). As of January 1, 2012, minors may also consent to medical care related to the prevention of a sexually transmitted disease.** A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer. (b) A minor who is 12 years of age or older may consent to medical care related to the prevention of a sexually transmitted disease. (c) The minor's parents or guardian are not liable for payment for medical care provided pursuant to this section. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**17 CCR § 5151. A minor 12 years of age or older may consent to receive hospital, medical and surgical care related to diagnosis and/or treatment of any of the following non-reportable STDs:** Candida genitalis, Chlamydia trachomatous, Condyloma acuminata, Hemophilus vaginalis (Gardnerella vaginale), Cytomegalovirus infection, Herpes genitalis, Molluscum contagiosum, Non-gonococcal urethritis, vaginitis and cervicitis, Pediculosis (Phthirus pubis), Scabies (Sarcoptes scabie), Trichomoniasis. (For full text, click [here](#) or see page 46)

### 7.A. Minor Consent: emancipated minor defined

**Family Code 7002. A person under the age of 18 years is an emancipated minor if any of the following conditions is satisfied:** Person has entered into a valid marriage, whether or not the marriage has been dissolved; person is on active duty with the US armed forces; person has received a declaration of emancipation pursuant to Section 7122. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=7000-7002>

**Family Code 7050. An emancipated minor shall be considered an adult for the following purpose, among others: minor's capacity to consent to medical, dental, or psychiatric care without parental consent, knowledge, or liability.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=07001-08000&file=7050-7052>

### 7.B. Provider reporting unlawful sex between adults and minors

**Penal Code 261.5. Unlawful sex definition and penalties.** Unlawful sex means an adult who is not the spouse of the perpetrator engages in sex with a minor ("minor:" under 18 years, "adult:" 18 or older). Persons engaging in unlawful sex with a minor who is not more than three years older or three years younger than the perpetrator, is guilty of a misdemeanor. Any person who engages in unlawful sex with a minor who is more than three years younger than the perpetrator is guilty of either a misdemeanor or a felony, and shall be punished by

imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison. Any person 21 or older who engages in unlawful sex with a minor who is under 16 is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison for two, three, or four years. An adult who engages in sex with a minor in violation of this section may be liable for civil penalties: unlawful sex with a minor less than two years younger than the adult is liable for a civil penalty not to exceed \$2,000; unlawful sex with a minor at least two years younger than the adult is liable for a civil penalty not to exceed \$5,000; unlawful sex with a minor at least three years younger than adult is liable for civil penalty not to exceed \$10,000; adult over 21 who engages in unlawful sex with a minor under 16 is liable for a civil penalty not to exceed \$25,000. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=00001-01000&file=261-269>

**Penal Code 11165.1. "Sexual abuse" means sexual assault or sexual exploitation as defined by the following:** (a) "Sexual assault" means conduct in violation of one or more of the following sections: Section 261 (rape), subdivision (d) of Section 261.5 (statutory rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b), or paragraph (1) of subdivision (c) of Section 288 (lewd or lascivious acts upon a child), 288a (oral copulation), 289 (sexual penetration), or 647.6 (child molestation). State law does not require mandated child abuse reporters to report "illegal" activity. It requires mandated reporters to report "abusive" activity. The fact that sexual intercourse between minors is illegal doesn't necessarily mean it is abusive and therefore reportable. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

## 7.C. Provider reporting child abuse

**Family Code 6927. Minor consent to diagnosis or treatment for rape.** A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**Family Code 6928. Minor consent for treatment of sexual assault, provider responsibility to attempt to notify parent/guardian.** A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault. The professional person providing medical treatment shall attempt to contact the minor's parent or guardian and shall note in the minor's treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This subdivision does not apply if the professional person reasonably believes that the minor's parent or guardian committed the sexual assault on the minor. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fam&group=06001-07000&file=6920-6929>

**Penal Code 11164. Child abuse act definition.** The law's intent is to protect children from abuse and neglect: in any investigation of suspected child abuse or neglect, all persons participating in the investigation shall consider the needs of the child victim and shall do whatever is necessary to prevent psychological harm to the child. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11165. Definition of "child" means a person under the age of 18 years.**

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11165.4. Definition of unlawful corporal punishment or injury.** As used in this article, "unlawful corporal punishment or injury" means a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition. It does not include an amount of force that is reasonable and necessary for a person employed by or engaged in a public school to quell a disturbance threatening physical injury to person or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of the pupil, as authorized by Section 49001 of the Education Code. It also does not include the exercise of the degree of physical control authorized by Section 44807 of the Education Code. It also does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of her/his employment as a peace officer.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11165.5. Definition abuse or neglect in out-of-home care.** As used in this article, the term "abuse or neglect in out-of-home care" includes physical injury or death inflicted upon a child by another person by other than accidental means, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, unlawful corporal punishment or injury as defined in Section 11165.4, or the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, where the person responsible for the child's welfare is a licensee, administrator, or employee of any facility licensed to care for children, or an administrator or employee of a public or private school or other institution or agency. "Abuse or neglect in out-of-home care" does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of her/his employment as a peace officer. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11165.9. Child abuse, list of mandated reporters.** Reports of suspected child abuse or neglect shall be made to any police department or sheriff's department (not a school district police or security department, or county probation or welfare department). Any of those agencies shall accept a report of suspected child abuse or neglect whether offered by a mandated reporter or another person, or referred by another agency, even if the agency to whom the report is being made lacks subject matter or geographical jurisdiction to investigate the reported case, unless the agency can immediately electronically transfer the call to an agency with proper jurisdiction. When an agency takes a report about a case of suspected child abuse or neglect in which that agency lacks jurisdiction, the agency shall immediately refer the case by telephone, fax, or electronic transmission to an agency with proper jurisdiction. Agencies that are required to receive reports of suspected child abuse or neglect may not refuse to accept a report of suspected child abuse or neglect from a mandated reporter or another person unless otherwise authorized pursuant to this section, and shall maintain a record of all reports received. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11165.11. Definition of licensing agency.** "Licensing agency" means State DSS responsible for the licensing and enforcement of Community Care Facilities Act, or the

county licensing agency which has contracted with the state for performance of those duties. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11166. Child abuse reporting.** Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in her/his professional capacity or within the scope of her/his employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report to the agency immediately or as soon as is practicably possible by telephone and the mandated reporter shall prepare and send, fax, or electronically transmit a written follow-up report thereof within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any non-privileged documentary evidence the mandated reporter possesses relating to the incident. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11166.01. Child abuse reporting violations.** Any supervisor or administrator who violates reporting requirements shall be punished by not more than six months in a county jail, by a fine of not more than \$1,000, or by both that fine and imprisonment. Any mandated reporter who willfully fails to report abuse or neglect, or any person who impedes or inhibits a report of abuse or neglect, in violation of this article, where that abuse or neglect results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than \$5,000, or by both that fine and imprisonment. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11166.05. Child abuse reporting.** Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report to an agency specified in Section 11165.9. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11166.1. Child abuse reporting; DSS.** When an agency receives a report that contains either of the following, it shall, within 24 hours, notify the licensing office with jurisdiction over the facility: a report of abuse alleged to have occurred in facilities licensed to care for or by DSS; report of death of a child who was (at time of death) living at, enrolled in, or regularly attending a facility licensed to care for children by DSS. Any LHD who has knowledge of, or observes in her/his professional capacity, a child in protective custody whom s/he knows or reasonably suspects has been the victim of child abuse or neglect shall, within 36 hours, send or have sent to the attorney who represents the child in dependency court, a copy of the report prepared in accordance with Section 11166. The reporting agency shall maintain a copy of the written report. All information requested by the attorney for the child or the child's guardian AD litem (attorney who is assigned to a minor child as a spokesperson). shall be provided by the agency within 30 days of the request. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11166.2. Child abuse reporting; day care.** In addition to the reports required under Section 11166, any agency specified as a mandated reporter shall immediately or as

soon as practically possible report by telephone, fax, or electronic transmission to the appropriate licensing agency every known or suspected instance of child abuse or neglect when the instance of abuse or neglect occurs while the child is being cared for in a child day-care facility, involves a child day-care licensed staff person, or occurs while the child is under the supervision of a community care facility or involves a community care facility licensee or staff person. The reporting agency shall also send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision. The agency shall send the licensing agency a copy of its investigation report and any other pertinent materials.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11166.3. Child abuse case management.** Law enforcement agencies and the county welfare or probation department shall develop and implement cooperative arrangements in order to coordinate existing duties in connection with the investigation of suspected child abuse or neglect cases. The local law enforcement agency having jurisdiction over a case reported under Section 11166 shall report to the county welfare or probation department that it is investigating the case within 36 hours after starting its investigation. The county welfare department or probation department shall, in cases where a minor is a victim of actions specified in Section 288 of this code and a petition has been filed pursuant to Section 300 of the Welfare and Institutions Code with regard to the minor, evaluate what action or actions would be in the best interest of the child victim. Notwithstanding any other provision of law, the county welfare department or probation department shall submit in writing its findings and reasons to the district attorney on or before the completion of the investigation.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11167. Child abuse reporting details.** Reports of suspected child abuse or neglect shall include name, business address, and telephone number of mandated reporter; the capacity that makes the person a mandated reporter; and information that gave rise to suspicion of child abuse or neglect, and source/s of that information. The following information shall also be included: name, address, present location, and, if applicable, school, grade, and class; names, addresses, and telephone numbers of child's parents or guardians; and name, address, telephone number, and other relevant personal information about person/s who might have abused or neglected child. Mandated reporter shall report even if some information is not known or is uncertain. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11167.5. Child abuse; confidentiality.** The reports required by Sections 11166 and 11166.2, or authorized by Section 11166.05, and child abuse or neglect investigative reports that result in a summary report being filed with DO J pursuant to subdivision (a) of Section 11169 shall be confidential and may be disclosed only after an active investigation (see below 11169). Any violation of the confidentiality provided by this article is a misdemeanor punishable by imprisonment in a county jail not to exceed six months, by a fine of \$500, or by both imprisonment and fine. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11169. Child abuse reporting to DOJ.** LHD shall forward to DOJ a report in writing of every case it investigates of known or suspected child abuse or severe neglect. An agency shall not forward report to DOJ unless it has conducted an active investigation and

determined that the report is not unfounded. If a report has previously been filed which subsequently proves to be unfounded, DOJ shall be notified in writing. Reports may be sent by fax or electronic transmission. At the time of forwarding report DOJ, the agency shall also notify in writing the known or suspected child abuser that s/he has been reported to the Child Abuse Central Index. The notice required by this section shall be in a form approved by the DOJ. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11171.2. Child abuse: skeletal X-rays without parent consent.** A physician and surgeon or dentist or their agents and by their direction may take skeletal X-rays of the child without the consent of the child's parent or guardian, but only for purposes of diagnosing the case as one of possible child abuse or neglect and determining the extent of the child abuse or neglect. Neither the physician-patient privilege nor the psychotherapist-patient privilege applies to information reported pursuant to this article in any court proceeding or administrative hearing. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11171.5. Child abuse; X-rays.** If a peace officer, in the course of an investigation of child abuse or neglect, has reasonable cause to believe that the child has been the victim of physical abuse, the officer may apply to a magistrate for an order directing that the victim be X-rayed without parental consent. X-ray taken pursuant to this subdivision shall be administered by a physician and surgeon or dentist or their agents. The cost of an X-ray taken by the county coroner or at the request of the county coroner in suspected child abuse or neglect cases may be charged to the parent or legal guardian of the child-victim. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11172. Child abuse; reporter liability; photographs.** No mandated reporter shall be civilly or criminally liable for any report required or authorized by this article. This immunity shall apply even if mandated reporter acquired knowledge or reasonable suspicion of abuse or neglect outside of her/his professional capacity or outside the scope of her/his employment. Any other person reporting a known or suspected instance of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by this article unless it can be proven that a false report was made and the person knew that the report was false or was made with reckless disregard of the truth or falsity of the report, and any person who makes a report of child abuse or neglect known to be false or with reckless disregard of the truth or falsity of the report is liable for any damages caused. No person required to make a report pursuant to this article, nor any person taking photographs at her/his direction, shall incur any civil or criminal liability for taking photographs of a suspected victim of child abuse or neglect, or causing photographs to be taken of a suspected victim of child abuse or neglect, without parental consent, or for disseminating the photographs with the reports required by this article. However, this section shall not be construed to grant immunity from this liability with respect to any other use of the photographs. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

**Penal Code 11174.3. Child abuse; interviewing .** Whenever a representative of a government agency investigating suspected child abuse or neglect or the State Department of Social Services deems it necessary, a suspected victim of child abuse or neglect may be interviewed during school hours, on school premises, concerning a report of suspected child

abuse or neglect that occurred within the child's home or out-of-home care facility. The child shall be afforded the option of being interviewed in private or selecting any adult who is a member of the staff of the school, including any certificated or classified employee or volunteer aide, to be present at the interview. A representative of the agency investigating suspected child abuse or neglect or the State Department of Social Services shall inform the child of that right prior to the interview. The purpose of the staff person's presence at the interview is to lend support to the child and enable her/him to be as comfortable as possible.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>

## 8. Failure to comply

### 8. A. Non-compliance issues

**HSC 120570. If it appears reasonably likely that person is not complying with STD control procedures elsewhere, agency administering procedure prior to discontinuance shall make all reasonable efforts to induce person to comply.** If it appears likely that s/he has failed to comply, administering agency shall report her/his name and address to the LHO or board of health, or to the department where there is no LHO or board.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**HSC 120590. Prosecution of violations** It is the duty of the district attorney of the county where a violation of this chapter may occur to prosecute the person accused of the violation.

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

### 8. B. Quarantine

**HSC 120135. Department: establishing quarantine. The department may establish and maintain places of quarantine or isolation.** <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120125-120155>

**HSC 120140. Additional measures to prevent spread of disease; possession of body of living or deceased person.** Upon being informed by a LHO of any contagious, infectious, or communicable disease the department may take measures as are necessary to ascertain the nature of the disease and prevent its spread. To that end, the department may, if it considers it proper, take possession or control of the body of any living person, or the corpse of any deceased person. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120125-120155>

**HSC 120145. The department may quarantine, isolate, inspect, and disinfect persons, animals, houses, rooms, other property, places, cities, or localities, whenever in its judgment the action is necessary to protect or preserve the public health.**

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120125-120155>

**HSC 120150. Destruction of property for public health purposes.** The department may destroy such objects as bedding, carpets, household goods, furnishings, materials, clothing, or animals, when ordinary means of disinfection are considered unsafe, and when the property is in its judgment, an imminent menace to the public health. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120125-120155>

**HSC 120195. LHOs shall enforce orders, rules and regulations.** Each LHO shall enforce all orders, rules, and regulations concerning quarantine or isolation prescribed or directed by the department. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120200. Health officers may establish quarantine places.** Each LHO, whenever required by the department, shall establish and maintain places of quarantine or isolation that shall be subject to the special directions of the department. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120205. Department consent required for establishing quarantine.** No quarantine shall be established by a county or city against another county or city without the written consent of the department. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120210. Health officers; establishment of quarantine, destruction of property**  
Whenever in the judgment of the department it is necessary for the protection or preservation of the public health, each LHO shall, when directed by the department, do the following: (a) quarantine or isolate and disinfect persons, animals, houses or rooms, in accordance with general and specific instructions of the department. (b) Destroy bedding, carpets, household goods, furnishings, materials, clothing, or animals, when ordinary means of disinfection are considered unsafe, and when the property is, in the judgment of the department, an imminent menace to the public health. When the property is destroyed pursuant to this section, the governing body of the locality where the destruction occurs may make adequate provision for compensation in proper cases for those injured thereby. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120215. Health officer responsibilities** Upon receiving information of the existence of contagious, infectious, or communicable disease for which the department may from time to time declare the need for strict isolation or quarantine, each LHO shall: (a) ensure the adequate isolation of each case, and appropriate quarantine of the contacts and premises; follow local rules and regulations, and (b) all general and special rules, regulations, and orders of the department in carrying out the quarantine or isolation. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120220. Health officer authority.** When quarantine or isolation, either strict or modified, is established by a health officer, all persons shall obey her/his rules, orders, and regulations. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120225. Quarantine regulations: applicable restrictions**

A person subject to quarantine or strict isolation, residing or in a quarantined building, house, structure, or other shelter, shall not go beyond the lot where the building, house, structure, or

other shelter is situated, nor put her/himself in immediate communication with any person not subject to quarantine, other than the physician, the health officer or persons authorized by the health officer. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120230. Quarantine; educational settings.** No instructor, teacher, pupil, or child who resides where any contagious, infectious, or communicable disease exists or has recently existed, that is subject to strict isolation or quarantine of contacts, shall be permitted by any superintendent, principal, or teacher of any college, seminary, or public or private school to attend the college, seminary, or school, except by the written permission of the health officer. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120235. Quarantine regulations: removal and treatment of personal property.** No quarantine shall be raised until every exposed room, together with all personal property in the room, has been adequately treated, or, if necessary, destroyed, under the direction of the health officer; and until all persons having been under strict isolation are considered noninfectious. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120240. Noncompliance with modified isolation order; issuance of strict isolation order.** If, pursuant to Section 120130, a modified isolation order is issued, and the order is not complied with, the LHO may, in that instance, issue a strict isolation order. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120175-120250>

**HSC 120275. Quarantine violations.** Any person who, after notice, violates, or who, upon the demand of any health officer, refuses or neglects to conform to, any rule, order, or regulation prescribed by the department respecting a quarantine or disinfection of persons, animals, things, or places, is guilty of a misdemeanor. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120275-120305>

**HSC 120290. Willful exposure to others is a misdemeanor.** Except as provided in Section 120291 or in the case of the removal of an afflicted person in a manner the least dangerous to the public health, any person afflicted with any contagious, infectious, or communicable disease who willfully exposes himself or herself to another person, and any person who willfully exposes another person afflicted with the disease to someone else, is guilty of a misdemeanor. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120275-120305>

**HSC 120585. Inspection and quarantine of persons and places.** LHOs may inspect and quarantine any place or person, as necessary, to enforce the regulations of the board or the department. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120500-120605>

**17 CCR § 2536. Restrictions on travel of quarantined patients.** No person with a communicable disease and subject to isolation and quarantine shall travel or be transported from one place to another within local health jurisdiction, without permission of the LHO. No person shall travel or be transported outside the area of jurisdiction of the LHO until her/his permission is obtained. An exception may be made in instances where the patient is to be

admitted directly to a hospital for the treatment of a communicable disease, provided that the LHO from whose jurisdiction the case is to be transported shall insure that adequate precautions are taken to prevent disease spread by the patient or his contacts en route to the hospital. (For full text, click [here](#) or see page 75)

**17 CCR § 2540. General Clause** In addition to the requirements stipulated in these regulations, the LHO shall, after suitable investigation, take such additional steps as s/he deems necessary to prevent the spread of communicable disease or a disease suspected of being communicable in order to protect the public health. (For full text, click [here](#) or see page 75)

## Appendix A: California Code of Regulations – Full Text of Regulations Related to STD Control

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Note: All California Code of Regulations in this document are current through October 7<sup>th</sup>, 2011. Please verify that all codes are still current by going to the [oal.ca.gov](http://oal.ca.gov) website and clicking on “California Codes and Regulations” in the “Sponsored Links” menu on the left-hand side of the screen. To search for a specific regulation, enter the relevant title and section. The title numbers are located immediately prior to ‘CCR’ and the section numbers are located immediately following the § symbol.

## Full Text Regulations

### **17 CCR § 1303** Health Educator

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 3. Local Health Service  
Subchapter 1. Standards for State Aid for Local Health Administration  
Article 3. Personnel

A health educator shall hold a master's degree with specialization in public or community health education awarded upon completion of a program of study accredited by the American Public Health Association.

Note: Authority cited: Sections 208, 1111 and 1130, Health and Safety Code. Reference: Section 1130, Health and Safety Code.

#### HISTORY

1. New section filed 1-28-59; effective thirtieth day thereafter (Register 59, No. 3).
2. Amendment filed 10-1-62; effective thirtieth day thereafter (Register 62, No. 21).
3. Amendment filed 8-10-70; effective thirtieth day thereafter (Register 70, No. 33).
4. OAL Notice of Erroneous Filing filed 7-18-85; purported editorial correction of Section 1303 filed in error on 7-1-85 is null and void and text as filed with Secretary of State on 8-10-70 remains in effect uninterrupted (Register 85, No. 30).
5. Editorial correction of NOTE filed 8-19-85; effective thirtieth day thereafter (Register 85, No. 34).

### **17 CCR § 2509** Records of Local Health Officer

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 1. Reporting

The local health officer shall maintain such records as he deems necessary in the performance of his duties, or as requested by the State Department of Health Services.

**17 CCR § 2511**  
Determination of Morbidity Level

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 1. Reporting

It shall be the duty of the local health officer to determine the amount and kind of communicable disease occurring in his area by such methods as he deems necessary in order to obtain knowledge of the general level of morbidity in his jurisdiction.

HISTORY

1. New section filed 5-24-55; effective thirtieth day thereafter (Register 55, No. 8).

**17 CCR § 2636**  
Venereal Diseases

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 3. Specific Diseases and Conditions

(a) Sections 2636 to 2636(m) inclusive pertain to the venereal diseases and, unless otherwise specified, shall include syphilis, gonococcus infection, granuloma inguinale, lymphogranuloma venereum, and chancroid. (See Chapter 765, Statutes 1947; also Section 21100, Health and Safety Code.)

(b) Reports Confidential. Reports of examinations, cases, investigations and all records thereof made under the regulations for the control of venereal diseases shall be confidential and not open to public inspection and no part thereof divulged, except as may be necessary for the preservation of the public health.

(c) Report of Unusual Prevalence. When the local health officer, through investigation, becomes aware of unusual prevalence of venereal diseases, or of unusual local conditions favoring the spread of these diseases, he shall report the fact at once to the State Department of Health Services.

(d) Parents or Guardians Responsible for Compliance of Minors. The parents or guardians of minors suffering from a venereal disease shall be legally responsible for the compliance of such minors with the requirements of the regulations relating to the venereal diseases.

(e) Certification. Each local health officer shall take every proper means of repressing prostitution, inasmuch as it is the most prolific source of the venereal diseases. Health officers and physicians shall not issue certificates of freedom from venereal diseases to known prostitutes, as such certificates may be used for purposes of solicitation.

(f) Diagnosis. The local health officer may require the submission of such specimens as may be designated from cases of venereal disease for examination in a laboratory approved by the State Department of Health Services. The local health officer may require any physician in attendance on a person infected with a venereal disease or suspected of being infected with a venereal disease to submit such specimens as approved by the State Department of Health Services provided, however, nothing shall prevent the physician or individual from having additional examination made elsewhere.

(g) Instruction to the Patient. It shall be the duty of the physician in attendance on a person having a venereal disease, or suspected of having a venereal disease, to instruct such patient in precautionary measures for preventing the spread of the disease, the seriousness of the disease, and the necessity for treatment and prolonged medical supervision, and the physician shall, in addition, furnish approved literature on these subjects. Approved literature for distribution to patients may be secured from the State Department of Public Health and the local health departments free of charge.

(h) Investigation. All city, county and other local health officers are hereby directed to use every available means to ascertain the existence of, and immediately to investigate, all reported or suspected cases of venereal disease in the infectious stages within their several territorial jurisdictions, and to ascertain the sources of such infections. The attending physician, in every case of venereal disease coming to him for treatment, shall endeavor to discover the source of infection, as well as any sexual or other intimate contacts which the patient was in the communicable stage of the disease. The physician shall make an effort, through the cooperation of the patient, to bring these cases in for examination and, if necessary, treatment. If, within 10 days of identification, any such source of infection or any such contact has not given satisfactory evidence of being under the care of a physician, such person shall be reported to the health officer, the physician's name being kept confidential in any investigation by the health department. In cases in which prostitutes are named as sources of infection, all obtainable information as to name, description, residence, etc., shall be given to the health officer at once.

In carrying out such investigations, all health officers are hereby invested with full powers of inspection, examination and isolation of all persons known to be infected with a venereal disease in an infectious stage, or suspected of being infected with a venereal disease in an infectious stage and are hereby directed:

(1) To make such examinations as are deemed necessary of persons reasonably suspected of having a venereal disease in an infectious stage.

(2) When the individual to be examined is a woman, to provide the services of a woman physician if such physician is available, when so requested by the individual to be examined.

(3) To isolate such person, whenever deemed necessary for the protection of the public health. In establishing isolation the health officer shall proceed as provided in Sections 2636(i), 2636(j), 2636(l) and 2636(m).

(4) Pursuant to Section 3194.5 of the Health and Safety Code, a person employed by a Public Health Department shall meet the following training requirements as a prerequisite to the performance of venipuncture or skin puncture:

(A) Possess a statement signed by a licensed physician and surgeon stating that the individual named in such statement has received adequate training in the proper procedure to be employed in the performance of venipuncture and skin puncture.

(B) In order to receive such statement, the venereal disease case investigator shall be trained by a licensed physician and surgeon. The trainee shall observe and receive sufficient instruction and demonstration of the proper technique and procedure to be employed in the performance of venipunctures and skin punctures; in turn, the physician and surgeon shall then observe the procedure and technique of the trainee.

(C) When such training has been completed by the trainee to the satisfaction of the physician and surgeon, such physician and surgeon shall execute a statement that the venereal disease case investigator has received adequate training in the proper procedure to be employed in the performance of venipuncture and skin puncture.

Satisfaction of these training requirements shall be in addition to other requirements of Section 3194.5 of the Health and Safety Code.

(i) Isolation. Any person who presents himself (or herself) to any physician or person for treatment or diagnosis of any venereal disease except late syphilis shall be considered to be in modified isolation. The requirements of this isolation shall be considered fulfilled if the patient remains under adequate and proper treatment until the completion of the course of treatment, except in instances in which, because of occupation, suspicion of prostitution, or other reason, the health officer deems more strict isolation necessary to safeguard other persons.

(j) Violation of Isolation to be Reported. Whenever any person while in the infectious or potentially infectious stage of a venereal disease, lapses from treatment for a period of more than 10 days after the time appointed for such treatment, the said diseased person shall be deemed to have violated the requirements of isolation, and the physician or person in attendance upon such case shall report the same at once to the local health department, giving the person's name, address, and report number, together with such other information as

requested on the card provided for this purpose, except that this shall not be required in instances in which a report has been received that the patient is under treatment elsewhere.

(k) If any person has knowledge that a person infected with a venereal disease is failing to observe adequate precautions to prevent spreading infection, he shall report the facts at once to the local health officer.

(l) Gonorrhea. A case of gonococcus infection of the genitourinary tract shall be regarded as subject to isolation until the local health officer is reasonable satisfied that the disease is no longer communicable.

(m) Syphilis. A case of syphilis shall be regarded as subject to isolation until, under treatment, all syphilitic lesions of the skin or mucous membrane are completely healed and a competent clinical examination fails to show the presence of any area from which infection may be spread. Any patient who refuses or otherwise fails to receive a full course of a currently accepted method of treatment, or who discontinues treatment prematurely, may be subjected to strict isolation if the health officer deems it necessary.

Note: Authority cited: Sections 102.208 and 3194.5, Health and Safety Code. Reference: Section 3194.5, Health and Safety Code.

## HISTORY

1. New subsection (h)(4) filed 2-14-73; effective thirtieth day thereafter (Register 73, NO. 7).

### **15 CCR § 1206.5**

#### Management of Communicable Diseases in a Custody Setting

Title 15. Crime Prevention and Corrections  
 Division 1. Corrections Standards Authority  
 Chapter 1. Corrections Standards Authority  
 Subchapter 4. Minimum Standards for Local Detention Facilities  
 Article 11. Medical/Mental Health Services

(a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow-up management of communicable diseases including, but not limited to, tuberculosis and other airborne diseases. The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community. The plan shall reflect the current local incidence of communicable diseases which threaten the health of inmates and staff.

(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:

- (1) the types of communicable diseases to be reported;
- (2) the persons who shall receive the medical reports;
- (3) sharing of medical information with inmates and custody staff;
- (4) medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;
- (5) medical confidentiality requirements;
- (6) housing considerations based upon behavior, medical needs, and safety of the affected inmates;
- (7) provisions for inmate consent that address the limits of confidentiality; and,
- (8) reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.

Note: Authority cited: Section 6030, Penal Code. Reference: Sections 6030, 7501, and 7552, Penal Code.

#### HISTORY

1. New section filed 2-27-91; operative 3-29-91 (Register 91, No. 13).
2. Amendment of section heading, new subsection (a), designation and amendment of first paragraph to subsection (b), and subsection redesignation with amendments filed 8-4-94; operative 9-5-94 (Register 94, No. 31).

#### **17 CCR § 2514**

##### Instructions to Household

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 2. General Instructions

It shall be the duty of the health care provider in attendance on a case or suspected case of any disease or condition listed in Sections 2500, or of any other disease considered to be

communicable, to give detailed instructions to the members of the household in regard to precautionary measures to be taken for preventing the spread of the disease or condition. Such instructions shall conform to these regulations and local ordinances. It is the responsibility of each health care provider to be informed as to these regulations and the local ordinances which are in effect in the communities in which the health care provider practices.

Note: Authority cited: Sections 207, 208 and 3123, Health and Safety Code. Reference: Sections 207, 208, 3123 and 3285, Health and Safety Code.

### HISTORY

1. Amendment of section and new Note filed 5-1-95 as an emergency; operative 5-1-95 (Register 95, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-95 or emergency language will be repealed by operation of law on the following day.
2. Amendment of section and Note refiled 8-21-95 as an emergency; operative 8-21-95 (Register 95, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-19-95 or emergency language will be repealed by operation of law on the following day.
3. Certificate of Compliance as to 5-1-95 order, including amendment of section, transmitted to OAL 12-19-95 and filed 2-2-96 (Register 96, No. 5).

### **17 CCR § 5151**

#### Sexually Transmitted Diseases in Minors

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 7. Venereal Diseases

(a) A minor 12 years of age or older may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis and/or treatment of any of the following non-reportable sexually transmissible diseases:

- (1) *Candida genitalis*.
- (2) *Chlamydia trachomatous*.
- (3) *Condyloma acuminata*.
- (4) *Hemophilus vaginalis* (*Gardnerella vaginale*).
- (5) Cytomegalovirus infection.

- (6) Herpes genitalis.
- (7) Molluscum contagiosum.
- (8) Non-gonococcal urethritis, vaginitis and cervicitis.
- (9) Pediculosis (Phthirus pubis).
- (10) Scabies (Sarcoptes scabiei).
- (11) Trichomoniasis.

Note: Authority cited: Section 208 (a), Health and Safety Code; and Section 34.7, Civil Code.  
Reference: Section 34.7, Civil Code.

#### HISTORY

1. New section filed 3-4-82; effective thirtieth day thereafter (Register 82, No. 10).

#### **17 CCR § 1125** Application Required

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 2. Laboratories  
Subchapter 1. Service Laboratories  
Group 4. Tests for Syphilis Under the Premarital and Prenatal Laws  
Article 1. Serologic Tests

The director of any laboratory in which performance of serologic tests is planned in connection with premarital and prenatal examinations, as required by Sections 4300-4309 of the Civil Code and Sections 3220-3229 of the Health and Safety Code, shall apply to the State Department of Health for approval to perform these tests. The laboratory director shall submit to the State Department of Health, on forms provided by the department, such information as may be required by the department to satisfactorily evaluate the personnel, equipment, and scope of activity in relation to these tests.

Note: § 1125 to 1134, inclusive, originally issued under authority contained in Section 79.04, Civil Code, and Deering's General Laws, Act 6265. Source of § 1125 to 1134, inclusive, is the Rules and Regulations issued by State Department of Health. Additional authority cited for revision of Article 1: Sections 102 and 208, Health and Safety Code. Reference: Sections 3180-3199 and 3220-3229, Health and Safety Code.

#### HISTORY

1. Amendment filed 10-5-71 as procedural and organizational; effective upon filing (Register 71, No. 41). For prior history, see Register 60, No. 19.

2. Amendment filed 6-28-73; effective thirtieth day thereafter (Register 73, No. 26).

**17 CCR § 1126**  
Approved Tests

Title 17. Public Health

Division 1. State Department of Health Services

Chapter 2. Laboratories

Subchapter 1. Service Laboratories

Group 4. Tests for Syphilis Under the Premarital and Prenatal Laws

Article 1. Serologic Tests

The serologic tests for syphilis approved by the Department for use in connection with legally required premarital and prenatal examinations are as follows: VDRL slide, Automated Reagin, Fluorescent Treponemal Antibody (absorption), Reagin Screen, and the Rapid Plasma Reagin (circle) Card. Any one of these tests shall constitute the "standard test" as required by the California Civil Code and California Health and Safety Code.

The serologic tests for rubella approved by the department for use in connection with legally required premarital examinations shall be the hemagglutination-inhibition (HI) test performed according to the standard method of the U.S. Public Health Service, Center for Disease Control, or modifications thereof approved by the Center for Disease Control and the Department, and such other tests approved by the Center for Disease Control and Food and Drug Administration, U.S. Public Health Service, as the Department may evaluate and determine to be equal in reliability and specificity to the approved hemagglutination-inhibition test.

Commercially prepared antigens and diagnostic kits utilized for the approved rubella tests shall have been evaluated by, and shown to meet specifications of the U.S. Public Health Service and such evaluation shall be evidenced by a statement on the label of, or accompanying, the product.

Note: Authority cited: Section 11426, Government Code; Sections 4300, 4301, 4302 and 4304, California Civil Code; Sections 102 and 208, Health and Safety Code. Reference: Sections 3180-3199 and 3220-3229, Health and Safety Code.

HISTORY

1. Amendment filed 6-28-73; effective thirtieth day thereafter (Register 73, No. 26). For prior history, see Register 71, No. 34.

2. Amendment filed 8-17-78; effective thirtieth day thereafter (Register 78, No. 33).

**17 CCR § 1127**  
Method of Conducting Tests

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 2. Laboratories  
Subchapter 1. Service Laboratories  
Group 4. Tests for Syphilis Under the Premarital and Prenatal Laws  
Article 1. Serologic Tests

All tests for syphilis must be conducted exactly as outlined by the author of the test. All equipment recommended by the author of the test must be available in the laboratory before approval can be granted.

For syphilis serology, the latest United States Department of Health, Education and Welfare, Public Health Service publication pertaining to the performance of these tests, or its replacement, shall be the reference on equipment and methods.

All tests for rubella must be conducted exactly according to the protocols for each method or modification that has been approved by the Center for Disease Control and the Department. All necessary equipment for the approved rubella test to be performed must be available in the laboratory before approval to perform legally required tests can be granted.

The references for approved rubella test methods and equipment shall be protocols issued by the Center for Disease Control, or the Department, or provided by manufacturers for use with commercially distributed diagnostic kits or components which have been approved by the Center for Disease Control and the Department.

HISTORY

1. Amendment filed 8-24-60; effective thirtieth day thereafter (Register 60, No. 19). See history note to Section 1125.
2. Amendment filed 6-28-73; effective thirtieth day thereafter (Register 73, No. 26).
3. Amendment filed 8-17-78; effective thirtieth day thereafter (Register 78, No. 33).

**17 CCR § 1128**  
Evaluation Sera

Title 17. Public Health

Division 1. State Department of Health Services  
 Chapter 2. Laboratories  
 Subchapter 1. Service Laboratories  
 Group 4. Tests for Syphilis Under the Premarital and Prenatal Laws  
 Article 1. Serologic Tests

Any laboratory approved to perform premarital and prenatal serologic tests must accept and test, evaluation sera provided by the department or a proficiency testing service approved by the department, and report test results to the department. Any laboratory showing unsatisfactory performance shall make changes as recommended by the department or discontinue the testing of legally required premarital and prenatal blood specimens, and return all outstanding "Marriage Health Certificates."

#### HISTORY

1. Amendment filed 8-24-60; effective thirtieth day thereafter (Register 60, No. 19). See history note to Section 1125.
2. Amendment filed 3-15-66; effective thirtieth day thereafter (Register 71, No. 7).
3. Amendment filed 8-16-71; effective thirtieth day thereafter (Register 66, No. 34).

#### **17 CCR § 1130**

#### Persons Permitted to Perform Tests

Title 17. Public Health  
 Division 1. State Department of Health Services  
 Chapter 2. Laboratories  
 Subchapter 1. Service Laboratories  
 Group 4. Tests for Syphilis Under the Premarital and Prenatal Laws  
 Article 1. Serologic Tests

Only a person who is duly licensed as a physician and surgeon pursuant to Sections 2000-2497 of the Business and Professions Code, or duly authorized under the provisions of Chapter 3, Division 2 (commencing with Section 1200) of the Business and Professions Code, or who is certified under the provisions of Sections 1075-1084 of Title 17 of the California Administrative Code, shall be permitted to conduct premarital and prenatal serologic tests.

Note: Authority cited: Sections 102 and 208, Health and Safety Code. Reference: Sections 3220, 4300 and 4302, Health and Safety Code.

#### HISTORY

1. Amendment filed 2-18-58; effective thirtieth day thereafter (Register 58, No. 3). See history note to Section 1125.
2. Amendment filed 6-28-73; effective thirtieth day thereafter (Register 73, No. 26).

**17 CCR § 1131**  
Change of Personnel

Title 17. Public Health  
 Division 1. State Department of Health Services  
 Chapter 2. Laboratories  
 Subchapter 1. Service Laboratories  
 Group 4. Tests for Syphilis Under the Premarital and Prenatal Laws  
 Article 1. Serologic Tests

Within 30 days after new personnel are employed to perform legally required prenatal and premarital serologic tests, their names shall be transmitted to the State Department of Health. This rule does not apply to the rotation of staff members from one phase of laboratory work to another.

HISTORY

1. Amendment filed 8-24-60; effective thirtieth day thereafter (Register 60, No. 19). See history note to Section 1125.
2. Amendment filed 6-28-73; effective thirtieth day thereafter (Register 73, No. 26).

**17 CCR § 1132**  
Change of Director or Location

Title 17. Public Health  
 Division 1. State Department of Health Services  
 Chapter 2. Laboratories  
 Subchapter 1. Service Laboratories  
 Group 4. Tests for Syphilis Under the Premarital and Prenatal Laws  
 Article 1. Serologic Tests

Reapplication for approval to perform legally required premarital and prenatal serologic tests shall be made when there is a change of laboratory director or location.

HISTORY

1. Amendment filed 6-28-73; effective thirtieth day thereafter (Register 73, No. 26).

**17 CCR § 1133**  
Advertising Prohibited

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 2. Laboratories  
Subchapter 1. Service Laboratories  
Group 4. Tests for Syphilis Under the Premarital and Prenatal Laws  
Article 1. Serologic Tests

Laboratories shall not be approved to perform premarital and prenatal serologic tests if they advertise the performance of these tests to the lay public.

**17 CCR § 2500**  
Reporting to the Local Health Authority

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 1. Reporting

(a) The following definitions shall govern the interpretation of this Subchapter.

(1) 'CDC' means the Centers for Disease Control and Prevention, United States Department of Health and Human Services.

(2) 'CSTE' means the Council of State and Territorial Epidemiologists.

(3) 'MMWR' means the Morbidity and Mortality Weekly Report.

(4) 'Case' means (A) a person who has been diagnosed by a health care provider, who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition listed in subsection (j); or (B) a person who meets the definition of a case in Section 2564 - Diarrhea of the Newborn, Section 2574 - Food Poisoning, Section 2612 Salmonella Infections (Other than Typhoid Fever), Section 2628 - Typhoid Fever, or Section 2636 - Venereal Disease; or (C) a person who is considered a case of a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements; or (D) an animal that has been determined, by a person authorized to do so, to have rabies or plague.

(5) 'Clinical signs' means the objective evidence of disease.

- (6) 'Clinical symptoms' means the subjective sensation of disease felt by the patient.
- (7) 'Communicable disease' means an illness due to a specific microbiological or parasitic agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.
- (8) 'Director' means State Director of Public Health.
- (9) 'Drug susceptibility testing' means the process where at least one isolate from a culture of a patient's specimen is subjected to antimicrobial testing to determine if growth is inhibited by drugs commonly used to treat such infections.
- (10) 'Epidemiological risk factors' means those attributes, behaviors, exposures, or other factors that alter the probability of disease.
- (11) 'Epidemiologically linked case' means a case in which the patient has/had contact with one or more persons who have/had the disease, and transmission of the agent by the usual modes of transmission is plausible.
- (12) 'Foodborne disease' means illness suspected by a health care provider to have resulted from consuming a contaminated food.
- (13) 'Foodborne disease outbreak' means an incident in which two or more persons experience a similar illness after ingestion of a common food, and epidemiologic analysis implicates the food as the source of the illness. There are two exceptions: even one case of botulism or chemical poisoning constitutes an outbreak if laboratory studies identify the causative agent in the food.
- (14) 'Health care provider' means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.
- (15) 'Health officer' and 'local health officer' as used in this subchapter includes county, city, and district health officers.
- (16) 'In attendance' means the existence of the relationship whereby a health care provider renders those services which are authorized by the health care provider's licensure or certification.
- (17) 'Infection control practitioner' means any person designated by a hospital, nursing home, clinic, or other health care facility as having responsibilities which include the detection, reporting, control and prevention of infections within the institution.

(18) 'Laboratory findings' means (A) the results of a laboratory examination of any specimen derived from the human body which yields microscopical, cultural, immunological, serological, or other evidence suggestive of a disease or condition made reportable by these regulations; or (B) the results of a laboratory examination of any specimen derived from an animal which yields evidence of rabies or plague.

(19) 'Multidrug-resistant *Mycobacterium tuberculosis*' means a laboratory culture or subculture of *Mycobacterium tuberculosis* which is determined by antimicrobial susceptibility testing to be resistant to at least isoniazid and rifampin.

(20) 'Outbreak' means the occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence. Thus, the designation of an outbreak is relative to the usual frequency of the disease in the same facility or community, among the specified population, over a comparable period of time. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized requires immediate reporting and epidemiologic investigation.

(21) 'Personal information' means any information that identifies or describes a person, including, but not limited to, his or her name, social security number, date of birth, physical description, home address, home telephone number, and medical or employment history.

(22) 'Sexually Transmitted Diseases' means Chancroid, Lymphogranuloma Venereum, Granuloma Inguinale, Syphilis, Gonorrhea, Chlamydia, Pelvic Inflammatory Disease, and Nongonococcal Urethritis.

(23) 'Suspected case' means (A) a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in subsection (j); or (B) a person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements; or (C) an animal which has been determined by a veterinarian to exhibit clinical signs or which has laboratory findings suggestive of rabies or plague.

(24) 'Unusual disease' means a rare disease or a newly apparent or emerging disease or syndrome of uncertain etiology which a health care provider has reason to believe could possibly be caused by a transmissible infectious agent or microbial toxin.

(25) [Repealed]

(26) 'Waterborne disease outbreak' means an incident in which two or more persons experienced a similar illness after consumption or use of the same water intended for drinking or after water contact such as by immersion, and epidemiologic investigation by public health

authorities implicates the same water as the source of the waterborne illness. There is one exception: a single case of waterborne chemical poisoning constitutes an outbreak if laboratory studies indicate that the source water is contaminated by the chemical.

(b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed in subsection (j) of this section, to report to the local health officer for the jurisdiction where the patient resides as required in subsection (h) of this section. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed in subsection (j) of this section may make such a report to the local health officer for the jurisdiction where the patient resides.

(c) The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.

(d) Each report made pursuant to subsection (b) shall include all of the following information if known:

(1) name of the disease or condition being reported; the date of onset; the date of diagnosis; the name, address, telephone number, occupation, race/ethnic group, Social Security number, sex, age, and date of birth for the case or suspected case; the date of death if death has occurred; and the name, address and telephone number of the person making the report.

(2) If the disease reported pursuant to subsection (b) is hepatitis, a sexually transmitted disease or tuberculosis, then the report shall include the following applicable information, if known: (A) hepatitis information as to the type of hepatitis, type-specific laboratory findings, and sources of exposure, (B) sexually transmitted disease information as to the specific causative agent, syphilis-specific laboratory findings, and any complications of gonorrhea or chlamydia infections, or (C) tuberculosis information on the diagnostic status of the case or suspected case, bacteriologic, radiologic and tuberculin skin test findings, information regarding the risk of transmission of the disease to other persons, and a list of the anti-tuberculosis medications administered to the patient.

(e) Confidential Morbidity Report forms, are available from the local health department for reporting as required by this section.

(f) Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or the legal representative of the individual.

(g) Upon the State Department of Public Health's request, a local health department shall provide to the Department the information reported pursuant to this section. Absent the individual's written consent, no information that would directly or indirectly identify the case or

suspected case as an individual who has applied for or been given services for alcohol or other drug abuse by a federally assisted drug or alcohol abuse treatment program (as defined in federal law at 42 C.F.R. Section 2.11) shall be included.

(h) The urgency of reporting is identified by symbols in the list of diseases and conditions in subsection (j) of this section. Those diseases with a diamond (<>) are considered emergencies and shall be reported immediately by telephone. Those diseases and conditions with a cross (+) shall be reported by mailing, telephoning or electronically transmitting a report within one (1) working day of identification of the case or suspected case. Those diseases and conditions not otherwise identified by a diamond or a cross shall be reported by mailing a written report, telephoning, or electronically transmitting a report within seven (7) calendar days of the time of identification.

(i) For foodborne disease, the bullet (•) symbol indicates that, when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they shall be reported immediately by telephone.

(j) Health care providers shall submit reports for the following diseases or conditions.

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| <ul style="list-style-type: none"> <li>Acquired Immune Deficiency Syndrome (AIDS)</li> <li>+ Amebiasis</li> <li>Anaplasmosis/Ehrlichiosis</li> <li>◆ Anthrax, human or animal</li> <li>+ Babesiosis</li> <li>◆ Botulism (Infant, Foodborne, Wound, Other)</li> <li>◆ Brucellosis, human</li> <li>Brucellosis, animal (except infections due to <i>Brucella canis</i>)</li> <li>+ Campylobacteriosis</li> <li>Chancroid</li> <li>◆ Chickenpox (Varicella) (only hospitalizations and deaths)</li> <li><i>Chlamydia trachomatis</i> infections, including lymphogranuloma venereum (LGV)</li> <li>◆ Cholera</li> <li>◆ Ciguatera Fish Poisoning</li> <li>Coccidioidomycosis</li> <li>Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)</li> <li>+ Cryptosporidiosis</li> <li>Cyclosporiasis</li> <li>Cysticercosis or taeniasis</li> <li>◆ Dengue</li> <li>◆ Diphtheria</li> <li>◆ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</li> <li>+ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</li> <li>◆ <i>Escherichia coli</i>: shiga toxin producing (STEC) including <i>E. coli</i> O157</li> <li>+ * Foodborne Disease</li> <li>Giardiasis</li> <li>Gonococcal Infections</li> <li>+ <i>Haemophilus influenzae</i>, invasive disease (report an incident of less than 15 years of age)</li> <li>◆ Hantavirus Infections</li> <li>◆ Hemolytic Uremic Syndrome</li> <li>+ Hepatitis A, acute infection</li> <li>Hepatitis B (specify acute case or chronic)</li> <li>Hepatitis C (specify acute case or chronic)</li> <li>Hepatitis D (Delta) (specify acute case or chronic)</li> <li>Hepatitis E, acute infection</li> <li>Influenza, deaths in laboratory-confirmed cases for ages 0-64 years</li> <li>◆ Influenza, novel strains (human)</li> <li>Legionellosis</li> <li>Leprosy (Hansen Disease)</li> <li>Leptospirosis</li> <li>+ Listeriosis</li> <li>Lyme Disease</li> <li>+ Malaria</li> <li>◆ Measles (Rubeola)</li> <li>+ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</li> <li>◆ Meningococcal Infections</li> <li>Mumps</li> <li>◆ Paralytic Shellfish Poisoning</li> </ul> | <ul style="list-style-type: none"> <li>Pelvic Inflammatory Disease (PID)</li> <li>+ Pertussis (Whooping Cough)</li> <li>◆ Plague, human or animal</li> <li>+ Poliovirus Infection</li> <li>+ Psittacosis</li> <li>+ Q Fever</li> <li>◆ Rabies, human or animal</li> <li>+ Relapsing Fever</li> <li>Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses</li> <li>Rocky Mountain Spotted Fever</li> <li>Rubella (German Measles)</li> <li>Rubella Syndrome, Congenital</li> <li>+ Salmonellosis (Other than Typhoid Fever)</li> <li>◆ Scombroid Fish Poisoning</li> <li>◆ Severe Acute Respiratory Infection (SARS)</li> <li>◆ Shiga toxin (detected in feces)</li> <li>+ Shigellosis</li> <li>◆ Smallpox (Variola)</li> <li>+ <i>Staphylococcus aureus</i> infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture.)</li> <li>+ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)</li> <li>+ Syphilis</li> <li>Tetanus</li> <li>Toxic Shock Syndrome</li> <li>+ Trichinosis</li> <li>+ Tuberculosis</li> <li>◆ Tularemia, human</li> <li>Tularemia, animal</li> <li>+ Typhoid Fever, Cases and Carriers</li> <li>+ <i>Vibrio</i> Infections</li> <li>◆ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)</li> <li>+ West Nile virus infection</li> <li>◆ Yellow Fever</li> <li>+ Yersiniosis</li> <li>◆ OCCURRENCE of ANY UNUSUAL DISEASE</li> <li>◆ OUTBREAKS of ANY DISEASE (Including diseases not listed in Section 2500). Specify if institutional and/or open community.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>(◆) = to be reported immediately by telephone.</li> <li>(+) = to be reported by mailing a report, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case.</li> <li>(No diamond or cross symbol) = to be reported within seven (7) calendar days by mail, telephone, or electronic report from the time of identification.</li> <li>(*) = when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.</li> </ul> |
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Note: Authority cited: Sections 120130, 131050, 131051, 131052, 131080 and 131200, Health and Safety Code. Reference: Sections 1603.1, 100325, 103925, 113150, 113155, 120125, 120130, 120140, 120175, 120245, 120250, 131050, 131051 and 131080, Health and Safety Code; Sections 551, 554 and 555, Business and Professions Code; Section 1798.3, Civil

Code; 42 C.F.R. Sections 2.11 and 2.12; Cal. Const., art. 1, Section 1; and Section 1040, Evidence Code.

## HISTORY

1. Originally published 8-15-1945 (Title 17).
2. Amendment filed 12-22-69; effective thirtieth day thereafter (Register 69, No. 52). For prior history, see Register 66, No. 39.
3. Amendment filed 12-14-79; effective thirtieth day thereafter (Register 79, No. 50).
4. Amendment of subsection (a) and new subsections (b)-(h) filed 3-30-89; operative 3-30-89 (Register 89, No. 14).
5. Editorial correction of HISTORY No. 4 printing error (Register 89, No. 23).
6. Editorial correction of subsection (g)(1) printing error (Register 90, No. 4).
7. Editorial correction of printing errors in subsection (g) (Register 91, No. 46).
8. Amendment of section and Note filed 5-1-95 as an emergency; operative 5-1-95 (Register 95, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-95 or emergency language will be repealed by operation of law on the following day.
9. Amendment of section and Note, including amendment of subsection (j)(1) "Diphtheria", refiled 8-21-95 as an emergency; operative 8-21-95 (Register 95, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-19-95 or emergency language will be repealed by operation of law on the following day.
10. Certificate of Compliance as to 5-1-95 order, including amendment of section, transmitted to OAL 12-19-95 and filed 2-2-96 (Register 96, No. 5).
11. Editorial correction of subsections (j)(1) and (j)(2) (Register 97, No. 12).
12. Amendment of subsection (j), repealer of subsection (j)(1) designator and initial text, repealer of subsection (j)(2) and amendment of Note filed 5-17-2000; operative 10-2-2000 (Register 2000, No. 20).
13. Editorial correction restoring inadvertently deleted footnote (Register 2000, No. 33).
14. Amendment of subsection (j) and amendment of Note filed 11-5-2001 as an emergency; operative 11-5-2001 (Register 2001, No. 45). A Certificate of Compliance must be transmitted to OAL by 3-5-2002 or emergency language will be repealed by operation of law on the following day.

15. Amendment of subsection (j) and amendment of Note refiled 3-1-2002 as an emergency; operative 3-1-2002 (Register 2002, No. 9). A Certificate of Compliance must be transmitted to OAL by 7-1-2002 or emergency language will be repealed by operation of law on the following day.
16. Certificate of Compliance as to 3-1-2002 order, including amendment of Note, transmitted to OAL 6-26-2002 and filed 7-16-2002 (Register 2002, No. 29).
17. Amendment of subsection (j) filed 6-30-2005; operative 6-30-2005. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2005, No. 32).
18. Amendment of subsection (j) filed 10-26-2006; operative 10-26-2006. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and (d) (Register 2006, No. 43).
19. Amendment of subsection (j) filed 6-12-2007; operative 6-12-2007. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2007, No. 31).
20. Amendment of subsection (j) filed 7-30-2007; operative 7-30-2007. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2007, No. 31).
21. Amendment of subsections (a)(8), (g) and (j) and amendment of Note filed 2-13-2008; operative 2-13-2008. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and r(d) (Register 2008, No. 7).
22. Amendment of subsection (j) and Note filed 9-22-2009; operative 9-22-2009. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and (d) (Register 2009, No. 39).
23. Repealer of subsection (a)(25) and amendment of subsections (e) and (j) filed 6-30-2011; operative 6-30-2011. Submitted to OAL for printing only pursuant to Health and Safety Code sections 120130(a) and 120130(d) (Register 2011, No. 26).

**17 CCR § 2505**  
Notification by Laboratories

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 1. Reporting

(a) To assist the local health officer, the laboratory director, or the laboratory director's designee, of a clinical laboratory, an approved public health laboratory or a veterinary laboratory in which a laboratory examination of any specimen derived from the human body (or

from an animal, in the case of rabies or plague testing) yields microscopical, cultural, immunological, serological, or other evidence suggestive of those diseases listed in subsections (e)(1) and (e)(2) below, shall report such findings to the health officer of the local health jurisdiction where the health care provider who first submitted the specimen is located.

(1) For those diseases listed in subsection (e)(1), the report of such findings shall be made within one hour after the laboratory notifies the health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the health officer of the jurisdiction in which the health care provider is located within one hour from the time the laboratory notifies the referring laboratory that submitted the specimen.

(2) For those diseases listed in subsection (e)(2), the report of such findings shall be made within one working day from the time that the laboratory notifies the health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the health officer of the jurisdiction in which the health care provider is located within one working day from the time the laboratory notifies the referring laboratory that submitted the specimen.

(b) To permit local health officer follow-up of laboratory findings, all specimens submitted for laboratory tests or examinations related to a disease or condition listed in subsections 2505(e)(1) or 2502(e)(2) shall be accompanied by a test requisition which includes the name, gender, and age or date-of-birth of the person from whom the specimen was obtained and the name, address and telephone number of the health care provider or other authorized person who submitted the specimen. Whenever the specimen, or an isolate therefrom, is transferred between laboratories, a test requisition with the above patient and submitter information shall accompany the specimen. The laboratory that first receives a specimen shall be responsible for obtaining the patient and submitter information at the time the specimen is received by that laboratory.

(c) Each notification to the local health officer shall include the date the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the laboratory findings for the test performed, the date that any positive laboratory findings were identified, the name, gender, address, telephone number (if known) and age or date of birth of the person from whom the specimen was obtained, and the name, address, and telephone number of the health care provider for whom such examination or test was performed.

(d) The notification shall be submitted as specified in subsections (e)(1) and (e)(2) of this Section to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located. When the specimen is from an out-of-state submitter, the state epidemiologist of the submitter shall be provided the same positive findings per subsections (e)(1) and (e)(2) of this Section. If the laboratory that finds evidence for any of those diseases listed in subsections (e)(1) and (e)(2) is an out-of-state laboratory, the California clinical laboratory that receives a report of such findings from the out-of-state

laboratory shall notify the local health officer in the same way as if the finding had been made by the California laboratory.

(e) Laboratory reports to the local health officer shall include the information as specified in (c) of this Section and laboratories shall submit the reports within the following timeframes:

(1) The diseases or agents specified shall be reported within one hour after the health care provider or other person authorized to receive the report has been notified. Laboratories shall make the initial reports to the local health officer by telephone and follow the initial report within one working day by a report in writing submitted by electronic facsimile transmission or electronic mail to the local health officer. Within one year of the establishment of the state electronic reporting system, all List (e)(1) diseases, in addition to being reported by telephone within one hour, shall be reported electronically to the state electronic reporting system within one working day of identification. Reporting to the state electronic reporting system substitutes reporting by electronic facsimile transmission and electronic mail. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the CDC (unless otherwise specified in this Section). The diseases or agents reported pursuant to this requirement are:

Anthrax, human (*B. anthracis*) (see section 2551 for additional reporting instructions)

Anthrax, animal (*B. anthracis*)

Botulism (see section 2552 for additional reporting instructions)

Brucellosis, human (all *Brucella spp.*) (see section 2553 for special reporting instructions)

*Burkholderia pseudomallei* and *B. mallei* (detection or isolation from a clinical specimen)

Influenza, novel strains (human) (see (i) for additional reporting requirements)

Plague, human (see section 2596 for additional reporting instructions)

Plague, animal

Smallpox (Variola) (see section 2614 for additional reporting instructions)

Tularemia, human (*F. tularensis*) (see section 2626 for additional reporting instructions)

Viral Hemorrhagic Fever agents, human (VHF), e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses (see section 2638 for additional reporting instructions)

Viral Hemorrhagic Fever agents, animal (VHF), e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses

(2) The diseases or agents specified shall be reported within one working day after the health care provider or other person authorized to receive the report has been notified. Laboratories shall transmit these reports to the local health officer by courier, mail, electronic facsimile or electronic mail. Within one year of the establishment of the state electronic reporting system, all List (e)(2) diseases shall be reported electronically to the state electronic reporting system within one working day of identification. Reporting to the state electronic reporting system substitutes reporting by courier, mail, electronic facsimile transmission or electronic mail. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the CDC (unless otherwise specified in this Section). The diseases or agents reported pursuant to this requirement are:

Acid fast bacillus (AFB) (see (g) for additional reporting requirements)

Anaplasmosis/Ehrlichiosis

*Bordetella pertussis* acute infection, by culture or molecular identification

*Borrelia burgdorferi* infection

Brucellosis, animal (*Brucella* spp. except *Brucella canis*)

Campylobacteriosis (*Campylobacter* spp.) (detection or isolation a clinical specimen)

Chancroid (*Haemophilus ducreyi*)

*Chlamydia trachomatis* infections, including lymphogranuloma venereum (LGV)

Coccidioidomycosis

Cryptosporidiosis

Cyclosporiasis (*Cyclospora cayetanensis*)

Dengue (dengue virus)

Diphtheria

Encephalitis, arboviral

*Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157

Giardiasis (*Giardia lamblia*, *intestinalis*, or *duodenalis*)

Gonorrhea

*Haemophilus influenzae* (report an incident of less than 15 years of age, sterile site)

Hantavirus Infections

Hepatitis A, acute infection

Hepatitis B, acute or chronic infection (specify gender)

Hepatitis C, acute or chronic infection

Hepatitis D (Delta), acute or chronic infection

Hepatitis E, acute infection (detection of hepatitis E virus RNA from a clinical specimen or positive serology)

Legionellosis (*Legionella spp.*) (antigen or culture)

Leprosy (Hansen Disease) (*Mycobacterium leprae*)

Leptospirosis (*Leptospira spp.*)

Listeriosis (*Listeria*)

Malaria (see (h) for additional reporting requirements)

Measles (Rubeola), acute infection

Mumps (mumps virus), acute infection

*Mycobacterium tuberculosis* (see (f) for additional reporting requirements)

*Neisseria meningitidis* (sterile site isolate)

Poliovirus

Psittacosis (*Chlamydophila psittaci*)

Q Fever (*Coxiella burnetii*)

Rabies, animal or human

Relapsing Fever (*Borrelia spp.*) (identification of *Borrelia* spp. spirochetes on peripheral blood smear).

*Rickettsia*, any species, acute infection (detection from a clinical specimen or positive serology)

Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)

Rubella, acute infection

Salmonellosis (*Salmonella* spp.)

Shiga toxin (detected in feces)

Shigellosis (*Shigella* spp.)

Syphilis

Trichinosis (*Trichinella*)

Tuberculosis

Tularemia, animal (*F. tularensis*)

Typhoid

*Vibrio* species infections

West Nile virus infection

Yellow Fever (yellow fever virus)

Yersiniosis (*Yersinia* spp., non-pestis) (isolation from a clinical specimen)

(f) In addition to notifying the local health officer pursuant to subsection (a), any clinical laboratory or approved public health laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen shall:

(1) Submit a culture as soon as available from the primary isolate on which a diagnosis of tuberculosis was established. Such a culture shall be submitted to the public health laboratory designated in Title 17 California Code of Regulations, Section 1075 for the local jurisdiction where the health care provider's office is located. The following information shall be submitted with the culture: the name, address, and the date of birth of the person from whom the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the date the specimen was obtained from the patient, and the name, address, and telephone number of the health care provider for whom such examination or test was performed. The public health laboratory shall retain the culture received (one culture from each culture-positive patient) in a viable condition for at least six months.

(2) Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug

susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory shall:

(A) Perform or refer for drug susceptibility testing on at least one isolate from each patient from whom *Mycobacterium tuberculosis* was isolated; and

(B) Report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within one working day from the time the health care provider or other authorized person who submitted the specimen is notified; and

(C) If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug-resistant *Mycobacterium tuberculosis* was isolated to the official public health laboratory designated in Title 17 California Code of Regulations Section 1075 for the local health jurisdiction in which the health care provider's office is located. The local public health laboratory shall forward such cultures to the Department's Microbial Diseases Laboratory. The following information shall be submitted with the culture: the name, address, and the date of birth of the person from whom the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the date the specimen was obtained from the patient, and the name, address, and telephone number of the health care provider for whom such examination or test was performed.

(g) Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

(h) In addition to notifying the local health officer pursuant to subsection (a), any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the public health laboratory designated in Title 17 California Code of Regulations Section 1075 for the local health jurisdiction where the health care provider is located. When requested, all blood films shall be returned to the submitter.

(i) Whenever a laboratory receives a specimen for the laboratory diagnosis of influenza, novel strains in a human such laboratory shall communicate immediately by telephone with the Department's Viral and Rickettsial Disease Laboratory for instruction.

(j) All laboratory notifications herein required are acquired in confidence and shall not be disclosed by the local health officer except (1) as authorized by these regulations; (2) as required by state or federal law; or (3) with the written consent of the individual to whom the information pertains or the legal representative of that individual.

(k) The local health officer shall disclose any information, including personal information, contained in a laboratory notification to state, federal or local public health officials in order to determine the existence of the disease, its likely cause and the measures necessary to stop its spread.

Note: Authority cited: Sections 100180, 100275, 120130, 125095, 131050, 131051, 131052 and 131200, Health and Safety Code. Reference: Sections 100180, 120125, 120130, 120140, 120175, 120575, 121365 and 125100, Health and Safety Code; Sections 1209, 1246.5 and 1288, Business and Professions Code; Cal. Const., art. 1, Section 1; and Section 1040, Evidence Code.

## HISTORY

1. New section filed 3-26-62; effective thirtieth day thereafter (Register 62, No.6).
2. Amendment of subsections (a) and (b) filed 6-25-72 as an emergency; effective upon filing (Register 72, No. 27).
3. Certificate of Compliance filed 10-24-72 (Register 72, No. 44).
4. Amendment of subsection (d) filed 3-30-89; operative 3-30-89 (Register 89, No. 14).
5. Amendment of section and Note filed 5-1-95 as an emergency; operative 5-1-95 (Register 95, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-95 or emergency language will be repealed by operation of law on the following day.
6. Amendment of section and Note refiled 8-21-95 as an emergency; operative 8-21-95 (Register 95, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-19-95 or emergency language will be repealed by operation of law on the following day.
7. Certificate of Compliance as to 5-1-95 order, including amendment of section, transmitted to OAL 12-19-95 and filed 2-2-96 (Register 96, No. 5).
8. Change without regulatory effect amending subsection (c) filed 7-15-97 pursuant to section 100, title 1, California Code of Regulations (Register 97, No. 29).
9. Amendment of subsections (a)-(d), repealer of subsection (e) and new subsections (e)-(e)(2) and amendment of Note filed 11-5-2001 as an emergency; operative 11-5-2001 (Register 2001, No. 45). A Certificate of Compliance must be transmitted to OAL by 3-5-2002 or emergency language will be repealed by operation of law on the following day.
10. Amendment of subsections (a)-(d), repealer of subsection (e), new subsections (e)-(e)(2) and amendment of Note refiled 3-1-2002 as an emergency; operative 3-1-2002 (Register 2002, No. 9). A Certificate of Compliance must be transmitted to OAL by 7-1-2002 or emergency language will be repealed by operation of law on the following day.

11. Certificate of Compliance as to 3-1-2002 order, including further amendment of subsection (e)(1), transmitted to OAL 6-26-2002 and filed 7-16-2002 (Register 2002, No. 29).
12. Amendment of subsection (e)(2) filed 6-30-2005; operative 6-30-2005. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2005, No. 32).
13. Amendment of subsection (e)(2) filed 10-26-2006; operative 10-26-2006. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and (d) (Register 2006, No. 43).
14. Amendment of subsections (e)(1)-(2), new subsections (i)-(j) and subsection relettering filed 6-12-2007; operative 6-12-2007. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2007, No. 31).
15. Amendment of subsection (e)(2) filed 7-30-2007; operative 7-30-2007. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2007, No. 31).
16. Amendment of subsections (e)(1) and (e)(2) and amendment of Note filed 9-22-2009; operative 9-22-2009. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and (d) (Register 2009, No. 39).
17. Amendment of subsections (e)(1)-(2), repealer of subsections (i)-(i)(4)(B), subsection relettering and amendment of newly designated subsection (i) filed 6-30-2011; operative 6-30-2011. Submitted to OAL for printing only pursuant to Health and Safety Code sections 120130(a) and 120130(d) (Register 2011, No. 26).
18. Amendment of subsection (e)(2) filed 9-27-2011; operative 10-27-2011. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2011, No. 39).

**17 CCR § 2508**  
Reporting by Schools

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 1. Reporting

It shall be the duty of anyone in charge of a public or private school, kindergarten, boarding school, or day nursery to report at once to the local health officer the presence or suspected presence of any of the communicable diseases.

**17 CCR § 2502**

## Reports by Local Health Officer to State Department of Public Health

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 1. Reporting

(a) Summary Reports: Each local health officer shall report at least weekly, on the Weekly Morbidity by Place of Report form to the Director the number of cases of those diseases, conditions, unusual diseases or outbreaks of disease reported pursuant to Section 2500. Copies of the form are available from the Department's Division of Communicable Disease Control.

(b) Individual Case and Outbreak Reports: For the diseases listed below, the local health officer shall prepare and send to the Department along with the summary report described in (a) above an individual case or outbreak report for each individual case/outbreak of those diseases which the Department has identified as requiring epidemiological analysis reported pursuant to Section 2500. At the discretion of the Director, the required individual case/outbreak report may be either a Confidential Morbidity Report, its electronic equivalent or a hard copy 8.5x11 inch individual case/outbreak report form. The Weekly Morbidity by Place of Report form indicates which format to use. Each individual case report shall include the following: (1) verification of information reported pursuant to Section 2500; (2) information on the probable source of infection, if known; (3) laboratory or radiologic findings, if any; (4) clinical signs and/or symptoms, if applicable; and (5) any known epidemiological risk factors. The Department or CDC has prepared forms that may be used for many of the diseases requiring individual case reports. Copies of these case report forms are available from the Department's Division of Communicable Disease Control. An individual case report is required for the following diseases:

Acquired Immune Deficiency Syndrome (AIDS)

Anthrax, human

Botulism (Infant, Foodborne, Wound, Other)

Brucellosis, human

Chickenpox (Varicella) deaths (separate reporting form required)

Chickenpox (Varicella) hospitalizations (separate reporting form required)

Cholera

Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)

Cyclosporiasis

Cysticercosis

Diphtheria

*Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157

Foodborne Disease Outbreak

*Haemophilus influenzae*, Invasive Disease

Hantavirus Infections

Hemolytic Uremic Syndrome

Hepatitis A, acute infection

Hepatitis B, acute only

Hepatitis C, acute only

Hepatitis D (Delta), acute infection

Hepatitis E, acute infection

Influenza, deaths in laboratory-confirmed cases for ages 0-64 years

Influenza, novel strains (human)

Legionellosis

Leprosy (Hansen Disease)

Leptospirosis

Listeriosis

Lyme Disease

Malaria

Measles (Rubeola)

Meningococcal Infections

Outbreak of Disease Report

Pelvic Inflammatory Disease

Pertussis (Whooping Cough)

Plague, human

Poliovirus Infection

Psittacosis

Q Fever

Rabies, human or animal (separate reporting forms required for human and animal cases)

Relapsing Fever

Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses)

Rocky Mountain Spotted Fever

Rubella (German Measles) (a separate form is used for Congenital Rubella)

Severe Acute Respiratory Infection (SARS)

Shiga toxin (detected in feces)

Smallpox

*Staphylococcus aureus* infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture.)

Streptococcal Outbreaks and Individual Cases in Food Handlers and Dairy Workers Only

Syphilis

Tetanus

Toxic Shock Syndrome

Trichinosis

Tuberculosis

Tularemia, human

Typhoid Fever, Cases and Carriers (separate reporting forms required for cases and carriers)

Unusual Disease Report

*Vibrio* Infections

Viral Hemorrhagic Fevers, human (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

Waterborne Disease Outbreak

West Nile virus infection, acute

Yellow Fever

(c) Immediate Reports: Cases and suspect cases of anthrax (human or animal), botulism, brucellosis (human only), cholera, dengue, diphtheria, measles (rubeola), plague (human or animal), rabies (human only), smallpox (variola), tularemia (human only), varicella deaths, viral hemorrhagic fevers (human or animal), yellow fever, occurrence of any unusual diseases, and outbreaks of any disease are to be reported by the local health officer to the Director immediately by telephone.

(d) Upon request of the Department, the local health officer shall submit an individual case report for any disease not listed in subsection (b) above.

(e) During any special morbidity and mortality study requested under Section 2501, the local health officer shall be the Director's agent for purposes of carrying out the powers conferred under Government Code Section 11181.

(f) Confidentiality. Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or to the legal representative of that individual.

(1) A health officer shall disclose any information, including personal information, contained in an individual case report to state, federal or local public health officials in order to determine the existence of a disease, its likely cause or the measures necessary to stop its spread.

(2) A health officer may for purposes of his or her investigation disclose any information contained in an individual case report, including personal information, as may be necessary to prevent the spread of disease or occurrence of additional cases.

(3) A health officer may disclose any information contained in an individual case report to any person or entity if the disclosure may occur without linking the information disclosed to the individual to whom it pertains, and the purpose of the disclosure is to increase understanding of disease patterns, to develop prevention and control programs, to communicate new knowledge about a disease to the community, or for research.

(4) Notwithstanding subsections (1), (2), and (3) above, no information that would directly or indirectly identify an individual as one who has applied for or been given services for alcohol or other drug abuse by a federally assisted drug or alcohol abuse treatment program (as defined in 42 C.F.R. § 2.11) shall be included in an individual case report or otherwise disclosed absent the individual's written consent.

(g) Whenever the health officer collects personal information in order to prepare an individual case report required by subsection (b), the health officer shall notify the individual from whom the information is collected that: (1) supplying personal information related to the individual's disease is mandatory; (2) the only disclosure of personal information will be pursuant to subsections 2502(f)(1) and 2502(f)(2); and (3) non-personal information may be disclosed pursuant to subsection 2502(f)(3).

Note: Authority cited: Sections 120130, 131050, 131051, 131052, 131080 and 131200, Health and Safety Code; and Section 555(b), Business and Professions Code. Reference: Sections 7, 1603.1, 100325, 100330, 103925, 113150, 113155, 120125, 120130, 120140, 120145, 120175, 120190, 120245, 120250, 131050, 131051 and 131080, Health and Safety Code; and Sections 551, 554 and 555, Business and Professions Code; Section 1798.3, Civil Code; Sections 11181 and 11182, Government Code; 42 C.F.R. Sections 2.11 and 2.12; Cal. Const., art. 1, Section 1; and Section 1040, Evidence Code.

## HISTORY

1. Amendment filed 5-24-55; effective thirtieth day thereafter (Register 55, No. 8).
2. Amendment filed 3-30-89; operative 3-30-89 (Register 89, No. 14).
3. Amendment filed 5-1-95 as an emergency; operative 5-1-95 (Register 95, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-95 or emergency language will be repealed by operation of law on the following day.
4. Amendment refiled 8-21-95 as an emergency; operative 8-21-95 (Register 95, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-19-95 or emergency language will be repealed by operation of law on the following day.

5. Certificate of Compliance as to 5-1-95 order, including repealer and new section heading, section and Note transmitted to OAL 12-19-95 and filed 2-2-96 (Register 96, No. 5).
6. Editorial correction of subsection (c) (Register 97, No. 12).
7. Amendment of subsections (b)-(c) and amendment of Note filed 11-5-2001 as an emergency; operative 11-5-2001 (Register 2001, No. 45). A Certificate of Compliance must be transmitted to OAL by 3-5-2002 or emergency language will be repealed by operation of law on the following day.
8. Amendment of subsections (b)-(c) and amendment of Note refiled 3-1-2002 as an emergency; operative 3-1-2002 (Register 2002, No. 9). A Certificate of Compliance must be transmitted to OAL by 7-1-2002 or emergency language will be repealed by operation of law on the following day.
9. Certificate of Compliance as to 3-1-2002 order transmitted to OAL 6-26-2002 and filed 7-16-2002 (Register 2002, No. 29).
10. Amendment of subsection (b) filed 6-30-2005; operative 6-30-2005. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2005, No. 32).
11. Amendment of subsection (b) 6-12-2007; operative 6-12-2007. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2007, No. 31).
12. Amendment of subsection (b) filed 7-30-2007; operative 7-30-2007. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2007, No. 31).
13. Amendment of section heading, subsection (b) and Note filed 2-13-2008; operative 2-13-2008. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and (d) (Register 2008, No. 7).
14. Amendment of subsection (b) and Note filed 9-22-2009; operative 9-22-2009. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and (d) (Register 2009, No. 39).
15. Amendment of subsections (a) and (b) filed 6-30-2011; operative 6-30-2011. Submitted to OAL for printing only pursuant to Health and Safety Code sections 120130(a) and 120130(d) (Register 2011, No. 26).

### **17 CCR § 2501**

#### Investigation of a Reported Case, Unusual Disease, or Outbreak of Disease

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service

Subchapter 1. Reportable Diseases and Conditions  
Article 1. Reporting

(a) Upon receiving a report made pursuant to Section 2500 or 2505, the local health officer shall take whatever steps deemed necessary for the investigation and control of the disease, condition or outbreak reported. If the health officer finds that the nature of the disease and the circumstances of the case, unusual disease, or outbreak warrant such action, the health officer shall make or cause to be made an examination of any person who or animal which has been reported pursuant to Sections 2500 or 2505 in order to verify the diagnosis, or the existence of an unusual disease, or outbreak, make an investigation to determine the source of infection, and take appropriate steps to prevent or control the spread of the disease. Whenever requested to do so by the Department, the health officer shall conduct a special morbidity and mortality study under Health and Safety Code Section 211 for any of the diseases made reportable by these regulations.

(b) If a disease is one in which the local health officer determines identification of the source of infection is important, and the source of infection is believed to be outside the local jurisdiction, the health officer shall notify the Director or the health officer under whose jurisdiction the infection was probably contracted if known. Similar notification shall be given if there are believed to be exposed persons, living outside the jurisdiction of the health officer, who should be quarantined or evaluated for evidence of the disease.

Note: Authority cited: Sections 207, 208 and 3123, Health and Safety Code; and Section 555(b), Business and Professions Code. Reference: Sections 7, 200, 207, 211, 211.5, 304.5, 410, 1603.1, 3051, 3053, 3110, 3122, 3123, 3124, 3125, 3131 and 3132, Health and Safety Code; Sections 551, 554 and 555, Business and Professions Code.

#### HISTORY

1. Amendment filed 5-24-55; effective thirtieth day thereafter (Register 55, No. 8).
2. Amendment filed 3-30-89; operative 3-30-89 (Register 89, No. 14).
3. Amendment of section and Note, including renumbering and amendment of former section 2512 to subsection 2501(b)(1)-(2), filed 5-1-95 as an emergency; operative 5-1-95 (Register 95, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-95 or emergency language will be repealed by operation of law on the following day.
4. Amendment of section and Note refiled 8-21-95 as an emergency; operative 8-21-95 (Register 95, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-19-95 or emergency language will be repealed by operation of law on the following day.
5. Certificate of Compliance as to 5-1-95 order, including repealer and new section heading, and amendment of section and Note transmitted to OAL 12-19-95 and filed 2-2-96 (Register 96, No. 5).

**17 CCR § 2536**  
Transportation of Communicable Disease Cases

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 2. General Instructions

No person with a communicable disease subject to isolation not any contact subject to quarantine shall travel or be transported from one place to another within the local health jurisdiction, without the permissions of the local health officer, and no such person shall travel or be transported outside the area of jurisdiction of the health officer until the permission of the health officer into whose jurisdiction the patient is to be brought is obtained. An exception may be made in instances where the patient is to be admitted directly to a hospital for the treatment of the communicable disease, provided that the health officer from whose jurisdiction the case to be transported shall insure that adequate precautions are taken to prevent dissemination of the disease by the patient or his contacts en route to the hospital.

HISTORY

1. Amendment filed 5-24-55; effective thirtieth day thereafter (Register 55, No. 8).

**17 CCR § 2540**  
General Clause

Title 17. Public Health  
Division 1. State Department of Health Services  
Chapter 4. Preventive Medical Service  
Subchapter 1. Reportable Diseases and Conditions  
Article 2. General Instructions

In addition to the requirements stipulated in these regulations, the local health officer shall, after suitable investigation, take such additional steps as he deems necessary to prevent the spread of communicable disease or a disease suspected of being communicable in order to protect the public health.

## Index of codes and regulations (by subject area)

### 1. Definitions, general mandates and authorization of health departments for STD control activities

**HSC 120500.** STDs (defined by the Communicable Disease Prevention and Control Act, Section 27), refer to: syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia. (page [8](#))

#### 1. A. General responsibilities of the State Health Department (CDPH)

**HSC 100325.** Sources of morbidity and mortality; special investigations. (page [8](#))

**HSC 100330.** Authority to publish statistics and reports about population-level morbidity and mortality rates. (page [8](#))

**HSC 120125.** Causes of communicable diseases. (page [8](#))

**HSC 120530.** The department may furnish treatment for a case or for a group of cases in rural counties or cities upon the recommendation of the LHO if adequate facilities for the treatment are not available in the county or city. (page [8](#))

**HSC 131051.** Former California Dept. of Health Services conveys authority to CDPH (the department). (page [8](#))

#### 1. A. i. State Health Department: STD-specific regulations

**HSC 120505.** The department develops and reviews plans, and provides leadership, consults for and directly participates in STD prevention and control. (page [8](#))

**HSC 120510.** The department cooperates with other agencies, institutions and other stakeholders in STD prevention, control, and cure. (page [9](#))

**HSC 120515.** The department investigates conditions affecting STD prevention and control. (page [9](#))

**HSC 120520.** The department shall conduct educational and publicity work as it may deem necessary. (page [9](#))

**HSC 120525.** The department establishes, maintains and subsidizes clinics, dispensaries and prophylactic stations for diagnosis, treatment and prevention of STDs. (page [9](#))

**HSC 120535.** Admitting acute cases to public hospitals. (page [9](#))

**HSC 120750.** CDPH may design, develop and distribute posters and leaflets informing public about STDs, and make them available to State Board of Pharmacy for distribution. (page [9](#))

#### 1. B. General responsibilities of Local Health Departments

**HSC 100295.** The department, after consultation with and approval by the Conference of LHOs, shall by regulation establish standards of education and experience for professional and technical personnel employed in LHDs and for organization and operation of the LHDs. (page [9](#))

- HSC 101000.** Board of Supervisors appoints LHO, who is a county officer. (page [10](#))
- HSC 101005.** LHO shall be medical school graduate in good standing. (page [10](#))
- HSC 101025.** Boards of Supervisors are charged with overseeing public health in unincorporated counties. (page [10](#))
- HSC 101029.** Sheriffs and peace officers may enforce LHO orders issued to prevent spread of any contagious, infectious, or communicable disease. (page [10](#))
- HSC 101030.** In unincorporated counties, health officers enforce and observe public-health-related orders and ordinances of boards of supervisors; orders, including quarantine and other regulations/statutes relating to public health. (page [10](#))
- HSC 101040.** LHO may take any preventive measures to protect public health from a health hazard during: "state of (war) emergency," or "local emergency." (page [10](#))
- HSC 101045.** The LHO shall investigate health and sanitary conditions in every county jail, every other publicly operated detention facility in the county, and all private work-furlough facilities and programs established pursuant to Section 1208 of the Penal Code, at least annually. (page [10](#))
- HSC 101050.** LHO provides family planning and birth control-clinic information, including a list distributed by County Clerk. (page [10](#))
- HSC 120100.** Health Officer: includes county, city, and district health officers, and city and district health boards, but does not include advisory health boards. (page [10](#))
- HSC 120155.** Sheriffs, peace officers may enforce departmental orders issued to prevent spread of any contagious, infectious, or communicable disease. (page [10](#))
- HSC 120175, 120575.** LHO proactively addresses cases of contagious/communicable disease to prevent their spread or the occurrence of additional cases. (page [11](#))
- HSC 120180.** LHO in a county with population of 5 million or more may employ inspectors or investigators with Bachelor's degree and not otherwise licensed. (page [11](#))
- 17 CCR § 1303.** A health educator shall hold a master's degree with specialization in public or community health education awarded upon completion of a program of study accredited by the American Public Health Association. (page [11](#))
- 17 CCR § 2509.** LHO maintains records as necessary in order to perform duties, or as requested by the department. (page [11](#))

#### **1. B. i. Local Health Department: STD-specific regulations**

- HSC 120575.** LHO investigates every case and takes all available preventive measures to ascertain infection source to prevent transmission of STDs. (page [11](#))
- 17 CCR § 2511.** LHO determines amount and type of communicable disease occurrence to ascertain morbidity level. (page [11](#))
- 17 CCR § 2636.** LHO prepares confidential reports to the department including STD cases, acts to curb prostitution, diagnoses STDs upon examination of test results, counsels, instructs and treats patients. (page [12](#))

## 2. Testing/medical services

### 2. A. Overview

**HSC 120540.** The department may require any physician in attendance on a person infected or suspected of being infected with an STD to submit specimens which may be designated for examination. (page [12](#))

**HSC 120545.** The department may designate examination places. (page [12](#))

**HSC 120560.** Diseased persons shall submit to examinations. (page [12](#))

**HSC 120565.** If a patient discontinues a procedure, effort will be made to determine whether person continues to comply with procedure elsewhere. (page [12](#))

**HSC 120600.** Any person who refuses to provide information, or who knowingly exposes sex partner with an STD is guilty of a misdemeanor. (page [12](#))

**HSC 120605.** Person's religious beliefs shall be respected and exempted from this chapter except around reporting provisions and quarantine orders. (page [12](#))

**15 CCR § 1206.5.** In correctional settings, the responsible physician, in conjunction with facility administrator and LHO, develops a written communicable disease plan to identify, treat, control and manage communicable diseases including tuberculosis and other airborne diseases. (page [12](#))

**17 CCR § 2514.** Healthcare provider in attendance on a case or suspected case of possible STD will give detailed instructions to household members regarding precautionary measures to prevent spread of STDs. (page [13](#))

### 2. B. Disclosure of HIV test results to CDPH, cooperating agencies

**HSC 121022.** LHOs, healthcare providers and laboratories shall report cases of HIV infection to the department, using patient names. (page [13](#))

**HSC 121025.** HIV/AIDS-related public health records are confidential and shall not be disclosed, except as otherwise provided by law for public health purposes or by written authorization from person who is the subject of the record or by her/his guardian or conservator. Penalties for illegal disclosure include fines and imprisonment. (page [13](#))

### 2. C. Venipuncture/serologic tests

**HSC 120580.** LHD employee may perform venipuncture or skin puncture for testing, even if s/he is not otherwise licensed to withdraw blood, provided that s/he is trained by and working under the direction of a physician, clinical scientist or bio-analyst authorized to withdraw blood. (page [14](#))

**HSC 120917.** HIV counselors may perform CLIA-waived HIV tests and, as of January 1, 2012, CLIA-waived HCV tests without being trained as a phlebotomist. (page [14](#))

### 2. D. Minor consent to medical services

**Family Code 6922.** A minor may consent to medical care under certain conditions. (page [14](#))

**Family Code 6924.** Mental-health treatment and counseling services available to minors. (page [14](#))

**Family Code 6925.** Minors have a right to consent to an abortion without parental consent. (page [15](#))

**Family Code 6926.** A minor who is 12 years of age or older may consent to medical care related to the diagnosis or treatment of reportable infectious diseases, including STDs. Minors may also consent to medical care related to the prevention of a sexually transmitted disease (As of January 1, 2012). (page [15](#))

**Family Code 6927.** Minor consent for diagnosis or treatment for rape. (page [15](#))

**Family Code 6928.** Minor consent to treatment of sexual assault, and provider responsibility to attempt to notify parent/guardian. (page [15](#))

**Family Code 6929.** Right of parent or legal guardian to seek medical care and counseling for drug or alcohol-related problem of a minor child when child does not consent to medical care and counseling. (page [15](#))

**Penal Code 11171.** Enhancing examination procedures, documentation, and evidence collection related to child abuse or neglect will improve investigation and prosecution of abuse or neglect as well as other child protection efforts including treatment and prevention of STDs. (page [16](#))

**17 CCR § 5151.** Minor consent for treatment of non-reportable STDs. A minor 12 years of age or older may consent to receive treatment for certain non-reportable STDs. (page [16](#))

## 2. E. Prenatal testing

**HSC 120685.** Pregnant women are required to submit for blood test. Every licensed physician and surgeon or other person engaged in prenatal care of a pregnant woman, or in attendance at time of delivery, shall obtain blood specimen at her first professional visit or within 10 days. (page [16](#))

**HSC 120690.** These blood specimens are submitted to approved laboratories for syphilis testing. (page [16](#))

**HSC 120695.** Laboratory specimens must be designated either for prenatal test or follow-up after recent delivery of child. (page [16](#))

**HSC 120700.** Laboratories shall submit reports of records to the department as required by department's regulations. (page [16](#))

**HSC 120705.** All laboratory reports are confidential, not open to public inspection. (page [16](#))

**HSC 120710.** To ensure test accuracy, the department must accept specimens for testing from anywhere in California. (page [16](#))

**17 CCR § 1125.** Laboratory directors planning serologic tests for syphilis in connection with prenatal examinations shall apply to the department for approval and evaluation in order to perform these tests. (page [16](#))

**17 CCR § 1126.** Approved tests for prenatal syphilis listed here. (page [17](#))

**17 CCR § 1127.** Syphilis tests must be conducted exactly as outlined by the test author. (page [17](#))

**17 CCR § 1128.** Laboratory approved to perform prenatal serologic tests must undergo proficiency testing service approved by CDPH; test results are reported to CDPH. (page [17](#))

**17 CCR § 1130.** Only a licensed physician or surgeon shall be permitted to conduct prenatal serologic tests. (page [17](#))

**17 CCR § 1131.** New personnel, employed to perform prenatal serologic tests, are required to transmit their names to the department within 30 days. (page [17](#))

**17 CCR § 1132.** When there is a leadership or location change, LHO must reapply for approval to perform tests. (page [17](#))

**17 CCR § 1133.** Laboratories who advertise services shall not be approved to perform premarital and prenatal serologic tests. (page [17](#))

## **2. F. Blood donor screening**

**HSC 1644.5** Blood donors screened must be screened and tested to protect general public from STDs. (page [17](#))

## **2. G. Examination of sexual assault victims**

**HSC 1491.** Sexual assault victims are provided STD and pregnancy testing at no charge. (page [18](#))

**HSC 1492.** When treating or examining rape or other sexual-assault victims, hospitals shall provide information and resources to each patient. (page [18](#))

**Penal Code 1202.1.** Courts shall order felon convicted of a sexual offense (whether or not a sentence or fine is imposed or probation is granted) to submit to a blood or oral mucosal transudate-saliva test for evidence of HIV infection within 180 days of the date of conviction. (page [18](#))

## **2. H. Provider responsibilities regarding controlled substances**

**HSC 11164.** Prescriptions for controlled substances classified as Schedule II, III, IV, or V, shall not be provider prescribed, unless LHO complies with the requirements of this section. (page [18](#))

## **3. Partner notification and contact management**

**HSC 120555.** Every person diagnosed with an STD shall give all required information required information, including the name and address of any person from whom the disease may have been contracted and to whom the STD may have been transmitted. (page [19](#))

**HSC 120582.** A provider who diagnoses an STD in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. This applies to chlamydia, gonorrhea and other STDs as determined by the department. (page [19](#))

**HSC 121015.** Physician and Local Health Department may notify patient's partner of positive HIV test. Physician informing a confirmed positive HIV test shall not be held criminally or civilly liable for disclosing positive status to patient's spouse, sexual partner or injection-needle sharer. (page [19](#))

**17 CCR § 2636.** In every STD case, attending physician shall endeavor to identify patient's sexual or other intimate contacts during the disease's communicable stage, and (with patient's cooperation) bring these cases in for examination and, if necessary, treatment. The LHO has other specific responsibilities: Reports are confidential. (page [19](#))

## 4. Reporting

### 4. A. STD reporting and disclosure: providers, laboratories, schools

**HSC 120105.** USPS or notice of any order or demand. (page [20](#))

**HSC 120130.** Department will maintain and publish list of reportable diseases; establish rules requiring quarantine; quarantine by LHO; and publication of list. (page [20](#))

**HSC 120250.** Who must report STDs to LHO. (page [20](#))

**HSC 120262.** Reporting requirements related to occupational health. (page [20](#))

**HSC 120500.** STDs refer to syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia. (page [21](#))

**17 CCR § 2500.** Healthcare providers are required to report STD cases to LHO where patient resides. (page [21](#))

**17 CCR §2505.** Laboratories required to notify LHO of any evidence of STDs (syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia). (page [21](#))

**17 CCR § 2508.** Reporting by Schools to LHO. (page [21](#))

### 4. B. STD reporting: Local Health Officers

**HSC 120190.** Timely, immediate reporting of STDs to the department is mandatory. (page [21](#))

**HSC 120245.** LHO shall transmit to county health officer a report showing number and character of infectious, contagious, or communicable diseases reported, and their location. (page [22](#))

**17 CCR § 2502.** LHO shall regularly report to the department on disease case numbers, conditions or outbreaks. (page [22](#))

### 4. C. Confidentiality of records

**Civil Code 56.10.** Confidentiality of medical records: requirement by healthcare provider to obtain authorization. (page [22](#))

**Civil Code 56.11.** Confidentiality of medical records: requests for medical records. (page [23](#))

**HSC 100330.** Disclosing confidential reporting information will not jeopardize patient's privacy or permit identification in departmental reporting. (page [23](#))

**HSC 123115.** Circumstances in which the representative of a minor shall not be entitled to inspect or obtain copies of the minor's patient records. (page [23](#))

#### 4. D. Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a federal law that defines how covered entities use individually-identifiable (PHI) information. (page [23](#))

### 5. Outbreak investigation

**HSC 120176.** Responsibilities of LHO during an outbreak. (page [24](#))

**17 CCR § 2501.** LHO shall take whatever steps to investigate and control a reported case, unusual disease, or outbreak. (page [24](#))

**17 CCR § 2509.** With a local STD epidemic, LHO shall report to the department all facts concerning the outbreak, and measures taken to abate and prevent its spread. (page [24](#))

### 6. Public awareness/education

**Education Code 51931.** Sex education; definitions and terminology. (page [24](#))

**Education Code 51932.** Areas where this code does not apply. (page [25](#))

**Education Code 51933.** Sex education; guidelines. (page [25](#))

**Education Code 51934.** School district shall ensure that all pupils in grades 7 to 12, inclusive, receive HIV/AIDS prevention education from instructors trained in the appropriate courses. (page [25](#))

**Education Code 51936.** School districts may have outside consultants teach sex education. (page [26](#))

**Education Code 51937.** Pupils encouraged to communicate with parents/ guardians about sexuality and HIV/AIDS. (page [26](#))

**Education Code 51938.** Sex education; parental permission. (page [26](#))

**Education Code 51939.** Parents/guardians have the right to "opt out" of sex education classes and have alternative educational activity made available to pupils, if requested. (page [26](#))

**HSC 151000 - 151003.** The Sexual Health Education Accountability Act (SHEAA) requires that any state-funded, community-based sexual-health-education program providing education to prevent adolescent or unintended pregnancy, or to prevent STDs, meet specific requirements that parallel HSC 51930-51939. (page [27](#))

**HSC 151001.** A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or STDs. (page [27](#))

**HSC 151002.** Lists requirements that every sexual health education program must satisfy. (page [27](#))

## 7. Minors

**Family Code 6926.** Minors may consent to medical care related to the treatment or reportable infectious diseases (including STDs). Minors may also consent to medical care related to the prevention of a sexually transmitted disease. (page [28](#))

**17 CCR § 5151.** A minor 12 years of age or older may consent to receive hospital, medical and surgical care related to diagnosis and/or treatment for listed non-reportable STDs. (page [28](#))

### 7. A. Minor consent: emancipated minor defined

**Family Code 7002.** Conditions for a person under the age of 18 years to be considered an emancipated minor. (page [28](#))

**Family Code 7050.** An emancipated minor shall be considered an adult for the following purpose, among others: minor's capacity to consent to medical, dental, or psychiatric care without parental consent, knowledge, or liability. (page [28](#))

### 7. B. Provider reporting unlawful sex between adults and minors

**Penal Code 261.5.** Unlawful sex definitions and penalties. (page [28](#))

**Penal Code 11165.1.** "Sexual abuse" means sexual assault or sexual exploitation as defined by the following. (page [29](#))

### 7. C. Provider reporting child abuse

**Family Code 6927.** Minor consent for diagnosis or treatment for rape. (page [29](#))

**Family Code 6928.** Minor consent to treatment of sexual assault, and provider responsibility to attempt to notify parent/guardian. (page [29](#))

**Penal Code 11164.** Child abuse definition. (page [29](#))

**Penal Code 11165.** Definition of "child:" person under the age of 18 years. (page [30](#))

**Penal Code 11165.4.** Definition of unlawful corporal punishment or injury. (page [30](#))

**Penal Code 11165.5.** Definition of abuse or neglect in out-of-home care. (page [30](#))

**Penal Code 11165.9.** Child abuse: list of mandated reporters. (page [30](#))

**Penal Code 11165.11.** Definition of licensing agency. (page [30](#))

**Penal Code 11166.** Child abuse reporting transmittal of report. (page [31](#))

**Penal Code 11166.01.** Child abuse reporting violations. (page [31](#))

**Penal Code 11166.05.** Child abuse reporting by mandated reporter. (page [31](#))

**Penal Code 11166.1.** Child abuse reporting: DSS. (page [31](#))

**Penal Code 11166.2.** Child abuse reporting: day care. (page [31](#))

- Penal Code 11166.3.** Child abuse case management. (page [32](#))
- Penal Code 11167.** Child abuse reporting details. (page [32](#))
- Penal Code 11167.5.** Child abuse: confidentiality. (page [32](#))
- Penal Code 11169.** Child abuse reporting to DOJ. (page [32](#))
- Penal Code 11171.2.** Child abuse: skeletal X-rays without parental consent. (page [33](#))
- Penal Code 11171.5.** Child abuse: X-rays. (page [33](#))
- Penal Code 11172.** Child abuse: reporter liability: photographs. (page [33](#))
- Penal Code 11174.3.** Interviewing. (page [33](#))

## 8. Failure to comply

### 8. A. Non-compliance issues

- HSC 120570.** If it appears reasonably likely that person is not complying with STD-control procedures elsewhere, agency administering procedure prior to discontinuance shall make all reasonable efforts to induce person to comply. (page [34](#))
- HSC 120590.** Prosecution of violations. (page [34](#))

### 8. B. Quarantine

- HSC 120135.** The department may establish and maintain places of quarantine or isolation. (page [34](#))
- HSC 120140.** Additional measures to prevent spread of disease; possession of body of living or deceased person. (page [34](#))
- HSC 120145.** The department may quarantine, isolate, inspect, and disinfect persons, animals, houses, rooms, other property, places, cities, or localities, whenever in its judgment the action is necessary to protect or preserve the public health. (page [34](#))
- HSC 120150.** Destruction of property for public health purposes. (page [35](#))
- HSC 120195.** Enforcement of orders, rules and regulation. (page [35](#))
- HSC 120200.** Health officers: establishing quarantine. (page [35](#))
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- HSC 120290.** Willful exposure to others is a misdemeanor. (page [36](#))

**HSC 120585.** Inspection and quarantine of persons and places. (page [36](#))  
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### California Family Code

**Family Code 6922.** A minor may consent to medical care under certain conditions. (page [14](#))

**Family Code 6924.** Mental-health treatment and counseling services available to minors. (page [14](#))

**Family Code 6925.** Minors have a right to consent to an abortion without parental consent. (page [15](#))

**Family Code 6926.** A minor who is 12 years of age or older may consent to medical care related to the diagnosis or treatment of reportable infectious diseases, including STDs. Minors may also consent to medical care related to the prevention of a sexually transmitted disease (As of January 1, 2012). (page [15,28](#))

**Family Code 6927.** Minor consent for diagnosis or treatment for rape. (page [15,29](#))

**Family Code 6928.** Minor consent to treatment of sexual assault, and provider responsibility to attempt to notify parent/guardian. (page [15,29](#))

**Family Code 6929.** Right of parent or legal guardian to seek medical care and counseling for drug or alcohol-related problem of a minor child when child does not consent to medical care and counseling. (page [15](#))

**Family Code 7002.** Conditions for a person under the age of 18 years to be considered an emancipated minor. (page [28](#))

**Family Code 7050.** An emancipated minor shall be considered an adult for the following purpose, among others: minor's capacity to consent to medical, dental, or psychiatric care without parental consent, knowledge, or liability. (page [28](#))

## California Health and Safety Code (HSC)

**HSC 1491.** Sexual assault victims are provided STD and pregnancy testing at no charge. (page [18](#))

**HSC 1492.** When treating or examining rape or other sexual-assault victims, hospitals shall provide information and resources to each patient. (page [18](#))

**HSC 1644.5** Blood donors screened must be screened and tested to protect general public from STDs. (page [17](#))

**HSC 11164.** Prescriptions for controlled substances classified as Schedule II, III, IV, or V, shall not be provider prescribed, unless LHO complies with the requirements of this section. (page [18](#))

**HSC 100295.** The department, after consultation with and approval by the Conference of LHOs, shall by regulation establish standards of education and experience for professional and technical personnel employed in LHDs and for organization and operation of the LHDs. (page [9](#))

**HSC 100325.** Sources of morbidity and mortality; special investigations. (page [8](#))

**HSC 100330.** Authority to publish statistics and reports about population-level morbidity and mortality rates. (page [8,23](#))

**HSC 101000.** Board of Supervisors appoints LHO, who is a county officer. (page [10](#))

**HSC 101005.** LHO shall be medical school graduate in good standing. (page [10](#))

**HSC 101025.** Boards of Supervisors are charged with overseeing public health in unincorporated counties. (page [10](#))

**HSC 101029.** Sheriffs and peace officers may enforce LHO orders issued to prevent spread of any contagious, infectious, or communicable disease. (page [10](#))

**HSC 101030.** In unincorporated counties, health officers enforce and observe public-health-related orders and ordinances of boards of supervisors; orders, including quarantine and other regulations/statutes relating to public health. (page [10](#))

**HSC 101040.** LHO may take any preventive measures to protect public health from a health hazard during: "state of (war) emergency," or "local emergency." (page [10](#))

**HSC 101045.** The LHO shall investigate health and sanitary conditions in every county jail, every other publicly operated detention facility in the county, and all private work-furlough facilities and programs established pursuant to Section 1208 of the Penal Code, at least annually. (page [10](#))

**HSC 101050.** LHO provides family planning and birth control-clinic information, including a list distributed by County Clerk. (page [10](#))

**HSC 120100.** Health Officer: includes county, city, and district health officers, and city and district health boards, but does not include advisory health boards. (page [10](#))

**HSC 120105.** USPS or notice of any order or demand. (page [20](#))

- HSC 120125.** Causes of communicable diseases.(page [8](#))
- HSC 120130.** Department will maintain and publish list of reportable diseases; establish rules requiring quarantine; quarantine by LHO; and publication of list. (page [20](#))
- HSC 120135.** The department may establish and maintain places of quarantine or isolation. (page [34](#))
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- HSC 120145.** The department may quarantine, isolate, inspect, and disinfect persons, animals, houses, rooms, other property, places, cities, or localities, whenever in its judgment the action is necessary to protect or preserve the public health. (page [34](#))
- HSC 120150.** Destruction of property for public health purposes. (page [35](#))
- HSC 120155.** Sheriffs, peace officers may enforce departmental orders issued to prevent spread of any contagious, infectious, or communicable disease. (page [10](#))
- HSC 120175, 120575.** LHO proactively addresses cases of contagious/communicable disease to prevent their spread or the occurrence of additional cases. (page [11](#))
- HSC 120176.** Responsibilities of LHO during an outbreak. (page [24](#))
- HSC 120180.** LHO in a county with population of 5 million or more may employ inspectors or investigators with Bachelor's degree and not otherwise licensed. (page [11](#))
- HSC 120190.** Timely, immediate reporting of STDs to the department is mandatory. (page [21](#))
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- HSC 120250.** Who must report STDs to LHO. (page [20](#))
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- HSC 120275.** Quarantine violations. (page [36](#))
- HSC 120290.** Willful exposure to others is a misdemeanor. (page [36](#))
- HSC 120500.** STDs (defined by the Communicable Disease Prevention and Control Act, Section 27), refer to: syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia. (page [8, 21](#))
- HSC 120505.** The department develops and reviews plans, and provides leadership, consults for and directly participates in STD prevention and control. (page [8](#))
- HSC 120510.** The department cooperates with other agencies, institutions and other stakeholders in STD prevention, control, and cure. (page [9](#))
- HSC 120515.** The department investigates conditions affecting STD prevention and control. (page [9](#))

- HSC 120520.** The department shall conduct educational and publicity work as it may deem necessary. (page [9](#))
- HSC 120525.** The department establishes, maintains and subsidizes clinics, dispensaries and prophylactic stations for diagnosis, treatment and prevention of STDs. (page [9](#))
- HSC 120530.** The department may furnish treatment for a case or for a group of cases in rural counties or cities upon the recommendation of the LHO if adequate facilities for the treatment are not available in the county or city. (page [8](#))
- HSC 120535.** Admitting acute cases to public hospitals. (page [9](#))
- HSC 120540.** The department may require any physician in attendance on a person infected or suspected of being infected with an STD to submit specimens which may be designated for examination. (page [12](#))
- HSC 120545.** The department may designate examination places. (page [12](#))
- HSC 120555.** Every person diagnosed with an STD shall give all required information required information, including the name and address of any person from whom the disease may have been contracted and to whom the STD may have been transmitted. (page [19](#))
- HSC 120560.** Diseased persons shall submit to examinations. (page [12](#))
- HSC 120565.** If a patient discontinues a procedure, effort will be made to determine whether person continues to comply with procedure elsewhere. (page [12](#))
- HSC 120570.** If it appears reasonably likely that person is not complying with STD-control procedures elsewhere, agency administering procedure prior to discontinuance shall make all reasonable efforts to induce person to comply. (page [34](#))
- HSC 120575.** LHO investigates every case and takes all available preventive measures to ascertain infection source to prevent transmission of STDs. (page [11](#))
- HSC 120580.** LHD employee may perform venipuncture or skin puncture for testing, even if s/he is not otherwise licensed to withdraw blood, provided that s/he is trained by and working under the direction of a physician, clinical scientist or bio-analyst authorized to withdraw blood. (page [14](#))
- HSC 120582.** A provider who diagnoses an STD in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. This applies to chlamydia, gonorrhea and other STDs as determined by the department. (page [19](#))
- HSC 120585.** Inspection and quarantine of persons and places. (page [36](#))
- HSC 120590.** Prosecution of violations. (page [34](#))
- HSC 120600.** Any person who refuses to provide information, or who knowingly exposes sex partner with an STD is guilty of a misdemeanor. (page [12](#))
- HSC 120605.** Person's religious beliefs shall be respected and exempted from this chapter except around reporting provisions and quarantine orders. (page [12](#))
- HSC 120685.** Pregnant women are required to submit for blood test. Every licensed physician and surgeon or other person engaged in prenatal care of a pregnant woman, or in attendance at time of delivery, shall obtain blood specimen at her first professional visit or within 10 days. (page [16](#))
- HSC 120690.** These blood specimens are submitted to approved laboratories for syphilis testing. (page [16](#))
- HSC 120695.** Laboratory specimens must be designated either for prenatal test or follow-up after recent delivery of child. (page [16](#))

- HSC 120700.** Laboratories shall submit reports of records to the department as required by department's regulations. (page [16](#))
- HSC 120705.** All laboratory reports are confidential, not open to public inspection. (page [16](#))
- HSC 120710.** To ensure test accuracy, the department must accept specimens for testing from anywhere in California. (page [16](#))
- HSC 120750.** CDPH may design, develop and distribute posters and leaflets informing public about STDs, and make them available to State Board of Pharmacy for distribution. (page [9](#))
- HSC 120917.** HIV counselors may perform CLIA-waived HIV tests and, as of January 1, 2012, CLIA-waived HCV tests without being trained as a phlebotomist. (page [14](#))
- HSC 121015.** Physician and Local Health Department may notify patient's partner of positive HIV test. Physician informing a confirmed positive HIV test shall not be held criminally or civilly liable for disclosing positive status to patient's spouse, sexual partner or injection-needle sharer. (page [19](#))
- HSC 121022.** LHOs, healthcare providers and laboratories shall report cases of HIV infection to the department, using patient names. (page [13](#))
- HSC 121025.** HIV/AIDS-related public health records are confidential and shall not be disclosed, except as otherwise provided by law for public health purposes or by written authorization from person who is the subject of the record or by her/his guardian or conservator. Penalties for illegal disclosure include fines and imprisonment. (page [13](#))
- HSC 123115.** Circumstances in which the representative of a minor shall not be entitled to inspect or obtain copies of the minor's patient records. (page [23](#))
- HSC 131051.** Former California Dept. of Health Services conveys authority to CDPH (the department). (page [8](#))
- HSC 151000 - 151003.** The Sexual Health Education Accountability Act (SHEAA) requires that any state-funded, community-based sexual-health-education program providing education to prevent adolescent or unintended pregnancy, or to prevent STDs, meet specific requirements that parallel HSC 51930-51939. (page [27](#))
- HSC 151001.** A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or STDs. (page [27](#))
- HSC 151002.** Lists requirements that every sexual health education program must satisfy. (page [27](#))

## California Code of Regulations (CCR)

- 15 CCR § 1206.5.** In correctional settings, responsible physician, in conjunction with facility administrator and LHO, develops communicable disease plan to identify, treat, control and manage communicable diseases including tuberculosis and other airborne diseases. (page [12](#))
- 17 CCR § 1125.** Laboratory directors planning serologic tests for syphilis in connection with prenatal examinations shall apply to the department for approval and evaluation in order to perform these tests. (page [16](#))
- 17 CCR § 1126.** Approved tests for prenatal syphilis listed here. (page [17](#))
- 17 CCR § 1127.** Syphilis tests must be conducted exactly as outlined by the test author. (page [17](#))
- 17 CCR § 1128.** Laboratory approved to perform prenatal serologic tests must undergo proficiency testing service approved by CDPH; test results are reported to CDPH. (page [17](#))

- 17 CCR § 1130.** Only a licensed physician or surgeon shall be permitted to conduct prenatal serologic tests. (page [17](#))
- 17 CCR § 1131.** New personnel, employed to perform prenatal serologic tests, are required to transmit their names to the department within 30 days. (page [17](#))
- 17 CCR § 1132.** When there is a leadership or location change, LHO must reapply for approval to perform tests. (page [17](#))
- 17 CCR § 1133.** Laboratories who advertise services shall not be approved to perform premarital and prenatal serologic tests. (page [17](#))
- 17 CCR § 1303.** A health educator shall hold a master's degree with specialization in public or community health education awarded upon completion of a program of study accredited by the American Public Health Association. (page [11](#))
- 17 CCR § 2500.** Healthcare providers are required to report STD cases to LHO where patient resides. (page [21](#))
- 17 CCR § 2501.** LHO shall take whatever steps to investigate and control a reported case, unusual disease, or outbreak. (page [24](#))
- 17 CCR § 2502.** LHO shall regularly report to the department on disease case numbers, conditions or outbreaks. (page [22](#))
- 17 CCR § 2505.** Laboratories required to notify LHO of any evidence of STDs (syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia). (page [21](#))
- 17 CCR § 2508.** Reporting by Schools to LHO. (page [21](#))
- 17 CCR § 2509.** LHO maintains records as necessary in order to perform duties, or as requested by the department. (page [11,24](#))
- 17 CCR § 2511.** LHO determines amount and type of communicable disease occurrence to ascertain morbidity level. (page [11](#))
- 17 CCR § 2514.** Healthcare provider in attendance on a case or suspected case of possible STD will give detailed instructions to household members regarding precautionary measures to prevent spread of STDs. (page [13](#))
- 17 CCR § 2536.** Restrictions on travel of quarantined patients. (page [36](#))
- 17 CCR § 2540.** General clause. (page [37](#))
- 17 CCR § 2636.** LHO prepares confidential reports to the department including STD cases, acts to curb prostitution, diagnoses STDs upon examination of test results, counsels, instructs and treats patients. (page [12,19](#))
- 17 CCR § 5151.** Minor consent for treatment of non-reportable STDs. A minor 12 years of age or older may consent to receive treatment for certain non-reportable STDs. (page [16,28](#))

## California Penal Code

- Penal Code 261.5.** Unlawful sex definitions and penalties. (page [28](#))
- Penal Code 11164.** Child abuse definition. (page [29](#))
- Penal Code 11165.** Definition of "child:" person under the age of 18 years. (page [30](#))
- Penal Code 11165.1.** "Sexual abuse" means sexual assault or sexual exploitation as defined by the following. (page [29](#))
- Penal Code 11165.4.** Definition of unlawful corporal punishment or injury. (page [30](#))
- Penal Code 11165.5.** Definition of abuse or neglect in out-of-home care. (page [30](#))

- Penal Code 11165.9.** Child abuse: list of mandated reporters. (page [30](#))
- Penal Code 11165.11.** Definition of licensing agency. (page [30](#))
- Penal Code 11166.** Child abuse reporting transmittal of report. (page [31](#))
- Penal Code 11166.01.** Child abuse reporting violations. (page [31](#))
- Penal Code 11166.05.** Child abuse reporting by mandated reporter. (page [31](#))
- Penal Code 11166.1.** Child abuse reporting: DSS. (page [31](#))
- Penal Code 11166.2.** Child abuse reporting: day care. (page [31](#))
- Penal Code 11166.3.** Child abuse case management. (page [32](#))
- Penal Code 11167.** Child abuse reporting details. (page [32](#))
- Penal Code 11167.5.** Child abuse: confidentiality. (page [32](#))
- Penal Code 11169.** Child abuse reporting to DOJ. (page [32](#))
- Penal Code 11171.** Enhancing examination procedures, documentation, and evidence collection related to child abuse or neglect will improve investigation and prosecution of abuse or neglect as well as other child protection efforts including treatment and prevention of STDs. (page [16](#))
- Penal Code 11171.2.** Child abuse: skeletal X-rays without parental consent. (page [33](#))
- Penal Code 11171.5.** Child abuse: X-rays. (page [33](#))
- Penal Code 11172.** Child abuse: reporter liability: photographs. (page [33](#))
- Penal Code 11174.3.** Interviewing. (page [33](#))
- Penal Code 1202.1.** Courts shall order felon convicted of a sexual offense (whether or not a sentence or fine is imposed or probation is granted) to submit to a blood or oral mucosal transudate-saliva test for evidence of HIV infection within 180 days of the date of conviction. (page [18](#))

### **Federal Health Insurance Portability and Accountability Act (HIPAA)**

HIPAA is a federal law that defines how covered entities use individually-Identifiable (PHI) information. (page [23](#))