



Summary of Laws and Regulations Related to Sexually Transmitted Disease (STD) Prevention and Control in California

This summary was developed by the California Department of Public Health 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.

Summary of STD-Related Laws and Regulations in California

This document provides stakeholders with a summary of the laws and regulations related to sexually transmitted disease (STD) prevention and control in California, including basic definitions and legislative mandates.

Although human immunodeficiency virus (HIV) is an STD, a summary of HIV-related laws and regulations are found in a separate document that is currently being updated.

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, Family, and Penal codes, and federal HIPAA regulations.

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Please see the codes and regulations themselves and/or
consult with your legal counsel if you have any specific questions.*

Organization of the Digest

Law and Regulation Summaries: Laws and regulations are summarized here. The laws and regulations are divided by subject area, and within each subject area, listed in numerical order. Laws 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 law or regulation. The full text of the California Codes (laws) can be accessed at the California Legislature's website: www.leginfo.legislature.ca.gov.

Index of Laws and Regulations in Alphabetical and Numerical Order: This lists all of the laws and regulations included in the document in numerical order, as well as the page numbers where their summaries can be found.

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I. Introduction

A. California Laws and Code of Regulations

California Laws: California law consists of 29 codes, which cover different subject areas and are named after the subject areas they address, such as Health and Safety Code (HSC), Education Code (EDC), 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.

California Regulations: 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. Regulations carry the force of law unless they conflict with any state laws or the state or federal Constitutions.

It is 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.legislature.ca.gov/faces/billSearchClient.xhtml>).

The full text of the California law codes, reflecting current law, can be found at this link: <http://www.leginfo.legislature.ca.gov/faces/codes.xhtml>.

For the full text of the California Code of Regulations (CCR), go to www.oal.ca.gov and click on "California Code of Regulations."

Description of California codes with laws related to STD control

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

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

Family Code (FAM): 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.

Health and Safety Code (HSC): Laws governing health and safety, including medical care and public health services. The code includes laws governing organization and authority of the California Department of Health Care Services (DHCS), California Public Health Department (CDPH) local health departments, laws about sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention and control, licensing requirements for health services, laws governing health insurance, and drug and alcohol and treatment programs.

Penal Code (PEN): 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.

B. Acronyms used in this document

ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immune Deficiency Syndrome
BPC	Business and Professions Code
CAC	California Administrative Code
CCR	California Code of Regulations
CDC	Centers for Disease Control and Prevention
CDPH or DPH	California Department of Public Health, also referred as “the department”
CHYA	California Healthy Youth Act
CIV	Civil Code
CLIA	Clinical Laboratory Improvement Amendments
CURES	Controlled Substance Utilization Review and Evaluation System
DHCS	Department of Health Care Services
DOJ	Department of Justice
DSS	Department of Social Services
EDC	Education Code
FAM	Family Code
FDA	Food and Drug Administration
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HSC	Health and Safety Code
LHD	Local Health Department
LHJ	Local Health Jurisdiction
LHO	Local Health Officer
OA	Office of AIDS
PEN	Penal Code
PHI	Protected health information
SHEAA	Sexual Health Education Accountability Act
STD	Sexually transmitted disease
STI	Sexually transmitted infection (also referred to as STD)
USPS	United States Postal Service

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.

The symbol “§” means “section.”

II. Law 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.

Link to most recent statutory language: [HSC 120500](#)

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.

Link to most recent statutory language: [HSC 100325](#)

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.

Link to most recent statutory language: [HSC 100330](#)

HSC 120125. Department examines causes of communicable diseases in humans and domestic animals occurring or likely to occur in California.

Link to most recent statutory language: [HSC 120125](#)

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.

Link to most recent statutory language: [HSC 120530](#)

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 Department of Health Services transferred to the department.

Link to most recent statutory language: [HSC 131051](#)

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

HSC 120505. The department develops and reviews plans, and provides leadership, consults for, and participates in STD prevention and control.

Link to most recent statutory language: [HSC 120505](#)

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.

Link to most recent statutory language: [HSC 120510](#)

HSC 120515. The department investigates conditions affecting STD prevention and control.

Link to most recent statutory language: [HSC 120515](#)

HSC 120520. The department shall conduct educational and publicity work as it may deem necessary.

Link to most recent statutory language: [HSC 120520](#)

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

Link to most recent statutory language: [HSC 120525](#)

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.

Link to most recent statutory language: [HSC 120535](#)

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.

Link to most recent statutory language: [HSC 120750](#)

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. 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.

Link to most recent statutory language: [HSC 100295](#)

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

Link to most recent statutory language: [HSC 10100](#)

HSC 101005. LHO shall be medical school graduate in good standing. Her/his compensation set by Board of Supervisors.

Link to most recent statutory language: [HSC 101005](#)

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 all expenses incurred in enforcing them.

Link to most recent statutory language: [HSC 101025](#)

HSC 101029. Sheriffs and peace officers may enforce LHO orders issued to prevent spread of any contagious, infectious, or communicable disease.

Link to most recent statutory language: [HSC 101029](#)

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.

Link to most recent statutory language: [HSC 101030](#)

HSC 101040. LHO may take any preventive measures to protect public health from a health hazard during a "state of (war) emergency," or "local emergency," as defined by Section 8558 of the Government Code, and within her/his jurisdiction.

Link to most recent statutory language: [HSC 101040](#)

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.

Link to most recent statutory language: [HSC 101045](#)

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.

Link to most recent statutory language: [HSC 101050](#)

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

Link to most recent statutory language: [HSC 120100](#)

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.

Link to most recent statutory language: [HSC 120155](#)

HSC 120175. LHO proactively addresses cases of contagious/communicable disease to prevent their spread or the occurrence of additional cases. Each health officer knowing or having reason to believe that any case of the diseases made reportable by regulation of the department, or any other contagious, infectious or communicable disease exists, or has recently existed, within the territory under his or her jurisdiction, shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases.

Link to most recent statutory language: [HSC 120175](#)

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.

Link to most recent statutory language: [HSC 120180](#)

17 CCR § 1075. Each local health department shall have available the services of an official public health laboratory. The laboratory of the State Department of Health is hereby designated as the official laboratory for all local health department jurisdictions not covered by local laboratory service.

Link to most recent regulatory language: [17 CCR §1075](#)

17 CCR § 1276. The health department shall offer at least the following basic services to the health jurisdiction which it serves listed in this section. This includes collection, tabulation and analysis of all public health statistics, health education programs, communicable disease control, including the control of STDs, based on provision of diagnostic consultative services, epidemiologic investigation and appropriate preventive measures for the particular communicable disease hazards in the community.

Link to most recent regulatory language: [17 CCR § 1276](#)

17 CCR § 1300. The health officer shall be a graduate of a medical school of good standing and repute and shall be eligible for a license to practice medicine and surgery in the State of California.

Link to most recent regulatory language: [17 CCR § 1300](#)

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.

Link to most recent regulatory language: [17 CCR § 1303](#)

17 CCR § 2509. LHO maintains records as necessary in order to perform duties, or as requested by the department.

Link to most recent regulatory language: [17 CCR § 2509](#)

1. B. i. Local Health Department: STD-specific laws and regulations

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

Link to most recent statutory language: [HSC 120575](#)

17 CCR § 2511. LHO determines amount and type of communicable disease occurrence in her/his jurisdiction to ascertain morbidity level.

Link to most recent regulatory language: [17 CCR § 2511](#)

17 CCR § 2636. 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 STDs in the infectious stages within their several territorial jurisdictions, and to ascertain the sources of such infections. In carrying out such investigations, LHOs are invested with full powers of inspection, examination and isolation of all persons known to be infected with a STD in an infectious stage, or suspected of being infected with an STD in an infectious stage. Reports of examinations, cases, investigations and all records thereof made under the regulations for the control of STDs shall be confidential.

Link to most recent regulatory language: [17 CCR § 2636](#)

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.

Link to most recent statutory language: [HSC 120540](#)

HSC 120545. The department may designate examination places. Examinations may be made at a state or local public health laboratory 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.

Link to most recent statutory language: [HSC 120545](#)

HSC 120560. Diseased persons shall submit to examinations. As determined by the department, persons with STDs shall submit to examinations to determine their condition.

Link to most recent statutory language: [HSC 120560](#)

HSC 120565. If a person subject to STD control discontinues any control procedure required by this chapter, the agency administering the procedure prior to discontinuance shall attempt to determine whether person is continuing to comply with procedure elsewhere.

Link to most recent statutory language: [HSC 120565](#)

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.

Link to most recent statutory language: [HSC 120570](#)

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.

Link to most recent statutory language: [HSC 120590](#)

HSC 120600. Any person who refuses to provide information, or who knowingly exposes any person with an STD is guilty of a misdemeanor. In addition, any person with an STD who knows of the condition and who marries or has sexual relations is guilty of a misdemeanor.

Link to most recent statutory language: [HSC 120600](#)

HSC 120605. Persons' religious beliefs shall be 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.

Link to most recent statutory language: [HSC 120605](#)

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

communicable diseases. The plan covers intake screening procedures, identification of relevant symptoms, referral 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 local communicable diseases that threaten inmate and staff health.

Link to most recent regulatory language: [15 CCR § 1206.5](#)

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.

Link to most recent regulatory language: [17 CCR § 2514](#)

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. (c) 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.

Link to most recent statutory language: [HSC 121022](#)

HSC 121025. HIV/AIDS-related public health records that contain personally identifying information 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. 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.

Link to most recent statutory language: [HSC 121025](#)

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.

Link to most recent statutory language: [HSC 120580](#)

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.

Link to most recent statutory language: [HSC 120917](#)

2. D. 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.

Link to most recent statutory language: [HSC 120685](#)

HSC 120690. The blood specimens of pregnant women being tested for syphilis shall be submitted to approved laboratories for standard laboratory testing.

Link to most recent statutory language: [HSC 120690](#)

HSC 120695. Laboratory specimens of pregnant women or women who recently delivered a baby being tested for syphilis must be designated either for prenatal test or follow-up after recent delivery of child.

Link to most recent statutory language: [HSC 120695](#)

HSC 120700. Laboratories shall submit reports of records to the department as required by department's regulations. The LHO may destroy copies of reports that have been retained for a two-year period.

Link to most recent statutory language: [HSC 120700](#)

HSC 120705. All laboratory reports are confidential, not open to public inspection.

Link to most recent statutory language: [HSC 120705](#)

HSC 120710. Prenatal syphilis test accuracy. In case of question concerning the accuracy of a test for syphilis, it is mandatory upon the department to accept specimens for checking purposes from any district in the state.

Link to most recent statutory language: [HSC 120710](#)

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.

Link to most recent regulatory language: [17 CCR § 1125](#)

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 (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 CA CIV and CA HSC.

Link to most recent regulatory language: [17 CCR § 1126](#)

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.

Link to most recent regulatory language: [17 CCR § 1127](#)

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.

Link to most recent regulatory language: [17 CCR § 1128](#)

17 CCR § 1130. Only a duly licensed physician or surgeon shall be permitted to conduct prenatal serologic tests.

Link to most recent regulatory language: [17 CCR § 1130](#)

17 CCR § 1131. The names of new personnel employed to perform prenatal serologic tests are required to be transmitted to the department within 30 days. This does not apply to staff rotating from one phase of laboratory work to another.

Link to most recent regulatory language: [17 CCR § 1131](#)

17 CCR § 1132. When there is a leadership or location change, LHO must reapply for approval to perform tests.

Link to most recent regulatory language: [17 CCR § 1132](#)

17 CCR § 1133. Laboratories who advertise their services to the public shall not be approved to perform prenatal serologic tests.

Link to most recent regulatory language: [17 CCR § 1133](#)

2. E. 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.

Link to most recent statutory language: [HSC 1644.5](#)

2. F. 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 PEN.

Link to most recent statutory language: [HSC 1491](#)

HSC 1492. When treating or examining rape or other sexual-assault victims, county hospitals shall provide information and resources to each patient.

Link to most recent statutory language: [HSC 1492](#)

PEN 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. The test results shall be transmitted to the DOJ and LHO. Upon the victim's request, the LHO will provide the results to the victim and the person tested. Positive test results should not be disclosed without offering or providing professional counseling.

Link to most recent statutory language: [PEN 1202.1](#)

3. Partner notification and contact management

HSC 120555. Every person diagnosed with an STD shall give all 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.

Link to most recent statutory language: [HSC 120555](#)

HSC 120582. A physician, surgeon, nurse practitioner, certified 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 CDPH. CDPH may adopt regulations to implement this section.

Link to most recent statutory language: [HSC 120582](#)

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.

Link to most recent statutory language: [HSC 121015](#)

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. 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 LHO, the physician's name being kept confidential in any investigation by the health department.

Link to most recent regulatory language: [17 CCR § 2636](#)

4. Reporting

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

HSC 120105. Registered or certified mail service or notice on reporting. Whenever in the Communicable Disease Prevention and Control Act (Section 27), service or notice of any order or demand is provided for, it shall be sufficient to do so by registered or certified mail if a receipt therefor signed by the person to be served or notified is obtained. The receipt shall be prima facie evidence of the service or notice in any civil or criminal action.

Link to most recent statutory language: [HSC 120105](#)

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.

Link to most recent statutory language: [HSC 120130](#)

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).

Link to most recent statutory language: [HSC 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 communicable disease, such as an STD, if exposed individual and healthcare facility (if any) is in compliance with applicable guidelines of the Division of Occupational Safety and Health and CDPH. 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. Written certifications of the exposure shall be obtained within 72 hours and shall include the nature and extent of the exposure.

Link to most recent statutory language: [HSC 120262](#)

HSC 120500. STDs refer to syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia.

Link to most recent statutory language: [HSC 120500](#)

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. For the list of reportable diseases and conditions, visit the CDPH’s Division of Communicable Disease Control webpage at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/DCDC.aspx> and click “Reportable Diseases and Conditions.”

Link to most recent regulatory language: [17 CCR § 2500](#)

17 CCR § 2505. Laboratories are required to notify LHO of any evidence of STDs (syphilis, gonorrhea, chancroid, and chlamydia). The laboratory director, or the laboratory director's designee, of a laboratory shall report to the LHO any findings evidence suggestive of those diseases listed in subsections (e)(1) and (e)(2) of this section, including, chlamydia, gonorrhea, HIV, and syphilis. These findings shall be reported to the health officer of the LHJ where the health care provider who first submitted the specimen is located, except for acute HIV infection reporting which shall be reported to the LHJ in which the patient resides by telephone. Reports by the laboratory to the health officer regarding chlamydia, gonorrhea, and syphilis 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. Each notification to the LHO 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. This section also addresses requirements when a laboratory receives specimens from another laboratory or an out-of-state submitter. These reports are confidential.

Link to most recent regulatory language: [17 CCR § 2505](#)

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.

Link to most recent regulatory language: [17 CCR § 2508](#)

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 investigation, each LHO shall issue reports as the department may require.

Link to most recent statutory language: [HSC 120190](#)

HSC 120245. Each health officer, other than a county health officer, in the county shall transmit to county health officer at least weekly in writing a report showing number and character of infectious, contagious, or communicable diseases reported, and their location.

Link to most recent statutory language: [HSC 120245](#)

17 CCR § 2502. LHO shall submit summary and individual case and outbreak reports to the department on reportable disease case numbers, conditions or outbreaks pursuant to Section 2500. LHO must also submit an individual case report to the department upon request for any disease not listed in this section. 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. Whenever the LHO collects personal information in order to prepare an individual case report, LHO shall notify individual from whom information was collected of the following: 1) supplying personal information related to individual's disease is mandatory; 2) 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).

Link to most recent regulatory language: [17 CCR § 2502](#)

4. C. Confidentiality of records

CIV 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 subpoena, or under the specified circumstances listed in this section. The information may be disclosed, as permitted by state and federal law or regulation, to a local health department for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events, including, but not limited to, birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions, as authorized or required by state or federal law or regulation. The information may also be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in a way that would disclose the identity of a patient or violate this part.

Link to most recent statutory language: [CIV 56.10](#)

CIV 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.

Link to most recent statutory language: [CIV 56.11](#)

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 insofar as the identity of the individual patient is concerned and shall be used solely for the purposes of the study. 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.

Link to most recent statutory language: [HSC 100330](#)

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

HIPAA is a federal law that defines how covered entities use individually-identifiable protected health information (PHI). 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.

Link to summary of HIPAA Privacy Rule:

<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.

Link to most recent statutory language: [HSC 120176](#)

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.

Link to most recent regulatory language: [17 CCR § 2501](#)

17 CCR § 2502. With a local STD outbreak, LHO reports the outbreak of any diseases listed in this section to the department.

These diseases include syphilis; Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS); and acute viral hepatitis.

Link to most recent regulatory language: [17 CCR § 2502](#)

6. Public awareness/education

EDC 51930. California Healthy Youth Act (CHYA). The purpose of CHYA is to provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy and the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family; promote understanding of sexuality as a normal part of human development; ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end, and to provide pupils with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors.

Link to most recent statutory language: [EDC 51930](#)

EDC 51931. Sex education definitions and terminology. Terms defined are: “age appropriate,” “comprehensive sex health education,” “English learner,” “HIV/AIDS prevention education,” “instructors trained in appropriate courses,” “medically accurate,” and “school district.”

Link to most recent statutory language: [EDC 51931](#)

EDC 51932. Areas where this code does not apply. This chapter does not apply to description or illustration of human reproductive organs that may appear in a textbook, adopted pursuant to law, if the textbook does not include other elements of comprehensive sexual health education or HIV prevention education as defined in Section 51931. This chapter does not apply to instruction, materials, presentations, or programming that discuss gender, gender identity, gender expression, sexual orientation, discrimination, harassment, bullying, intimidation, relationships, or family and do not discuss human reproductive organs and their functions.

Link to most recent statutory language: [EDC 51932](#)

EDC 51933. Sex education information and materials. Required criteria for all comprehensive sexual health education and HIV prevention education pursuant to Section 51934, whether taught or supplemented by school district personnel or by outside consultants or guest speakers pursuant to Section 51936. All factual information presented should be medically accurate and objective.

Link to most recent statutory language: [EDC 51933](#)

EDC 51934. Sex education instruction for pupils in grades 7 – 12 inclusive and election to provide instruction earlier than grade 7. Each school district shall ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and HIV prevention education from instructors trained in the appropriate courses. Each pupil shall receive this instruction at least once in junior high or middle school and at least once in high school. Requirements for instruction detailed in this section. A school district may provide comprehensive sexual health education or HIV prevention education consisting of age-appropriate instruction earlier than grade 7 using instructors trained in the appropriate courses. A school district that elects to offer comprehensive sexual health education or HIV prevention education earlier than grade 7 may provide age appropriate and medically accurate

information on any of the general topics contained in paragraphs (1) to (10), inclusive, of subdivision (a).

Link to most recent statutory language: [EDC 51934](#)

EDC 51936. School districts may have outside consultants teach sex

education. School districts may contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver comprehensive sexual health education and HIV prevention education or to provide training for school district personnel. All outside consultants and guest speakers shall have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.

Link to most recent statutory language: [EDC 51936](#)

EDC 51937. Pupils encouraged to communicate with parents/guardians

about human sexuality and HIV/AIDS. It is the intent of the Legislature to encourage pupils to communicate with their parents or guardians about human sexuality and HIV and to respect the rights of parents or guardians to supervise their children's education on these subjects.

Link to most recent statutory language: [EDC 51937](#)

EDC 51938. Sex education; parental permission and anonymous, voluntary, and

confidential research and evaluation tools. A parent or guardian of a pupil has the right to excuse their child from all or part of comprehensive sexual health education, HIV prevention education, and assessments related to that education through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for comprehensive sexual health education and HIV prevention education. Similarly, a parent or guardian has the right to excuse their child from the test, questionnaire, or survey through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for these tests, questionnaires, or surveys in grades 7 to 12, inclusive. Sex education and research and evaluation tools notification timing and content requirements listed.

Link to most recent statutory language: [EDC 51938](#)

EDC 51939. Alternative educational activity made available to pupils whose parent or

guardian declines sex education. A pupil may not be subject to disciplinary action, academic penalty, or other sanction nor may a pupil attend any class in comprehensive sexual health education or HIV 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 the pupil from participation. 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.

Link to most recent statutory language: [EDC 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. This section applies to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.

Link to most recent statutory language: [HSC 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. This section also defines "age appropriate" and "medically accurate."

Link to most recent statutory language: [HSC 151001](#)

HSC 151002: Requirements for sexual health education programs. 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. Sexual health education program for minors and programs that use outside agencies have additional requirements, detailed in this section. 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. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision. Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action. This section does not limit the requirements in Sections 51930-51939 of the Education Code, also known as CHYA. This section does not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

Link to most recent statutory language: [HSC 151002](#)

7. Minors

7.A. Minor consent to medical services

FAM 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.

Link to most recent statutory language: [FAM 6922](#)

FAM 6925. Minors have a right to consent to medical care related to the prevention or treatment of pregnancy 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.

Link to most recent statutory language: [FAM 6925](#)

FAM 6926. A minor who is 12 years of age or older may consent to medical care related to the diagnosis or treatment of a reportable infectious, contagious, or communicable disease, including STDs, as well as medical care related to the prevention of STDs. The minor's parents or guardians are not liable for payment for medical care provided pursuant to this section.

Link to most recent statutory language: [FAM 6926](#)

FAM 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.

Link to most recent statutory language: [FAM 6927](#)

FAM 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.

Link to most recent statutory language: [FAM 6928](#)

FAM 6929. A minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. The professional or treatment facility treating the minor can determine whether the minor's parent or guardian shall be involved in the treatment plan. This section does not authorize a minor to receive replacement narcotic abuse treatment, in a program licensed pursuant to Article 3 (commencing with Section 11875) of Chapter 1 of Part 3 of Division 10.5

of the Health and Safety Code, without the consent of the minor's parent or guardian. Notwithstanding any other provision of law, in cases where a parent or legal guardian has sought the medical care and counseling for a drug- or alcohol-related problem of a minor child, the physician and surgeon shall disclose medical information concerning the care to the minor's parent or legal guardian upon his or her request, even if the minor child does not consent to disclosure, without liability for the disclosure.

Link to most recent statutory language: [FAM 6929](#)

FAM 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.

Link to most recent statutory language: [FAM 7002](#)

FAM 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.

Link to most recent statutory language: [FAM 7050](#)

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.

Link to most recent regulatory language: [17 CCR § 5151](#)

7.B. Minor's patient records

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.

Link to most recent statutory language: [HSC 123115](#)

7.C. Mandated reporting of child abuse and neglect

PEN 11165. Definition of "child" means a person under the age of 18 years.

Link to most recent statutory language: [PEN 11165](#)

PEN 11165.7. Mandated reporters with respect to child abuse and neglect reporting include, among others, a state or county public health employee who treats a minor for an STD or any other condition.

Link to most recent statutory language: [PEN 11165.7](#)

For more information, such as definitions and reporting requirements related to child abuse and neglect, see [Penal Code Sections 11164-11174.3](#), also known as the [Child Abuse and Neglect Reporting Act](#).

8. Quarantine

HSC 120135. Department: establishing quarantine. The department may establish and maintain places of quarantine or isolation.

Link to most recent statutory language: [HSC 120135](#)

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.

Link to most recent statutory language: [HSC 120140](#)

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.

Link to most recent statutory language: [HSC 120145](#)

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.

Link to most recent statutory language: [HSC 120150](#)

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.

Link to most recent statutory language: [HSC 120195](#)

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.

Link to most recent statutory language: [HSC 120200](#)

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.

Link to most recent statutory language: [HSC 120205](#)

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.

Link to most recent statutory language: [HSC 120210](#)

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.

Link to most recent statutory language: [HSC 120215](#)

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.

Link to most recent statutory language: [HSC 120220](#)

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.

Link to most recent statutory language: [HSC 120225](#)

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.

Link to most recent statutory language: [HSC 120230](#)

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.

Link to most recent statutory language: [HSC 120235](#)

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.

Link to most recent statutory language: [HSC 120240](#)

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.

Link to most recent statutory language: [HSC 120275](#)

HSC 120290. Willful exposure to others is a misdemeanor. This section lists the criteria required to determine whether a defendant is guilty of intentional transmission of an infectious or communicable disease. Becoming pregnant while infected with an infectious or communicable disease, continuing a pregnancy while infected with an infectious or communicable disease, or declining treatment for an infectious or communicable disease during pregnancy does not constitute a crime for purposes of this section.

Link to most recent statutory language: [HSC 120290](#)

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.

Link to most recent statutory language: [HSC 120585](#)

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 the permission of the LHO 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 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.

Link to most recent regulatory language: [17 CCR § 2536](#)

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.

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HSC 120290. Willful exposure to others is a misdemeanor. (Page [30](#))

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HSC 120510. The department cooperates with other agencies, institutions and other stakeholders in STD prevention, control, and cure. (Page [8](#))

HSC 120515. The department investigates conditions affecting STD prevention and control. (Page [8](#))

HSC 120520. The department shall conduct educational and publicity work as it may deem necessary. (Page [8](#))

HSC 120525. The department establishes, maintains and subsidizes clinics, dispensaries and prophylactic stations for diagnosis, treatment and prevention of STDs. (Page [8](#))

HSC 120530. The department may furnish treatment for a case or for a group of

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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 [12](#))

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 [17](#))

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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](#))

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HSC 120710. To ensure test accuracy, the department must accept specimens for testing from anywhere in California. (Page [15](#))

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 [8](#))

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 [17](#))

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](#))

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HSC 131051. Former California Dept. of Health Services conveys authority to CDPH (the department). (Page [7](#))

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 [24](#))

HSC 151001. A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or STDs. (Page [25](#))

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Penal Code – PEN

PEN 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 [17](#))

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California Code of Regulations (CCR)

Title 15 – Crime Prevention and Corrections

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](#))

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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 [15](#))

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17 CCR § 1130. Only a licensed physician or surgeon shall be permitted to conduct prenatal serologic tests. (Page [15](#))

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17 CCR § 1133. Laboratories who advertise services shall not be approved to perform premarital and prenatal serologic tests. (Page [16](#))

17 CCR § 1276. Health departments shall offer basic services to the health jurisdiction which it serves. (Page [10](#))

17 CCR § 1300. Health officers shall be graduates of medical school. (Page [10](#))

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 [19](#))

17 CCR § 2501. LHO shall take whatever steps to investigate and control a reported case, unusual disease, or outbreak. (Page [22](#))

17 CCR § 2502. LHO shall regularly report to the department on disease case numbers, conditions or outbreaks. (Page [20](#))

17 CCR § 2505. Laboratories are required to notify LHO of any evidence of STDs (syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia). (Page [19](#))

17 CCR § 2508. Reporting by Schools to LHO. (Page [20](#))

17 CCR § 2509. LHO maintains records as necessary in order to perform duties, or as requested by the department. (Page [22](#))

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 [30](#))

17 CCR § 2540. General clause. (Page [30](#))

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 [11](#), [18](#))

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 [27](#))

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Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a federal law that defines how covered entities use individually identifiable protected health information (PHI). (Page [21](#))