

# JUDICIAL COUNCIL OF CALIFORNIA

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## INVITATION TO COMMENT

W20-07

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<b>Title</b>	<b>Action Requested</b>
Juvenile Law: Psychotropic Medication Information Release	Review and submit comments by February 12, 2020
<b>Proposed Rules, Forms, Standards, or Statutes</b>	<b>Proposed Effective Date</b>
Adopt Cal. Rules of Court, rule 5.642; amend rule 5.640; approve forms JV-228, JV-228-INFO, and JV-229; amend forms JV-223, JV-224, and JV-287	September 1, 2020
<b>Proposed by</b>	<b>Contact</b>
Family and Juvenile Law Advisory Committee Hon. Jerilyn L. Borack, Cochair Hon. Mark A. Juhas, Cochair	Kerry Doyle, 415-865-8791 kerry.doyle@jud.ca.gov

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### Executive Summary and Origin

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

### Background

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

*The proposals have not been approved by the Judicial Council and are not intended to represent the views of the council, its Rules and Projects Committee, or its Policy Coordination and Liaison Committee. These proposals are circulated for comment purposes only.*

of psychotropic medications; it also permits courts to adopt local rules to further refine the approval process.

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

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

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

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

SB 377 attempts to allow the board to get the information it needs to investigate more cases of potential over-prescription of psychotropic medication. The bill revises Welfare and Institutions Code sections 369.5 and 739.5 regarding psychotropic medication prescriptions, and requires the

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

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

Judicial Council to develop a form to include a request for authorization by the child or child's attorney for CDSS to release the child's identification information to the board so it can ascertain whether there is excessive prescribing of psychotropic medication.

## **The Proposal**

### **Rule 5.640**

Rule 5.640 would be amended to add two new forms (discussed below) to the list of the documents the applicant must provide the child's attorney when providing notice of the request for psychotropic medication.

### **Rule 5.642**

Rule 5.642 would be adopted to provide the process for processing the forms, including providing the forms to the child and child's attorney, signing the authorization form, and sending the authorization form to CDSS.

### ***Position on Release of Information to the Medical Board of California (form JV-228)***

This would be a mandatory form for the child or child's attorney to indicate whether the child authorizes CDSS to release the child's identification information to the board so it can ascertain whether there is excessive prescribing of psychotropic medication. It would also authorize the board to obtain the child's medical records to determine if there are any potential violations of the law or excessive prescribing of psychotropic medication. It would also allow the child or child's attorney to deny authorization of the release of information to the board.

### ***Background on Information Release to Medical Board of California (form JV-228-INFO)***

This form would be provided to the child and child's attorney to explain why form JV-228 is being provided, what information may be revealed to the board, the confidentiality of the information revealed to the board, and a description of the process to withdraw any authorization. This form is critical for this process because most attorneys practicing in juvenile court are unaware of the board's investigatory role in psychotropic medication prescriptions, and are also unaware of the process by which CDSS provides information to the board. This form is necessary in order for attorneys to be able to understand and explain this important process to their child clients.

### ***Withdrawal of Information Release to Medical Board of California (form JV-229)***

This would be an optional form for the child or child's attorney to use to withdraw any authorization to release information to the board.

### ***Order on Application for Psychotropic Medication (form JV-223)***

A new item would be added to this form for the court to indicate whether the authorization is for three or more psychotropic medications for 90 days or more and, if so, ordering the applicant to provide the child and the child's attorney a blank copy of *Position on Release of Information to Medical Board of California* (form JV-228) and a copy of *Background on Information Release to Medical Board of California* (form JV-228-INFO). The order would also indicate that the procedures in rule 5.642 must be followed. This item would also alert the court that such a

prescription meets the description in Welfare and Institutions Code section 14028 of the data DHCS and CDSS must share with the board in order to ascertain whether there is excessive prescribing of psychotropic medication. This information could be beneficial to new juvenile court bench officers who are not familiar with the psychotropic medication application process.

***County Report on Psychotropic Medication (form JV-224)***

A new item would be added to this form for the social worker or probation officer to indicate whether the court order is for three or more psychotropic medications for 90 days or longer. If so, the item would ask whether form JV-228 has been filed with the court.

***Confidential Information (form JV-287)***

The instructions on form JV-287 would be amended to indicate the form can be used with form JV-228, that the form must be kept under seal in the court file, and that only the court, the agency, and the child's attorney can look at the information.

**Alternatives Considered**

The committee considered requiring that the court provide a blank authorization form and an information sheet to the child and the child's attorney when the court ordered three or more psychotropic medications for 90 days or longer. This process, however, would not result in the receipt of these forms immediately when the order was made. Since most orders for psychotropic medications are made ex parte without attorneys present, the forms would likely not be provided to the court until the next status review hearing, which could be months from when the order was made. There also would be no reminder to the court that the documents needed to be provided. The committee concluded that having the applicant (typically the social worker or probation officer) provide the forms when providing notice of the application was a better approach. The applicant is already required under rule 5.640 to provide five documents to the child's attorney when they provide notice. The committee concluded that it was most efficient to add two more potential documents to the notice at the beginning of the request for psychotropic medications. The committee also concluded that it was more efficient because social workers and probation officers have a better understanding of the forms and when they are needed than does a courtroom clerk.

The committee considered having CDSS notify the court when the board is requesting the identifying information of a child; however, this approach would not be helpful for prescriptions made several years ago, as the child's case would likely be closed. That approach would only address data recently submitted to the board, but the issue the board has is its inability to obtain information on children who may have been in foster care several years ago. Because the board is looking at prescription patterns, it is not only requesting the identifying information for children in the most recent data set but also for children prescribed medication by that same doctor for what could have been years past.

The committee also considered creating a form that could be sent to CDSS without filing it with the court. However, the committee concluded that the form could easily be lost or misplaced if it

was not kept in the child’s court file. Filing the form also allows the court the ability to review the file to determine if the form has been filled out.

The committee considered placing a one-year limit on the duration of the authorization. Since the board, however, is looking at the prescribing practices of physicians, it may need to obtain information on children in past data sets. A one-year limit on the authorization would only address data recently submitted to the board. The committee concluded that a three-year limitation may be more appropriate and is seeking specific public comment on this time frame.

### **Fiscal and Operational Impacts**

The proposal includes an added requirement that notice to the child’s attorney include copies of the authorization (form JV-228) and the information sheet (form JV-228-INFO). Providing notice with two additional documents will likely result in minimal implementation costs and a slight increase in workload for the person or persons providing notice to the parties and attorneys. The proposal also includes an added requirement that the court clerk send the filed copy of form JV-228 to CDSS. This will likely result in minimal implementation costs and a slight increase in workload for the court clerk. In implementing the revised forms, courts will incur standard reproduction costs.

### **Request for Specific Comments**

In addition to comments on the proposal as a whole, the advisory committee is interested in comments on the following:

- Does the proposal appropriately address the stated purpose?
- Should the authorization to release information last until it is withdrawn or is there an appropriate time limit when it should expire?

The advisory committee also seeks comments from *courts* on the following cost and implementation matters:

- Would the proposal provide cost savings? If so, please quantify.
- What would the implementation requirements be for courts? For example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems.
- Would 3 ½ months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?
- How well would this proposal work in courts of different sizes?

### **Attachments and Links**

1. Cal. Rules of Court, rules 5.640 and 5.642, at pages 6–8
2. Forms JV-223, JV-224, JV-228, JV-228-INFO, JV-229, and JV-287, at pages 9–19
3. Senate Bill 377,

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200SB377](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB377)

Rule 5.640 of the California Rules of Court would be amended, effective September 1, 2020, to read:

1 **Rule 5.640. Psychotropic medications**

2  
3 **(a)–(b) \* \* \***

4  
5 **(c) Procedure to obtain authorization**

6  
7 (1)–(9) \* \* \*

8  
9 (10) \* \* \*

10  
11 (A)–(B) \* \* \*

12  
13 (C) Notice must be provided as follows:

14  
15 (i)–(ii) \* \* \*

16  
17 (iii) Notice to the child’s attorney of record and any Child Abuse  
18 Prevention and Treatment Act guardian ad litem for the child  
19 must include:

20  
21 a.–c. \* \* \*

22  
23 d. A blank copy of *Input on Application for Psychotropic*  
24 *Medication* (form JV-222) or information on how to obtain  
25 a copy of the form; ~~and~~

26  
27 e. A blank copy of *Child’s Opinion About the Medicine* (form  
28 JV-218) or information on how to obtain the form; and

29  
30 f. If the application is a request for authorization of three or  
31 more psychotropic medications for 90 days or longer,  
32 notice must also include a blank copy of *Position on*  
33 *Release of Information to Medical Board of California*  
34 (form JV-228) and a copy of *Background on Information*  
35 *Release to Medical Board of California* (form JV-228-  
36 INFO), and the procedures in rule 5.642 must be followed.

37  
38 (iv) \* \* \*

39  
40 (11)–(12) \* \* \*

41  
42 **(d)–(k) \* \* \***

Rule 5.642 of the California Rules of Court would be adopted, effective September 1, 2020, to read:

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

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

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

16  
17 **(b) Signing authorization form**

18  
19 Form JV-228 may be signed by either the child or the child's attorney, with the  
20 informed consent of the child if the child is found by the court to be of sufficient  
21 age and maturity to consent. Sufficient age and maturity to consent must be  
22 presumed, subject to rebuttal by clear and convincing evidence, if the child is 12  
23 years of age or over. If the child does not want to sign form JV-228, the child's  
24 attorney may not sign it. The child's attorney may sign form JV-228 with the  
25 approval of a child 12 years of age or older, if the child is under 12 years of age, or  
26 if the court finds the child not to be of sufficient age and maturity to consent.

27  
28 **(c) Filing and sending authorization form**

- 29  
30 (1) The child's attorney must review form JV-228 with the child and file it with  
31 the superior court.  
32  
33 (2) Within three days of filing, the clerk of the superior court must send form JV-  
34 228 to the California Department of Social Services at the address indicated  
35 on the form.

36  
37 **(d) Withdrawal of authorization**

38  
39 At any time, the child, nonminor dependent, or attorney may withdraw the  
40 authorization to release information to the Medical Board of California.

Rule 5.642 of the California Rules of Court would be adopted, effective September 1, 2020, to read:

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

4  
5           (2) The child or the child’s attorney may sign (as specified in (b)) form JV-229  
6           or send a letter to the California Department of Social Services.

7  
8           **(e) Notice of release of information to medical board**

9  
10           If the California Department of Social Services releases identifying information to  
11           the Medical Board of California, the California Department of Social Services must  
12           notify the child, nonminor dependent, or former dependent or ward, at the last  
13           known address. The California Department of Social Services must also notify the  
14           child’s, nonminor dependent’s, or former dependent’s or ward’s attorney, including  
15           in cases when jurisdiction has been terminated.

Clerk stamps date here when form is filed.

**DRAFT  
Not approved by  
the Judicial Council**

**The Court read and considered:**

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

Fill in court name and street address:

**Superior Court of California, County of**

Fill in child's name and date of birth:

**Child's Name:**

**Date of Birth:**

Court fills in case number when form is filed.

**Case Number:**

**The Court finds and orders:**

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

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

- ③  Application was made for authorization to begin or to continue giving the child the psychotropic medication listed in ⑱ on page 5 of form JV-220(A) or ⑲ on page 4 of form JV-220(B).

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

The application is (check one):

- a.  Granted as requested.
- b.  Granted with the following modifications or conditions to the request as made in ⑱ on page 5 of form JV-220(A) or ⑲ on page 4 of form JV-220(B) (specify all modifications and conditions): \_\_\_\_\_

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

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



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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

6 The

a.  social worker

b.  probation officer

c.  person who submitted application

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

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

\_\_\_\_\_

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

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

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

  
 Signature of judge or judicial officer

**County Report on Psychotropic Medication**

*Clerk stamps date here when form is filed.*

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Not approved by  
the Judicial Council**

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

*Fill in court name and street address:*

**Superior Court of California, County of**

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

**Child's Name:**

**Date of Birth:**

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

**Case Number:**

① Your name: \_\_\_\_\_

② Your relationship to the child:  
 Social worker       Probation officer  
 Other county staff (specify): \_\_\_\_\_  
\_\_\_\_\_

③ a. Caregiver's relationship to child: \_\_\_\_\_  
b. Date of last communication with caregiver: \_\_\_\_\_

④ Child Information  
a. Child's height: \_\_\_\_\_ b. Child's weight: \_\_\_\_\_  
c. Prescribing physician's name: \_\_\_\_\_  
d. Date last seen by prescribing physician: \_\_\_\_\_  
e. Next appointment date: \_\_\_\_\_  
f. Therapist's name: \_\_\_\_\_  
g. Date last seen by therapist: \_\_\_\_\_

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

Name of Medication	Dosage

Name of Medication	Dosage

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

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

Case Number:

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11 Describe any concerns the caregiver has regarding the medication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*Clerk stamps date here when form is filed.*

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

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*Fill in court name and street address:*

**Superior Court of California, County of**

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

**Case Number:**

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

- 2 *If you want to keep your or your client's address confidential in the juvenile court file, fill out Confidential Information (form JV-287) and do not write the address on this form.*  
 *Check here if form JV-287 is attached.*

- 3 I understand that I cannot be denied the receipt of government services, treatment, and care just because I choose not to authorize a release of my information.

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

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



- 5 a.  I authorize the California Department of Health Care Services and the California Department of Social Services to connect  my name  my client's name to the prescribing data and other information  about me  my client that was previously provided under a unique number.
- b.  I do not authorize the California Department of Health Care Services and the California Department of Social Services to connect  my name  my client's name to the prescribing data and other information  about me  my client that was previously provided under a unique number.
- 6 a.  I authorize the Medical Board of California to obtain my medical records to determine if there are any potential violations of the law or excessive prescribing of psychotropic medications.
- (1) The authorization is limited to medical information relevant to the investigation of the prescription of psychotropic medications only.
- (2) The information may only be used for the purpose of the investigation.
- (3) If the medical information is admitted as an exhibit in an administrative hearing, the medical board must request the medical information obtained pursuant to this release be sealed.
- b.  I do not authorize the Medical Board of California to obtain my medical records to determine if there are any potential violations of the law or excessive prescribing of psychotropic medications.

7 This authorization will remain valid for three years unless I cancel it in writing.

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

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

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



\_\_\_\_\_  
*Signature of*

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

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

California Department of Social Services  
Attention: Information Release for California Medical Board  
744 P Street  
Sacramento, CA 95814

**1 Reason you are receiving these forms**

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

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

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

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

**2 Information that may be made known**

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

- your name and that you are or were in foster care
- your contact information
- what psychotropic medications you were prescribed

- how much of each medication you were prescribed
- the start and stop dates for each medication
- who prescribed them to you,
- your age and weight at the time you were prescribed these medications.

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

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

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

**3 Confidentiality of information**

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

**4 Withdrawal of authorization**

You are allowed to change your mind and can withdraw your authorization to give information to the medical board. You can do this by signing, or having your attorney sign, *Withdrawal of Information Release to Medical Board of California* (form JV-229) or by sending a written letter to the California Department of Social Services.

*Clerk stamps date here when form is filed.*

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

You do not have to use this form. You may also stop your authorization by sending a written letter to the California Department of Social Services.

**DRAFT  
Not approved by  
the Judicial Council**

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

*Fill in court name and street address:*

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

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

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

- 2** *If you want to keep your or your client's address confidential in the juvenile court file, fill out Confidential Information (form JV-287) and do not write the address on this form.*  
 *Check here if form JV-287 is attached.*

- 3** I DO NOT authorize  my name and contact information  my client's name and contact information to be shared with the Medical Board of California and DO NOT authorize board staff to contact me or my client for further details about medical care.

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

- 5** I DO NOT authorize the Medical Board of California to obtain my medical records to determine if there are any potential violations of the law or excessive prescribing of psychotropic medications.

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

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



\_\_\_\_\_  
*Signature of*

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

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

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

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

*Clerk stamps date here when form is filed.*

**DRAFT  
Not approved by  
the Judicial Council**

*Fill in court name and street address:*

**Superior Court of California, County of**

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

**Child's Name:**

**Date of Birth:**

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

**Case Number:**

① Your name: \_\_\_\_\_  
Your telephone number: \_\_\_\_\_  
Your address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

② Child's name: \_\_\_\_\_  
Child's telephone number, if known: \_\_\_\_\_  
Child's address, if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

③ If known:  
Child's Indian custodian, if any (*name each*): \_\_\_\_\_  
Custodian's telephone number: \_\_\_\_\_  
Custodian's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

④ If known:  
Child's caregiver (*name each*): \_\_\_\_\_  
Caregiver's telephone number: \_\_\_\_\_  
Caregiver's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_