HIPAA Privacy Rule

45 C.F.R. § 164.508

## NOTICE OF REQUEST FOR WRIT OF HABEAS CORPUS (Rev. 05/23) Confidential Patient Information See Welfare & Institutions Code Sections 5275 & 5328 and Penal Code 11142 OFFICE OF THE SAN DIEGO COUNTY PRIMARY PUBLIC DEFENDER TO: 405 B STREET, SUITE 900, SAN DIEGO, CA 92101, FAX: (858) 999-8936 On \_\_\_\_ \_\_\_\_\_, I, \_\_\_\_ \_\_\_\_\_, received a Staff person or interested third party Date of request DOB – if available who is being request for release from \_\_\_\_\_ Name of patient Name of treatment facility detained at \_\_\_\_\_ for intensive treatment pursuant to the

following section of the Welfare and Institutions Code (check one):

□ 5150 (72-hour hold) 5300 (180-day hold, DTO only 5350 (conservatorship) □ 5352.1 (temporary conservatorship) □ AB 2275 5350 (conservatorship) Other (specify):

□ 5250 (14-day hold)

The person has been informed of his/her right to counsel. The person has requested the appointment of the Public Defender or other Attorney to assist him/her in preparation of a petition for a writ of habeas corpus pursuant to Section 5275 of the Welfare and Institutions Code.

Date: Signature of staff person or interested third party Date: Signature of Patient making request for release (not required) The Public Defender will call the treatment facility to provide notice of the hearing date, time, and location. The Public Defender should call \_\_\_\_\_ at \_\_\_\_ Name of staff person Phone number for staff person

## **CAUTION**

Any person who intentionally violates the provisions of Section 5275 requiring a staff member to notify the Superior Court of having received a request for release is guilty of a misdemeanor. See California Welfare and Institutions Code Section 5275 for additional information and requirements.

DTO = Danger to Others DTS = Danger to Self GD = Grave Disability