

CHIEF OF DETECTIVES

NOTICE

8.3

May 14, 2020

TO: All Department Personnel

FROM: Chief of Detectives

SUBJECT: INVESTIGATION OF INCIDENTS INVOLVING PATIENT DUMPING

This Notice serves as a guide for Department personnel for the investigation of incidents involving the transportation of a patient to a location other than the patient's residence without written consent, a practice commonly known as "patient dumping."

The transportation of a patient to a location other than the patient's residence without written consent by the patient or the patient's legal representative is prohibited by Los Angeles Municipal Code (LAMC) section 41.60. A violation of this section is a misdemeanor punishable by a fine not to exceed \$1,000, or a term of probation not to exceed three years, or both.

LAMC section 41.60 (b) states:

Prohibited Activity. A health facility may not transport or cause a patient to be transported to a location other than the patient's residence without written consent, except when the patient is transferred to another health facility following bona fide procedures in accordance with another provision of law.

Definitions

Health Facility means any "health facility" as defined in Section 1250 of the California Health and Safety Code. These include, but are not limited to:

- (a) General acute care hospital
- (b) Acute psychiatric hospital
- (c) Skilled nursing facility
- (d) Intermediate care facility
- (e) Intermediate care facility/developmentally disabled habilitative
- (f) Special hospital
- (g) Intermediate care facility/developmentally disabled
- (h) Intermediate care facility/developmentally disabled-nursing
- (i) Congregate living health facility
- (j) Correctional treatment center
- (k) Nursing facility
- (m) Intermediate care facility/developmentally disabled-continuous nursing
- (n) Hospice facility

Patient's Residence means the home of the patient, the fixed and regular nighttime residence or domicile of the patient, or, in the case of a patient reasonably perceived to be homeless, the location the patient gives as his or her principal place of dwelling.

Homeless Patient means an individual who lacks a fixed and regular nighttime residence, or who has a primary nighttime residence that is a supervised publicly or privately-operated shelter designed to provide temporary living accommodations, or who is residing in a public or private place that was not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings.

Written Consent means knowingly, intelligently and voluntarily given written consent, signed by the patient or the patient's legal representative.

Investigation Guidelines

When an officer, based on the totality of the circumstances, determines that a person is the victim of an unlawful "patient dumping" transport prohibited by LAMC section 41.60, a Complaint Application shall be completed (LAPD Form 05.15.00 (12/77)). The following information shall be included:

Suspect: Enter "SUSPECT-Health Facility Name" that the patient was discharged and transported from.

Note: enter under heading, "Firm Name if Business"

Location of Occurrence: Shelter name and address or specific street location to where the victim was illegally transported.

Charge: LAMC 41.60 (b) Illegal patient transport "patient dumping."

Business Address: Health Facility's physical address

Connected Reports: MEU Incident Report No.

Involved Persons:

- Victim information
- Shelter operator or intake person, include shelter name, address, and phone number
- Driver of transport van or taxi, Uber, or other means of transportation
- Involved hospital employee, to include nurse, social worker, clerk, security guard

Notifications: Officers shall notify the Unified Homelessness Response Center (UHRC) at (213) 484-4855, Mental Evaluation Unit (MEU), Case Assessment Management Program (CAMP) at (213) 996-1300 and obtain an MEU Incident Report number.

Note: Off hour notification to CAMP shall be made to the MEU Watch Commander at (213) 996-1300.

Incident Number: The incident number generated from the Computer Aided Dispatch.

Source of Activity:

Source of call and specific location where you contacted the victim, if at a shelter include name and full address, and phone number.

Investigation:

- Include the location and type of facility the victim was transported from and to.
- How transported, describe driver and vehicle if not present
 - Were they given a Tap Card, or Voucher? (Photograph and attach.)
- Describe the mental state of the victim
 - Are they oriented or disoriented to time, place, person, and situation?
 - *Are they disoriented or unfamiliar with the location where they were transported?*
 - Are they able to answer questions and communicate appropriately?
 - Are they aware of their current situation and able to access basic needs?
- How is the victim dressed and what is his/her physical appearance?
 - Were they wearing a hospital identification band (photograph and attach)
 - Wearing a hospital gown (photograph and attach)
 - Carrying discharge document/medication/personal belongings in a plastic bag (photograph and attach)
 - Does the victim require crutches, a walker or wheelchair?
- Ask if the victim gave written consent to be transported, upon discharge, to the involved shelter or location? Do they have a copy of the consent form? (photograph and attach)
- Security video footage of either the unlawful discharge from the hospital/facility and/or footage from the shelter or location to where the victim was transported?

Injury/Medical Treatment: If the victim requires medical treatment, document the reason for transport, how transported, location transported to, (include name, address, and phone number), and medical record number if available. Also include whether the victim required medication upon discharge but was not provided any by the suspect hospital/facility.

Have victim complete and sign the Los Angeles Police Department "Authorization to Release Medical Information," form 05.03.00 (12/12)

- Check the first box authorizing the release of medical records from the listed facility/facilities to the Los Angeles Police Department.
- Health Facility Name, address, phone number.
- Description of information to be released, be concise as to why the victim was in the hospital, medical condition, and discharge information.
- Expiration, ensure the date is one year from the date of the incident.

Photos, Recording, Videos, DICV, BWV & Digital Imaging:

Include the following with the investigative report

- Photograph of victim
- Photograph of hospital identification band, ensure it is legible in the photo. If multiple bands photo each individually
- Photograph the bag of personal belongings, if there are identifiable markings on the bag ensure they are captured in the photo
- Obtain consent to copy all the hospital discharge paperwork in possession of the victim
- CAD Incident history printout

The Detective Support and Vice Division (DSVD), Crisis Response and Support Section, MEU, CAMP is responsible for investigating and coordinating with the Los Angeles City Attorney's Office on cases involving patient dumping.

Report Distribution:

Original – DSVD, CRSS, CAMP, Mail Stop 400.

Copy - Office of Operations, Department Homeless Coordinator, Mail Stop 400.

If you have any questions regarding this Notice, please contact Lieutenant Brian Bixler, Officer-in-Charge, Crisis Response Support Section, at (213) 996-1349.

APPROVED:



KRIS E. PITCHER, Deputy Chief
Chief of Detectives



DOMINIC H. CHOI, Deputy Chief
Chief of Staff
Office of the Chief of Staff

Attachments

DISTRIBUTION "D"

EXEMPLAR

LOS ANGELES POLICE DEPARTMENT
Authorization to Release Medical Information

This authorization for disclosure of medical information is being requested from you in conformance with the requirements of the California Confidentiality of Medical Information Act [Civil Code Section 56 et seq.] and [45 C.F.R. Section 164.508].

Your information:

Last Name	First Name	MI	DOB	Booking No.
Doe	John		12/01/1960	N/A
Address	City	State	ZIP	DR No.
transient	Los Angeles	Ca	90012	20-01-00055

Check and complete one:

I authorize the release of the medical records from the listed facility/facilities to the Los Angeles Police Department:

Health Facility Name, 123 Main Street, Los Angeles CA 90012 213-111-222

I authorize the Medical Services Division of the City of Los Angeles to release to the Los Angeles Police Department, my medical records that were generated while I was an arrestee/suspect (whether in custody or not), or a victim, or a witness at:

_____ from _____ to _____

Description of the information to be released (description must be as *specific and meaningful* as possible [C.F.R. 164.508(c)(i)], do not write "all" or "medical information").

Medical Records to include but not limited to: Diagnosis, treatment, medication, diagnostic test; progress notes, psychiatric/psychosocial notes, evaluations, assessments; social work notes, evaluations; discharge evaluation and plan; confirmation of housing/shelter; physician orders.

Note: The disclosed information is not protected by law and is subject to redisclosure.

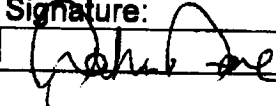
Expiration (check and complete one):

This authorization for release of information will expire on: 04/15/2021

This authorization will expire upon termination of the following event or occurrence (e.g., criminal, civil or administrative proceedings related to arrest):

I understand that: The entity receiving the information may use the information for any lawful purpose subject to No Limitation Limitations as follows:

- * I have a right to receive a copy of this release.
- * I have a right to revoke my authorization in writing at anytime, except where the information was relied on or could have been obtained through other lawful means (e.g., law enforcement exceptions). A written request to revoke must be submitted to: *Los Angeles Police Department, Professional Standards Bureau, 304 S. Broadway, Suite 200, Los Angeles, CA 90013.*

Printed Name:	Signature:	Date Signed:
John Doe		04/15/2020

- Signed by self.
- Signed by authorized representative. Capacity (e.g., power of attorney, etc.).
- Signed by parent or legal guardian if subject is under 18 years of age and subject is not an emancipated minor.

EXEMPLAR

Los Angeles Police Department

COMPLAINT APPLICATION Traffic
ComplaintDR NO.
20-01-00055

OFFENDER'S OCCUPATION		LAST NAME, FIRST, MIDDLE (FIRM NAME IF BUSINESS) Suspect - (Health Facility Name)		DATE & TIME OCCURRED 04/15/2020 1200	
ALIAS	DRIVER'S LIC. NO.		VEH. YR. MAKE		LOCATION OF OCCURRENCE 333 S. San Pedro Street, Los Angeles CA 90012 (Goodnight Mission) Street / Sidewalk
VEH BODY TYPE		LIC. NO.		CHARGE LAMC 41.60 (b) Illegal patient transport "patient dumping"	
DIRECTION OF TRAVEL		RESIDENCE ADDRESS N/A			PHONE
VICTS. DR. LIC. NO.	VEH. YR. MAKE		BUSINESS ADDRESS 123 Main Street, Los Angeles CA 90012 (Health Facility Name)		PHONE (213) 111-2222
VICTS. VEH. BODY TYPE	LIC. NO.		SEX	DESCENT	HAIR
DIRECTION OF TRAVEL		* 2-CONNECTED REPORTS MEU Report No. 123456			* 1-CANCELLED CITATION NO. N/A

CODE:	V - VICTIM	W - 1, W - 2, ETC. - WITNESSES	If Juv. Vict., P - PARENTS	DAY
	NAME	ADDRESS (R - RESIDENCE, B - BUSINESS)		PHONE
V	Doe, John M-W DOB 12-01-60 CDL#N7778282	R 1942 Transient		
		B		(818) 444-3333
W1	Smith, Mary F-Hisp DOB 01-01-70 CDL#C4443737	R Intake Coordinator/Goodnight Mission		
		B 333 S. San Pedro Street, Los Angeles CA 90012		(213) 222-4444
W2	Thomas, Jo M-B DOB 02-02-50 CDL#D4551111	R Van Driver/Health Facility		
		B 123 Main Street, Los Angeles CA 90012		(213) 111-2222
		R		
		B		

AT THE TIME OF THIS REPORT, WERE THERE:

ORAL OR WRITTEN STATEMENTS BY	TAPE RECORDINGS OF	PHOTOGRAPHS OF
OFFENDER <input type="checkbox"/> Y <input type="checkbox"/> N : WITS. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	OFFENDER <input type="checkbox"/> Y <input type="checkbox"/> N : WITS. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	OFFENDER <input type="checkbox"/> Y <input type="checkbox"/> N : VICTIM <input checked="" type="checkbox"/> Y <input type="checkbox"/> N : OTHER PHOTOS <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
OTHER EVIDENCE (TYPE & DISPOSITION. IF MORE SPACE IS REQUIRED, INCLUDE IN OFFICER'S STATEMENT).		

STATEMENTS (START WITH OFFICER'S STATEMENT. INCLUDE ESSENTIAL ELEMENTS OF ALL VIOLATIONS. EXPLAIN YES ANSWERS TO ABOVE QUESTIONS ON ORAL STATEMENTS, ETC. IDENTIFY STATEMENTS BY CODE IN MARGIN: O - OFFENDER; V, W-1, ETC.)

OFCR.	<p>Notifications: Officer Jones, Serial No. 12345, Unified Homelessness Response Center, Officer Smith, Serial No. 12346 Mental Evaluation Unit (MEU), Case Assessment Management Program (CAMP).</p> <p>Incident No. 20041000005100</p> <p>Source of Activity:</p> <p>Investigation:</p> <p>Injury/Medical Treatment:</p> <p>Photo, Recordings, Videos, DICV, BWC & Digital Imaging:</p> <p>Additional:</p> <p>Court Information:</p>
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USE CONTINUATION SHEET, 15.09.00, IF MORE SPACE IS NEEDED.

- * 1. IF A COMPLAINT APPLICATION IS MADE AFTER A CITATION IS COMPLETED OR STARTED, A CITATION CANCELLATION REQUEST, FORM 04.45.00, SHALL BE COMPLETED USING THE COMPLAINT APPLICATION DR NO.. THE COMPLAINT APPLICATION SHALL LIST THE ESSENTIAL ELEMENTS AND LOCATIONS OF ALL VIOLATIONS.
- * 2. A COPY OF ANY REPORT USED TO ESTABLISH PROBABLE CAUSE FOR THIS COMPLAINT MUST BE FORWARDED WITH THE C. A.'S COPIES OF THIS REPORT.

SUPERVISOR APPROVING	SERIAL NO.	OFFICER(S) NAME	SERIAL NO.	AREA/TEAM OR DIVISION/DETAIL	VACATION
		Reed, Jim	2430	Central	03/15/2020 04/11/2020
DATE & TIME REPRODUCED	DIV.	CLERK			
		Malloy, Pete	744	Central	03/15/2020 04/11/2020
EXTRA COPY TO: <input type="checkbox"/> ABC <input type="checkbox"/> CID					