

**OFFICE OF THE DIRECTOR  
ATTACHMENT D**

Ref. DL 23-003: INCOMPETENT TO STAND TRIAL GROWTH CAP AND  
PENALTY PAYMENTS-WELFARE & INSTITUTIONS CODE (WIC) 4336

**DESIGNATED REPRESENTATIVES AUTHORIZED TO RECEIVE INDIVIDUALIZED  
RECORDS**

DSH will share individual level details of IST determination data with an authorized representative of the county on a quarterly basis to assist the county in tracking the changing status of their IST determinations. In advance of those releases of information, each county will be required to designate a representative to serve as a point of contact to receive the detailed data who meets Part 164 of the Health Insurance and Portability Accountability Act (HIPAA) regulations. Included here is guidance on who can be designated to fulfill this role and the process required to confirm designation.

**INDIVIDUAL DETAIL DATA TO BE PROVIDED**

The county representative approved to receive confidential referral data can expect to receive the following information via secure electronic transmission from DSH.

1. Name of Patient
2. CII #
3. Gender
4. Committing County
5. Commitment Date on Record

**GUIDANCE**

As a healthcare entity, DSH is authorized to send information to representatives of the following entities under these circumstances:

1. Courts and Behavioral Health Departments, in general including the County Administrator/Executive office, under the health care operations exception under HIPAA and WIC 5328(a)(25).
2. District Attorneys, Public Defenders and Sheriffs/jails with a subpoena, Release of Information (ROI), or court order, or Business Associate Agreement (BAA) on file within an existing executed contract between DSH and the requesting county to which the county entity is a signatory and/or party.

If none of the above apply the county entity should review if the representative falls under HIPAA and WIC 5328(a)(25) which may allow disclosure of health records to a business associate or other entity for health care operations pursuant to Part 164 of the HIPAA regulations.

If those rules do not apply the county entity could enter into a data sharing agreement with DSH. The data sharing agreement would have to comply with HIPAA requirements to qualify as a BAA.

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**PROCESS FOR DESIGNATING OR CHANGING COUNTY REPRESENTATIVE**

To designate a person who meets the criteria outlined above the following steps should be taken:

1. Send an email to: [DSHISTGrowthCap@dsh.ca.gov](mailto:DSHISTGrowthCap@dsh.ca.gov).
2. The subject line of the email should be named; **[INSERT COUNTY NAME] DESIGNATED REPRESENTATIVE – [TYPE IF THIS IS A ‘NEW SUBMISSION’; ‘CHANGE’; or ‘DELETION’]**.
3. The body of the message should include:
  - a. Name(s) of the designated representative(s)
  - b. Title(s) of designated representative(s)
  - c. A valid email address for the designated representative(s)
  - d. Short justification, including authority reference, for how the designated representative(s) fall within the guidance pertaining to statutory requirements to receive confidential referral data.

DSH will confirm receipt of the email. You will be contacted for more information if needed, or with an approval of your request when clearance has been obtained. If you need additional information about this process, please reach out to: [DSHISTGrowthCap@dsh.ca.gov](mailto:DSHISTGrowthCap@dsh.ca.gov).