



ARROWHEAD REGIONAL MEDICAL CENTER
Administrative Policies and Procedures

Policy No. 900.06 Issue 1
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SECTION: PATIENT RIGHTS'
SUB SECTION: GENERAL
SUBJECT: REPORT OF FIREARMS PROHIBITION
APPROVED BY: _____

Chief Executive Officer

POLICY

Arrowhead Regional Medical Center (ARMC) will adhere to the mandated reporting requirement as set forth by Assembly Bill (AB) 1587 Welfare & Institutions Codes (WIC) 8100, 8103, and 8105.

PROCEDURES

- I. The Clinical Social Work Department:
 - A. All persons who meet the criteria contained in WIC 8103 (72-hour holds) are required to be reported on the date of admission to the California Department of Justice (DOJ) Bureau of Firearms.
 1. Gravely disabled admissions under WIC 8103 (72-hour holds) are not required to be reported to the DOJ.
 - B. A minor who is 13 years of age or older and is admitted to ARMC pursuant to WIC 8103 must be reported to the DOJ. If the minor is less than 13 years of age, he/she is not required to be reported (per 5150 WIC).
 - C. All persons who meet the criteria contained in WIC 8103 (including gravely disabled and minors) that have their certifications upheld must be reported to the California Department of Justice Bureau of Firearms whether or not they were previously reported to the DOJ pursuant WIC 8103. If the certification is not upheld the patient should *not* be reported to the DOJ.
 - D. Upon discharge the Social Service Practitioner (SSP) will give the patient a Bureau of Firearms Patient Notification of Firearms Prohibition and Right to Hearing Form (BOF 4009B – Attachment A). If the patient wants a hearing, then the SSP will give the patient a Request for Hearing for Relief from Firearms Prohibition Form (BOF 4009C – Attachment B) to file with the court.
 1. If the patient is discharged after hours, the Emergency Department Case Manager (CM) will provide the patient with the above forms.

REFERENCES: The Joint Commission
CMS 482.13 (b) Standard: Exercise of Rights
California Healthcare Association Consent Manual 46th Edition (2019) Chapter 16

DEFINITIONS: 2010 Deadly Weapon – See Penal Code 12020

ATTACHMENTS: Attachment A: BOF 4009B - Patient Notification of Firearms Prohibition and Right to Hearing
Attachment B: BOF 4009C – Request for Hearing for Relief from Firearms Prohibition

APPROVAL DATE:	<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
	<u>8/23/2022</u>	<u>Nursing Standards Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>8/24/2022</u>	<u>Patient Safety and Quality Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>10/6/2022</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>10/27/2023</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>5/20/2025</u>	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES: N/A

EFFECTIVE: 10/27/2022

REVISED: N/A

REVIEWED: N/A

Attachment ASTATE OF CALIFORNIA
BOF 40088 (Rev. 06/2003)DEPARTMENT OF JUSTICE
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BUREAU OF FIREARMS PATIENT NOTIFICATION OF FIREARM PROHIBITION AND RIGHT TO HEARING FORM

**CONFIDENTIAL****PROHIBITION ADVISEMENT**

Please be advised that, as a result of having been taken into custody, assessed, and admitted to a mental health facility pursuant to Welfare and Institutions Code (WIC) sections 5150, 5151, 5152, 5250, 5260, or 5270.15 as a danger to self or others, you are prohibited from owning, possessing, controlling, receiving, or purchasing any firearm, ammunition, or firearm magazine. Accordingly, you must relinquish all firearms, ammunition, and firearm magazines currently in your possession. For your convenience, the following relinquishment options are provided: 1) You may sell or transfer your firearms, ammunition, and/or firearm magazines to a non-prohibited third party using a licensed California firearms dealer pursuant to Penal Code section 28050; or 2) In accordance with Penal Code section 29810, you may utilize the General Notice of Firearm Prohibition and Power of Attorney for Firearms Relinquishment, Sale, or Transfer for Storage (BOF 110) to relinquish your firearms. BOF 110 can be found on the Attorney General's website at <https://oag.ca.gov/firearms/forms>. Please feel free to consult private legal counsel for firearms, ammunition, and firearm magazines relinquishment options.

Patient Initials (Acknowledgement) _____

PROHIBITION TERM

Pursuant to WIC section 8103, subdivisions (f) and (g), you are prohibited from owning, possessing, controlling, receiving, or purchasing any firearms, ammunition, or firearm magazines for a period of five years from your date of discharge. If you were held involuntarily in the facility for more than three days, federal law may prohibit you from owning or possessing firearms, ammunition, or firearm magazines for a longer period of time. If you were previously admitted into a mental health facility more than once during a one-year period, pursuant to WIC section 8103, subdivision (f)(1)(B), you are prohibited from owning, possessing, controlling, receiving, or purchasing any firearm, ammunition, or firearm magazine for life.

Patient Initials (Acknowledgement) _____

RIGHT TO HEARING

Pursuant to WIC section 8103, subdivisions (f) and (g), you may make a single request for a hearing at any time during the initial five year period or period of the lifetime prohibition to the Superior Court in your county of residence to provide relief from the firearms prohibition. To obtain a Request for Hearing for Relief from Firearms Prohibition (BOF 4009C) please visit the Attorney General's website at <https://oag.ca.gov/firearms/forms>.

Patient Initials (Acknowledgement) _____

PATIENT/FACILITY INFORMATION

_____	_____	_____	_____
Patient's Printed Name	Patient Address	Patient ID	ID Type
_____	_____	_____	_____
Date of Birth	Identifying Scars/Marks/Tattoos	Referral From	Date of Notification
_____	_____	_____	_____
_____	_____	_____	_____
Date of Discharge	Facility Name	Facility Address	
_____	_____	_____	
_____	_____	_____	_____
Name and Title of Facility Employee	Facility Employee Signature	Facility Employee Phone #	

PATIENT VERIFICATION

By signing the verification below, I certify that I have read and understand that I am subject to the prohibition(s) indicated in this document.

Executed on _____ Date By _____ Patient's Signature

REQUEST FOR RECORDS

A request for your records may be made by mail to the Custodian of Records at this facility. Facility Address is listed above.

Distribution: (1) Facility; (1) Patient; (1) Department of Justice

PHOTOCOPY ID HERE

ATTACHMENT ASTATE OF CALIFORNIA
BCF 4008 (Rev. 06/2019)DEPARTMENT OF JUSTICE
PAGE 2 of 2**BUREAU OF FIREARMS
PATIENT NOTIFICATION OF FIREARMS PROHIBITION
AND RIGHT TO HEARING FORM****Privacy Notice**

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The Division of Law Enforcement, Bureau of Firearms in the Department of Justice collects the information on this notice pursuant to Welfare and Institutions Code section 8103, subdivisions (f) and (g). The Bureau of Firearms uses this information to establish patient notification of firearms prohibition and right to a hearing. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <https://oag.ca.gov/privacy-policy>.

Providing Personal Information: All personal information on this notice is mandatory. Failure to provide the mandatory personal information will result in your notice not being processed.

Access to Your Information: You may review the records maintained by the Division of Law Enforcement, Bureau of Firearms in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to establish patient notification of firearms prohibition and right to a hearing, we may need to share the information you provide us with any Bureau of Firearms representative or any other person designated by the Attorney General upon request. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies when necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations, licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information: For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 210-2300, via email at firearms.bureau@dof.ca.gov, or by mail at P.O. BOX 168048 Sacramento, CA 95816-8048.

ATTACHMENT B

STATE OF CALIFORNIA
BFP 0000C (Rev. 08/2020)DEPARTMENT OF JUSTICE
PAGE 1 of 2

BUREAU OF FIREARMS REQUEST FOR HEARING FOR RELIEF FROM FIREARMS PROHIBITION



Upon or after discharge from a mental health facility, any person subject to firearms prohibitions pursuant to Welfare and Institutions Code (WIC) section 8103, subdivision (f)(1), may request a hearing from the superior court of his or her county of residence to determine whether his or her right(s) to own, possess, control, receive, or purchase firearms will be restored by court order. The court shall set a hearing date within 60 days of receipt of this request.

FOR COURT USE ONLY

CASE NUMBER

TO: _____ COUNTY SUPERIOR COURT.
County of Residence

- ☐ I hereby request a hearing for restoration of my right(s) to own or possess firearms.
- ☐ I hereby request a confidential private hearing for restoration of my right(s) to own or possess firearms.

Pursuant to WIC section 8103, subdivision (f)(5), you have the right to request a confidential private hearing that is not open to the public. This hearing will only be attended by persons relevant to your case unless the court finds that the public interest would be better served by conducting the hearing in public.

Last Name

First Name

Middle Name

Date of Birth

CA Identification or Driver License Number

Social Security Number

Address

City

State

Zip Code

Mental Health Facility

Discharge Date

Address

City

State

Zip Code

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Requestor

Date

Requestor: Please forward completed form to the superior court of your county of residence.

ATTACHMENT B

STATE OF CALIFORNIA
BOP 6806 (Rev. 06/2020)DEPARTMENT OF JUSTICE
PAGE 2 of 2**BUREAU OF FIREARMS
REQUEST FOR HEARING
FOR RELIEF FROM FIREARMS PROHIBITION****Privacy Notice***As Required by Civil Code § 1798.17*

Collection and Use of Personal Information: The Division of Law Enforcement, Bureau of Firearms in the Department of Justice collects the information on this request pursuant to Welfare and Institutions Code section 8103, subdivision (f)(5). The Bureau of Firearms uses this information to establish patient request for hearing relief from firearms prohibition. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information: All personal information on this request is mandatory. Failure to provide the mandatory personal information will result in your request not being processed.

Access to Your Information: You may review the records maintained by the Division of Law Enforcement, Bureau of Firearms in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to establish patient request for hearing relief from firearms prohibition, we may need to share the information you provide us with any Bureau of Firearms representative or any other person designated by the Attorney General upon request. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies when necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations, licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information: For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 210-2300, via email at firearms.bureau@dof.ca.gov, or by mail at P.O. Box 168048, Sacramento, CA 95816-8048.