

NOTE TO LAW ENFORCEMENT: PATIENT'S WHEREABOUTS MUST BE DELETED FROM ANY REPORT REQUIRED TO BE DISCLOSED TO SUSPECT OR SUSPECT'S ATTORNEY.

SAN FRANCISCO COUNTY ONLY

REPORT OF INJURIES BY A FIREARM OR ASSAULTIVE OR ABUSIVE CONDUCT
(Pursuant to Penal Code Section 11160 et. seq)

1. PATIENT'S NAME (if known): _____
2. PATIENT'S WHEREABOUTS: Specify where and when patient can be safely contacted (specify any special instructions for contacting patient): _____

3. a. REASON FOR REPORT (check all that apply):
 firearm
 assaultive or abusive conduct
- b. DESCRIBE NATURE AND EXTENT OF INJURY:

- c. DATE OF INJURY (if known): _____
4. a. RELATIONSHIP OF SUSPECTED PERPETRATOR TO PATIENT:
 domestic/intimate partner
 other (please specify) _____
- b. NAME OF ANYONE PATIENT ALLEGES INFLICTED THE WOUND OR INJURY:

5. IS THE PATIENT WILLING TO BE CONTACTED BY LAW ENFORCEMENT? (*NOTE: Patient should be informed that s/he may be contacted regardless of what is checked below*)
 YES
 NO
6. OTHER COMMENTS (include any special needs of patient, i.e. interpreter):

7. WAS PATIENT REFERRED TO SUPPORT SERVICES?
 YES
 NO

Date
Health practitioner's name
Health practitioner's title
Health practitioner's medical facility
Health practitioner's phone number
Law enforcement agency contacted
Name and serial no. of official contacted
Date/time of telephone report

MAIL THIS FORM TO: 850 Bryant Street
Room 411
San Francisco, CA 94103
*Must call in a verbal report to voice mail:
553-9220

rev 1/95

THIS FORM IS NOT A SUBSTITUTE FOR COMPLETE DOCUMENTATION IN THE MEDICAL RECORD

SUMMARY OF REPORTING REQUIREMENTS

*See complete text of law in
Penal Code Section 11160 et. seq.*

Any health practitioner* employed in a health facility; clinic; physician's office; local or state public health department; or public health department operated clinic or facility is required to make a report if s/he provides medical services for a physical condition to a patient whom s/he knows or reasonably suspects is:

- suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm and/or
- suffering from any wound or other physical injury, that is the result of assaultive or abusive conduct.

Assaultive or abusive conduct is defined to include 24 criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, and abuse of spouse or cohabitant.

*Health practitioner is defined to include practitioners such as a physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, MFCC, MFCC trainee or registered intern, emergency medical technician I or II, paramedic, public health employee who treats minors, coroner, person who performs autopsies, and a religious practitioner who diagnoses, examines, or treats children. (This is not a complete definition; see Penal Code § 11165.8)

The health practitioner is required to make a report by telephone immediately or as soon as practically possible and send a written report to a local law enforcement agency within two working days.

CONFIDENTIALITY

Health care facilities must keep reporting forms confidential. Family, friends and other third parties should not have access without patient consent.

LIABILITY

Civil and criminal immunity is provided health practitioners who make required or authorized reports pursuant to these provisions.

PENALTY

Violation of this law is a misdemeanor.

IMPORTANT CONSIDERATIONS IN DOMESTIC VIOLENCE CASES

SENSITIVITY AND AWARENESS

Reassure patient s/he is not alone and does not deserve to be treated this way. Be careful not to imply patient is to blame (i.e. by asking what prompted the abuse or suggesting couple's counseling).

Be aware of the following:

- Patients may be scared of seeking care because they do not want police involvement.
- Some patients may fear reporting for other reasons (i.e. immigration status).
- There are many potential barriers to leaving an abusive situation (i.e. threats from the batterer, fear of financial instability, failure of police and others to effectively intervene, hope the relationship can work)

PATIENT SAFETY

The patient's safety should be the primary focus. If the batterer finds out the patient revealed the abuse, the patient may be in greater danger. (Note: separation is often the most dangerous time for victims.) Address directly the risk of retaliation by the batterer and discuss how the patient might protect her/himself from further abuse. Indicate on the reporting form any special concerns regarding how the report should be handled to maximize patient safety.

OPEN COMMUNICATION

Discuss with patient your legal obligation to report and explain what consequences may follow from reporting. Providers should find out how local police will respond to reports and communicate this to patient. Ask the patient if s/he wants to be present during the telephone report to the police.

REFERRALS

Provide patient with referrals to domestic violence services. Ask if s/he wants assistance in contacting a local agency.

DOCUMENTATION IN MEDICAL RECORD

Include in medical record: patient's comments regarding injuries, identity of suspected perpetrator and past domestic violence; descriptions of injuries and body map; copy of reporting form; photograph of injuries; any evidence collected.