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HEALTHY HARBORS FOR ALL CALIFORNIANS

ADDRESSING HEALTH CONSEQUENCES OF IMMIGRATION POLICIES



Healthy Harbors is a practical guide for family physicians, clinics, and health care teams navigating the intersection of immigration policy and patient care. In an era of rapid policy shifts and heightened fear among immigrant communities, this document offers actionable strategies to protect patient privacy, prepare for enforcement encounters, and create welcoming, informed clinical environments. Each chapter provides tools, resources, and best practices to support immigrant patients' health, dignity, and access to care—regardless of immigration status.

Ice raids in clinics and other enforcement tactics impact not just individuals, but entire families and communities. Together, we can affirm health care as a human right and safeguard the relationships at the heart of family medicine. Discover and share the updated Healthy Harbors webpage that includes practical tools and resources to use now to support your immigrant patients and communities.

www.familydocs.org/immigration

Supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit www.chcf.org to learn more.

The background of the top half of the page is a photograph of a beach. The ocean waves are breaking onto a sandy shore. In the distance, there are cliffs and some buildings under a clear blue sky with a few clouds.

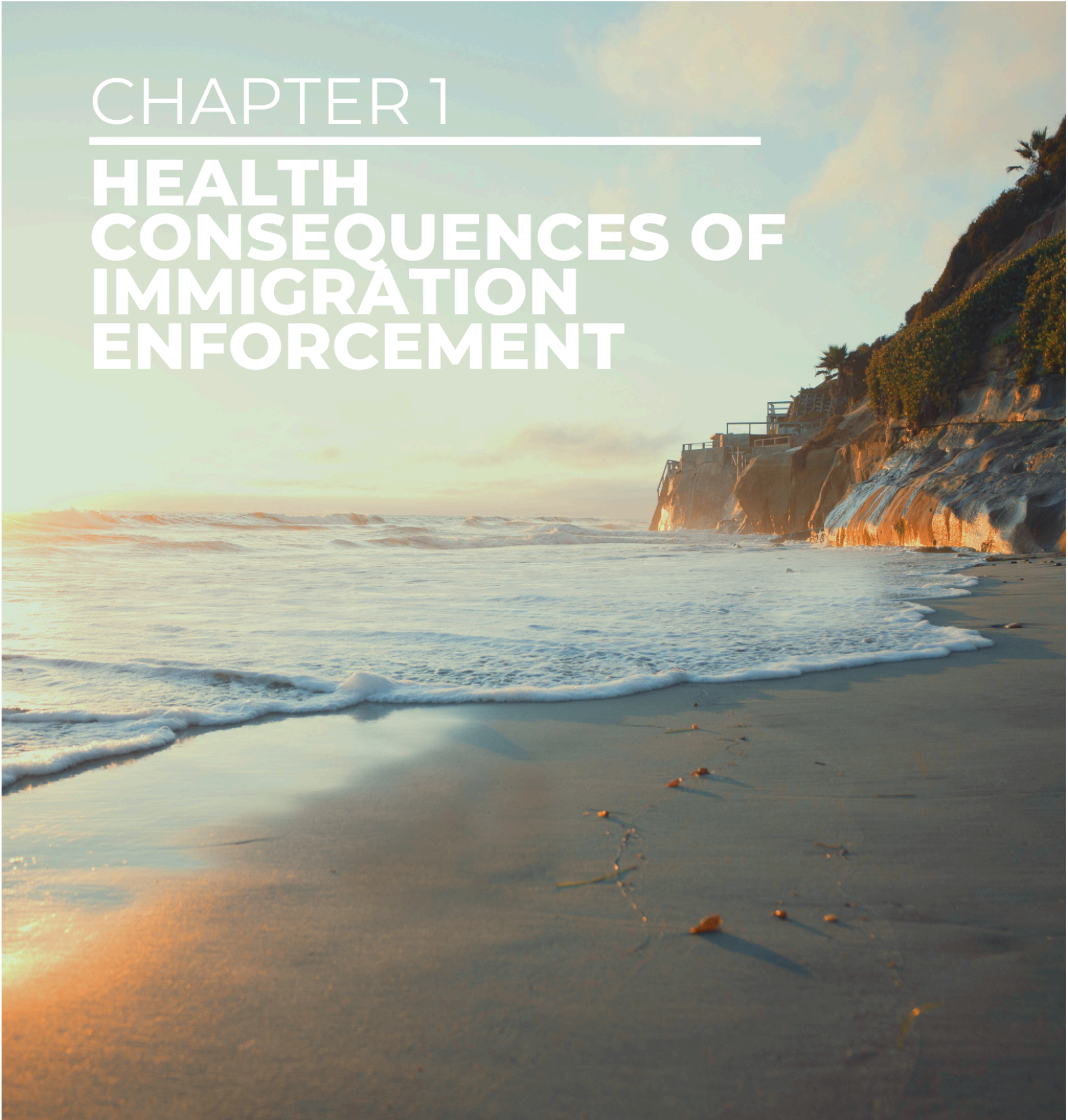
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HEALTHY HARBORS FOR ALL CALIFORNIANS

CHAPTER 1

HEALTH CONSEQUENCES OF IMMIGRATION ENFORCEMENT



CHAPTER 1: Health Consequences of Immigration Enforcement

SUMMARY: Immigration enforcement practices, such as detention and family separation, can seriously impact immigrant children's mental and physical health. Family physicians play a vital role in screening for trauma, providing trauma-informed care, and advocating against harmful policies. Resources and tools are available to help clinicians identify and support patients affected by these experiences.

Immigration enforcement activities, including arrest, detention, family separation, and deportation often worsen existing trauma in vulnerable populations. Both the American Academy of Family Physicians (AAFP)¹ and the American Academy of Pediatrics (AAP)² have opposed the separation of immigrant families. Separating children from their parents exposes them to “toxic stress,” which disrupts healthy development and can cause lifelong harm to mental and physical health.³

Short-term consequences: Toxic stress weakens children's immune systems, increasing risk and frequency of infections. It also disrupts brain development by reducing neural connections in key regions responsible for learning and memory.

Long-term consequences: Over time, toxic stress is linked to poor coping skills, unhealthy lifestyles, risky health behaviors, and mental health conditions, such as depression. It also increases the risk of chronic physical diseases, including chronic obstructive pulmonary disease (COPD), obesity, ischemic heart disease, diabetes, asthma, cancer, and post-traumatic stress disorder (PTSD).

Children in immigrant families with a detained or deported parent often show major behavioral and developmental changes, such as altered eating and sleeping patterns, frequent crying, heightened anxiety or withdrawal, anger and regression and reversal of developmental milestones.”⁴

¹ AAFP, Separation of Families, 2018

<https://www.aafp.org/about/policies/all/separation-families.html>

² AAP renews call for end to family separation at the border, 2019

<https://publications.aap.org/aapnews/news/7036/AAP-renews-call-for-an-end-to-family-separation-at>

³ Kaiser Family Foundation. “Key Health Implications of Separation of Families at the Border”, June 2018

<https://www.kff.org/disparities-policy/fact-sheet/key-health-implications-of-separation-of-families-at-the-border/>

⁴ Ajay Chaudry, et al., Facing Our Future Children in the Aftermath of Immigration Enforcement, (Washington, DC:

The Urban Institute, 2010), <https://www.urban.org/sites/default/files/publication/28331/412020-Facing-Our-Future.PDF>

Detention itself has severe health impacts. Studies consistently show high levels of psychiatric distress, including depression and PTSD, among detained asylum seekers, even after short periods of confinement, with symptoms worsening over time.

Additional Health Consequences of Family Separation in Detention

Global studies confirm significant health impacts for immigrant children held in detention, including depression, PTSD, suicidal thoughts and behaviors, developmental delays, and behavioral issues.⁵ AAP also warns that detention and separation negatively affect the parent-child relationship.⁶

Resources for Addressing Detention, Separation, and Trauma in Immigrant Families

- The National Child Traumatic Stress Network, Screening and Assessment
<https://www.nctsn.org/treatments-and-practices/screening-and-assessment>
- The Child Health and Development Institute, Child Trauma Screen
<https://www.chdi.org/our-work/evidence-based-practices/screening/child-trauma-screen>
- AAFP, Mental and Behavioral Health Care Services by Family Physicians (position paper) <https://www.aafp.org/about/policies/all/mental-health-services.html>
- Centers for Disease Control, About Adverse Childhood Experiences
<https://www.cdc.gov/aces/about/index.html>

California resource: The University of California Davis Center for Reducing Health Disparities hosted a three-part symposium (2020) on trauma-informed care for immigrant families affected by separation and detention. Videos and summaries are available.⁷

How Family Physicians Can Respond

The American Academy of Family Physicians (AAFP) opposes the forced separation of children from family members or caregivers crossing the United States border, except when a child's immediate physical or emotional health or safety is at risk, because separation poses serious risks of emotional trauma, compromised safety, and has long-term harmful health effects.

⁵ Julie M. Linton, Marsha Griffin, Alan J. Shapiro, and Council on Community Pediatrics, "Detention of Immigrant Children," *Pediatrics*, 2017,; <http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483>,

⁶ Wendy Cervantes, *Family Detention: The Harmful Impact on Children*, (Washington, DC: First Focus, 2015), <https://firstfocus.org/resources/fact-sheet/family-detention-the-harmful-impact-on-children>.

⁷ <https://health.ucdavis.edu/crhd/archived-projects/immigrant-trauma-informed-care-and-services>

Family Physicians should consider screening children who have experienced family separation using Adverse Childhood Experiences (ACEs) tools. Through California's ACEs Aware initiative (www.acesaware.org), physicians can access Medi-Cal reimbursement for screening, along with practical resources and clinical tools to support trauma-informed care.

Family physicians and their team members are encouraged to:

- Engage with AAFP and CAFP advocacy efforts opposing harmful federal immigration policies.
- Screen children and families for ACEs when there is a history of detention or separation.
- Integrate trauma-informed, resilience-oriented care into practice settings to support immigrant patients.

Trauma-Informed Care & ACEs Resources for Providers (www.familydocs.org/aces)

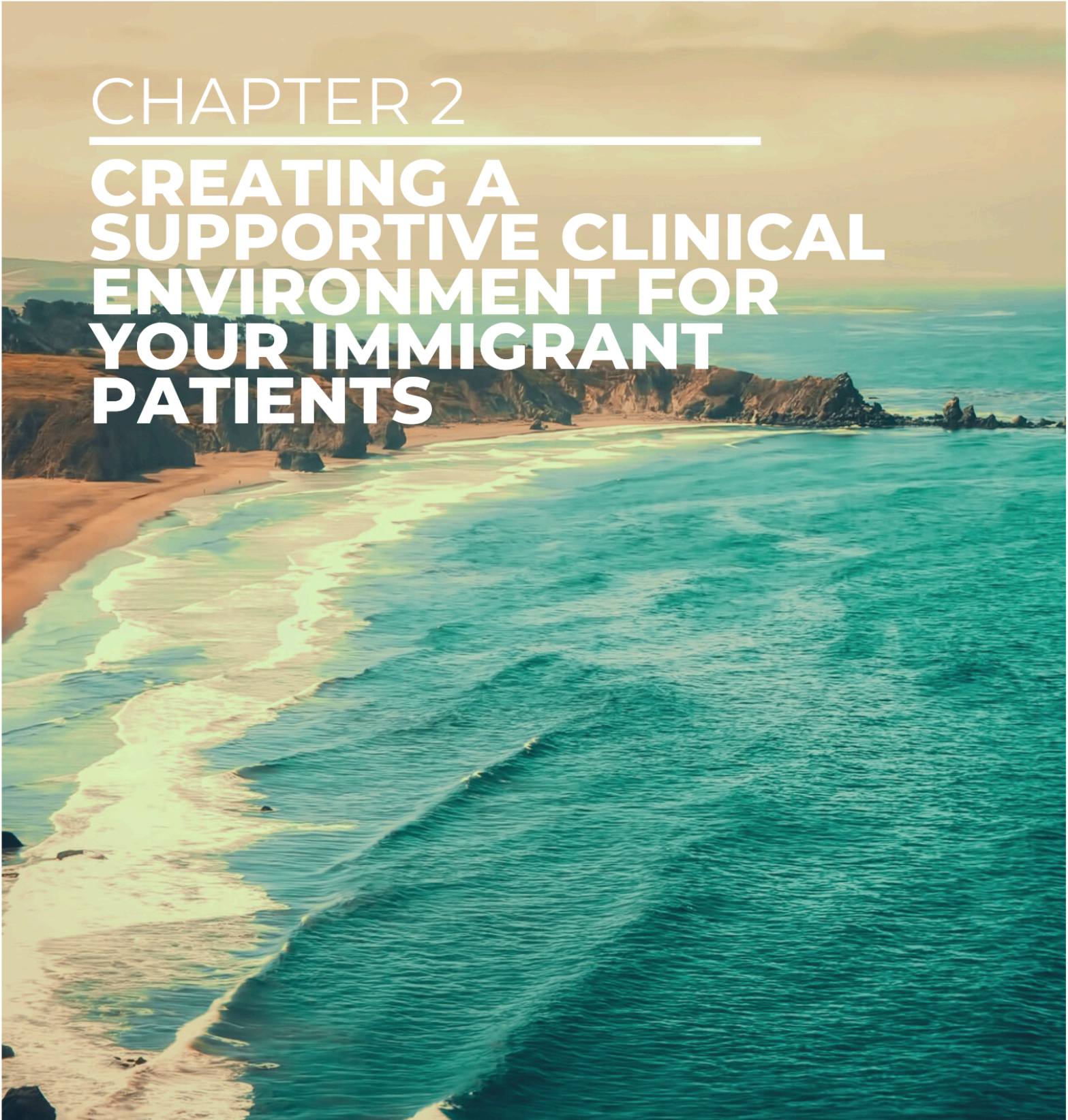
- **What are ACEs?**
 - Adverse Childhood Experiences (ACEs) are stressful or traumatic events before age 18 and are strongly linked to long-term health and social risks
- **Trauma-Informed, Resilience-Oriented Healthcare (TIROH):**
 - A framework that promotes understanding, recognizing, and responding to trauma at both individual and organizational levels—focusing on building resilience and improving health outcomes.
- **Resources for Clinical Practice:**
 - Becoming ACEs Aware Training for Screening: A free two-hour training in California that allows providers to bill Medi-Cal for screenings after completion
 - Clinical Screens: Tools like the Pediatric ACEs and Related Life-events Screener (PEARLS), available in 17 languages and used by Medi-Cal-billing providers
 - ACEs Aware Clinical Toolkit: A series of fact sheets designed to guide evidence-based screening and response
- **Organizational Strategies & Equity:**
 - "Trauma-Informed Tips" Workshops - practical tools for embedding trauma-informed care across clinics (e.g., safety, trust, collaboration)
 - Justice, Equity, Diversity & Inclusion (JEDI) – addressing racialized trauma and advancing equity within ACEs frameworks
 - "Live Beyond" ACEs and toxic stress campaign - Patient, family and public-facing materials to inform, influence and inspire Californians to understand ACEs and take toxic stress into account to improve the lives of children, youth and families. (<https://livebeyondca.org>)

Implementing these practices can strengthen patient engagement, treatment adherence, health outcomes, and provider and staff wellness.

HEALTHY HARBORS FOR ALL CALIFORNIANS

CHAPTER 2

CREATING A SUPPORTIVE CLINICAL ENVIRONMENT FOR YOUR IMMIGRANT PATIENTS



CHAPTER 2: Creating a Supportive Clinical Environment for Your Immigrant Patients

SUMMARY: Health care settings should be important spaces of safety and reassurance for immigrant patients. This chapter outlines practical steps clinics can take to create welcoming environments, such as staff training, displaying know-your-rights materials, and sharing eligibility resources. While federal immigration policies remain in flux, the clinic's role in reducing fear and improving access to care remains critical.

Health care facilities (clinics, offices, hospitals, and community health centers) play an essential role in creating welcoming environments for immigrant patients. Policies and procedures should not only maximize physical safety but also provide emotional reassurance for immigrant patients. This includes familiarizing all staff, especially front desk/reception staff, with current immigration-related policies, and training them on what to say (and what not to say) to patients. Visible signals of support, such as displaying know-your-rights materials and information about immigrant eligibility for health and social services, reassure patients that they are welcome, and encourage them to raise questions or concerns.

Key Resources:

California Attorney General, Promoting Safe and Secure Healthcare Access for All: Guidance and Model Policies to Assist California's Healthcare Facilities in Responding to Immigration Issues

<https://oag.ca.gov/sites/all/files/agweb/pdfs/immigration/healthcare-guidance.pdf>

National Immigration Law Center, Healthcare Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights

<https://www.nilc.org/wp-content/uploads/2025/01/Health-Care-Providers-and-Immigration-Enforcement.pdf>

Federal Immigration Law and Enforcement Changes Affecting Immigrant Patients

Federal immigration law is very complex, and under the current Administration, it is also rapidly changing. These changes directly affect immigrant communities in California:

- **Rising enforcement actions.** Immigration and Customs Enforcement (ICE) arrests in California increased by 123% in the first six months of 2025. In June 2025, the federal government deployed over 5,000 members of the National Guard and 700 Marines to assist with immigration enforcement in Los Angeles. California is continuing its legal challenge against utilizing the military for immigration enforcement activity. Meanwhile, immigrant communities face daily reports of masked ICE agents in unmarked cars, arrests at immigration court hearings, and detentions at U.S. Citizenship and Immigration Services (USCIS) appointments, including interviews for U.S. citizenship.⁸
- **Executive order on birthright citizenship.** On inauguration day, the Administration issued Executive Order 14160: Protecting the Meaning and Value of American Citizenship, seeking to reinterpret the 14th Amendment to restrict U.S. citizenship by birth. Multiple legal challenges have followed, including a June 2025 U.S. Supreme Court decision limiting the scope of nationwide preliminary injunctions. Litigation continues in multiple courts and will likely return to the U.S. Supreme Court.^{9,10}
- **Termination of temporary humanitarian programs.** The current Administration has sought to end:
 - Humanitarian parole for Cubans, Haitians, Nicaraguans, and Venezuelans.
 - Temporary Protected Status (TPS) for Haitians, Venezuelans, Hondurans, Nicaraguans, and Nepalese.

These terminations affect hundreds of thousands of immigrants and remain under active litigation.^{11,12,13}

Because immigration laws shift frequently, it is unrealistic for family physicians to track every detail. What is most important is recognizing the widespread fear and uncertainty created by these changes and their impact on immigrant patients' access to health care, mental health, and family stability.¹⁴

⁸ New York Times, Immigration Arrests Are Up Sharply in Every State. Here Are the Numbers, June 27, 2025, <https://www.nytimes.com/interactive/2025/06/27/us/ice-arrests-trump.html>

⁹ Executive Order 14160: Protecting the Meaning and Value of American Citizenship <https://www.govinfo.gov/content/pkg/FR-2025-01-29/pdf/2025-02007.pdf>

¹⁰ ACLU, Trump's Birthright Citizenship Executive Order: What Happens Next, August 6, 2025

<https://www.aclu.org/news/immigrants-rights/trumps-birthright-citizenship-executive-order-what-happens-next>
¹¹ U.S. Immigration and Citizenship Services, Litigation-Related Update: Supreme Court Stay of CHNV Preliminary Injunction, June 6, 2025

<https://www.uscis.gov/newsroom/alerts/litigation-related-update-supreme-court-stay-of-chnv-preliminary-injunction>

¹² U.S. Immigration and Citizenship Services, Temporary Protected Status

<https://www.uscis.gov/humanitarian/temporary-protected-status>

¹³ National TPS Alliance <https://www.nationaltpsalliance.org/>

¹⁴ Health Begins, Health Equity for Immigrants in a Time of Crisis, May 29, 2025

<https://healthbegins.org/providing-health-equity-for-immigrants-in-a-time-of-crisis>

Practical Steps for Clinics: Creating a Welcoming Environment

Even as federal policies remain in flux, you can take proactive steps to support immigrant patients:

- **Post welcoming signs.** Display multilingual posters and flyers affirming that all patients are welcome, and outlining rights when interacting with immigration enforcement.



Immigrant Legal Resource Center, Everyone Is Welcome Poster

<https://www.ilrc.org/community-resources/know-your-rights/solidarity-signs>

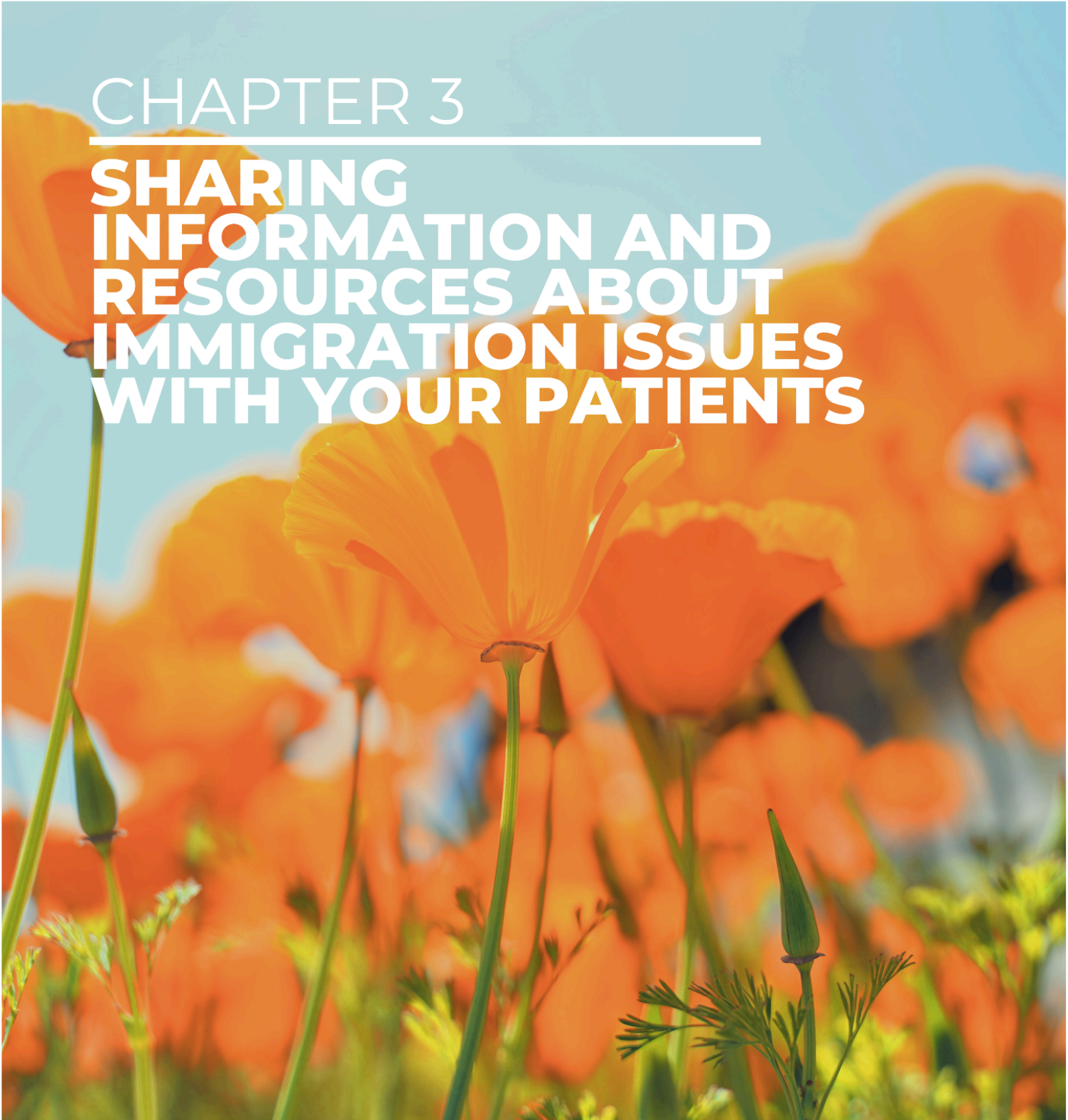
- **Provide know-your-rights materials.** Share flyers that explain patients' right to decline answering immigration enforcement questions and to request a lawyer before responding.¹⁵
- **Make know-your-rights cards available.** Stock "know-your-rights" wallet cards in your reception areas. Patients can hand these to ICE agents while remaining silent, asserting their rights and protecting against constitutional violations. See the Sharing Information and Resources About Immigration Issues with Your Patients chapter for these resources.
- **Stay informed on benefits eligibility.** Eligibility rules for federal and California programs and services, including public health insurance programs such as Medi-Cal are frequently changing. Clinics should remain updated on how these changes impact immigrant patients and share relevant resources. See the Sharing Information and Resources About Immigration Issues with Your Patients chapter for updates and resources.

¹⁵ Immigrant Legal Resource Center, Know Your Rights Flyer
<https://www.ilrc.org/community-resources/know-your-rights/know-your-rights-when-confronted-ice-flyer>

HEALTHY HARBORS FOR ALL CALIFORNIANS

CHAPTER 3

SHARING INFORMATION AND RESOURCES ABOUT IMMIGRATION ISSUES WITH YOUR PATIENTS



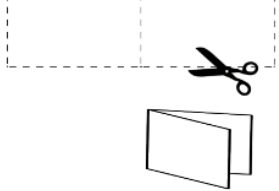
CHAPTER 3: Sharing Information and Resources About Immigration Issues with Your Patients

SUMMARY: Clinicians can play a vital role in supporting immigrant patients by sharing up-to-date, multilingual resources on immigration rights, legal services, benefits eligibility, and family preparedness. This chapter offers links to trusted materials, including know-your-rights cards, rapid response networks, and public charge guidance, helping providers reduce confusion and build trust with immigrant families navigating a shifting policy landscape.

Readily available, multilingual information and resources on immigration issues can be shared with patients. Examples include know-your-rights cards, family preparedness plans, legal services, rapid response networks, and guides on eligibility for health and social services. Your clinic/office can share these resources and ensure that materials are regularly updated, as immigration law, policies, and practices can change quickly.

“Know Your Rights” Information

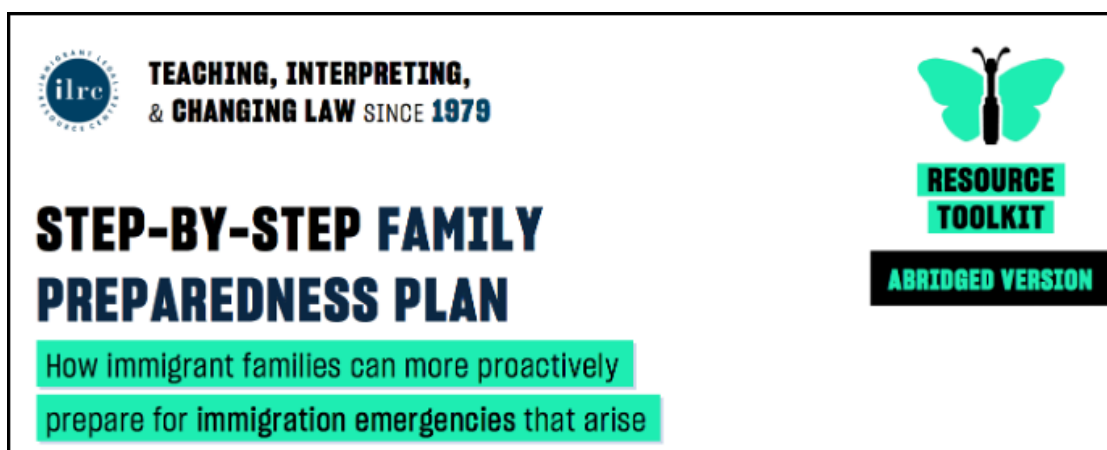
Immigrant rights organizations provide “know your rights” cards and flyers, reminding immigrants of key rights: not opening the door at home (if Immigration and Customs Enforcement (ICE) agents do not have a judicial warrant), remaining silent, and not signing any documents that waive their rights. These resources are available in multiple languages.

<p>To print at home, use heavy weight paper, or card stock. Cut out the cards along the dotted lines. If you're unable to print on both sides, you can simply fold on the center line to make a 2-sided card.</p> <p>If you use a professional printer, we suggest you print 2-sided cards with white text on red card stock with rounded corners.</p>	
<p>Usted tiene derechos constitucionales:</p> <ul style="list-style-type: none"> • NO ABRA LA PUERTA si un agente de inmigración está tocando la puerta. • NO CONTESTE NINGUNA PREGUNTA de un agente de inmigración si trata de hablar con usted. Usted tiene el derecho a guardar silencio. • NO FIRME NADA sin antes hablar con un abogado. Usted tiene el derecho de hablar con un abogado. • Si usted está fuera de su casa, pregúntele al agente si tiene la libertad de irse y si le dice que sí, váyase con tranquilidad. • ENTRÉGUELE ESTA TARJETA EL AGENTE. Si usted está dentro de su casa, muestre la tarjeta por la ventana o pásela debajo de la puerta. 	<p>I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.</p> <p>I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.</p> <p>I do not give you permission to search any of my belongings based on my 4th Amendment rights.</p> <p>I choose to exercise my constitutional rights.</p> <p><i>These cards are available to citizens and noncitizens alike.</i></p>

- Immigrant Legal Resource Center **Know Your Rights** Cards (“Red Cards”)(in Spanish and 40 other languages) <https://www.ilrc.org/red-cards-tarjetas-rojas>
- Immigrant Defense **Project Know Your Rights** Flyers (in Spanish and 16 other languages) <https://www.immigrantdefenseproject.org/know-your-rights-with-ice/>

Family Preparedness Plans

Like an emergency plan, a preparedness plan helps families respond if a member of the family is arrested, detained or separated by ICE. These plans are available in Spanish and Chinese.



Immigrant Legal Resource Center, Family Preparedness Plan

<https://www.ilrc.org/community-resources/family-preparedness-plan>

<https://www.ilrc.org/resources/step-step-family-preparedness-plan>

Legal Services

The California Department of Social Services (DSS) funds legal services organizations that help immigrants apply for or maintain their immigration status, and provide legal representation in deportation or removal cases. Specialized services are also available for immigrant youth eligible for special immigrant juvenile status.¹⁶

¹⁶ California Department of Social Services, Immigration Legal Services
<https://www.cdss.ca.gov/inforesources/immigration/contractor-contact-information>

A warning about “notarios”

Unfortunately, unethical and unscrupulous immigration attorneys and “notarios” continue to exploit immigrants with false promises and exorbitant fees. In Latin America, “notarios” (notary publics) have broader legal authority (beyond notarizing documents), but in the U.S. the term is misused to falsely suggest legal expertise. If a patient is using a notario, refer them to a trusted California DSS-funded legal services organization.

The California League of Independent Notaries, Notario Fraud: Combating Misrepresentation in Immigrant Communities

<https://www.calnotaries.org/blog/notario-fraud-combating-misrepresentation-in-immigrant-communities>

Federal Trade Commission, How to Avoid Immigration Scams and Get Real Help

<https://consumer.ftc.gov/articles/how-avoid-immigration-scams-and-get-real-help>

Rapid Response Networks

There are multiple “rapid response networks” throughout California, created by immigrant rights organizations and supported by community volunteers. These rapid response networks verify immigration enforcement activities and alert immigrants about enforcement activities taking place. They also explain how to access information about detained immigrants and visiting ICE facilities.¹⁷

Additional Information and Resources

State and Federal Public Programs and Services

Since 2024, all low-income Californians – regardless of immigration status, are eligible for Medi-Cal. California receives funding from the federal government for a portion of the cost of most Medi-Cal enrollees.

Undocumented immigrants are generally not eligible for federal funding. Even though these enrollees are funded just using State dollars.^{18,19}

Recent federal legislation and changes required by the California state budget impose new restrictions on immigrants’ access to federal and state public programs and services. The

¹⁷ California Rapid Response Networks, <https://www.ccijustice.org/carrn>

¹⁸ California Department of Health Care Services, Coverage for All: Get Medi-Cal, <https://www.dhcs.ca.gov/Get-Medi-Cal/Pages/coverage-for-all.aspx>

¹⁹ California Immigrant Policy Center, <https://caimmigrant.org/what-we-do/policy/health-public-benefits/medi-cal-expansion-resource-hub>

2025 federal budget may cause 3.4 million Californians – including immigrants – to lose Medi-Cal by 2027 (due to new work/reporting rules and funding changes), and 735,000 to lose CalFresh under new requirements. California also plans to freeze new enrollment in state-funded Medi-Cal for undocumented immigrants in January 2026 and also add \$30 monthly premiums starting July 2027.^{20, 21}

History of Family Separation

In 2017, the Trump Administration’s “zero tolerance” policy prosecuted all immigrants crossing the southern U.S. border without documentation. Parents were held under federal criminal law in adult detention facilities, while their children were detained separately under federal civil immigration law. Previously, undocumented entry was usually treated as a civil matter, allowing families to stay together.

Under “zero tolerance,” parents faced lengthy criminal trials, often lasting months, which resulted in forced separation from their children.

Meanwhile, their children – minors not subject to criminal prosecution – were separated from their parents and indefinitely detained under federal civil immigration law. The Department of Homeland Security was unprepared for tens of thousands of children, who were held in overcrowded, unsanitary and inappropriate facilities. Separation of very young children was especially traumatic. Public outcry and legal challenges eventually forced the Trump Administration to end family separation.

The “Public Charge” Law and Patient Impact

The “public charge” law can make an immigrant ineligible for permanent residency (“green card”) if they rely on government cash assistance programs such as Temporary Assistance for Needy Families (TANF, or CalWORKS in California), or county General Assistance programs. In 2019, the Trump Administration expanded “public charge” to include public health insurance programs such as Medicaid (Medi-Cal here in California), food assistance programs such as Supplemental Nutritional Assistance Program (SNAP, or CalFresh here in California), and some federal housing assistance programs. Although eligibility rules did not change, fear of adverse consequences created a widespread “chilling effect,” deterring immigrants from enrolling in or using these programs.

²⁰ Governor Gavin Newsom, Press Statement, June 6, 2025, <https://www.gov.ca.gov/2025/06/27/governor-newsom-slams-trump-over-bill-that-would-cut-millions-in-health-cover-age-food-assistance-for-california/>

²¹ California Department of Health Care Services, Medi-Cal Program Changes 2026-2027 <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/medi-cal-changes.aspx>

Legal challenges delayed implementation of the expanded definition of public charge, but in 2020, the U.S. Supreme Court allowed the regulation to take effect pending appeals. **In 2022, the Biden Administration withdrew the rule, and restored the prior narrower interpretation (limited to cash assistance programs).**^{22, 23}

The current Trump Administration has moved to further restrict immigrant eligibility for federal programs and services, and may re-propose the 2019 public charge regulation, which would trigger new legal challenges. Regardless of outcomes, fear and confusion will again deter eligible immigrants from accessing needed programs and services.²⁴

Patient-Facing Resources on Public Charge

The California Department of Health Care Services provides public charge information in all Medi-Cal threshold languages.

- California Department of Health Care Services, Public Charge - <https://www.dhcs.ca.gov/Get-Medi-Cal/Pages/coverage-for-all.aspx>
- The Protecting Immigrant Families Coalition has information about the public charge law in Spanish, Arabic, Chinese, Haitian Creole, French, Korean, Portuguese, Tagalog, and Vietnamese - <https://pifcoalition.org/publiccharge2022>
- Keep Your Benefits is an online tool (English, Spanish, Chinese) to help immigrants understand how benefits may affect immigration status - <https://keepyourbenefits.org/en/ca/>
- All in for Health - <https://allinforhealth.org/public-charge/>

²² National Immigration Law Center, Public Charge: What Advocates Need to Know Now, December 1, 2023, <https://www.nilc.org/resources/public-charge-what-advocates-need-to-know-now>

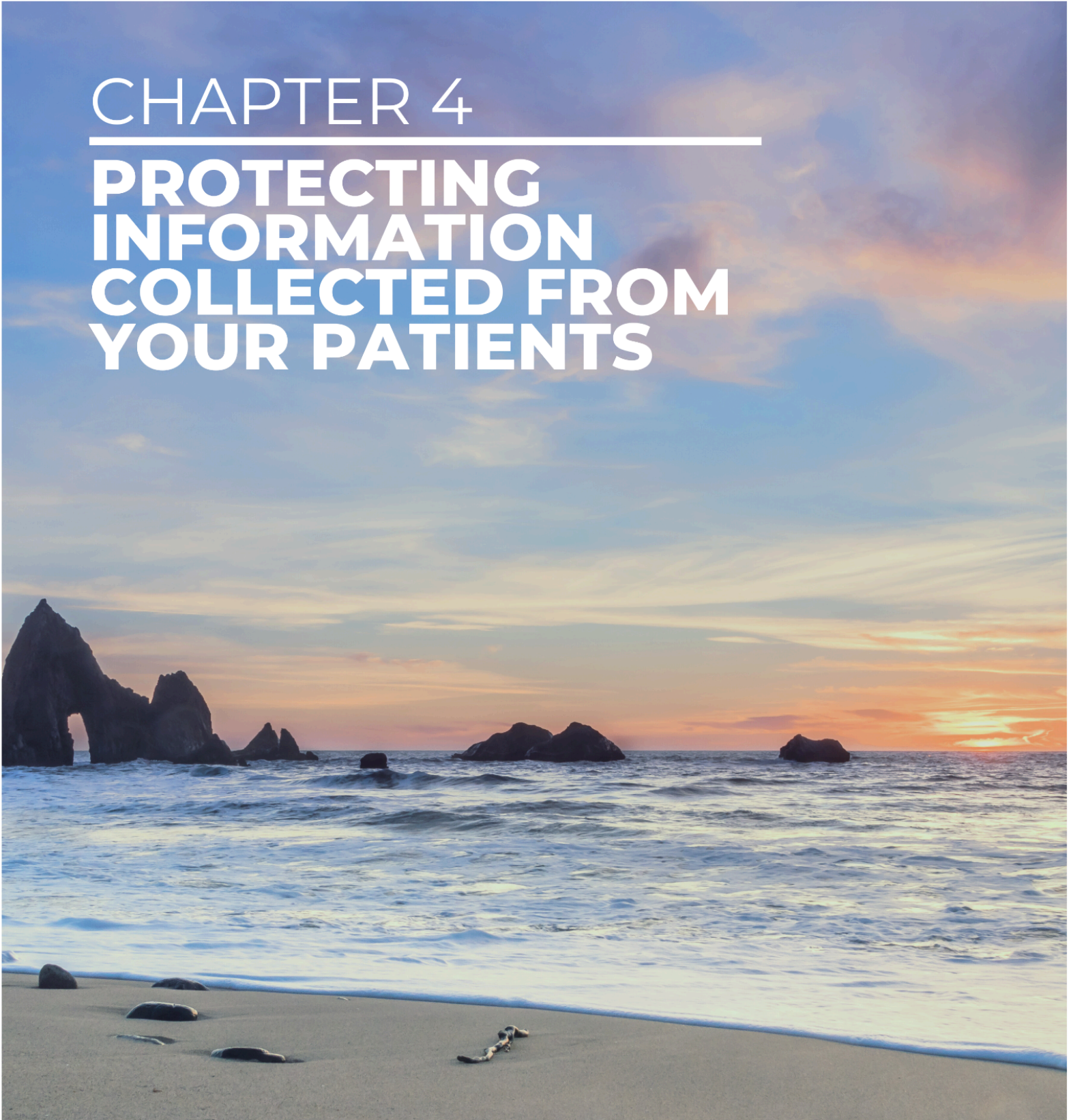
²³ California Health Care Foundation, Fears over Past Immigration Policies Chill Medi-Cal Enrollment, October 1, 2024, <https://www.chcf.org/resource/chilling-effect-medi-cal-enrollment-fears-over-past-immigration-policies/>

²⁴ Executive Order 14218: Ending Taxpayer Subsidization of Open Borders, <https://www.govinfo.gov/content/pkg/FR-2025-02-25/pdf/2025-03137.pdf>

HEALTHY HARBORS FOR ALL CALIFORNIANS

CHAPTER 4

PROTECTING INFORMATION COLLECTED FROM YOUR PATIENTS



CHAPTER 4: Protecting Information Collected From Your Patients

SUMMARY: Patient trust depends on protecting personal and immigration-related information. This chapter outlines legal protections under HIPAA and California law, offers guidance on collecting immigration status for eligibility (not medical) purposes, and encourages clinics to update physical and cybersecurity safeguards. Resources include multilingual privacy materials, legal references, and tools for secure documentation and data protection.

The trust that you establish and maintain with your patients is essential to an effective therapeutic relationship. While you want to continue to be thorough and comprehensive in collecting information about your patients, you can be proactive in reassuring and reminding them about privacy and confidentiality laws that prevent sharing of personal health information. You may also want to review whether and how you document information about a patient's immigration status in a medical record or electronic health record. Finally, this is an ideal time to ensure that you have physical and cybersecurity protections for your clinic/practice that are up to date and functioning.

Key Resources:

- California Attorney General, Promoting Safe and Secure Healthcare Access for All: Guidance and Model Policies to Assist California's Healthcare Facilities in Responding to Immigration Issues
<https://oag.ca.gov/sites/all/files/agweb/pdfs/immigration/healthcare-guidance.pdf>
- National Immigration Law Center, Healthcare Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights
<https://www.nilc.org/wp-content/uploads/2025/01/Health-Care-Providers-and-Immigration-Enforcement.pdf>

Note: This information is provided for general educational purposes and does not constitute legal advice. Consult an attorney for questions about how federal immigration or privacy law applies in your clinic/office.

Patient Privacy Protections

The federal Health Insurance Portability and Accountability Act (HIPAA) privacy law prohibits the use or disclosure of personal health information without a patient's consent, except when required by law, such as court orders, warrants, subpoenas, or summons issued by a court.²⁵

Under HIPPA, a patient's name, address, date of birth, and social security number are considered personal health information. While a patient's immigration status is not explicitly mentioned in law or regulation, information that could identify the patient, including immigration status, is protected.²⁶

The U.S. Department of Health and Human Services Office of Civil Rights provides HIPPA information translated into multiple languages, including Spanish, Chinese, Vietnamese, Korean, Tagalog, Arabic, French, Portuguese, Haitian Creole, Polish, Japanese, Farsi, Italian, and German.²⁷

California also has a privacy law, the California Medical Information Act (CMIA), which prohibits health care providers from disclosing medical information to third parties without the patient's written authorization. Similar to HIPAA, CMIA protects information that could identify a patient, including name, address, email, telephone number, or social security number. For more information, see the California Health Care Foundation, Rights and Requirements: A Guide to Privacy and Security of Health Information in California, 2013.²⁸

Collecting Information about A Patient's Immigration Status

Health care clinicians and facilities do not have a legal obligation to ask about a patient's immigration status in order to provide health care services, or to voluntarily share information about immigration status with immigration enforcement agents.

However, information about a patient's immigration status may be relevant to determining eligibility for programs such Medi-Cal or Covered California. For example, California has expanded Medi-Cal eligibility to all low-income Californians, regardless of immigration status.

²⁵ <https://www.hhs.gov/hipaa/index.html>

²⁶ <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html#what>

²⁷ <https://www.hhs.gov/ocr/get-help-in-other-languages/index.html>

²⁸ <https://www.chcf.org/wp-content/uploads/2017/12/PDF-PrivacySecurityGuide.pdf>

Enrollment changes begin in January 2026, with monthly premiums scheduled to start in July 2027 for some immigrants.^{29,30,31}

If intake, front office staff, or eligibility staff must ask information about immigration status for insurance eligibility, that information should not be included in the medical record, or electronic health record. If it is recorded, limit it to confidential sections only.

Providing information and referrals for immigrant patients about their social needs can be more challenging because eligibility rules for federal and California housing, food, and other social services for immigrants are very complex and subject to change.

For updated information, consult:

- National Immigration Law Center, Overview of Immigrant Eligibility for Federal Programs - <https://www.nilc.org/resources/overview-immeligfedprograms/>
- National Immigration Law Center, State Programs - <https://www.nilc.org/resources/guide-to-immigrant-eligibility-for-federal-programs/#resources-state-programs>
- National Immigration Law Center, What New Federal Notices Mean for Immigrants' Program Eligibility - <https://www.nilc.org/articles/what-new-federal-notices-mean-for-immigrants-program-eligibility/>
- Nourish California, Food for All - <https://nourishca.org/our-work/food4all/>
- National Low-Income Housing Project, Eligibility for Assistance Based on Immigration Status - https://nlihc.org/sites/default/files/FAQs_Eligibility-for-Assistance-Based-on-Immigration-Status.pdf

Physical Security and Cybersecurity

Given increased immigration enforcement and online harassment, now is a good time to review and strengthen physical and cybersecurity safeguards. Consider additional

²⁹ California Department of Health Care Services, Coverage for All: Get Medi-Cal
<https://www.dhcs.ca.gov/Get-Medi-Cal/Pages/coverage-for-all.aspx>

³⁰ California Department of Health Care Services, Medi-Cal Program Changes 2026-2027
<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/medi-cal-changes.aspx>

³¹ Covered California, Proof of Immigration Status or Lawful Presence
<https://www.coveredca.com/documents-to-confirm-eligibility/immigration-status/>

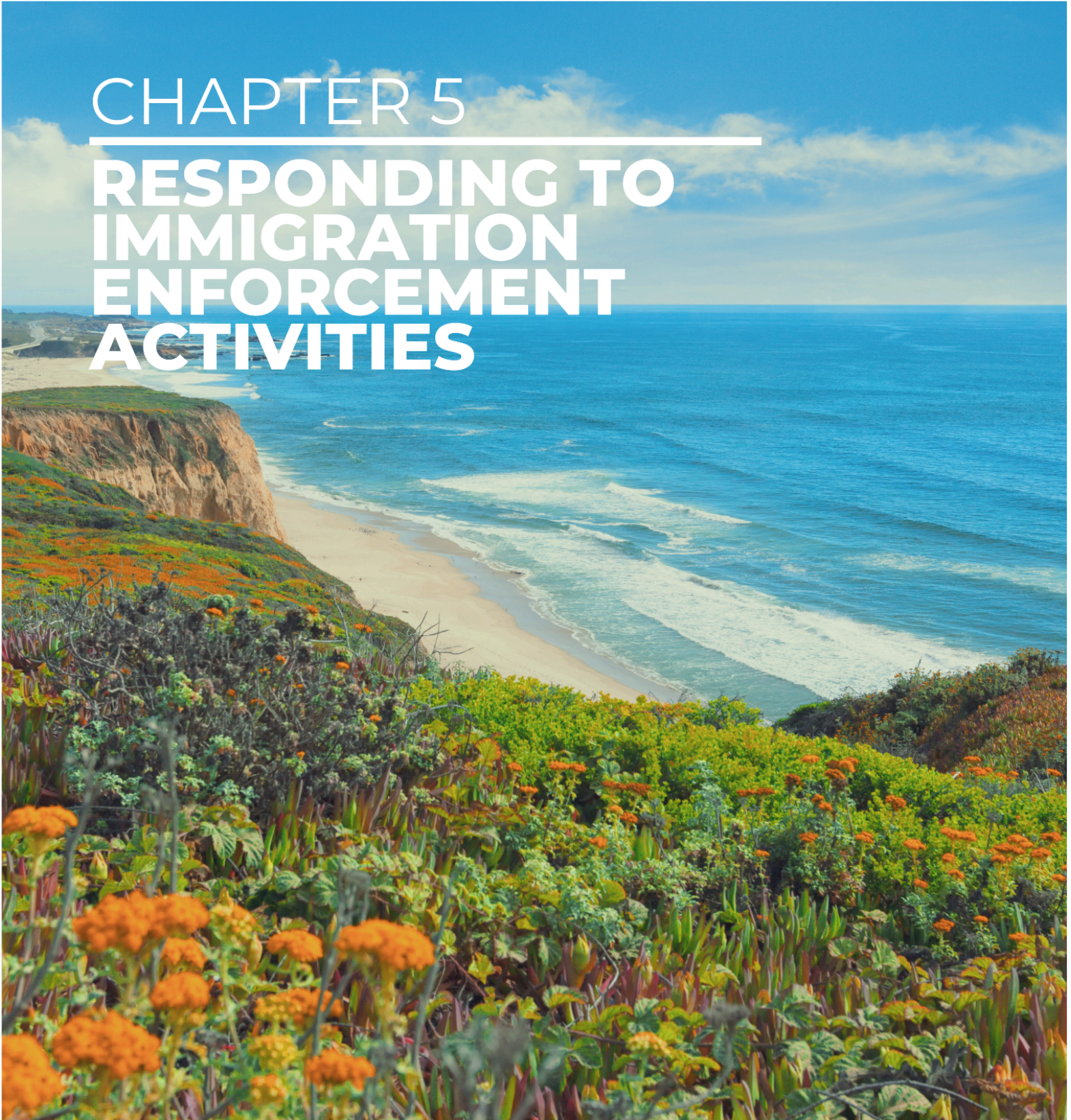
surveillance or monitoring technology for clinic safety, and regularly update passwords and other cybersecurity protections.³²

³² American Medical Association, Physician Cybersecurity,
<https://www.ama-assn.org/practice-management/sustainability/physician-cybersecurity>

HEALTHY HARBORS FOR ALL CALIFORNIANS

CHAPTER 5

RESPONDING TO IMMIGRATION ENFORCEMENT ACTIVITIES



CHAPTER 5: Responding to Immigration Enforcement Activities

SUMMARY: While immigration enforcement at health care facilities remains rare, clinics and offices must prepare. This chapter outlines how to designate a point person to handle ICE encounters, distinguish public vs. private areas, and respond appropriately to judicial vs. administrative warrants. It also provides information on staff training, patient education, documenting enforcement actions, and maintaining compliance with employment authorization laws. Ensuring preparedness protects both patients and staff, while reinforcing your clinic/office's commitment to safe and confidential care.

While an encounter with Immigration and Customs Enforcement (ICE) at health care facilities may seem improbable to some, clinics and offices should prepare staff, especially front desk personnel, to respond appropriately. Designate a person (e.g., yourself, or an office manager or supervisor) to handle all ICE contacts, including reviewing warrants and authorizing or denying consent for searches or seizures. Clearly mark areas as “public”, such as the waiting room/area, or “private” (exam rooms, offices, and medical records areas), since private areas may only be entered with a judicial warrant or your consent.

Key Resources:

California Attorney General, Promoting Safe and Secure Healthcare Access for All: Guidance and Model Policies to Assist California's Healthcare Facilities in Responding to Immigration Issues

<https://oag.ca.gov/sites/all/files/agweb/pdfs/immigration/healthcare-guidance.pdf>

National Immigration Law Center, Healthcare Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights

<https://www.nilc.org/wp-content/uploads/2025/01/Health-Care-Providers-and-Immigration-Enforcement.pdf>

Note: This information is provided for general educational purposes and does not constitute legal advice. Consult an attorney for questions about how federal immigration or privacy law applies in your clinic/office.

Judicial vs. Administrative Warrants

- ICE must have a judicial warrant (signed by a federal judge or magistrate) to enter private areas or seize records. Warrants must name the individuals or items sought; general terms such as “any immigrants” or “all medical records” are not valid.
- Without a judicial warrant, ICE requires voluntary consent to enter. Agents may attempt intimidation (demanding entry, showing weapons, or presenting “administrative warrants” issued by the Department of Homeland Security (DHS). Compliance with administrative warrants is voluntary.
- You may ask ICE agents to leave an administrative warrant with you, and respond after consulting an attorney. Judicial warrants will state “United States District Court”; administrative warrants will reference U.S. Department of Homeland Security DHS or ICE. Examples appear in the California Attorney General’s publication, “Promoting Safe and Secure Healthcare Access for All: Guidance and Model Policies to Assist California’s Healthcare Facilities in Responding to Immigration Issues.”³³

Changes in Enforcement Policy

Until 2025, ICE generally avoided “sensitive locations,” such as schools, places of worship, and health care facilities. That policy has been revoked; ICE is now explicitly authorized to conduct enforcement anywhere. Although only a handful of actions at health care facilities have occurred (e.g., the parking lot of a community health center in Los Angeles), clinics, offices and hospitals are no longer “off limits.”

Impact on Patients

The threat of enforcement activity may discourage patients from seeking care. Family Physicians and staff can mitigate this by:

1. Preparing the facility and staff to respond to enforcement.
2. Informing patients of their rights.

³³ <https://oag.ca.gov/sites/all/files/agweb/pdfs/immigration/healthcare-guidance.pdf>

3. Documenting enforcement activities and following up with patients or families affected.

Clinic/Office Preparation and Response

- Designate specific staff authorized to interact with ICE and review warrants. Train others to defer to those staff.
- Review any warrant for validity (judge's signature, correct address, specific names/items).
- State explicitly that you do not consent to entry without a valid judicial warrant. If agents indicate they will seek one, contact a lawyer and try to have that person present for the search.
- Remind patients and other people present they are not required to answer questions (assuming agents have a valid judicial warrant).
- Train staff through role-play exercises to increase confidence.
- Provide "Know Your Rights" materials and encourage completion of caregiver authorization affidavits for minor children.
- Build relationships with immigrant rights groups, (i.e., the California Immigrant Policy Center), immigration attorneys, and legal aid organizations. These groups can help create trainings for your staff and patients.
- Maintain contact information for rapid response networks and ICE detention facilities (<https://www.ice.gov/detention-facilities>).

Resource:

The California Department of Social Services funds non-profit immigration legal services organizations throughout California:

<https://www.cdss.ca.gov/inforesources/immigration/contractor-contact-information>

Patient Rights Education

- Remain silent.
- Request a lawyer.
- Refuse to sign documents before legal consultation.
- Decline to show false documents.

- Carry a rights card, an attorney's contact information, and their "A number" ("alien registration number", or case number, assigned to immigrants by the Department of Homeland Security).
- Designate another adult to care for their children.
- Avoid approaching places where raids or detentions are occurring.

Documenting Enforcement Activities

If an ICE raid occurs, collect information including:

- Date, time, and location of the raid.
- Number and identity of person/s detained.
- Initial detention location.
- Names and badge numbers of ICE agents.
- Any potentially unlawful actions by agents.
- Whether humanitarian release was considered.
- Contact numbers for family members to locate detained relatives.
- Arrangements for children or vulnerable dependents.

Hospitals and Health Care Facilities

Hospitals should follow the same procedures: request judicial warrants, deny voluntary consent to private areas, and protect patient information.

If ICE agents accompany a patient in custody:

- Treat the patient as you would any patient in law enforcement custody.
- Ask agents to respect privacy and refrain from questioning staff or other patients.
- Intervene if ICE agents begin questioning others: request to see a judicial warrant and reiterate your refusal to consent without one.
- Remind staff and patients that they need not answer ICE questions.

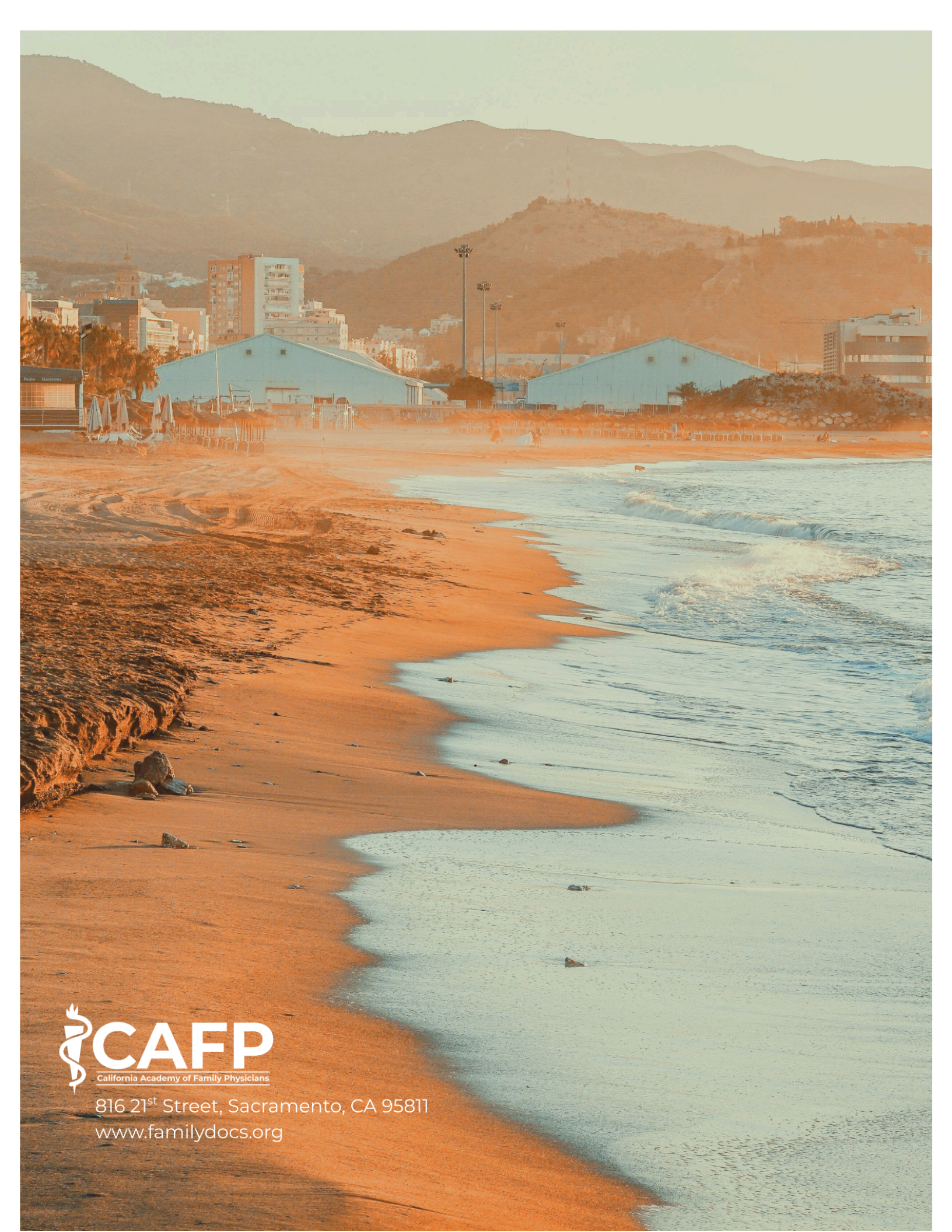
Employment Authorization Compliance

ICE also enforces federal employer sanctions laws requiring completion and retention of Form I-9 for all employees (<https://www.uscis.gov/i-9>). Failure to have completed I-9 Forms can result in employer sanctions, including civil and, ultimately, criminal penalties.

- For confidentiality and privacy reasons, keep I-9s in a locked file, separate from personnel records.
- During an “audit” or inspection of documents, employers have three business days to produce documents. Immediate compliance is not required unless ICE presents a judicial warrant naming specific individuals.
- Administrative warrants or demand letters do not override the three-day time period to produce documents.
- Ask ICE to list the documents requested, state that you (or your attorney) will respond within three business days, and request that the agents leave.

Resource:

NILC, A Guide for Employers: What If Immigration Comes to Your Workplace
<https://www.nilc.org/resources/a-guide-for-employers-what-to-do-if-immigration-comes-to-your-workplace/>



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