

**DEPARTMENT OF STATE HOSPITALS  
THIRD 15-DAY MODIFIED REGULATION TEXT  
PROPERTY TRANSFER BETWEEN PATIENTS**

California Code of Regulations  
Title 9. Rehabilitative and Developmental Services  
Division 1. Department of Mental Health  
Chapter 4.5. Patients' Rights and Related Procedures for Non-Lanterman-Petris-Short  
Act Patients in Department of Mental Health Facilities  
Article 3. General Limitations Applicable to Non-LPS Patients

Section 893 Property Transfer Between Patients

- (a) ~~Patients shall not buy, sell, trade, or gift any property or items on the contraband list of the Department of State Hospitals (Department), or the contraband list of the facility in which the patient is committed.~~
- (b) ~~Prior to any transfer of property, patients must first obtain an approval from their treatment team.~~
- (c)(a) ~~Each the Department of State Hospitals, or each state hospital,~~ may prohibit patients from buying, selling, trading, or gifting property between **patients of that state hospital. To determine if the hospital will prohibit the buying, selling, trading, or gifting of property between patients, the hospital executive staff will weigh the factors in Section (a)(2)(B) as they apply to the hospital as a whole.**
- (1) If the buying, selling, trading, or gifting of ~~personal~~ property is prohibited at the state hospital, state hospital staff will confiscate property found in the possession of a patient identified as having been bought, traded, or gifted ~~will be confiscated.~~
- (A) **Either before or after confiscation, in order to determine whether property found in the possession of a patient has been bought, traded, or gifted, in violation of the prohibition, the patient will be asked to verify property ownership, by means of property receipts, Property Transfer Forms referenced in subsection (a)(2)(A), or any other means available. If the patient demonstrates they did not violate the prohibition, then the patient will retain the property, and if confiscated, hospital staff will return that property to the patient.**
- ~~(A)(B)~~ The patient's treatment team ~~may~~ will arrange for the return of the confiscated property to the original owner, who sold, traded or gifted the property, if identified and the confiscated property is not

contraband, illegal, or otherwise prohibited on state hospital grounds.

~~(B)~~(C) If the original owner, who sold, traded or gifted the property, ~~is not~~ **cannot be is not** identified, the confiscated property will be deemed as unidentified property.

~~(C)~~(D) If a patient contests property confiscation under subdivision ~~(b)~~(a)(1), the patient may submit a written request **within ten 10 working days of the date of confiscation**, stating what property was confiscated, and that they are requesting a review to the program director, or designee, **within ten 10 working days of the date of confiscation**.

1. The program director, or designee, will respond to the written request of the patient within ~~thirty~~ 30 calendar days.

2. If the **program director or designee finds the property was not transferred in violation of the prohibition request contesting the confiscation is approved, then the program director or designee will approve the request and** the Department state hospital will return the property to the patient from which it was confiscated. ~~If the request contesting the confiscation is denied, or the property remains unidentified, the Department state hospital may arrange for an alternate disposition of the property, including destruction.~~

(2) If the buying, selling, trading, or gifting of property is permitted, that permission will be based upon the following processes and considerations:

(A) The patients involved in the transfer must mutually agree on the transfer of the property. Written requests to transfer property will be submitted on the Property Transfer Form 9269 (Rev New 8/22), hereby incorporated by reference, to each patient's treatment team or unit supervisor. The treatment team or unit supervisor will obtain written confirmation of the patient's agreement to transfer from both the donating and the receiving patient.

(B) To determine the appropriateness of the transfer, the treatment team for each patient will consider the following factors:

1. Competency and cognitive functioning of the **involved** patients;

2. Identified behaviors, risk factors, and history of the involved patients;
3. Safety or security risks associated with the transaction and needs of the facility;
4. Health concerns of the involved patients;
5. Sanitation concerns of the involved patients or facility;
6. Infection control considerations;
7. Physical space limitations of the facility, including fire code restrictions and regulations; and,
8. Environmental health guidelines.

~~(C) In addition to subdivision (b)(a)(2)(B), transfer requests between patients that include money or other a transfer of value will be reviewed for the following:~~

- ~~1. Safety and/or security risks associated with the transaction;~~
- ~~2.9.~~ Multiple requests to or from the same patient or individuals not committed to the facility;
- ~~3.10.~~ Gifting of high value items The fair-market value of the item(s); and,
- ~~4.11.~~ An unreasonably high The number of items in one transfer.

(D) The treatment team or unit supervisor review of the request to buy, sell, trade, or gift property will be approved or denied by the program director, or designee within 30 calendar days.

(E) If approved, the treatment team or unit supervisor will document the approval and date of property transfer.

(3) Patients are not allowed to buy, sell, trade, or gift food items to other patients. For facilities with an onsite canteen, store, or other similar establishment for the purchase of food or other goods, defined in these regulations as a location for the sale to or for the benefit of patients of the institution of candies, sundries, and other articles, patients may purchase items for other patients under the following conditions:

- ~~(A) The patients participating in the purchase must mutually agree to the purchase.~~
- ~~(B) Prior to each purchase, patients must first obtain an approval from their treatment team. Approvals for the purchase of food items will be approved immediately by the treatment team, unless the treatment team is aware of any health, safety, or security concerns that may result from an approval of this request.~~
- ~~(C) Upon receiving the approval of the treatment team, the unit supervisor, or designee, will may issue a document that the patients will presents along with their identification badges to a canteen staff member.~~
- ~~(D) All food items purchased in this manner are to be consumed in an area approved by the Department state hospital.~~
- ~~(E) Canteen staff will return the any purchase approval documents provided by the patients to their respective unit supervisor.~~

Note: Authority cited: Sections 4005.1, 4109~~1~~, and 4104~~9~~, Welfare and Institutions Code. Reference: Section 4109, Welfare and Institutions Code.



**ADOPT**

Date: \_\_\_\_\_

- I, \_\_\_\_\_ ID# \_\_\_\_\_, am requesting to **give transfer, without receiving property, service or financial reimbursement in exchange**, the following to \_\_\_\_\_ ID# \_\_\_\_\_. I understand that this/these items will be removed from my property and placed in the property of the recipient. I understand that once this transfer is completed I have no claim to the item.

- I, \_\_\_\_\_ ID# \_\_\_\_\_, am receiving the following property from \_\_\_\_\_ ID# \_\_\_\_\_ **without providing property, service or financial compensation in exchange.**

Detailed description of Property to be transferred (*include quantity, make, model, serial number etc. as needed*)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Donating Patient's Signature

\_\_\_\_\_  
 Receiving Patient's Signature

Treatment Team Reviewer/Unit Supervisor Name	Approved:	Denied:	Date:
Signature			
Program Director Name	Approved:	Denied:	Date:
Signature			

Transfer of Property Completed Date \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**CONFIDENTIAL PATIENT INFORMATION**

**ADDRESSOGRAPH**

