

California Code of Regulations

Title 3. Food and Agriculture

Division 6. Pesticides and Pest Control Operations

Chapter 3. Pest Control Operations

Subchapter 2. Work Requirements

Article 4. Storage, Transportation and Disposal

Section 6680. Prohibited Containers for Pesticides

6680. Prohibited Containers for Pesticides.

In no case shall a pesticide be placed or kept in any container of a type commonly used for food, drink or household products.

NOTE: Authority cited: Sections 11456, 12976 and 12981, Food and Agricultural Code.

Reference: Sections 11501, 12981 and 14102, Food and Agricultural Code.



COUNTY OF SANTA CRUZ

OFFICE OF THE AGRICULTURAL COMMISSIONER

JUAN HIDALGO
 AGRICULTURAL COMMISSIONER
 SEALER OF WEIGHTS AND MEASURES
 DIRECTOR, MOSQUITO AND VECTOR CONTROL

Fax Cover

To: Dominican Hosp. Medical Records **From:** Shane DeVine
Fax: (831)462-7628 **Pages:** 6 (including cover sheet)
Attn: [REDACTED] **Date:** March 2, 2021
Re: Medical Records Request **Phone:** (831) 763-8080

Urgent For Review Please Comment Please Reply Please Recycle

• Comments

[REDACTED]

Attached are documents related to our request for all medical records at Dominican Hospital regarding patient [REDACTED] pesticide exposure related illness. Should you have any question whatsoever, please do not hesitate in contacting me thank you.

Shane DeVine
 Agricultural Biologist III
 (831)763-8080
 agc018@agdept.com

SHOULD YOU HAVE ANY TECHNICAL PROBLEMS RELATIVE TO THIS FACSIMILE TRANSMISSION, PLEASE CALL OUR TRANSMISSION POINT AT (831) 763-8080 OR (831) 454-2620.

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I hereby authorize

PHYSICIAN OR HOSPITAL

Dominican Hospital

ADDRESS

1555 Soquel Drive

CITY, STATE AND ZIP CODE

Santa Cruz, CA 95065

NAME OF RECIPIENT OR RESPONSIBLE AGENCY

to furnish to

Santa Cruz Co. Ag. Commissioner

ADDRESS

175 Westridge Drive

CITY, STATE AND ZIP CODE

Watsonville, CA 95076

medical records, including my date of birth given below, and all information pertinent to medical care, treatment, hospitalization and/or outpatient care received by _____ (self, child, or ward) in regard to (describe incident):

Accidental ingestion of pesticide.

which occurred in Santa Cruz County on (date or dates) Dec. 2, 2020

- I understand the purpose of providing this information is to assist in the investigation of the above incident, and for use in any associated legal or administrative action connected with the incident.
- I understand that this information will be used by the County Agricultural Commissioner's office in the above-listed county and by the Department of Pesticide Regulation. Such release will aid in the investigation of the incident described above.
- I understand information disclosed pursuant to this authorization could be re-disclosed by the recipient and may no longer be protected by federal confidentiality laws (HIPAA).
- This authorization expires a year after the date of signature, or as specified one year.
- Under the Information Practices Act of 1977 (California Civil Code section 1798, et seq.), the requestor may not disclose the medical information beyond the expiration of the authorization agreed to above unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law pursuant to state confidentiality laws.
- This authorization may be revoked at any time. My revocation will be effective upon receipt, but will have no impact on uses or disclosures made while my authorization was valid.
- I have received a copy of this authorization.
- A photocopy of this authorization may be used the same as the original.

DATE

12/15/20

DATE

DISTRIBUTION: WHITE - FILE

CANARY - PHYSICIAN OR HOSPITAL

PINK - AUTHORIZING SIGNATURE OR PATIENT