

# Guidance for Pennsylvania Healthcare Facilities To Address Law Enforcement Visits Onsite

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## PURPOSE:

Immigrant communities have reported increased fear in seeking medical care due to heightened immigration enforcement and the rescission of the Department of Homeland Security's "Sensitive Locations" memo, which previously protected schools, churches, and hospitals from enforcement actions. These events have created legal and ethical questions for practitioners and may cause public health harms if immigrants forgo care.

## THIS GUIDE AIMS TO:

- **Clarify how healthcare providers should respond to immigration enforcement.**
- **Offer best practices to maintain trust with immigrant communities.**
- **Avoid improper cooperation with law enforcement.**

## KEY LEGAL PRINCIPLES AND PROHIBITED ACTIONS

- Law enforcement officers must have a warrant to give to the authorized staff person handling law enforcement.
- Immigrants are entitled to emergency medical care under EMTALA, regardless of status.
- The Fourth Amendment protects all persons from unreasonable searches/seizures, including in healthcare settings. Law enforcement needs a judicial warrant (signed by a judge) to access non-public/private areas.
- The HIPAA Privacy Rule prohibits the disclosure of Protected Health Information (PHI) without the patient's consent or a valid legal order.
- Providers may invoke their Fifth Amendment right and should not disclose immigration status.
- **Do not disclose the patient's immigration status.**
- **Do not volunteer or misrepresent any information to law enforcement.**
- **Do not alert patients to law enforcement's presence.**
- **Do not obstruct law enforcement.**

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# MAIN GOALS FOR FACILITY PREPARATION:

- Clear internal procedures, signage, and staff training are vital to protect all patients.
- Comply with legal obligations and uphold ethical healthcare practices.
- Assert legal rights while avoiding confrontation. Prioritize care, privacy, and public trust.



## TRAINING AND OVERSIGHT

- Designate and assign at least one liaison staff to each shift to manage all law enforcement encounters.
- Train designated liaison staff on your institution's guidelines and the recommendations in this guide.
- Train staff to redirect law enforcement inquiries to designated liaison staff.
- Conduct regular response drills and maintain up-to-date protocols.
- Facilities should establish procedures to ensure access to legal counsel.

## PRIVACY AND DOCUMENTATION

- Maintain confidentiality of all Protected Health Information (PHI).
- Do not ask patients about immigration status.
- Store immigration-related information separately and securely if required by law.
- Document all law enforcement encounters thoroughly.
- Be aware of public sign-in or registration documents.

## POSTING AND SIGNAGE

- Post multilingual signage designating areas as “Public,” “Private,” or “Authorized Staff Only.” Adhere to your institution's protocol on what is public vs private. Private spaces typically include exam rooms, operating rooms, or an intensive care unit (ICU). If an area includes badge access, post signage designating that area as “Private.” Public spaces are typically waiting areas or lobbies.
- Any location where Protected Health Information (PHI) may be discussed or overheard should be designated as “Private.”
- Post signs informing immigrant patients of their rights to emergency care and privacy.

## PROTECT AT-RISK PATIENTS

- Consider whether medical visits can be converted to a virtual platform if medically feasible.
- Escort patients to their rooms without having them wait in a lobby.
- Make “know your rights” pamphlets available.

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# PROTOCOLS FOR HANDLING LAW ENFORCEMENT PRESENCE

## BEFORE LAW ENFORCEMENT ARRIVAL:

- Designate all areas of a facility (including hallways and meeting rooms) as either public or private, with appropriate signage.
- Train designated personnel with images distinguishing administrative vs. judicial warrants
- Increase security in private areas, if possible, to verify identities and credentials.

### INITIAL ENCOUNTER:

- Stay calm, and contact designated personnel, a supervisor, and/or legal counsel. Consider saying, “I am now contacting a supervisor who will speak with you,” and apologize for declining to answer any more questions.
- Ask for name, badge number, agency, and ID.
- Document date, time, and details of the encounter.
- Have the designated staff liaison verify the authenticity of the warrant.
- Deny entry to private areas without a judicial warrant.

### IF LEGAL COUNSEL IS UNAVAILABLE:

- Contact the designated trained liaison staff member.
- Remain silent and exercise Fifth Amendment rights.
- Confine the law enforcement agent to public areas.

### REQUESTS FOR PROTECTED HEALTH INFORMATION (PHI):

The designated staff liaison should deny the request unless:

- A judicial order is presented and validated.
- Patient provides written consent.
- Authorized by legal counsel.

### ACCESS TO PRIVATE AREAS:

- Refer to the designated staff liaison to evaluate the appropriateness of the warrant following institutional protocols.
- Allow access only with a verified judicial warrant signed by a judge.
- If the agent becomes aggressive, refer to the designated staff liaison and remain polite and repeat protocol; do not obstruct.

## DESIGNATED LAW ENFORCEMENT STAFF LIAISON – RESPONSIBILITIES

- Create and post all signage for public and private areas.
- Serve as the sole point of contact for all law enforcement inquiries.
- Verify officer identification and distinguish between administrative and judicial warrants.
- Deny access to private areas without a judicial warrant signed by a judge.
- Contact supervisor and legal counsel before granting access or disclosing any information.
- Document the officer's name, agency, badge number, arrival time, and purpose.
- Protect patient confidentiality and do not release PHI or immigration status without legal authority.
- Ensure staff are trained to redirect law enforcement to the designated staff liaison.
- Monitor policy updates and revise protocols as needed.

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# FREQUENTLY ASKED QUESTIONS:

## Immigration Enforcement in Healthcare Settings

### OBLIGATIONS AND LEGAL RESPONSIBILITIES

- ***Are health centers obligated to enforce immigration laws?***
  - No. Healthcare facilities and their staff are neither required nor legally compelled to enforce immigration laws.
- ***What are healthcare workers' responsibilities regarding patient privacy?***
  - Providers must legally safeguard patient confidentiality, including immigration status, and should not share such information without a court-ordered warrant, unless there's an immediate threat to safety.
- ***Must healthcare facilities collect immigration status?***
  - No. As a best practice, only collect information required under state or federal law; if collected, secure the data and exclude it from medical/billing records.

### STAFF CONDUCT AND BEST PRACTICES

- ***Can staff stop law enforcement?***
  - Only within legal boundaries. Do not physically obstruct agents, but access may be denied to private areas without a judicial warrant.
- ***Is silence allowed during law enforcement interactions?***
  - Yes. Staff may lawfully invoke their Fifth Amendment rights.
- ***Can I warn patients that law enforcement is on-site?***
  - No. This may be construed as "harboring" under federal law. Do not alert patients unless legally instructed to do so.
- ***Can I tell patients they are safe in private areas?***
  - Yes. With appropriate signage indicating which areas are private, this is allowed and encouraged.
- ***Should medical facilities appoint a liaison for law enforcement interactions?***
  - Yes. Facilities should designate and train a staff member to manage law enforcement interactions. If no liaison is available, ask agents for ID, move them to a neutral space, and follow up with your supervisor and legal counsel (if feasible).
- ***What should I do if law enforcement presents a judicial warrant?***
  - Do not act alone. Consult authorized trained personnel immediately and/or supervisor, then legal counsel to verify the warrant's validity (e.g., signed by a judge, correct location/patient, current date).

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# **FREQUENTLY ASKED QUESTIONS:**

## **Immigration Enforcement in Healthcare Settings**

### **PATIENT PRIVACY AND INFORMATION DISCLOSURE**

- ***What qualifies Protected Health Information (PHI)?***
  - PHI includes names, birthdates, immigration status, and appointment/discharge times.
- ***Is hospital admission status considered PHI?***
  - Yes, but HIPAA allows disclosure of basic directory information (e.g., patient location) if requested by name. Patients can opt out of the directory.
- ***What if a patient shares their immigration status?***
  - Keep it confidential. Do not document or disclose unless required by a court order.
- ***Should I ask about a patient's immigration status?***
  - No. Avoid asking for patients' immigration status, it is not medically relevant. If such information is indispensable for insurance or medical assistance, document it separately.
- ***What can law enforcement access about a patient?***
  - Only information with legal authorization, such as a valid court order, judicial warrant, or written patient consent.
- ***What if law enforcement says it's an 'exigent circumstance'?***
  - Exigent circumstances (like immediate threats to safety) may temporarily justify access without a warrant, but this is extremely rare. Staff should immediately notify supervisors and document the event.

### **LAW ENFORCEMENT PRESENCE AND ENFORCEMENT ACTIONS**

- ***Can law enforcement carry out enforcement at healthcare centers?***
  - Law enforcement may enter public areas (e.g., lobbies, waiting rooms), but cannot enter private areas without proper legal authority.
- ***Can law enforcement arrest a patient in a hospital?***
  - Yes, but only in public areas or with a valid judicial warrant that legal counsel has reviewed.
- ***Can law enforcement claim an arrest is needed to prevent harm?***
  - If law enforcement claims an arrest is needed to prevent harm, you may confirm or deny the claim, but without a judicial warrant, compliance is not required.
- ***Can law enforcement wait near a health center?***
  - Yes. A trained staff member may approach to confirm their identity and alert authorized personnel. Agents cannot enter the facility without proper authorization.
- ***Can law enforcement be recorded while engaging in enforcement operations?***
  - In public spaces, generally, yes, you can record law enforcement. In nonpublic spaces, recording may be permitted, but there are important standards under HIPAA, internal policies, and other privacy rules that must be followed.

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# FREQUENTLY ASKED QUESTIONS: (CONTINUED)

## Immigration Enforcement in Healthcare Settings

### DEFINITIONS OF SPACE AND LEGAL PROTECTIONS

- **How are public vs. private spaces defined in health centers?**
  - Public areas typically include waiting rooms and lobbies. Private areas typically include exam rooms, treatment rooms, staff offices, and any space with restricted access. Healthcare facilities should clearly label these spaces using signs or security protocols.
- **What is the "plain view" doctrine in healthcare settings?**
  - Officers may observe items in plain sight in public areas, including papers on a desk or audible conversations ("plain hearing"), but cannot move objects or search beyond what is visible without a warrant.
- **How does the 4th Amendment protect privacy in hospitals?**
  - It prohibits unreasonable searches in areas where individuals have a reasonable expectation of privacy (e.g., treatment rooms). Public areas have less legal protection.

### WHERE CAN I FIND MORE RESOURCES

Visit the National Immigration Law Center Website: <https://www.nilc.org/resources/healthcare-provider-and-patients-rights-imm-enf/>

Download this guide that was created by the National Immigration Law Center and Physicians for Human Rights. There is a wealth of information and examples of "know your rights" patient information.

[https://phr.org/wp-content/uploads/2025/03/Health-Care-and-U.S.-Immigration-Enforcement\\_What-Providers-Need-to-Know\\_Guide\\_PHR-and-NILC-2025.pdf](https://phr.org/wp-content/uploads/2025/03/Health-Care-and-U.S.-Immigration-Enforcement_What-Providers-Need-to-Know_Guide_PHR-and-NILC-2025.pdf)

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## SOURCES UTILIZED TO COMPILE THIS DOCUMENT:

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