***Sample*: COVID-19 Accelerated Release Letter**

**The following letter documents the medical rationale for recommending this patient’s immediate release in response to the risks posed by the ongoing COVID-19 pandemic. A copy has been forwarded to the appropriate authority and is included in the patient’s medical record.** Parts of the letter noted in red can be modified to describe your patient.

*Mr. A is a 74-year-old man with severely reduced heart function resulting from multiple heart attacks in the past. His heart is extremely weak, he uses oxygen, and has diabetes. He has been hospitalized 3 times in the past 6 months for heart failure. He spends most of his time in bed or in a wheelchair due to shortness of breath and fatigue, and he uses a walker. He is short of breath even when at rest.*

*Mr. A’s overall medical vulnerability and his medical conditions mean he is at very high risk of critical care need and death if he contracts COVID-19. Age is the most powerful risk factor for ICU placement and death in COVID-19. Mr. A is in the second highest risk group for age. There is currently a COVID-19 outbreak in our county.*

*Studies have shown that cardiac disease alone carries a significantly increased risk of death or ICU admission from COVID-19. We estimate Mr. A’s risk to be particularly elevated given that he also has diabetes and his heart failure is very advanced.*

*If Mr. A were living in the community, this patient would be able to shelter-in-place and practice appropriate social distancing, which would significantly decrease his risk of contracting COVID-19. Such social distancing is not feasible in our institution. Of note: our facility has 4 medical beds, all of which are currently occupied. The community hospital in our county has only 4 ICU beds and cases of COVID-19 have been identified in area.*

*Mr. A poses a high risk of requiring a medical bed or transfer to outside medical care, even if he does not contract COVID-19. According to the Seattle Heart Failure Model, Mr. A’s life expectancy is about 3 years, although I estimate that his prognosis may be shorter given his current need for assistance with basic activities, like showering. In his current status, Mr. A requires a weekly clinic appointment, close monitoring of his weight, frequent adjustment of medications, and twice monthly labs. Managing Mr. A’s health requires significant medical resources from our correctional and community healthcare staff. These critical resources could be reallocated to a possible surge in COVID-19 cases upon Mr. A’s release from custody.*

*For these reasons, the healthcare team strongly recommends immediate release, pending an appropriate housing and medical discharge plan.*