H-1637.	1	

SUBSTITUTE HOUSE BILL 1563

State of Washington 62nd Legislature 2011 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Cody, Hinkle, Moeller, Green, and Kenney)

READ FIRST TIME 02/16/11.

- AN ACT Relating to establishing uniformity in the protection of health-related information; amending RCW 70.02.050; reenacting and amending RCW 70.24.105, 71.05.390, and 71.05.630; creating a new section; and repealing RCW 70.24.450.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- NEW SECTION. Sec. 1. The legislature finds that Washington state has long been sensitive to the privacy concerns associated with personal health care information. As early as 1973, Washington established protections from disclosure for mental health information and records. In 1988, the AIDS omnibus act included protections for individuals receiving testing for HIV, AIDS, and other sexually transmitted diseases.
- The legislature further finds that in 1991 Washington enacted comprehensive health care information privacy standards for all health information and the federal government subsequently adopted similar national protections with the passage of the health insurance portability and accountability act. As privacy protections have evolved, so has the ability for health technology to facilitate communication among multiple providers in diverse practice settings.

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Health care providers continue to adopt electronic health records technology which allows them to share patient medical information with other providers to better coordinate medical care through initiatives such as medical homes and accountable care organizations. existence, however, of multiple privacy standards for physical and mental health information impedes these efforts to integrate care.

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The legislature, therefore, intends to improve the coordination of care to these people by establishing a single standard for the protection of all health care information.

- 10 Sec. 2. RCW 70.02.050 and 2007 c 156 s 12 are each amended to read 11 as follows:
- (1) A health care provider or health care facility may disclose 13 health care information about a patient without the patient's authorization to the extent a recipient needs to know the information, 14 15 if the disclosure is:
 - (a) To a person who the provider or facility reasonably believes is providing health care to the patient;
 - (b) To any other person who requires health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, actuarial services to, or other health care operations for or on behalf of the health care provider or health care facility; or for assisting the health care provider or health care facility in the delivery of health care and the health care provider or health care facility reasonably believes that the person:
 - (i) Will not use or disclose the health care information for any other purpose; and
- (ii) Will take appropriate steps to protect the health care 28 29 information;
 - (c) To any other health care provider or health care facility reasonably believed to have previously provided health care to the patient, to the extent necessary to provide health care to the patient, unless the patient has instructed the health care provider or health care facility in writing not to make the disclosure;
- 35 (d) To any person if the health care provider or health care 36 facility reasonably believes that disclosure will avoid or minimize an

imminent danger to the health or safety of the patient or any other individual, however there is no obligation under this chapter on the part of the provider or facility to so disclose;

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- (e) To immediate family members of the patient, including a patient's state registered domestic partner, or any other individual with whom the patient is known to have a close personal relationship, if made in accordance with good medical or other professional practice, unless the patient has instructed the health care provider or health care facility in writing not to make the disclosure;
- (f) To a health care provider or health care facility who is the successor in interest to the health care provider or health care facility maintaining the health care information;
- 13 (g) For use in a research project that an institutional review 14 board has determined:
 - (i) Is of sufficient importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure;
 - (ii) Is impracticable without the use or disclosure of the health care information in individually identifiable form;
- 19 (iii) Contains reasonable safeguards to protect the information 20 from redisclosure;
 - (iv) Contains reasonable safeguards to protect against identifying, directly or indirectly, any patient in any report of the research project; and
 - (v) Contains procedures to remove or destroy at the earliest opportunity, consistent with the purposes of the project, information that would enable the patient to be identified, unless an institutional review board authorizes retention of identifying information for purposes of another research project;
- 29 (h) To a person who obtains information for purposes of an audit, 30 if that person agrees in writing to:
 - (i) Remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable the patient to be identified; and
- (ii) Not to disclose the information further, except to accomplish the audit or report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient, or other unlawful conduct by the health care provider;

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- 1 (i) To an official of a penal or other custodial institution in 2 which the patient is detained;
 - (j) To provide directory information, unless the patient has instructed the health care provider or health care facility not to make the disclosure;
 - (k) To fire, police, sheriff, or another public authority, that brought, or caused to be brought, the patient to the health care facility or health care provider if the disclosure is limited to the patient's name, residence, sex, age, occupation, condition, diagnosis, estimated or actual discharge date, or extent and location of injuries as determined by a physician, and whether the patient was conscious when admitted;
 - (1) To federal, state, or local law enforcement authorities and the health care provider, health care facility, or third-party payor believes in good faith that the health care information disclosed constitutes evidence of criminal conduct that occurred on the premises of the health care provider, health care facility, or third-party payor;
 - (m) To another health care provider, health care facility, or third-party payor for the health care operations of the health care provider, health care facility, or third-party payor that receives the information, if each entity has or had a relationship with the patient who is the subject of the health care information being requested, the health care information pertains to such relationship, and the disclosure is for the purposes described in RCW 70.02.010(8) (a) and (b); ($(\frac{OT}{C})$)
 - (n) For payment;

- (o) To persons authorized to receive information regarding the identity of the subject of an HIV antibody test or test for any other sexually transmitted disease, the results of such a test, and the diagnosis or treatment of a patient for HIV infection as permitted under RCW 70.24.105; or
- (p) To persons authorized under chapter 71.05 RCW to receive information and records regarding recipients of mental health-related services.
- 36 (2) A health care provider shall disclose health care information 37 about a patient without the patient's authorization if the disclosure 38 is:

- (a) To federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws; or when needed to protect the public health;
- (b) To federal, state, or local law enforcement authorities to the extent the health care provider is required by law;
- (c) To federal, state, or local law enforcement authorities, upon receipt of a written or oral request made to a nursing supervisor, administrator, or designated privacy official, in a case in which the patient is being treated or has been treated for a bullet wound, gunshot wound, powder burn, or other injury arising from or caused by the discharge of a firearm, or an injury caused by a knife, an ice pick, or any other sharp or pointed instrument which federal, state, or local law enforcement authorities reasonably believe to have been intentionally inflicted upon a person, or a blunt force injury that federal, state, or local law enforcement authorities reasonably believe resulted from a criminal act, the following information, if known:
 - (i) The name of the patient;
 - (ii) The patient's residence;
- 21 (iii) The patient's sex;
- 22 (iv) The patient's age;

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- (v) The patient's condition;
- (vi) The patient's diagnosis, or extent and location of injuries as determined by a health care provider;
 - (vii) Whether the patient was conscious when admitted;
- (viii) The name of the health care provider making the determination in (c)(v), (vi), and (vii) of this subsection;
- 29 (ix) Whether the patient has been transferred to another facility; 30 and
 - (x) The patient's discharge time and date;
- (d) To county coroners and medical examiners for the investigations of deaths;
- 34 (e) Pursuant to compulsory process in accordance with RCW 35 70.02.060.
- 36 (3) All state or local agencies obtaining patient health care 37 information pursuant to this section shall adopt rules establishing

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their record acquisition, retention, and security policies that are consistent with this chapter.

- **Sec. 3.** RCW 70.24.105 and 1997 c 345 s 2 and 1997 c 196 s 6 are each reenacted and amended to read as follows:
- (1) ((No person may disclose or be compelled to disclose the identity of any person who has investigated, considered, or requested a test or treatment for a sexually transmitted disease, except as authorized by this chapter.
- (2) No person may disclose or be compelled to disclose the identity of any person upon whom an HIV antibody test is performed, or the results of such a test, nor may the result of a test for any other sexually transmitted disease when it is positive be disclosed. This protection against disclosure of test subject, diagnosis, or treatment also applies to any information relating to diagnosis of or treatment for HIV infection and for any other confirmed sexually transmitted disease.)) Information regarding the identity of the subject of an HIV antibody test or test for any other sexually transmitted disease, the results of such a test, and the diagnosis or treatment of a patient for HIV infection must be considered "health care information" as that term is defined in RCW 70.02.010 and subject to the same regulations established under chapter 70.02 RCW, except as otherwise provided in this chapter. In addition to the provisions of chapter 70.02 RCW, the following persons((, however,)) may receive such information:
- (a) ((The subject of the test or the subject's legal representative for health care decisions in accordance with RCW 7.70.065, with the exception of such a representative of a minor child over fourteen years of age and otherwise competent;
- (b) Any person who secures a specific release of test results or information relating to HIV or confirmed diagnosis of or treatment for any other sexually transmitted disease executed by the subject or the subject's legal representative for health care decisions in accordance with RCW 7.70.065, with the exception of such a representative of a minor child over fourteen years of age and otherwise competent;
- (c) The state public health officer, a local public health officer, or the centers for disease control of the United States public health service in accordance with reporting requirements for a diagnosed case of a sexually transmitted disease;

(d))) A health facility or health care provider that procures, processes, distributes, or uses: (i) A human body part, tissue, or blood from a deceased person with respect to medical information regarding that person; (ii) semen, including that provided prior to March 23, 1988, for the purpose of artificial insemination; or (iii) blood specimens;

 $((\frac{(e)}{(e)}))$ (b) Any state or local public health officer conducting an investigation pursuant to RCW 70.24.024, provided that such record was obtained by means of court ordered HIV testing pursuant to RCW 70.24.340 or 70.24.024;

((f) A person allowed access to the record by a court order granted after application showing good cause therefor. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician patient relationship, and to the treatment services. Upon the granting of the order, the court, in determining the extent to which any disclosure of all or any part of the record of any such test is necessary, shall impose appropriate safeguards against unauthorized disclosure. An order authorizing disclosure shall: (i) Limit disclosure to those parts of the patient's record deemed essential to fulfill the objective for which the order was granted; (ii) limit disclosure to those persons whose need for information is the basis for the order; and (iii) include any other appropriate measures to keep disclosure to a minimum for the protection of the patient, the physician-patient relationship, and the treatment services, including but not limited to the written statement set forth in subsection (5) of this section;

(g) Local law enforcement agencies)) (c) Prosecuting attorneys and superior courts, to the extent provided in RCW 70.24.034;

 $((\frac{h}{}))$ $\underline{(d)}$ Persons who, because of their behavioral interaction with the infected individual, have been placed at risk for acquisition of a sexually transmitted disease, as provided in RCW 70.24.022, if the health officer or authorized representative believes that the exposed person was unaware that a risk of disease exposure existed and that the disclosure of the identity of the infected person is necessary;

 $((\frac{1}{2}))$ (e) A law enforcement officer, firefighter, health care provider, health care facility staff person, department of correction's staff person, jail staff person, or other persons as defined by the board in rule pursuant to RCW 70.24.340(4), who has requested a test of

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a person whose bodily fluids he or she has been substantially exposed to, pursuant to RCW 70.24.340(4), if a state or local public health officer performs the test;

(((j) Claims management personnel employed by or associated with an insurer, health care service contractor, health maintenance organization, self-funded health plan, state-administered health care claims payer, or any other payer of health care claims where such disclosure is to be used solely for the prompt and accurate evaluation and payment of medical or related claims. Information released under this subsection shall be confidential and shall not be released or available to persons who are not involved in handling or determining medical claims payment;)) and

(((k))) (<u>f</u>) A department of social and health services worker, a child placing agency worker, or a guardian ad litem who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child, who is less than fourteen years of age, has a sexually transmitted disease, and is in the custody of the department of social and health services or a licensed child placing agency; this information may also be received by a person responsible for providing residential care for such a child when the department of social and health services or a licensed child placing agency determines that it is necessary for the provision of child care services.

(((3))) (2) No person to whom the results of a test for a sexually transmitted disease have been disclosed pursuant to subsection (((2))) (1) of this section may disclose the test results to another person except as authorized by that subsection.

 $((\frac{4}{}))$ (3) The release of sexually transmitted disease information regarding an offender or detained person, except as provided in subsection $((\frac{2}{})(e))$ (1)(b) of this section, shall be governed as follows:

(a) The sexually transmitted disease status of a department of corrections offender who has had a mandatory test conducted pursuant to RCW 70.24.340(1), 70.24.360, or 70.24.370 shall be made available by department of corrections health care providers and local public health officers to the department of corrections health care administrator or infection control coordinator of the facility in which the offender is housed. The information made available to the health care

administrator or the infection control coordinator under this subsection ((4)) (3)(a) shall be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. The information may be submitted to transporting officers and receiving facilities, including facilities that are not under the department of corrections' jurisdiction according to the provisions of (d) and (e) of this subsection.

- (b) The sexually transmitted disease status of a person detained in a jail who has had a (($\frac{1}{2}$)) $\frac{1}{2}$ mandatory test conducted pursuant to RCW 70.24.340(1), 70.24.360, or 70.24.370 shall be made available by the local public health officer to a jail health care administrator or infection control coordinator. The information made available to a health care administrator under this subsection (($\frac{1}{2}$)) (3)(b) shall be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, detainees, and the public. The information may be submitted to transporting officers and receiving facilities according to the provisions of (d) and (e) of this subsection.
- (c) Information regarding the sexually transmitted disease status of an offender or detained person is confidential and may be disclosed by a correctional health care administrator or infection control coordinator or local jail health care administrator or infection control coordinator only as necessary for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. Unauthorized disclosure of this information to any person may result in disciplinary action, in addition to the penalties prescribed in RCW 70.24.080 or any other penalties as may be prescribed by law.
- (d) Notwithstanding the limitations on disclosure contained in (a), (b), and (c) of this subsection, whenever any member of a jail staff or department of corrections staff has been substantially exposed to the bodily fluids of an offender or detained person, then the results of any tests conducted pursuant to RCW 70.24.340(1), 70.24.360, or 70.24.370, shall be immediately disclosed to the staff person in accordance with the Washington Administrative Code rules governing employees' occupational exposure to bloodborne pathogens. Disclosure must be accompanied by appropriate counseling for the staff member, including information regarding follow-up testing and treatment.

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Disclosure shall also include notice that subsequent disclosure of the information in violation of this chapter or use of the information to harass or discriminate against the offender or detained may result in disciplinary action, in addition to the penalties prescribed in RCW 70.24.080, and imposition of other penalties prescribed by law.

- (e) The staff member shall also be informed whether the offender or detained person had any other communicable disease, as defined in RCW 72.09.251(3), when the staff person was substantially exposed to the offender's or detainee's bodily fluids.
- (f) The test results of voluntary and anonymous HIV testing or HIV-related condition may not be disclosed to a staff person except as provided in subsection $((\frac{2}{i}))$ (1)(e) of this section and RCW 70.24.340(4). A health care administrator or infection control coordinator may provide the staff member with information about how to obtain the offender's or detainee's test results under subsection $((\frac{2}{i}))$ (1)(e) of this section and RCW 70.24.340(4).
- $((\frac{(5)}{)})$ (4) Whenever disclosure is made pursuant to this section, except for subsection($(\frac{(5)}{(2)})$ and $(\frac{(5)}{(2)})$ of this section, it shall be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written ($(\frac{(consent)}{(consent)})$) authorization of the person to whom it pertains, or as otherwise permitted by state law. ($(\frac{(a)}{(consent)})$) An oral disclosure shall be accompanied or followed by such a notice within ten days.
- ((+6))) (5) The requirements of this section shall not apply to the customary methods utilized for the exchange of medical information among health care providers in order to provide health care services to the patient, nor shall they apply within health care facilities where there is a need for access to confidential medical information to fulfill professional duties.
- $((\frac{(7)}{)})$ (6) Upon request of the victim, disclosure of test results under this section to victims of sexual offenses under chapter 9A.44 RCW shall be made if the result is negative or positive. The county prosecuting attorney shall notify the victim of the right to such

disclosure. Such disclosure shall be accompanied by appropriate counseling, including information regarding follow-up testing.

Sec. 4. RCW 71.05.390 and 2009 c 320 s 3 and 2009 c 217 s 6 are each reenacted and amended to read as follows:

Except as provided in this section, RCW 71.05.445, 71.05.630, 70.96A.150, 71.05.385, 70.02.050, or pursuant to a valid release under RCW 70.02.030, the fact of admission and all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services at public or private agencies shall be ((confidential)) considered "health care information" as that term is defined in RCW 70.02.010 and subject to the same regulations established under chapter 70.02 RCW, except as otherwise provided in this chapter.

In addition to any disclosures permitted under chapter 70.02 RCW, information and records may be disclosed ((only)):

- (1) In communications between qualified professional persons to meet the requirements of this chapter, in the provision of services or appropriate referrals, or in the course of guardianship proceedings. The ((consent)) authorization of the person, or his or her personal representative or guardian, shall be obtained before information or records may be disclosed by a professional person employed by a facility unless provided to a professional person:
 - (a) Employed by the facility;

- (b) Who has medical responsibility for the patient's care;
- (c) Who is a designated mental health professional;
- (d) Who is providing services under chapter 71.24 RCW;
- (e) Who is employed by a state or local correctional facility where the person is confined or supervised; or
- 29 (f) Who is providing evaluation, treatment, or follow-up services 30 under chapter 10.77 RCW.
 - (2) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside.
- 35 (3)(a) When the person receiving services, or his or her guardian, 36 designates persons to whom information or records may be released, or

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1 if the person is a minor, when his or her parents make such 2 designation.

- (b) A public or private agency shall release to a person's next of kin, attorney, personal representative, guardian, or conservator, if any:
- (i) The information that the person is presently a patient in the facility or that the person is seriously physically ill;
- (ii) A statement evaluating the mental and physical condition of the patient, and a statement of the probable duration of the patient's confinement, if such information is requested by the next of kin, attorney, personal representative, guardian, or conservator; and
- (iii) Such other information requested by the next of kin or attorney as may be necessary to decide whether or not proceedings should be instituted to appoint a guardian or conservator.
- (4) ((To the extent necessary for a recipient to make a claim, or for a claim to be made on behalf of a recipient for aid, insurance, or medical assistance to which he or she may be entitled.
- (5)(a) For either program evaluation or research, or both: PROVIDED, That the secretary adopts rules for the conduct of the evaluation or research, or both. Such rules shall include, but need not be limited to, the requirement that all evaluators and researchers must sign an oath of confidentiality substantially as follows:
- "As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding persons who have received services such that the person who received such services is identifiable.
- I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law.
- - (b) Nothing in this chapter shall be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary.

(6))(a) To the courts as necessary to the administration of this chapter or to a court ordering an evaluation or treatment under chapter 10.77 RCW solely for the purpose of preventing the entry of any evaluation or treatment order that is inconsistent with any order entered under this chapter.

- (b) To a court or its designee in which a motion under chapter 10.77 RCW has been made for involuntary medication of a defendant for the purpose of competency restoration.
- (c) Disclosure under this subsection is mandatory for the purpose of the health insurance portability and accountability act.
- (((7))) (5)(a) When a mental health professional is requested by a representative of a law enforcement or corrections agency, including a police officer, sheriff, community corrections officer, a municipal attorney, or prosecuting attorney to undertake an investigation or provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the mental health professional shall, if requested to do so, advise the representative in writing of the results of the investigation including a statement of reasons for the decision to detain or release the person investigated. Such written report shall be submitted within seventy-two hours of the completion of the investigation or the request from the law enforcement or corrections representative, whichever occurs later.
- 23 (b) Disclosure under this subsection is mandatory for the purposes 24 of the health insurance portability and accountability act.
 - $((\frac{8}{1}))$ (6) To the attorney of the detained person.
 - $((\frac{(9)}{)})$ To the prosecuting attorney as necessary to carry out the responsibilities of the office under RCW 71.05.330(2) and 71.05.340(1)(b) and 71.05.335. The prosecutor shall be provided access to records regarding the committed person's treatment and prognosis, medication, behavior problems, and other records relevant to the issue of whether treatment less restrictive than inpatient treatment is in the best interest of the committed person or others. Information shall be disclosed only after giving notice to the committed person and the person's counsel.
 - (((10))) <u>(8)</u>(a) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may

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designate a representative to receive the disclosure. The disclosure 1 2 shall be made by the professional person in charge of the public or private agency or his or her designee and shall include the dates of 3 4 admission, discharge, or release, commitment, authorized unauthorized absence from the agency's facility, and only such other 5 information that is pertinent to the threat or harassment. 6 7 decision to disclose or not shall not result in civil liability for the 8 agency or its employees so long as the decision was reached in good 9 faith and without gross negligence.

- (b) Disclosure under this subsection is mandatory for the purposes of the health insurance portability and accountability act.
- (((11))) <u>(9)</u>(a) To appropriate corrections and law enforcement agencies all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The decision to disclose or not shall not result in civil liability for the mental health service provider or its employees so long as the decision was reached in good faith and without gross negligence.
- 19 (b) Disclosure under this subsection is mandatory for the purposes 20 of the health insurance portability and accountability act.
- 21 $((\frac{(12)}{(12)}))$ To the persons designated in RCW 71.05.425 and 22 71.05.385 for the purposes described in those sections.
- $((\frac{(13)}{(13)}))$ (11) Civil liability and immunity for the release of information about a particular person who is committed to the department under RCW 71.05.280(3) and 71.05.320(3)(c) after dismissal of a sex offense as defined in RCW 9.94A.030, is governed by RCW 4.24.550.
- $((\frac{(14)}{(14)}))$ (12) Upon the death of a person, his or her next of kin, personal representative, guardian, or conservator, if any, shall be notified.
 - Next of kin who are of legal age and competent shall be notified under this section in the following order: Spouse, parents, children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, obtained, or maintained in the course of providing services to a deceased patient shall be governed by RCW 70.02.140.
- 37 (((15) To the department of health for the purposes of determining compliance with state or federal licensure, certification, or

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registration rules or laws. However, the information and records obtained under this subsection are exempt from public inspection and copying pursuant to chapter 42.56 RCW.

- (16))) (13) To mark headstones or otherwise memorialize patients interred at state hospital cemeteries. The department of social and health services shall make available the name, date of birth, and date of death of patients buried in state hospital cemeteries fifty years after the death of a patient.
- $((\frac{17}{17}))$ <u>(14)</u> To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)(ii). The extent of information that may be released is limited as follows:
- (a) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), shall be disclosed upon request;
- (b) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)(ii);
- (c) Disclosure under this subsection is mandatory for the purposes of the health insurance portability and accountability act.
 - ((\(\frac{(18\)}{18\)}\)) (15) When a patient would otherwise be subject to the provisions of this section and disclosure is necessary for the protection of the patient or others due to his or her unauthorized disappearance from the facility, and his or her whereabouts is unknown, notice of such disappearance, along with relevant information, may be made to relatives, the department of corrections when the person is under the supervision of the department, and governmental law enforcement agencies designated by the physician or psychiatric advanced registered nurse practitioner in charge of the patient or the professional person in charge of the facility, or his or her professional designee.

Except as otherwise provided in this chapter, the uniform health care information act, chapter 70.02 RCW, applies to all records and information compiled, obtained, or maintained in the course of providing services.

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 $((\frac{19}{19}))$ (16) The fact of admission, as well as all records, files, 1 2 evidence, findings, or orders made, prepared, collected, or maintained pursuant to this chapter and which may be held by a health care 3 provider or health care facility shall not be admissible as evidence in 4 any legal proceeding outside this chapter without the written 5 ((consent)) authorization of the person who was the subject of the 6 proceeding except as provided in RCW 71.05.385, in a subsequent 7 8 criminal prosecution of a person committed pursuant to RCW 71.05.280(3) 9 or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter 10 10.77 RCW due to incompetency to stand trial, in a civil commitment 11 proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, 12 a guardianship or dependency proceeding. The records and files 13 maintained in any court proceeding pursuant to this chapter and held by a court shall be confidential and available subsequent to such 14 15 proceedings only to the person who was the subject of the proceeding or his or her attorney. In addition, the court may order the subsequent 16 release or use of such records or files only upon good cause shown if 17 18 the court finds that appropriate safeguards for strict confidentiality 19 are and will be maintained.

(17) Copies of documents from court proceedings maintained or held by a health care provider or health care facility, such as petitions, orders of detention, and affidavits, as well as records of services or treatment provided to persons as a result of proceedings under chapter 71.05, 71.34, or 10.77 RCW shall be considered "health care information," as that term is defined in RCW 70.02.010 and shall not be considered subject to subsection (16) of this section except as explicitly stated.

- 28 **Sec. 5.** RCW 71.05.630 and 2009 c 398 s 1, 2009 c 320 s 5, and 2009 c 217 s 8 are each reenacted and amended to read as follows:
 - (1) Except as otherwise provided by law, all treatment records shall remain confidential <u>pursuant to chapter 70.02 RCW</u> and may be released only to the persons designated in this section, <u>to persons authorized to receive the records under chapter 70.02 RCW</u>, or to other persons designated in ((an informed written consent)) a disclosure authorization of the patient.
- 36 (2) Treatment records of a person may be released without

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((informed written consent)) a disclosure authorization of the patient in the following circumstances:

- (a) ((To a person, organization, or agency as necessary for management or financial audits, or program monitoring and evaluation. Information obtained under this subsection shall remain confidential and may not be used in a manner that discloses the name or other identifying information about the person whose records are being released.
- (b) To the department, the director of regional support networks, or a qualified staff member designated by the director only when necessary to be used for billing or collection purposes. The information shall remain confidential.
 - (c))) For purposes of research as permitted in chapter 42.48 RCW.
 - $((\frac{d}{d}))$ (b) Pursuant to lawful order of a court.

- ((\(\frac{(+)}{c}\)) (c) To qualified staff members of the department, to the director of regional support networks, to resource management services responsible for serving a patient, or to service providers designated by resource management services as necessary to determine the progress and adequacy of treatment and to determine whether the person should be transferred to a less restrictive or more appropriate treatment modality or facility. The information shall remain confidential.
- (((f) Within the treatment facility where the patient is receiving treatment, confidential information may be disclosed to persons employed, serving in bona fide training programs, or participating in supervised volunteer programs, at the facility when it is necessary to perform their duties.
- $\frac{(g)}{(g)}$)) $\underline{(d)}$ Within the department as necessary to coordinate treatment for mental illness, developmental disabilities, alcoholism, or drug abuse of persons who are under the supervision of the department.
- (((h) To a licensed physician or psychiatric advanced registered nurse practitioner who has determined that the life or health of the person is in danger and that treatment without the information contained in the treatment records could be injurious to the patient's health. Disclosure shall be limited to the portions of the records necessary to meet the medical emergency.
- (i) Consistent with the requirements of the health information portability and accountability act, to a licensed mental health

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professional, as defined in RCW 71.05.020, or a health care professional licensed under chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is providing care to a person, or to whom a person has been referred for evaluation or treatment, to assure coordinated care and treatment of that person. Psychotherapy notes, as defined in 45 C.F.R. Sec. 164.501, may not be released without authorization of the person who is the subject of the request for release of information.

(j) To administrative and office support staff designated to obtain medical records for those licensed professionals listed in (i) of this subsection.

(k)) (e) To a facility that is to receive a person who is involuntarily committed under this chapter $((71.05\ RCW))$, or upon transfer of the person from one treatment facility to another. The release of records under this subsection shall be limited to the treatment records required by law, a record or summary of all somatic treatments, and a discharge summary. The discharge summary may include a statement of the patient's problem, the treatment goals, the type of treatment which has been provided, and recommendation for future treatment, but may not include the patient's complete treatment record.

 $((\frac{1}{1}))$ (f) To the person's counsel or guardian ad litem, without modification, at any time in order to prepare for involuntary commitment or recommitment proceedings, reexaminations, appeals, or other actions relating to detention, admission, commitment, or patient's rights under this chapter $((\frac{71.05 \text{ RCW}}{1.05 \text{ RCW}}))$.

((\(\frac{(m)}{}\)) (\(\frac{g}\)) To staff members of the protection and advocacy agency or to staff members of a private, nonprofit corporation for the purpose of protecting and advocating the rights of persons with mental disorders or developmental disabilities. Resource management services may limit the release of information to the name, birthdate, and county of residence of the patient, information regarding whether the patient was voluntarily admitted, or involuntarily committed, the date and place of admission, placement, or commitment, the name and address of a guardian of the patient, and the date and place of the guardian's appointment. Any staff member who wishes to obtain additional information shall notify the patient's resource management services in writing of the request and of the resource management services' right to object. The staff member shall send the notice by mail to the

guardian's address. If the guardian does not object in writing within fifteen days after the notice is mailed, the staff member may obtain the additional information. If the guardian objects in writing within fifteen days after the notice is mailed, the staff member may not obtain the additional information.

(((n) For purposes of coordinating health care, the department may release without informed written consent of the patient, information acquired for billing and collection purposes as described in (b) of this subsection to all current treating providers of the patient with prescriptive authority who have written a prescription for the patient within the last twelve months. The department shall notify the patient that billing and collection information has been released to named providers, and provide the substance of the information released and the dates of such release. The department shall not release counseling, inpatient psychiatric hospitalization, or drug and alcohol treatment information without a signed written release from the client.))

(3) Whenever federal law or federal regulations restrict the release of information contained in the treatment records of any patient who receives treatment for chemical dependency, the department may restrict the release of the information as necessary to comply with federal law and regulations.

NEW SECTION. Sec. 6. RCW 70.24.450 (Confidentiality--Reports--24 Unauthorized disclosures) and 1999 c 391 s 3 are each repealed.

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