H-3427.1			

HOUSE BILL 2316

State of Washington 62nd Legislature 2012 Regular Session

By Representatives Cody, Hinkle, and Green

Read first time 01/11/12. Referred to Committee on Health Care & Wellness.

- 1 AN ACT Relating to disclosure of health care information; amending
- 2 RCW 70.02.010, 70.02.020, 70.02.050, 71.05.660, 71.05.680, 71.05.690,
- and 71.24.035; adding new sections to chapter 70.02 RCW; repealing RCW
- 4 70.24.105, 71.05.390, 71.05.640, 71.05.385, 71.05.420, 71.05.440,
- 5 71.05.427, 71.05.510, 71.34.340, 71.34.345, and 71.34.350; prescribing
- 6 penalties; and providing an effective date.
- 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 8 **Sec. 1.** RCW 70.02.010 and 2006 c 235 s 2 are each amended to read 9 as follows:
- 10 The definitions in this section apply throughout this chapter 11 unless the context clearly requires otherwise.
- 12 (1) "Audit" means an assessment, evaluation, determination, or 13 investigation of a health care provider by a person not employed by or 14 affiliated with the provider to determine compliance with:
- 15 (a) Statutory, regulatory, fiscal, medical, or scientific 16 standards;
- 17 (b) A private or public program of payments to a health care 18 provider; or
- 19 (c) Requirements for licensing, accreditation, or certification.

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(2) "Directory information" means information disclosing the presence, and for the purpose of identification, the name, location within a health care facility, and the general health condition of a particular patient who is a patient in a health care facility or who is currently receiving emergency health care in a health care facility.

- (3) "Federal, state, or local law enforcement authorities" means an officer of any agency or authority in the United States, a state, a tribe, a territory, or a political subdivision of a state, a tribe, or a territory who is empowered by law to: (a) Investigate or conduct an official inquiry into a potential criminal violation of law; or (b) prosecute or otherwise conduct a criminal proceeding arising from an alleged violation of law.
- (4) "General health condition" means the patient's health status described in terms of "critical," "poor," "fair," "good," "excellent," or terms denoting similar conditions.
- (5) "Health care" means any care, service, or procedure provided by a health care provider:
 - (a) To diagnose, treat, or maintain a patient's physical or mental condition; or
 - (b) That affects the structure or any function of the human body.
 - (6) "Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where a health care provider provides health care to patients.
 - (7) "Health care information" means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care, including a patient's deoxyribonucleic acid and identified sequence of chemical base pairs. The term includes any required accounting of disclosures of health care information.
 - (8) "Health care operations" means any of the following activities of a health care provider, health care facility, or third-party payor to the extent that the activities are related to functions that make an entity a health care provider, a health care facility, or a third-party payor:
- 35 (a) Conducting: Quality assessment and improvement activities, 36 including outcomes evaluation and development of clinical guidelines, 37 if the obtaining of generalizable knowledge is not the primary purpose 38 of any studies resulting from such activities; population-based

activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;

- (b) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance and third-party payor performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of nonhealth care professionals, accreditation, certification, licensing, or credentialing activities;
- (c) Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care, including stoploss insurance and excess of loss insurance, if any applicable legal requirements are met;
- (d) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- (e) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the health care facility or third-party payor, including formulary development and administration, development, or improvement of methods of payment or coverage policies; and
- (f) Business management and general administrative activities of the health care facility, health care provider, or third-party payor including, but not limited to:
- (i) Management activities relating to implementation of and compliance with the requirements of this chapter;
- (ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that health care information is not disclosed to such policy holder, plan sponsor, or customer;
 - (iii) Resolution of internal grievances;
- (iv) The sale, transfer, merger, or consolidation of all or part of a health care provider, health care facility, or third-party payor with another health care provider, health care facility, or third-party

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payor or an entity that following such activity will become a health care provider, health care facility, or third-party payor, and due diligence related to such activity; and

- (v) Consistent with applicable legal requirements, creating deidentified health care information or a limited dataset and fundraising for the benefit of the health care provider, health care facility, or third-party payor.
- (9) "Health care provider" means a person who is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.
- means a type of health care information that relates to all information and records, including mental health treatment records, compiled, obtained, or maintained in the course of providing services by a mental health service provider, as defined in RCW 71.05.020. This may include documents of legal proceedings under chapter 71.05, 71.34, or 10.77 RCW, or somatic health care information.
 - (11) "Information and records related to sexually transmitted diseases" means a type of health care information that relates to the identity of any person upon whom an HIV antibody test or other sexually transmitted disease test is performed, the results of such tests when they are positive, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted diseases.
 - (12) "Institutional review board" means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects.
 - $((\frac{11}{11}))$ (13) "Maintain," as related to health care information, means to hold, possess, preserve, retain, store, or control that information.
- ((\(\frac{(12)}{)}\)) (14) "Mental health treatment records" include registration records, as defined in RCW 71.05.020, and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by regional support networks and their staff, and by treatment facilities. "Mental health treatment records" include mental

- 1 <u>health information contained in a medical bill including, but not</u>
- 2 limited to, mental health drugs, a mental health diagnosis, provider
- 3 name, and dates of service stemming from a medical service. "Mental
- 4 <u>health treatment records</u> do not include notes or records maintained
- 5 for personal use by a person providing treatment services for the
- 6 <u>department</u>, regional support networks, or a treatment facility if the
- 7 notes or records are not available to others.
- 8 (15) "Patient" means an individual who receives or has received 9 health care. The term includes a deceased individual who has received 10 health care.
 - $((\frac{13}{13}))$ <u>(16)</u> "Payment" means:
- 12 (a) The activities undertaken by:

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- (i) A third-party payor to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits by the third-party payor; or
- 16 (ii) A health care provider, health care facility, or third-party 17 payor, to obtain or provide reimbursement for the provision of health 18 care; and
 - (b) The activities in (a) of this subsection that relate to the patient to whom health care is provided and that include, but are not limited to:
 - (i) Determinations of eligibility or coverage, including coordination of benefits or the determination of cost-sharing amounts, and adjudication or subrogation of health benefit claims;
 - (ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics;
 - (iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, including stop-loss insurance and excess of loss insurance, and related health care data processing;
 - (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
 - (v) Utilization review activities, including precertification and preauthorization of services, and concurrent and retrospective review of services; and
- (vi) Disclosure to consumer reporting agencies of any of the following health care information relating to collection of premiums or reimbursement:

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- 1 (A) Name and address;
 - (B) Date of birth;

- 3 (C) Social security number;
 - (D) Payment history;
- 5 (E) Account number; and
- 6 (F) Name and address of the health care provider, health care facility, and/or third-party payor.
 - (((14))) <u>(17)</u> "Person" means an individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.
 - ((\(\frac{(15)}{)}\)) (18) "Reasonable fee" means the charges for duplicating or searching the record, but shall not exceed sixty-five cents per page for the first thirty pages and fifty cents per page for all other pages. In addition, a clerical fee for searching and handling may be charged not to exceed fifteen dollars. These amounts shall be adjusted biennially in accordance with changes in the consumer price index, all consumers, for Seattle-Tacoma metropolitan statistical area as determined by the secretary of health. However, where editing of records by a health care provider is required by statute and is done by the provider personally, the fee may be the usual and customary charge for a basic office visit.
- $((\frac{(16)}{(19)}))$ <u>(19) "Sexually transmitted disease" has the same meaning</u> 24 as in RCW 70.24.017.
 - (20) "Third-party payor" means an insurer regulated under Title 48 RCW authorized to transact business in this state or other jurisdiction, including a health care service contractor, and health maintenance organization; or an employee welfare benefit plan; or a state or federal health benefit program.
 - (((17))) (21) "Treatment" means the provision, coordination, or management of health care and related services by one or more health care providers or health care facilities, including the coordination or management of health care by a health care provider or health care facility with a third party; consultation between health care providers or health care facilities relating to a patient; or the referral of a patient for health care from one health care provider or health care facility to another.

- 1 **Sec. 2.** RCW 70.02.020 and 2005 c 468 s 2 are each amended to read 2 as follows:
 - (1) Except as authorized ((in RCW 70.02.050)) elsewhere in this chapter, a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent and employee of a health care provider may not disclose health care information about a patient to any other person without the patient's written authorization. A disclosure made under a patient's written authorization must conform to the authorization.
 - (2) A patient has a right to receive an accounting of disclosures of health care information made by a health care provider or a health care facility in the six years before the date on which the accounting is requested, except for disclosures:
 - (a) To carry out treatment, payment, and health care operations;
 - (b) To the patient of health care information about him or her;
- 16 (c) Incident to a use or disclosure that is otherwise permitted or required;
- 18 (d) Pursuant to an authorization where the patient authorized the 19 disclosure of health care information about himself or herself;
 - (e) Of directory information;

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- (f) To persons involved in the patient's care;
- 22 (g) For national security or intelligence purposes if an accounting of disclosures is not permitted by law;
- (h) To correctional institutions or law enforcement officials if an accounting of disclosures is not permitted by law; ((and))
- 26 (i) Of a limited data set that excludes direct identifiers of the 27 patient or of relatives, employers, or household members of the 28 patient; and
- 29 (j) As provided in RCW 71.05.425.
- 30 **Sec. 3.** RCW 70.02.050 and 2007 c 156 s 12 are each amended to read 31 as follows:
- 32 (1) A health care provider or health care facility may disclose 33 health care information about a patient without the patient's 34 authorization to the extent a recipient needs to know the information, 35 if the disclosure is:
- 36 (a) To a person who the provider or facility reasonably believes is 37 providing health care to the patient;

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(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 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;
- (d) To any person if the health care provider or health care 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;
- (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;
- (g))) For use in a research project that an institutional review 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;

(iii) Contains reasonable safeguards to protect the information 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;
- (((h) To a person who obtains information for purposes of an audit, 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;
- (i) To an official of a penal or other custodial institution in 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;

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- (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 $\frac{(b)}{};$)) or
- $((\frac{n}{n}))$ (d) For payment, including information 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.
- (2) A health care provider shall disclose health care information about a patient without the patient's authorization if the disclosure 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;
- 35 (ii) The patient's residence;
- 36 (iii) The patient's sex;
- 37 (iv) The patient's age;

38 (v) The patient's condition;

- 1 (vi) The patient's diagnosis, or extent and location of injuries as 2 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;
- 6 (ix) Whether the patient has been transferred to another facility;
 7 and
- 8 (x) The patient's discharge time and date;

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- 9 $\frac{\text{(d)}}{\text{(d)}}$) To county coroners and medical examiners for the 10 investigations of deaths((\div
- 11 (e) Pursuant to compulsory process in accordance with RCW 12 70.02.060.
- (3) All state or local agencies obtaining patient health care information pursuant to this section shall adopt rules establishing their record acquisition, retention, and security policies that are consistent with this chapter)).
- NEW SECTION. Sec. 4. A new section is added to chapter 70.02 RCW to read as follows:
 - (1) A health care provider or health care facility may disclose health care information, except for information related to sexually transmitted diseases and information related to mental health services, about a patient without the patient's authorization, to:
 - (a) 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;
 - (b) 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;
- 34 (c) A health care provider or health care facility who is the 35 successor in interest to the health care provider or health care 36 facility maintaining the health care information;

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1 (d) A person who obtains information for purposes of an audit, if 2 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;
- (e) Provide directory information, unless the patient has instructed the health care provider or health care facility not to make the disclosure;
- (f) Fire, police, sheriff, or other 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;
- (g) 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; and
- (h) 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).
- (2) A health care provider shall disclose health care information, except for information related to sexually transmitted diseases and information related to mental health services, about a patient without the patient's authorization if the disclosure is:

- 1 (a) To federal, state, or local law enforcement authorities to the 2 extent the health care provider is required by law;
- (b) To federal, state, or local law enforcement authorities, upon 3 4 receipt of a written or oral request made to a nursing supervisor, administrator, or designated privacy official, in a case in which the 5 patient is being treated or has been treated for a bullet wound, 6 7 gunshot wound, powder burn, or other injury arising from or caused by 8 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 9 10 local law enforcement authorities reasonably believe to have been intentionally inflicted upon a person, or a blunt force injury that 11 12 federal, state, or local law enforcement authorities reasonably believe 13 resulted from a criminal act, the following information, if known:
- (i) The name of the patient;
- 15 (ii) The patient's residence;
- 16 (iii) The patient's sex;
- 17 (iv) The patient's age;
- 18 (v) The patient's condition;
- 19 (vi) The patient's diagnosis, or extent and location of injuries as 20 determined by a health care provider;
- 21 (vii) Whether the patient was conscious when admitted;
- (viii) The name of the health care provider making the determination in (b)(v), (vi), and (vii) of this subsection;
- 24 (ix) Whether the patient has been transferred to another facility; 25 and
- 26 (x) The patient's discharge time and date;
- 27 (c) Pursuant to compulsory process in accordance with RCW 28 70.02.060.
- NEW SECTION. Sec. 5. A new section is added to chapter 70.02 RCW to read as follows:
- A health care provider or health care facility may disclose health care information, except for information related to sexually transmitted diseases, about a patient without the patient's authorization:
- 35 (1) To any person if the health care provider or health care 36 facility reasonably believes that disclosure will avoid or minimize an

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- 1 imminent danger to the health or safety of the patient or any other
- 2 individual. However, there is no obligation under this chapter on the
- 3 part of the provider or facility to so disclose; or

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- 4 (2) To an official of a penal or other custodial institution in which the patient is detained.
- 6 <u>NEW SECTION.</u> **Sec. 6.** A new section is added to chapter 70.02 RCW 7 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 section, RCW 70.02.050, or chapter 70.24 RCW.
 - (2) No person may disclose or be compelled to disclose information and records related to sexually transmitted diseases. A person may disclose information related to sexually transmitted diseases about a patient without the patient's authorization, to the extent a recipient needs to know the information, if the disclosure is to:
 - (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) 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;
 - (c) 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 was provided prior to March 23, 1988, for the purpose of artificial insemination; or (iii) blood specimens;
 - (d) Any state or local public health officer conducting an investigation pursuant to RCW 70.24.024, so long as the record was obtained by means of court-ordered HIV testing pursuant to RCW 70.24.340 or 70.24.024;
- 35 (e) A person allowed access to the record by a court order granted 36 after application showing good cause therefor. In assessing good 37 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 must: (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;

- (f) 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;
- (g) 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 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; and
- (h) 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.

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

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- (4) The release of sexually transmitted disease information regarding an offender or detained person, except as provided in subsection (2)(d) of this section, is 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 must 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)(a) may 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 mandatory test conducted pursuant to RCW 70.24.340(1), 70.24.360, or 70.24.370 must 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 (4)(b) may 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, 70.24.370, must 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. Disclosure must 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 detainee 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 must 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 this section and RCW 70.02.050(1)(d) and 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 this section and RCW 70.02.050(1)(d) and 70.24.340(4).
 - (5) Upon request of the victim, disclosure of test results under this section to victims of sexual offenses under chapter 9A.44 RCW must be made if the result is negative or positive. The county prosecuting attorney shall notify the victim of the right to such disclosure. The disclosure must be accompanied by appropriate counseling, including information regarding follow-up testing.

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NEW SECTION. Sec. 7. A new section is added to chapter 70.02 RCW to read as follows:

- (1) Except as provided in this section, RCW 70.02.050, 71.05.445, 70.96A.150, 74.09.295, sections 5 and 8 of this act, or pursuant to a valid authorization under RCW 70.02.030, the fact of admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the course of providing mental health services to either voluntary or involuntary recipients of services at public or private agencies must be confidential.
- 10 (2) Information and records related to mental health services, 11 other than those obtained through treatment under chapter 71.34 RCW, 12 may be disclosed only:
 - (a) In communications between qualified professional persons to meet the requirements of chapter 71.05 RCW, in the provision of services or appropriate referrals, or in the course of guardianship proceedings if provided to a professional person:
 - (i) Employed by the facility;

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- (ii) Who has medical responsibility for the patient's care;
- (iii) Who is a designated mental health professional;
- 20 (iv) Who is providing services under chapter 71.24 RCW;
- (v) Who is employed by a state or local correctional facility where the person is confined or supervised; or
- (vi) Who is providing evaluation, treatment, or follow-up services under chapter 10.77 RCW;
 - (b) 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;
 - (c)(i) When the person receiving services, or his or her guardian, designates persons to whom information or records may be released, or if the person is a minor, when his or her parents make such a designation;
- (ii) A public or private agency shall release to a person's next of kin, attorney, personal representative, guardian, or conservator, if any:
- 36 (A) The information that the person is presently a patient in the 37 facility or that the person is seriously physically ill;

(B) 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) 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;
- (d)(i) 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.
- (ii) 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.
- (iii) Disclosure under this subsection is mandatory for the purpose of the federal health insurance portability and accountability act;
- (e)(i) 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. The written report must 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.
- (ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
 - (f) To the attorney of the detained person;
- (g) To the prosecuting attorney as necessary to carry out the responsibilities of the office under RCW 71.05.330(2), 71.05.340(1)(b), and 71.05.335. The prosecutor must 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

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interest of the committed person or others. Information must be disclosed only after giving notice to the committed person and the person's counsel;

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- (h)(i) 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 designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of commitment, admission, discharge, or release, unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence.
- (ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
- (i)(i) 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.
- (ii) Disclosure under this subsection is mandatory for the purposes of the health insurance portability and accountability act;
- (j) To the persons designated in RCW 71.05.425 for the purposes described in those sections;
- (k) 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;
- (1) 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:
- 37 (i) Only the fact, place, and date of involuntary commitment, an 38 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;

- (ii) 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);
- 9 (iii) Disclosure under this subsection is mandatory for the 10 purposes of the federal health insurance portability and accountability 11 act;
 - (m)(i) 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 the 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.
 - (ii) 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;
 - (n) Pursuant to lawful order of a court;
 - (o) 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 must remain confidential;
 - (p) 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;

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(q) 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;

- (r) 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 must be limited to the portions of the records necessary to meet the medical emergency;
- (s) Consistent with the requirements of the federal health information portability and accountability act, to a licensed mental health 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;
- (t) To administrative and office support staff designated to obtain medical records for those licensed professionals listed in (j) of this subsection;
- (u) To a facility that is to receive a person who is involuntarily committed under chapter 71.05 RCW, or upon transfer of the person from one treatment facility to another. The release of records under this subsection is 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;
- (v) 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 chapter 71.05 RCW;
- (w) 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 quardian's appointment. Any staff member who wishes to obtain additional information must notify the patient's resource management services in writing of the request and of the resource management services' right to object. staff member shall send the notice by mail to the quardian's address. If the quardian 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;

- (x) To all current treating providers of the patient with prescriptive authority who have written a prescription for the patient within the last twelve months. For purposes of coordinating health care, the department may release without written authorization of the patient, information acquired for billing and collection purposes as described in RCW 70.02.050(1)(d). 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 may 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.
- (4) Civil liability and immunity for the release of information about a particular person who is committed to the department of social and health services 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.

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(5) The fact of admission to a provider of mental health services, 1 2 as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter 71.05 RCW are 3 not admissible as evidence in any legal proceeding outside that chapter 4 5 without the written authorization of the person who was the subject of the proceeding except as provided in section 11 of this act, in a 6 7 subsequent criminal prosecution of a person committed pursuant to RCW 8 71.05.280(3) or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter 10.77 RCW due to incompetency to stand trial, in a civil 9 10 commitment proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, a guardianship or dependency proceeding. The records and 11 12 files maintained in any court proceeding pursuant to chapter 71.05 RCW 13 must be confidential and available subsequent to such proceedings only 14 to the person who was the subject of the proceeding or his or her attorney. In addition, the court may order the subsequent release or 15 16 use of such records or files only upon good cause shown if the court 17 finds that appropriate safeguards for strict confidentiality are and 18 will be maintained.

NEW SECTION. Sec. 8. A new section is added to chapter 70.02 RCW to read as follows:

The fact of admission and all information and records related to mental health services obtained through treatment under chapter 71.34 RCW is confidential. Confidential information may be disclosed only:

- (1) In communications between mental health professionals to meet the requirements of this chapter, in the provision of services to the minor, or in making appropriate referrals;
 - (2) In the course of guardianship or dependency proceedings;
- 28 (3) To the minor, the minor's parent, and the minor's attorney, 29 subject to RCW 13.50.100;
- 30 (4) To the courts as necessary to the administration of this 31 chapter;
 - (5) To law enforcement officers or public health officers as necessary to carry out the responsibilities of their office. However, only the fact and date of admission, and the date of discharge, the name and address of the treatment provider, if any, and the last known address must be disclosed upon request;

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(6) To law enforcement officers, public health officers, relatives, and other governmental law enforcement agencies, if a minor has escaped from custody, disappeared from an evaluation and treatment facility, violated conditions of a less restrictive treatment order, or failed to return from an authorized leave, and then only such information as may be necessary to provide for public safety or to assist in the apprehension of the minor. The officers are obligated to keep the information confidential in accordance with this chapter;

- (7) To appropriate law enforcement agencies, upon request, 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 mental health service provider or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;
- (8) 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 designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of admission, discharge, authorized or unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;
- (9) To a minor's next of kin, attorney, guardian, or conservator, if any, the information that the minor is presently in the facility or that the minor is seriously physically ill and a statement evaluating the mental and physical condition of the minor as well as a statement of the probable duration of the minor's confinement;
 - (10) Upon the death of a minor, to the minor's next of kin;
 - (11) To a facility in which the minor resides or will reside;
- 34 (12) To law enforcement officers and to prosecuting attorneys as 35 are necessary to enforce RCW 9.41.040(2)(a)(ii).
- 36 (a) The extent of information that may be released is limited as follows:

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(i) 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), must be disclosed upon request;

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- (ii) 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);
- 11 (iii) Disclosure under this subsection is mandatory for the 12 purposes of the federal health insurance portability and accountability 13 act;
 - (b) This section may not 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. The fact of admission and all information obtained pursuant to this chapter are not admissible as evidence in any legal proceeding outside this chapter, except guardianship or dependency, without the written consent of the minor or the minor's parent;
- (13) For the purpose of a correctional facility participating in the postinstitutional medical assistance system supporting the expedited medical determinations and medical suspensions as provided in RCW 74.09.555 and 74.09.295.
- NEW SECTION. Sec. 9. A new section is added to chapter 70.02 RCW to read as follows:
- 28 (1) The definitions in this subsection apply throughout this 29 section unless the context clearly requires otherwise.
 - (a) "Information related to mental health services" means all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.05 or 10.77 RCW, or somatic health care information.
- 36 (b) "Mental health service provider" means a public or private 37 agency that provides services to persons with mental disorders as

defined under RCW 71.34.020 and receives funding from public sources.

This includes evaluation and treatment facilities as defined in RCW 71.34.020, community mental health service delivery systems, or community mental health programs, as defined in RCW 71.24.025, and facilities conducting competency evaluations and restoration under

chapter 10.77 RCW.

- (2) Information related to mental health services delivered to a person subject to chapter 9.94A or 9.95 RCW shall be released, upon request, by a mental health service provider to department of corrections personnel for whom the information is necessary to carry out the responsibilities of their office. The information must be provided only for the purpose of completing presentence investigations, supervision of an incarcerated person, planning for and provision of supervision of a person, or assessment of a person's risk to the community. The request shall be in writing and shall not require the consent of the subject of the records.
- (3) The information to be released to the department of corrections shall include all relevant records and reports, as defined by rule, necessary for the department of corrections to carry out its duties, including those records and reports identified in subsection (2) of this section.
- (4) The department shall, subject to available resources, electronically, or by the most cost-effective means available, provide the department of corrections with the names, last dates of services, and addresses of specific regional support networks and mental health service providers that delivered mental health services to a person subject to chapter 9.94A or 9.95 RCW pursuant to an agreement between the departments.
- (5) The department and the department of corrections, in consultation with regional support networks, mental health service providers as defined in subsection (1) of this section, mental health consumers, and advocates for persons with mental illness, shall adopt rules to implement the provisions of this section related to the type and scope of information to be released. These rules shall:
- (a) Enhance and facilitate the ability of the department of corrections to carry out its responsibility of planning and ensuring community protection with respect to persons subject to sentencing

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under chapter 9.94A or 9.95 RCW, including accessing and releasing or disclosing information of persons who received mental health services as a minor; and

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- (b) Establish requirements for the notification of persons under the supervision of the department of corrections regarding the provisions of this section.
- (6) The information received by the department of corrections under this section shall remain confidential and subject to the limitations on disclosure outlined in RCW 71.34.340, except as provided in RCW 72.09.585.
- (7) No mental health service provider or individual employed by a mental health service provider shall be held responsible for information released to or used by the department of corrections under the provisions of this section or rules adopted under this section.
 - (8) Whenever federal law or federal regulations restrict the release of information contained in the treatment records of any patient who receives treatment for alcoholism or drug dependency, the release of the information may be restricted as necessary to comply with federal law and regulations.
- 20 (9) This section does not modify the terms and conditions of 21 disclosure of information related to sexually transmitted diseases 22 under chapter 70.24 RCW.
- NEW SECTION. Sec. 10. A new section is added to chapter 70.02 RCW to read as follows:
 - (1)(a) A mental health service provider shall release to the persons authorized under subsection (2) of this section, upon request:
- (i) The fact, place, and date of an involuntary commitment, the fact and date of discharge or release, and the last known address of a person who has been committed under this chapter.
- (ii) Information related to mental health services, in the format determined under subsection (9) of this section, concerning a person who:
- 33 (A) Is currently committed to the custody or supervision of the 34 department of corrections or the indeterminate sentence review board 35 under chapter 9.94A or 9.95 RCW;
- 36 (B) Has been convicted or found not guilty by reason of insanity of a serious violent offense; or

(C) Was charged with a serious violent offense and the charges were dismissed under RCW 10.77.086.

- (b) Legal counsel may release such information to the persons authorized under subsection (2) of this section on behalf of the mental health service provider, so long as nothing in this subsection requires the disclosure of attorney work product or attorney-client privileged information.
- (2) The information subject to release under subsection (1) of this section must be released to law enforcement officers, personnel of a county or city jail, designated mental health professionals, public health officers, therapeutic court personnel, or personnel of the department of corrections, including the indeterminate sentence review board and personnel assigned to perform board-related duties, when such information is requested during the course of business and for the purpose of carrying out the responsibilities of the requesting person's office. No mental health service provider or person employed by a mental health service provider, or its legal counsel, may be liable for information released to or used under the provisions of this section or rules adopted under this section except under section 19 of this act.
- (3) A person who requests information under subsection (1)(a)(ii) of this section must comply with the following restrictions:
- (a) Information must be requested only for the purposes permitted by this subsection and for the purpose of carrying out the responsibilities of the requesting person's office. Appropriate purposes for requesting information under this section include:
- (i) Completing presentence investigations or risk assessment reports;
 - (ii) Assessing a person's risk to the community;
- 29 (iii) Assessing a person's risk of harm to self or others when 30 confined in a city or county jail;
 - (iv) Planning for and provision of supervision of an offender, including decisions related to sanctions for violations of conditions of community supervision; and
 - (v) Responding to an offender's failure to report for department of corrections supervision;
 - (b) Information may not be requested under this section unless the requesting person has reasonable suspicion that the individual who is the subject of the information:

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- (i) Has engaged in activity indicating that a crime or a violation of community custody or parole has been committed or, based upon his or her current or recent past behavior, is likely to be committed in the near future; or
 - (ii) Is exhibiting signs of a deterioration in mental functioning which may make the individual appropriate for civil commitment under this chapter; and
 - (c) Any information received under this section must be held confidential and subject to the limitations on disclosure outlined in this chapter, except:
 - (i) The information may be shared with other persons who have the right to request similar information under subsection (2) of this section, solely for the purpose of coordinating activities related to the individual who is the subject of the information in a manner consistent with the official responsibilities of the persons involved;
 - (ii) The information may be shared with a prosecuting attorney acting in an advisory capacity for a person who receives information under this section. A prosecuting attorney under this subsection is subject to the same restrictions and confidentiality limitations as the person who requested the information; and
 - (iii) As provided in RCW 72.09.585.

- (4) A request for information related to mental health services under this section does not require the consent of the subject of the records. The request must be provided in writing, except to the extent authorized in subsection (5) of this section. A written request may include requests made by e-mail or facsimile so long as the requesting person is clearly identified. The request must specify the information being requested.
- (5) In the event of an emergency situation that poses a significant risk to the public or the offender, a mental health service provider, or its legal counsel, shall release information related to mental health services delivered to the offender and, if known, information regarding where the offender is likely to be found to the department of corrections or law enforcement upon request. The initial request may be written or oral. All oral requests must be subsequently confirmed in writing. Information released in response to an oral request is limited to a statement as to whether the offender is or is not being

treated by the mental health service provider and the address or information about the location or whereabouts of the offender.

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- (6) Disclosure under this section to state or local law enforcement authorities is mandatory for the purposes of the federal health insurance portability and accountability act.
- (7) Whenever federal law or federal regulations restrict the release of information contained in the treatment records of any patient who receives treatment for alcoholism or drug dependency, the release of the information may be restricted as necessary to comply with federal law and regulations.
- (8) This section does not modify the terms and conditions of disclosure of information related to sexually transmitted diseases under chapter 70.24 RCW.
- (9) In collaboration with interested organizations, the department shall develop a standard form for requests for information related to mental health services made under this section and a standard format for information provided in response to the requests. Consistent with the goals of the health information privacy provisions of the federal health insurance portability and accountability act, in developing the standard form for responsive information, the department shall design the form in such a way that the information disclosed is limited to the minimum necessary to serve the purpose for which the information is requested.
- NEW SECTION. Sec. 11. A new section is added to chapter 70.02 RCW to read as follows:
- All state or local agencies obtaining patient health care information pursuant to RCW 70.02.050 and sections 4 through 7 of this act shall adopt rules establishing their record acquisition, retention, and security policies that are consistent with this chapter.
- NEW SECTION. Sec. 12. A new section is added to chapter 70.02 RCW to read as follows:
- Whenever disclosure is made of information and records related to sexually transmitted diseases pursuant to this chapter, except for RCW 70.02.050(1)(a) and section 7(2)(a) of this act, it must be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from

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- records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written authorization of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." An oral disclosure must be accompanied or followed by such a notice within ten days.
- 8 <u>NEW SECTION.</u> **Sec. 13.** A new section is added to chapter 70.02 RCW 9 to read as follows:

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- (1) Resource management services, as defined in chapter 71.24 RCW, shall establish procedures to provide reasonable and timely access to individual mental health treatment records. However, access may not be denied at any time to records of all medications and somatic treatments received by the person.
- (2) Following discharge, a person who has received mental health services has a right to a complete record of all medications and somatic treatments prescribed during evaluation, admission, or commitment and to a copy of the discharge summary prepared at the time of his or her discharge. A reasonable and uniform charge for reproduction may be assessed.
- (3) Mental health treatment records may be modified prior to inspection to protect the confidentiality of other patients or the names of any other persons referred to in the record who gave information on the condition that his or her identity remain confidential. Entire documents may not be withheld to protect such confidentiality.
- 27 (4) At the time of discharge research management services shall 28 inform all persons who have received mental health services of their 29 rights as provided in this chapter and RCW 71.05.620.
- NEW SECTION. Sec. 14. A new section is added to chapter 70.02 RCW to read as follows:
- When disclosure of information and records related to mental services pertaining to a minor, as defined in RCW 71.34.020, is made, the date and circumstances under which the disclosure was made, the name or names of the persons or agencies to whom such disclosure was

- 1 made and their relationship if any, to the minor, and the information
- 2 disclosed must be entered promptly in the minor's clinical record.
- 3 <u>NEW SECTION.</u> **Sec. 15.** A new section is added to chapter 70.02 RCW 4 to read as follows:
- 5 Any person who requests or obtains confidential information and 6 records related to mental health services pursuant to this chapter
- 7 under false pretenses is guilty of a gross misdemeanor.
- 8 <u>NEW SECTION.</u> **Sec. 16.** A new section is added to chapter 70.02 RCW
- 9 to read as follows:
- 10 The department of social and health services shall adopt rules
- 11 related to the disclosure of mental health treatment records in this
- 12 chapter.
- 13 <u>NEW SECTION.</u> **Sec. 17.** A new section is added to chapter 70.02 RCW
- 14 to read as follows:
- In addition to any other information required to be released under
- 16 this chapter, the department is authorized, pursuant to RCW 4.24.550,
- 17 to release relevant information that is necessary to protect the
- 18 public, concerning a specific person committed under RCW 71.05.280(3)
- or 71.05.320(3)(c) following dismissal of a sex offense as defined in
- 20 RCW 9.94A.030.
- 21 <u>NEW SECTION.</u> **Sec. 18.** A new section is added to chapter 70.02 RCW
- 22 to read as follows:
- 23 (1) Except as provided in RCW 4.24.550, any person may bring an
- 24 action against an individual who has willfully released confidential
- 25 information and records related to mental health services concerning
- 26 him or her in violation of the provisions of this chapter, for the
- 27 greater of the following amounts:
- 28 (a) One thousand dollars; or
- 29 (b) Three times the amount of actual damages sustained, if any. It
- 30 is not a prerequisite to recovery under this section that the plaintiff
- 31 suffered or was threatened with special damages, as contrasted with
- 32 general damages.
- 33 (2) Any person may bring an action to enjoin the release of

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- confidential information or records concerning him or her or his or her ward, in violation of the provisions of this chapter, and may in the
- 3 same action seek damages as provided in this section.
- 4 (3) The court may award to the plaintiff, should he or she prevail
- 5 in an action authorized by this section, reasonable attorneys' fees in
- 6 addition to those otherwise provided by law.
- 7 **Sec. 19.** RCW 71.05.660 and 2009 c 217 s 9 are each amended to read 8 as follows:
- 9 Nothing in this chapter or chapter 70.02, 70.96A, ((71.05)) 71.34,
- 10 or 70.96B RCW shall be construed to interfere with communications
- 11 between physicians, psychiatric advanced registered nurse
- 12 practitioners, or psychologists and patients and attorneys and clients.
- 13 Sec. 20. RCW 71.05.680 and 2005 c 504 s 713 are each amended to
- 14 read as follows:
- 15 Any person who requests or obtains confidential information
- 16 pursuant to RCW 71.05.620 ((through 71.05.690)) under false pretenses
- 17 shall be guilty of a gross misdemeanor.
- 18 Sec. 21. RCW 71.05.690 and 2005 c 504 s 714 are each amended to
- 19 read as follows:
- The department shall adopt rules to implement RCW 71.05.620
- 21 ((through 71.05.680)).
- 22 Sec. 22. RCW 71.24.035 and 2011 c 148 s 4 are each amended to read
- 23 as follows:
- 24 (1) The department is designated as the state mental health
- 25 authority.
- 26 (2) The secretary shall provide for public, client, and licensed
- 27 service provider participation in developing the state mental health
- 28 program, developing contracts with regional support networks, and any
- 29 waiver request to the federal government under medicaid.
- 30 (3) The secretary shall provide for participation in developing the
- 31 state mental health program for children and other underserved
- 32 populations, by including representatives on any committee established
- 33 to provide oversight to the state mental health program.

- (4) The secretary shall be designated as the regional support network if the regional support network fails to meet state minimum standards or refuses to exercise responsibilities under RCW 71.24.045, until such time as a new regional support network is designated under RCW 71.24.320.
 - (5) The secretary shall:

- (a) Develop a biennial state mental health program that incorporates regional biennial needs assessments and regional mental health service plans and state services for adults and children with mental illness. The secretary shall also develop a six-year state mental health plan;
- (b) Assure that any regional or county community mental health program provides access to treatment for the region's residents, including parents who are respondents in dependency cases, in the following order of priority: (i) Persons with acute mental illness; (ii) adults with chronic mental illness and children who are severely emotionally disturbed; and (iii) persons who are seriously disturbed. Such programs shall provide:
 - (A) Outpatient services;
 - (B) Emergency care services for twenty-four hours per day;
- (C) Day treatment for persons with mental illness which includes training in basic living and social skills, supported work, vocational rehabilitation, and day activities. Such services may include therapeutic treatment. In the case of a child, day treatment includes age-appropriate basic living and social skills, educational and prevocational services, day activities, and therapeutic treatment;
- (D) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of admission;
- (E) Employment services, which may include supported employment, transitional work, placement in competitive employment, and other work-related services, that result in persons with mental illness becoming engaged in meaningful and gainful full or part-time work. Other sources of funding such as the division of vocational rehabilitation may be utilized by the secretary to maximize federal funding and provide for integration of services;
 - (F) Consultation and education services; and
 - (G) Community support services;

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- (c) Develop and adopt rules establishing state minimum standards for the delivery of mental health services pursuant to RCW 71.24.037 including, but not limited to:
- (i) Licensed service providers. These rules shall permit a county-operated mental health program to be licensed as a service provider subject to compliance with applicable statutes and rules. The secretary shall provide for deeming of compliance with state minimum standards for those entities accredited by recognized behavioral health accrediting bodies recognized and having a current agreement with the department;
 - (ii) Regional support networks; and

- (iii) Inpatient services, evaluation and treatment services and facilities under chapter 71.05 RCW, resource management services, and community support services;
- (d) Assure that the special needs of persons who are minorities, elderly, disabled, children, low-income, and parents who are respondents in dependency cases are met within the priorities established in this section;
- (e) Establish a standard contract or contracts, consistent with state minimum standards, RCW 71.24.320 and 71.24.330, which shall be used in contracting with regional support networks. The standard contract shall include a maximum fund balance, which shall be consistent with that required by federal regulations or waiver stipulations;
- (f) Establish, to the extent possible, a standardized auditing procedure which minimizes paperwork requirements of regional support networks and licensed service providers. The audit procedure shall focus on the outcomes of service and not the processes for accomplishing them;
- (g) Develop and maintain an information system to be used by the state and regional support networks that includes a tracking method which allows the department and regional support networks to identify mental health clients' participation in any mental health service or public program on an immediate basis. The information system shall not include individual patient's case history files. Confidentiality of client information and records shall be maintained as provided in this chapter and ((in RCW 71.05.390, 71.05.420, and 71.05.440)) chapter 70.02 RCW;

(h) License service providers who meet state minimum standards;

- 2 (i) Certify regional support networks that meet state minimum 3 standards;
 - (j) Periodically monitor the compliance of certified regional support networks and their network of licensed service providers for compliance with the contract between the department, the regional support network, and federal and state rules at reasonable times and in a reasonable manner;
 - (k) Fix fees to be paid by evaluation and treatment centers to the secretary for the required inspections;
 - (1) Monitor and audit regional support networks and licensed service providers as needed to assure compliance with contractual agreements authorized by this chapter;
 - (m) Adopt such rules as are necessary to implement the department's responsibilities under this chapter;
 - (n) Assure the availability of an appropriate amount, as determined by the legislature in the operating budget by amounts appropriated for this specific purpose, of community-based, geographically distributed residential services;
 - (o) Certify crisis stabilization units that meet state minimum standards;
 - (p) Certify clubhouses that meet state minimum standards; and
 - (q) Certify triage facilities that meet state minimum standards.
 - (6) The secretary shall use available resources only for regional support networks, except to the extent authorized, and in accordance with any priorities or conditions specified, in the biennial appropriations act.
 - (7) Each certified regional support network and licensed service provider shall file with the secretary, on request, such data, statistics, schedules, and information as the secretary reasonably requires. A certified regional support network or licensed service provider which, without good cause, fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent reports thereof, may have its certification or license revoked or suspended.
 - (8) The secretary may suspend, revoke, limit, or restrict a certification or license, or refuse to grant a certification or license

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for failure to conform to: (a) The law; (b) applicable rules and regulations; (c) applicable standards; or (d) state minimum standards.

- (9) The superior court may restrain any regional support network or service provider from operating without certification or a license or any other violation of this section. The court may also review, pursuant to procedures contained in chapter 34.05 RCW, any denial, suspension, limitation, restriction, or revocation of certification or license, and grant other relief required to enforce the provisions of this chapter.
- (10) Upon petition by the secretary, and after hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the secretary authorizing him or her to enter at reasonable times, and examine the records, books, and accounts of any regional support network or service provider refusing to consent to inspection or examination by the authority.
- (11) Notwithstanding the existence or pursuit of any other remedy, the secretary may file an action for an injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, or operation of a regional support network or service provider without certification or a license under this chapter.
- (12) The standards for certification of evaluation and treatment facilities shall include standards relating to maintenance of good physical and mental health and other services to be afforded persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and shall otherwise assure the effectuation of the purposes of these chapters.
- (13) The standards for certification of crisis stabilization units shall include standards that:
- (a) Permit location of the units at a jail facility if the unit is physically separate from the general population of the jail;
- 30 (b) Require administration of the unit by mental health 31 professionals who direct the stabilization and rehabilitation efforts; 32 and
 - (c) Provide an environment affording security appropriate with the alleged criminal behavior and necessary to protect the public safety.
- 35 (14) The standards for certification of a clubhouse shall at a 36 minimum include:
- 37 (a) The facilities may be peer-operated and must be 38 recovery-focused;

(b) Members and employees must work together;

- (c) Members must have the opportunity to participate in all the work of the clubhouse, including administration, research, intake and orientation, outreach, hiring, training and evaluation of staff, public relations, advocacy, and evaluation of clubhouse effectiveness;
- (d) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;
- (e) Clubhouse programs must be comprised of structured activities including but not limited to social skills training, vocational rehabilitation, employment training and job placement, and community resource development;
- (f) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;
- (g) Clubhouse programs must focus on strengths, talents, and abilities of its members;
- (h) The work-ordered day may not include medication clinics, day treatment, or other therapy programs within the clubhouse.
- (15) The department shall distribute appropriated state and federal funds in accordance with any priorities, terms, or conditions specified in the appropriations act.
- (16) The secretary shall assume all duties assigned to the nonparticipating regional support networks under chapters 71.05((-7)) and 71.34((-7)) RCW and ((-71.24) RCW)) this chapter. Such responsibilities shall include those which would have been assigned to the nonparticipating counties in regions where there are not participating regional support networks.
- The regional support networks, or the secretary's assumption of all responsibilities under chapters $71.05((\tau))$ and $71.34((\tau))$ RCW and ((71.24 RCW)) this chapter, shall be included in all state and federal plans affecting the state mental health program including at least those required by this chapter, the medicaid program, and P.L. 99-660. Nothing in these plans shall be inconsistent with the intent and requirements of this chapter.
 - (17) The secretary shall:

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(a) Disburse funds for the regional support networks within sixty days of approval of the biennial contract. The department must either approve or reject the biennial contract within sixty days of receipt.

- (b) Enter into biennial contracts with regional support networks. The contracts shall be consistent with available resources. No contract shall be approved that does not include progress toward meeting the goals of this chapter by taking responsibility for: (i) Short-term commitments; (ii) residential care; and (iii) emergency response systems.
- (c) Notify regional support networks of their allocation of available resources at least sixty days prior to the start of a new biennial contract period.
- (d) Deny all or part of the funding allocations to regional support networks based solely upon formal findings of noncompliance with the terms of the regional support network's contract with the department. Regional support networks disputing the decision of the secretary to withhold funding allocations are limited to the remedies provided in the department's contracts with the regional support networks.
- (18) The department, in cooperation with the state congressional delegation, shall actively seek waivers of federal requirements and such modifications of federal regulations as are necessary to allow federal medicaid reimbursement for services provided by freestanding evaluation and treatment facilities certified under chapter 71.05 RCW. The department shall periodically report its efforts to the appropriate committees of the senate and the house of representatives.

NEW SECTION. Sec. 23. The following acts or parts of acts are each repealed:

- (1) RCW 70.24.105 (Disclosure of HIV antibody test or testing or treatment of sexually transmitted diseases--Exchange of medical information) and 2011 c 232 s 1;
- (2) RCW 71.05.390 (Confidential information and records--Disclosure) and 2011 c 305 s 4;
- 33 (3) RCW 71.05.640 (Treatment records--Access procedures) and 2005 c 504 s 712, 2005 c 504 s 113, 2000 c 94 s 11, & 1999 c 13 s 9;
- 35 (4) RCW 71.05.385 (Information subject to disclosure to authorized persons--Restrictions) and 2011 1st sp.s. c 40 s 23 & 2009 c 320 s 2;

- 1 (5) RCW 71.05.420 (Records of disclosure) and 2009 c 217 s 7, 2005 c 504 s 110, 1990 c 3 s 113, & 1973 1st ex.s. c 142 s 47;
- 3 (6) RCW 71.05.440 (Action for unauthorized release of confidential 4 information--Liquidated damages--Treble damages--Injunction) and 1990 5 c 3 s 114, 1974 ex.s. c 145 s 28, & 1973 1st ex.s. c 142 s 49;
- 6 (7) RCW 71.05.427 (Persons committed following dismissal of sex offense--Release of information authorized) and 1990 c 3 s 110;
- 8 (8) RCW 71.05.510 (Damages for excessive detention) and 1974 ex.s. 9 c 145 s 30 & 1973 1st ex.s. c 142 s 56;
- 10 (9) RCW 71.34.340 (Information concerning treatment of minors confidential--Disclosure--Admissible as evidence with written consent) and 2011 c 305 s 9, 2005 c 453 s 6, 2000 c 75 s 7, & 1985 c 354 s 18;
- 13 (10) RCW 71.34.345 (Mental health services information--Release to department of corrections--Rules) and 2004 c 166 s 8, 2002 c 39 s 1, & 2000 c 75 s 2; and
- 16 (11) RCW 71.34.350 (Disclosure of information or records--Required entries in minor's clinical record) and 1985 c 354 s 22.
- 18 <u>NEW SECTION.</u> **Sec. 24.** This act takes effect January 1, 2013.

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