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ESHB 1679 - S COMM AMD By Committee on Health Care

ADOPTED AS AMENDED 04/17/2013

- 1 Strike everything after the enacting clause and insert the 2 following:
- 3 "Sec. 1. RCW 70.02.010 and 2006 c 235 s 2 are each amended to read 4 as follows:
- 5 DEFINITIONS. The definitions in this section apply throughout this 6 chapter unless the context clearly requires otherwise.
 - (1) "Admission" has the same meaning as in RCW 71.05.020.
- 8 (2) "Audit" means an assessment, evaluation, determination, or 9 investigation of a health care provider by a person not employed by or 10 affiliated with the provider to determine compliance with:
- 11 (a) Statutory, regulatory, fiscal, medical, or scientific 12 standards;
- 13 (b) A private or public program of payments to a health care 14 provider; or
 - (c) Requirements for licensing, accreditation, or certification.
- 16 $\left(\left(\frac{2}{2}\right)\right)$ (3) "Commitment" has the same meaning as in RCW 71.05.020.
- 17 (4) "Custody" has the same meaning as in RCW 71.05.020.
- 18 <u>(5) "Department" means the department of social and health</u>
 19 services.
- 20 (6) "Designated mental health professional" has the same meaning as 21 in RCW 71.05.020 or 71.34.020, as applicable.
- 22 (7) "Detention" or "detain" has the same meaning as in RCW 23 71.05.020.
- 24 (8) "Directory information" means information disclosing the 25 presence, and for the purpose of identification, the name, location 26 within a health care facility, and the general health condition of a 27 particular patient who is a patient in a health care facility or who is 28 currently receiving emergency health care in a health care facility.
- $((\frac{3}{3}))$ (9) "Discharge" has the same meaning as in RCW 71.05.020.

1 (10) "Evaluation and treatment facility" has the same meaning as in 2 RCW 71.05.020 or 71.34.020, as applicable.

- (11) "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.
- $((\frac{4}{}))$ (12) "General health condition" means the patient's health status described in terms of "critical," "poor," "fair," "good," "excellent," or terms denoting similar conditions.
- $((\frac{5}{}))$ <u>(13)</u> "Health care" means any care, service, or procedure provided by a health care provider:
- 15 (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.
 - $((\frac{(6)}{)})$ <u>(14)</u> "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)) (15) "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))) (16) "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:
- 33 (a) Conducting: Quality assessment and improvement activities, 34 including outcomes evaluation and development of clinical guidelines, 35 if the obtaining of generalizable knowledge is not the primary purpose 36 of any studies resulting from such activities; population-based 37 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;

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- (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 costmanagement 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

- 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 fund-raising)) for the benefit of the health care provider, health care facility, or third-party payor.
 - $((\frac{(9)}{)})$ (17) "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.
- 12 (((10))) <u>(18) "Human immunodeficiency virus" or "HIV" has the same</u> 13 meaning as in RCW 70.24.017.
- 14 (19) "Imminent" has the same meaning as in RCW 71.05.020.

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- (20) "Information and records related to mental health services" 15 means a type of health care information that relates to all information 16 and records, including mental health treatment records, compiled, 17 obtained, or maintained in the course of providing services by a mental 18 health service agency, as defined in this section. This may include 19 documents of legal proceedings under chapter 71.05, 71.34, or 10.77 20 RCW, or somatic health care information. For health care information 21 22 maintained by a hospital as defined in RCW 70.41.020 or a health care facility or health care provider that participates with a hospital in 23 24 an organized health care arrangement defined under federal law, "information and records related to mental health services" is limited 25 26 to information and records of services provided by a mental health 27 professional or information and records of services created by a hospital-operated community mental health program as defined in RCW 28 29 71.24.025(6).
 - (21) "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 infection test is performed, the results of such tests, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted infections.
- 36 <u>(22)</u> "Institutional review board" means any board, committee, or 37 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.
- 4 $((\frac{11}{1}))$ <u>(23) "Legal counsel" has the same meaning as in RCW</u> 5 71.05.020.
- 6 (24) "Local public health officer" has the same meaning as in RCW 70.24.017.
- 8 (25) "Maintain," as related to health care information, means to 9 hold, possess, preserve, retain, store, or control that information.
- 10 $((\frac{(12)}{(12)}))$ (26) "Mental health professional" has the same meaning as 11 in RCW 71.05.020.
- 12 (27) "Mental health service agency" means a public or private
 13 agency that provides services to persons with mental disorders as
 14 defined under RCW 71.05.020 or 71.34.020 and receives funding from
 15 public sources. This includes evaluation and treatment facilities as
 16 defined in RCW 71.34.020, community mental health service delivery
 17 systems, or community mental health programs, as defined in RCW
 18 71.24.025, and facilities conducting competency evaluations and
- (28) "Mental health treatment records" include registration 20 21 records, as defined in RCW 71.05.020, and all other records concerning 22 persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by regional 23 24 support networks and their staff, and by treatment facilities. "Mental health treatment records" include mental health information contained 25 26 in a medical bill including, but not limited to, mental health drugs, a mental health diagnosis, provider name, and dates of service stemming 27 from a medical service. "Mental health treatment records" do not 28 include notes or records maintained for personal use by a person 29 30 providing treatment services for the department, regional support networks, or a treatment facility if the notes or records are not 31 available to others. 32
 - (29) "Minor" has the same meaning as in RCW 71.34.020.
- 34 (30) "Parent" has the same meaning as in RCW 71.34.020.
- 35 (31) "Patient" means an individual who receives or has received 36 health care. The term includes a deceased individual who has received 37 health care.
- 38 $((\frac{13}{13})) \underline{(32)}$ "Payment" means:

restoration under chapter 10.77 RCW.

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1 (a) The activities undertaken by:

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- 2 (i) A third-party payor to obtain premiums or to determine or 3 fulfill its responsibility for coverage and provision of benefits by 4 the third-party payor; or
 - (ii) A health care provider, health care facility, or third-party payor, to obtain or provide reimbursement for the provision of health care; and
- 8 (b) The activities in (a) of this subsection that relate to the 9 patient to whom health care is provided and that include, but are not 10 limited to:
- 11 (i) Determinations of eligibility or coverage, including 12 coordination of benefits or the determination of cost-sharing amounts, 13 and adjudication or subrogation of health benefit claims;
- 14 (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:
 - (A) Name and address;
- 29 (B) Date of birth;
 - (C) Social security number;
 - (D) Payment history;
- 32 (E) Account number; and
- 33 (F) Name and address of the health care provider, health care 34 facility, and/or third-party payor.
- $((\frac{(14)}{)})$ $\underline{(33)}$ "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.

- 1 $((\frac{15}{15}))$ (34) "Professional person" has the same meaning as in RCW 2 71.05.020.
- 3 (35) "Psychiatric advanced registered nurse practitioner" has the same meaning as in RCW 71.05.020.
- (36) "Reasonable fee" means the charges for duplicating 5 searching the record, but shall not exceed sixty-five cents per page 6 7 for the first thirty pages and fifty cents per page for all other 8 pages. In addition, a clerical fee for searching and handling may be charged not to exceed fifteen dollars. These amounts shall be adjusted 9 biennially in accordance with changes in the consumer price index, all 10 consumers, for Seattle-Tacoma metropolitan statistical area 11 12 determined by the secretary of health. However, where editing of 13 records by a health care provider is required by statute and is done by 14 the provider personally, the fee may be the usual and customary charge for a basic office visit. 15
- $((\frac{16}{10}))$ (37) "Release" has the same meaning as in RCW 71.05.020.
- 17 (38) "Resource management services" has the same meaning as in RCW 71.05.020.
- 19 <u>(39) "Serious violent offense" has the same meaning as in RCW</u> 20 71.05.020.
- 21 <u>(40) "Sexually transmitted infection" or "sexually transmitted</u> 22 <u>disease" has the same meaning as "sexually transmitted disease" in RCW</u> 23 70.24.017.
- 24 (41) "Test for a sexually transmitted disease" has the same meaning as in RCW 70.24.017.

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- (42) "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, excluding fitness or wellness plans; or a state or federal health benefit program.
- ((\(\frac{(17)}{17}\))) (43) "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

- 1 patient for health care from one health care provider or health care 2 facility to another.
- 3 **Sec. 2.** RCW 70.02.020 and 2005 c 468 s 2 are each amended to read 4 as follows:

DISCLOSURE BY HEALTH CARE PROVIDER--PATIENT WRITTEN AUTHORIZATION REQUIRED. (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 all disclosures of mental health treatment records except disclosures made under RCW 71.05.425.
- (3) A patient has a right to receive an accounting of disclosures of health care information, except for mental health treatment records which are addressed in subsection (2) of this section, 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;
- 23 (c) Incident to a use or disclosure that is otherwise permitted or 24 required;
 - (d) Pursuant to an authorization where the patient authorized the 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;
- 29 (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
- 33 (i) Of a limited data set that excludes direct identifiers of the 34 patient or of relatives, employers, or household members of the 35 patient.

Sec. 3. RCW 70.02.050 and 2007 c 156 s 12 are each amended to read 2 as follows:

DISCLOSURE WITHOUT PATIENT'S AUTHORIZATION--NEED-TO-KNOW BASIS.

- (1) A health care provider or health care facility may disclose health care information, except for information and records related to sexually transmitted diseases which are addressed in section 6 of this act, about a patient without the patient's authorization to the extent a recipient needs to know the information, 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 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. 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;
- 37 (((e) To immediate family members of the patient, including a 38 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;
- 12 (ii) Is impracticable without the use or disclosure of the health
 13 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;
 - $\frac{(i)}{(i)}$) $\frac{(d)}{(i)}$ 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;
- (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);)) or
- $((\frac{n}{n}))$ (e) 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, except for information and records related to sexually transmitted diseases, unless otherwise authorized in section 6 of this act, 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 to investigate unprofessional conduct or ability to practice with reasonable skill and safety under chapter 18.130 RCW. Any health care information obtained under this subsection is exempt from public inspection and copying pursuant to chapter 42.56 RCW; or
 - (b) When needed to protect the public health(($\dot{\tau}$

- 1 (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 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 6 patient is being treated or has been treated for a bullet wound, gunshot wound, powder burn, or other injury arising from or caused by 7 the discharge of a firearm, or an injury caused by a knife, an ice 8 pick, or any other sharp or pointed instrument which federal, state, or 9 local law enforcement authorities reasonably believe to have been 10 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:
- 14 (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;
- (vi) The patient's diagnosis, or extent and location of injuries as
 determined by a health care provider;
- 21 (vii) Whether the patient was conscious when admitted;
- 22 (viii) The name of the health care provider making the 23 determination in (c)(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 (d) To county coroners and medical examiners for the investigations 28 of deaths;
- 29 (e) Pursuant to compulsory process in accordance with RCW 30 70.02.060.
- 31 (3) All state or local agencies obtaining patient health care 32 information pursuant to this section shall adopt rules establishing 33 their record acquisition, retention, and security policies that are 34 consistent with this chapter)).
- NEW SECTION. Sec. 4. A new section is added to chapter 70.02 RCW to read as follows:
- 37 DISCLOSURE WITHOUT PATIENT'S AUTHORIZATION--PERMITTED AND MANDATORY

DISCLOSURES. (1) In addition to the disclosures authorized by RCW 70.02.050 and section 5 of this act, a health care provider or health care facility may disclose health care information, except for information and records related to sexually transmitted diseases and information related to mental health services which are addressed by sections 6 through 10 of this act, about a patient without the patient's authorization, to:

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- (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;
- (c) 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;
- (d) 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;
- 31 (e) Provide directory information, unless the patient has 32 instructed the health care provider or health care facility not to make 33 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(16) (a) and (b).
- (2) In addition to the disclosures required by RCW 70.02.050 and section 5 of this act, a health care provider shall disclose health care information, except for information related to sexually transmitted diseases and information related to mental health services which are addressed by sections 6 through 10 of this act, about a patient without the patient's authorization if the disclosure is:
- (a) To federal, state, or local law enforcement authorities to the extent the health care provider is required by law;
- (b) 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;

- 1 (iii) The patient's sex;
 - (iv) The patient's age;

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- 3 (v) The patient's condition;
- 4 (vi) The patient's diagnosis, or extent and location of injuries as determined by a health care provider;
- 6 (vii) Whether the patient was conscious when admitted;
- 7 (viii) The name of the health care provider making the 8 determination in (b)(v), (vi), and (vii) of this subsection;
- 9 (ix) Whether the patient has been transferred to another facility; 10 and
- 11 (x) The patient's discharge time and date;
- 12 (c) Pursuant to compulsory process in accordance with RCW 13 70.02.060.
- NEW SECTION. Sec. 5. A new section is added to chapter 70.02 RCW to read as follows:
- DISCLOSURE WITHOUT PATIENT'S AUTHORIZATION--RESEARCH. (1) A health care provider or health care facility may disclose health care information about a patient without the patient's authorization to the extent a recipient needs to know the information, if the disclosure is for use in a research project that an institutional review board has determined:
- 22 (a) Is of sufficient importance to outweigh the intrusion into the 23 privacy of the patient that would result from the disclosure;
 - (b) Is impracticable without the use or disclosure of the health care information in individually identifiable form;
- 26 (c) Contains reasonable safeguards to protect the information from redisclosure;
- (d) Contains reasonable safeguards to protect against identifying, directly or indirectly, any patient in any report of the research project; and
- 31 (e) Contains procedures to remove or destroy at the earliest 32 opportunity, consistent with the purposes of the project, information 33 that would enable the patient to be identified, unless an institutional 34 review board authorizes retention of identifying information for 35 purposes of another research project.
- 36 (2) In addition to the disclosures required by RCW 70.02.050 and

- section 4 of this act, a health care provider or health care facility shall disclose health care information about a patient without the patient's authorization if:
- 4 (a) The disclosure is to county coroners and medical examiners for the investigations of deaths; or

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- (b) The disclosure is to a procurement organization or person to whom a body part passes for the purpose of examination necessary to assure the medical suitability of the body part.
- 9 <u>NEW SECTION.</u> **Sec. 6.** A new section is added to chapter 70.02 RCW to read as follows:
- 11 SEXUALLY TRANSMITTED DISEASES--PERMITTED AND MANDATORY DISCLOSURES.
- 12 (1) No person may disclose or be compelled to disclose the identity of 13 any person who has investigated, considered, or requested a test or 14 treatment for a sexually transmitted disease, except as authorized by 15 this section, section 5 of this act, or chapter 70.24 RCW.
 - (2) No person may disclose or be compelled to disclose information and records related to sexually transmitted diseases, except as authorized by this section, section 5 of this act, or chapter 70.24 RCW. 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 fourteen years of age or over and otherwise competent;
 - (b) The state public health officer as defined in RCW 70.24.017, 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;
- 31 (c) A health facility or health care provider that procures, 32 processes, distributes, or uses: (i) A human body part, tissue, or 33 blood from a deceased person with respect to medical information 34 regarding that person; (ii) semen, including that was provided prior to 35 March 23, 1988, for the purpose of artificial insemination; or (iii) 36 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;

- (e) 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 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;
 - (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 of health 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;
 - (h) 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 must be confidential and may not be released or available to persons who are not involved in handling or determining medical claims payment; and

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- (i) 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) 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.
- (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 The information made available to the health housed. care administrator or the infection control coordinator under 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. 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, 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, as defined in RCW 70.24.017, may not be disclosed to a staff person except as provided in this section and RCW 70.02.050(1)(e) 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)(e) and 70.24.340(4).

- (5) The requirements of this section do 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 do they apply within health care facilities where there is a need for access to confidential medical information to fulfill professional duties.
- (6) 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.
- (7) A person, including a health care facility or health care provider, shall disclose the identity of any person who has investigated, considered, or requested a test or treatment for a sexually transmitted disease and information and records related to sexually transmitted diseases 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 certification or registration rules or laws; or when needed to protect the public health. Any health care information obtained under this subsection is exempt from public inspection and copying pursuant to chapter 42.56 RCW.
- NEW SECTION. Sec. 7. A new section is added to chapter 70.02 RCW to read as follows:
- MENTAL HEALTH SERVICES, CONFIDENTIALITY OF RECORDS--PERMITTED DISCLOSURES. (1) Except as provided in this section, RCW 70.02.050, 71.05.445, 70.96A.150, 74.09.295, sections 5, 8, 9, and 10 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.
 - (2) Information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW, 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;
- 14 (iii) Who is a designated mental health professional;
- 15 (iv) Who is providing services under chapter 71.24 RCW;
- 16 (v) Who is employed by a state or local correctional facility where 17 the person is confined or supervised; or
- 18 (vi) Who is providing evaluation, treatment, or follow-up services 19 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:
- 31 (A) The information that the person is presently a patient in the 32 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
- 37 (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 chapter 71.05 RCW 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 chapter 71.05 RCW.
- (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 interest of the committed person or others. Information must be disclosed only after giving notice to the committed person and the person's counsel;
- (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 1 2 designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or 3 4 private agency or his or her designee and must include the dates of 5 commitment, admission, discharge, or release, authorized unauthorized absence from the agency's facility, and only any other 6 7 information that is pertinent to the threat or harassment. The agency 8 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 9 10 gross negligence.
 - (ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

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- (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 mental health service 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 health insurance portability and accountability act;
- (j) To the persons designated in RCW 71.05.425 for the purposes described in those sections;
 - (k) Upon the death of a person. The person's next of kin, personal representative, guardian, or conservator, if any, must be notified. Next of kin who are of legal age and competent must 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 are governed by RCW 70.02.140;
 - (1) 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;
- 36 (m) 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:

- (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;
 - (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);
- (iii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
- (n) 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;
 - (o) Pursuant to lawful order of a court;

- (p) 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;
- (q) 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;
- (r) 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;

- (s) 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 mental health 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;
- (t) Consistent with the requirements of the federal health information portability and accountability act, to a licensed mental health professional 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;
- (u) To administrative and office support staff designated to obtain medical records for those licensed professionals listed in (t) of this subsection;
- (v) 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 mental health 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;
- (w) 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;
- (x) 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 quardian 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 guardian'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 quardian objects in writing within fifteen days after the notice is mailed, the staff member may not obtain the additional information;

- (y) 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)(e). 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;
- (z)(i) To the secretary of social and health services for either program evaluation or research, or both so long as the secretary adopts rules for the conduct of the evaluation or research, or both. Such rules must include, but need not be limited to, the requirement that all evaluators and researchers 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.

3 /s/ "

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- (ii) Nothing in this chapter may 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.
- (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.
- (5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter 71.05 RCW are not admissible as evidence in any legal proceeding outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in section 10 of this act, in a subsequent criminal prosecution of a person committed pursuant to RCW 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 commitment proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, a guardianship or dependency proceeding. The records and files maintained in any court proceeding pursuant to chapter 71.05 RCW must be confidential and available subsequent to such proceedings only to the person who was the subject of the proceeding or his or her In addition, the court may order the subsequent release or attorney. use of such records or files only upon good cause shown if the court finds that appropriate safeguards for strict confidentiality are and will be maintained.
- (6)(a) Except as provided in RCW 4.24.550, any person may bring an action against an individual who has willfully released confidential

information or records concerning him or her in violation of the provisions of this section, for the greater of the following amounts:

(i) One thousand dollars; or

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- (ii) Three times the amount of actual damages sustained, if any.
- (b) It is not a prerequisite to recovery under this subsection that the plaintiff suffered or was threatened with special, as contrasted with general, damages.
 - (c) Any person may bring an action to enjoin the release of confidential information or records concerning him or her or his or her ward, in violation of the provisions of this section, and may in the same action seek damages as provided in this subsection.
- 12 (d) The court may award to the plaintiff, should he or she prevail 13 in any action authorized by this subsection, reasonable attorney fees 14 in addition to those otherwise provided by law.
- NEW SECTION. Sec. 8. A new section is added to chapter 70.02 RCW to read as follows:

MENTAL HEALTH SERVICES--MINORS--PERMITTED DISCLOSURES. The fact of admission and all information and records related to mental health services obtained through treatment under chapter 71.34 RCW is confidential, except as authorized in RCW 70.02.050 and sections 5, 7, 9, and 10 of this act. Such confidential information may be disclosed only:

- (1) In communications between mental health professionals to meet the requirements of chapter 71.34 RCW, in the provision of services to the minor, or in making appropriate referrals;
 - (2) In the course of guardianship or dependency proceedings;
- (3) To the minor, the minor's parent, and the minor's attorney, subject to RCW 13.50.100;
 - (4) To the courts as necessary to administer chapter 71.34 RCW;
- (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;
- 35 (6) To law enforcement officers, public health officers, relatives, 36 and other governmental law enforcement agencies, if a minor has escaped 37 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 the secretary of social and health services for assistance in data collection and program evaluation or research so long as the secretary adopts rules for the conduct of such evaluation and research. The rules must include, but need not be limited to, the requirement that all evaluators and researchers 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 minors who have received services in a manner such that the minor is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under state law.

21 /s/ ";

- (8) 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 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 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;

- (10) 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;
 - (11) Upon the death of a minor, to the minor's next of kin;
 - (12) To a facility in which the minor resides or will reside;
- 10 (13) To law enforcement officers and to prosecuting attorneys as 11 are necessary to enforce RCW 9.41.040(2)(a)(ii). The extent of 12 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), must 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 federal health insurance portability and accountability act;
 - (14) 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 of the department of social and health services. The fact of admission and all information obtained pursuant to chapter 71.34 RCW are not admissible as evidence in any legal proceeding outside chapter 71.34 RCW, except guardianship or dependency, without the written consent of the minor or the minor's parent;
 - (15) 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;
 - (16) Pursuant to a lawful order of a court.

NEW SECTION. Sec. 9. A new section is added to chapter 70.02 RCW to read as follows:

MENTAL HEALTH SERVICES--DEPARTMENT OF CORRECTIONS. (1) Information and records related to mental health services delivered to a person subject to chapter 9.94A or 9.95 RCW must be released, upon request, by a mental health service agency 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 must be in writing and may not require the consent of the subject of the records.

- (2) The information to be released to the department of corrections must 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 (1) of this section.
- (3) 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 agencies that delivered mental health services to a person subject to chapter 9.94A or 9.95 RCW pursuant to an agreement between the departments.
- (4) The department and the department of corrections, in consultation with regional support networks, mental health service agencies as defined in RCW 70.02.010, 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 must:
- (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 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

1 (b) Establish requirements for the notification of persons under 2 the supervision of the department of corrections regarding the 3 provisions of this section.

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- (5) The information received by the department of corrections under this section must remain confidential and subject to the limitations on disclosure outlined in chapter 71.34 RCW, except as provided in RCW 72.09.585.
 - (6) No mental health service agency or individual employed by a mental health service agency may 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.
- (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.
- 17 (8) This section does not modify the terms and conditions of 18 disclosure of information related to sexually transmitted diseases 19 under this chapter.
- NEW SECTION. Sec. 10. A new section is added to chapter 70.02 RCW to read as follows:
- MENTAL HEALTH SERVICES--REQUESTS FOR INFORMATION AND RECORDS.

 (1)(a) A mental health service agency 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 chapter 71.05 RCW.
- (ii) Information and records related to mental health services, in the format determined under subsection (9) of this section, concerning a person who:
 - (A) Is currently committed to the custody or supervision of the department of corrections or the indeterminate sentence review board under chapter 9.94A or 9.95 RCW;
- 34 (B) Has been convicted or found not guilty by reason of insanity of a serious violent offense; or
- 36 (C) Was charged with a serious violent offense and the charges were 37 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 agency, so long as nothing in this subsection requires the disclosure of attorney work product or attorney-client privileged information.

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- 6 (2) The information subject to release under subsection (1) of this section must be released to law enforcement officers, personnel of a 7 8 county or city jail, designated mental health professionals, public health officers, therapeutic court personnel as defined in RCW 9 10 71.05.020, or personnel of the department of corrections, including the indeterminate sentence review board and personnel assigned to perform 11 12 board-related duties, when such information is requested during the 13 course of business and for the purpose of carrying out the responsibilities of the requesting person's office. No mental health 14 service agency or person employed by a mental health service agency, or 15 its legal counsel, may be liable for information released to or used 16 17 under the provisions of this section or rules adopted under this 18 section except under RCW 71.05.680.
 - (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;
- 28 (iii) Assessing a person's risk of harm to self or others when 29 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
- 33 (v) Responding to an offender's failure to report for department of corrections supervision;
- 35 (b) Information may not be requested under this section unless the 36 requesting person has reasonable suspicion that the individual who is 37 the subject of the information:

- (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 chapter 71.05 RCW; 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 and records 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 agency, 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 agency and the address or information about the location or whereabouts of the offender.

- (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 this chapter.
- (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:
 - HEALTH CARE INFORMATION--USE OR DISCLOSURE PROHIBITED. (1) No person who receives health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services, or other health care operations for or on behalf of a health care provider or health care facility, may use or disclose any health care information received from the health care provider or health care facility in any manner that is inconsistent with the duties of the health care provider or health care facility under this chapter.
 - (2) A health care provider or health care facility that has a contractual relationship with a person to provide services described under subsection (1) of this section must terminate the contractual

- 1 relationship with the person if the health care provider or health care
- 2 facility learns that the person has engaged in a pattern of activity
- 3 that violates the person's duties under subsection (1) of this section,
- 4 unless the person took reasonable steps to correct the breach of
- 5 confidentiality or has discontinued the violating activity.
- 6 <u>NEW SECTION.</u> **Sec. 12.** A new section is added to chapter 70.02 RCW 7 to read as follows:
- 8 HEALTH CARE PROVIDERS AND FACILITIES--PROHIBITED ACTIONS. A health 9 care provider, health care facility, and their assistants, employees, 10 agents, and contractors may not:
- 11 (1) Use or disclose health care information for marketing or fund-12 raising purposes, unless permitted by federal law;
- 13 (2) Sell health care information to a third party, except in a form 14 that is deidentified and aggregated; or
- 15 (3) Sell health care information to a third party, except for the following purposes:
- 17 (a) Treatment or payment;
 - (b) Sale, transfer, merger, or consolidation of a business;
- 19 (c) Remuneration to a third party for services;
- 20 (d) Disclosures required by law;
- 21 (e) Providing access to or accounting of disclosures to an 22 individual;
 - (f) Public health purposes;
- 24 (g) Research;

- 25 (h) With an individual's authorization;
- 26 (i) Where a reasonable cost-based fee is paid to prepare and 27 transmit health information, where authority to disclose the 28 information is provided in this chapter.
- NEW SECTION. Sec. 13. A new section is added to chapter 70.02 RCW to read as follows:
- 31 AGENCY RULE-MAKING REQUIREMENTS. All state or local agencies 32 obtaining patient health care information pursuant to RCW 70.02.050 and 33 sections 4 through 8 of this act that are not health care facilities or 34 providers shall adopt rules establishing their record acquisition, 35 retention, and security policies that are consistent with this chapter.

NEW SECTION. **Sec. 14.** A new section is added to chapter 70.02 RCW to read as follows:

3 SEXUALLY TRANSMITTED DISEASES -- REQUIRED STATEMENT UPON DISCLOSURE. Whenever disclosure is made of information and records related to 4 sexually transmitted diseases pursuant to this chapter, except for RCW 5 70.02.050(1)(a) and section 6 (2) (a) and (b) and (7) of this act, it 6 7 must be accompanied by a statement in writing which includes the 8 following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected 9 10 by state law. State law prohibits you from making any further disclosure of it without the specific written authorization of the 11 12 person to whom it pertains, or as otherwise permitted by state law. A 13 general authorization for the release of medical or other information is NOT sufficient for this purpose." An oral disclosure must be 14 accompanied or followed by such a notice within ten days. 15

NEW SECTION. Sec. 15. A new section is added to chapter 70.02 RCW to read as follows:

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MENTAL HEALTH SERVICES--RECORDS. (1) Resource management services 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.
- 35 (4) At the time of discharge resource management services shall 36 inform all persons who have received mental health services of their 37 rights as provided in this chapter and RCW 71.05.620.

- NEW SECTION. Sec. 16. A new section is added to chapter 70.02 RCW to read as follows:
- 3 MENTAL HEALTH SERVICES--MINORS--NOTE IN RECORD UPON DISCLOSURE.
- 4 When disclosure of information and records related to mental services
- 5 pertaining to a minor, as defined in RCW 71.34.020, is made, the date
- 6 and circumstances under which the disclosure was made, the name or
- 7 names of the persons or agencies to whom such disclosure was made and
- 8 their relationship if any, to the minor, and the information disclosed
- 9 must be entered promptly in the minor's clinical record.
- 10 <u>NEW SECTION.</u> **Sec. 17.** A new section is added to chapter 70.02 RCW
- 11 to read as follows:
- 12 OBTAINING CONFIDENTIAL RECORDS UNDER FALSE PRETENSES--PENALTY. Any
- 13 person who requests or obtains confidential information and records
- 14 related to mental health services pursuant to this chapter under false
- 15 pretenses is guilty of a gross misdemeanor.
- NEW SECTION. Sec. 18. A new section is added to chapter 70.02 RCW
- 17 to read as follows:
- 18 MENTAL HEALTH TREATMENT RECORDS--AGENCY RULE-MAKING AUTHORITY. The
- 19 department of social and health services shall adopt rules related to
- 20 the disclosure of mental health treatment records in this chapter.
- 21 <u>NEW SECTION.</u> **Sec. 19.** A new section is added to chapter 70.02 RCW
- 22 to read as follows:
- 23 DEPARTMENT OF SOCIAL AND HEALTH SERVICES--RELEASE OF INFORMATION TO
- 24 PROTECT THE PUBLIC. In addition to any other information required to
- 25 be released under this chapter, the department of social and health
- 26 services is authorized, pursuant to RCW 4.24.550, to release relevant
- 27 information that is necessary to protect the public, concerning a
- 28 specific person committed under RCW 71.05.280(3) or 71.05.320(3)(c)
- 29 following dismissal of a sex offense as defined in RCW 9.94A.030.
- 30 Sec. 20. RCW 70.02.900 and 2011 c 305 s 10 are each amended to
- 31 read as follows:
- 32 CONFLICTING LAWS. (1) This chapter does not restrict a health care
- 33 provider, a third- party payor, or an insurer regulated under Title 48

- 1 RCW from complying with obligations imposed by federal or state health 2 care payment programs or federal or state law.
- 3 (2) This chapter does not modify the terms and conditions of disclosure under Title 51 RCW and chapters 13.50, 26.09, 70.24, 70.96A,
- 5 ((71.05, 71.34,)) and 74.09 RCW and rules adopted under these
- 6 provisions.
- 7 **Sec. 21.** RCW 71.05.660 and 2009 c 217 s 9 are each amended to read 8 as follows:
- 9 TREATMENT RECORDS--PRIVILEGED COMMUNICATIONS UNAFFECTED. Nothing
- in this chapter or chapter 70.02, 70.96A, ((71.05)) 71.34, or 70.96B
- 11 RCW shall be construed to interfere with communications between
- 12 physicians, psychiatric advanced registered nurse practitioners, or
- 13 psychologists and patients and attorneys and clients.
- 14 **Sec. 22.** RCW 71.05.680 and 2005 c 504 s 713 are each amended to read as follows:
- 16 TREATMENT RECORDS--ACCESS UNDER FALSE PRETENSES, PENALTY. Any
- 17 person who requests or obtains confidential information pursuant to RCW
- 18 71.05.620 ((through 71.05.690)) under false pretenses shall be guilty
- 19 of a gross misdemeanor.
- 20 **Sec. 23.** RCW 71.05.620 and 2005 c 504 s 111 are each amended to read as follows:
- 22 COURT FILES AND RECORDS. (1) The files and records of court
- 23 proceedings under this chapter and chapters 70.96A, 71.34, and 70.96B
- 24 RCW shall be closed but shall be accessible to any person who is the
- 25 subject of a petition and to the person's attorney, guardian ad litem,
- 26 resource management services, or service providers authorized to
- 27 receive such information by resource management services.
- 28 (2) The department shall adopt rules to implement this section.
- 29 **Sec. 24.** RCW 71.24.035 and 2011 c 148 s 4 are each amended to read
- 30 as follows:
- 31 STATE MENTAL HEALTH AUTHORITY, PROGRAM. (1) The department is
- 32 designated as the state mental health authority.
- 33 (2) The secretary shall provide for public, client, and licensed

- service provider participation in developing the state mental health program, developing contracts with regional support networks, and any waiver request to the federal government under medicaid.
- (3) The secretary shall provide for participation in developing the state mental health program for children and other underserved populations, by including representatives on any committee established 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;
- 36 (g) Develop and maintain an information system to be used by the 37 state and regional support networks that includes a tracking method 38 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;
- 8 (i) Certify regional support networks that meet state minimum 9 standards;

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- (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;
- 15 (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 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;
- 35 (b) Require administration of the unit by mental health 36 professionals who direct the stabilization and rehabilitation efforts; 37 and

- 1 (c) Provide an environment affording security appropriate with the 2 alleged criminal behavior and necessary to protect the public safety.
 - (14) The standards for certification of a clubhouse shall at a minimum include:
 - (a) The facilities may be peer-operated and must be 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 ((-7)) and ((-7)) RCW and ((-7)) and ((-7)) 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((-7)) and 71.34((-7)) 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:

- (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.
- **Sec. 25.** RCW 43.185C.030 and 2005 c 484 s 6 are each amended to 33 read as follows:
- WASHINGTON HOMELESS CENSUS OR COUNT. The department shall annually conduct a Washington homeless census or count consistent with the requirements of RCW ((43.63A.655)) 43.185C.180. The census shall make every effort to count all homeless individuals living outdoors, in

shelters, and in transitional housing, coordinated, when reasonably feasible, with already existing homeless census projects including those funded in part by the United States department of housing and urban development under the McKinney-Vento homeless assistance program. The department shall determine, in consultation with local governments, the data to be collected.

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All personal information collected in the census is confidential, and the department and each local government shall take all necessary steps to protect the identity and confidentiality of each person counted.

11 The department and each local government are prohibited from 12 disclosing any personally identifying information about any homeless 13 individual when there is reason to believe or evidence indicating that the homeless individual is an adult or minor victim of domestic 14 violence, dating violence, sexual assault, or stalking or is the parent 15 or guardian of a child victim of domestic violence, dating violence, 16 17 assault, or stalking; or revealing other confidential information regarding HIV/AIDS status, as found in ((RCW 70.24.105)) 18 section 6 of this act. The department and each local government shall 19 ask any homeless housing provider to disclose personally 20 not 21 identifying information about any homeless individuals when the 22 providers implementing those programs have reason to believe or evidence indicating that those clients are adult or minor victims of 23 24 domestic violence, dating violence, sexual assault, or stalking or are the parents or guardians of child victims of domestic violence, dating 25 26 violence, sexual assault, or stalking. Summary data for the provider's 27 facility or program may be substituted.

The Washington homeless census shall be conducted annually on a schedule created by the department. The department shall make summary data by county available to the public each year. This data, and its analysis, shall be included in the department's annual updated homeless housing program strategic plan.

Based on the annual census and provider information from the local government plans, the department shall, by the end of year four, implement an online information and referral system to enable local governments and providers to identify available housing for a homeless person. The department shall work with local governments and their

1 providers to develop a capacity for continuous case management to

2 assist homeless persons.

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By the end of year four, the department shall implement an organizational quality management system.

5 **Sec. 26.** RCW 70.05.070 and 2007 c 343 s 10 are each amended to 6 read as follows:

LOCAL HEALTH OFFICER. The local health officer, acting under the direction of the local board of health or under direction of the administrative officer appointed under RCW 70.05.040 or 70.05.035, if any, shall:

- (1) Enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances within his or her jurisdiction including imposition of penalties authorized under RCW 70.119A.030 and 70.118.130, the confidentiality provisions in ((RCW 70.24.105)) section 6 of this act and rules adopted to implement those provisions, and filing of actions authorized by RCW 43.70.190;
- 18 (2) Take such action as is necessary to maintain health and 19 sanitation supervision over the territory within his or her 20 jurisdiction;
 - (3) Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction;
 - (4) Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within his or her jurisdiction;
 - (5) Prevent, control or abate nuisances which are detrimental to the public health;
- 28 (6) Attend all conferences called by the secretary of health or his 29 or her authorized representative;
 - (7) Collect such fees as are established by the state board of health or the local board of health for the issuance or renewal of licenses or permits or such other fees as may be authorized by law or by the rules of the state board of health;
- 34 (8) Inspect, as necessary, expansion or modification of existing 35 public water systems, and the construction of new public water systems, 36 to assure that the expansion, modification, or construction conforms to 37 system design and plans;

- 1 (9) Take such measures as he or she deems necessary in order to 2 promote the public health, to participate in the establishment of 3 health educational or training activities, and to authorize the 4 attendance of employees of the local health department or individuals 5 engaged in community health programs related to or part of the programs 6 of the local health department.
- 7 **Sec. 27.** RCW 70.24.450 and 1999 c 391 s 3 are each amended to read 8 as follows:
- 9 CONFIDENTIALITY OF REPORTED INFORMATION--UNAUTHORIZED DISCLOSURE.
- 10 (1) In order to assure compliance with the protections under this 11 chapter and the rules of the board, and to assure public confidence in 12 the confidentiality of reported information, the department shall:

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- (a) Report annually to the board any incidents of unauthorized disclosure by the department, local health departments, or their employees of information protected under ((RCW 70.24.105)) section 6 of this act. The report shall include recommendations for preventing future unauthorized disclosures and improving the system of confidentiality for reported information; and
- 19 (b) Assist health care providers, facilities that conduct tests, 20 local health departments, and other persons involved in disease 21 reporting to understand, implement, and comply with this chapter and 22 the rules of the board related to disease reporting.
- 23 (2) This section is exempt from RCW 70.24.084, 70.05.070, and 70.05.120.
- 25 **Sec. 28.** RCW 74.13.280 and 2009 c 520 s 72 are each amended to 26 read as follows:
- CHILDREN PLACED IN OUT-OF-HOME CARE--CLIENT INFORMATION. 27 28 Except as provided in ((RCW 70.24.105)) section 6 of this act, whenever a child is placed in out-of-home care by the department or a 29 30 supervising agency, the department or agency shall share information known to the department or agency about the child and the child's 31 family with the care provider and shall consult with the care provider 32 33 regarding the child's case plan. If the child is dependent pursuant to 34 a proceeding under chapter 13.34 RCW, the department or supervising 35 agency shall keep the care provider informed regarding the dates and

- 1 location of dependency review and permanency planning hearings 2 pertaining to the child.
 - (2) Information about the child and the child's family shall include information known to the department or agency as to whether the child is a sexually reactive child, has exhibited high-risk behaviors, or is physically assaultive or physically aggressive, as defined in this section.
- 8 (3) Information about the child shall also include information 9 known to the department or agency that the child:
- 10 (a) Has received a medical diagnosis of fetal alcohol syndrome or 11 fetal alcohol effect;
- 12 (b) Has been diagnosed by a qualified mental health professional as 13 having a mental health disorder;
- 14 (c) Has witnessed a death or substantial physical violence in the 15 past or recent past; or
- 16 (d) Was a victim of sexual or severe physical abuse in the recent past.
 - (4) Any person who receives information about a child or a child's family pursuant to this section shall keep the information confidential and shall not further disclose or disseminate the information except as authorized by law. Care providers shall agree in writing to keep the information that they receive confidential and shall affirm that the information will not be further disclosed or disseminated, except as authorized by law.
 - (5) Nothing in this section shall be construed to limit the authority of the department or supervising agencies to disclose client information or to maintain client confidentiality as provided by law.
 - (6) As used in this section:

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- (a) "Sexually reactive child" means a child who exhibits sexual behavior problems including, but not limited to, sexual behaviors that are developmentally inappropriate for their age or are harmful to the child or others.
- (b) "High-risk behavior" means an observed or reported and documented history of one or more of the following:
 - (i) Suicide attempts or suicidal behavior or ideation;
- 36 (ii) Self-mutilation or similar self-destructive behavior;
- (iii) Fire-setting or a developmentally inappropriate fascination
 with fire;

1 (iv) Animal torture;

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- (v) Property destruction; or
- 3 (vi) Substance or alcohol abuse.
- 4 (c) "Physically assaultive or physically aggressive" means a child 5 who exhibits one or more of the following behaviors that are 6 developmentally inappropriate and harmful to the child or to others:
 - (i) Observed assaultive behavior;
- 8 (ii) Reported and documented history of the child willfully 9 assaulting or inflicting bodily harm; or
- (iii) Attempting to assault or inflict bodily harm on other children or adults under circumstances where the child has the apparent ability or capability to carry out the attempted assaults including threats to use a weapon.
- 14 **Sec. 29.** RCW 74.13.289 and 2009 c 520 s 76 are each amended to read as follows:
- IN OUT-OF-HOME 16 CHILDREN PLACED CARE--BLOOD-BORNE PATHOGENS, 17 TRAINING. (1) Upon any placement, the department or supervising agency shall inform each out-of-home care provider if the child to be placed 18 in that provider's care is infected with a blood-borne pathogen, and 19 20 shall identify the specific blood-borne pathogen for which the child 21 was tested if known by the department or supervising agency.
- (2) All out-of-home care providers licensed by the department shall receive training related to blood-borne pathogens, including prevention, transmission, infection control, treatment, testing, and confidentiality.
- 26 (3) Any disclosure of information related to HIV must be in accordance with ((RCW 70.24.105)) section 6 of this act.
- 28 (4) The department of health shall identify by rule the term 29 "blood-borne pathogen" as used in this section.
- 30 **Sec. 30.** RCW 71.05.425 and 2011 c 305 s 5 are each amended to read as follows:
- PERSONS COMMITTED FOLLOWING DISMISSAL OF SEX, VIOLENT, OR FELONY
 HARASSMENT OFFENSE--NOTIFICATION OF CONDITIONAL RELEASE, FINAL RELEASE,
 LEAVE, TRANSFER, OR ESCAPE. (1)(a) Except as provided in subsection
- 35 (2) of this section, at the earliest possible date, and in no event
- 36 later than thirty days before conditional release, final release,

- authorized leave under RCW 71.05.325(2), or transfer to a facility other than a state mental hospital, the superintendent shall send written notice of conditional release, release, authorized leave, or transfer of a person committed under RCW 71.05.280(3) or 71.05.320(3)(c) following dismissal of a sex, violent, or felony harassment offense pursuant to RCW 10.77.086(4) to the following:
- 7 (i) The chief of police of the city, if any, in which the person 8 will reside; and
 - (ii) The sheriff of the county in which the person will reside.

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- (b) The same notice as required by (a) of this subsection shall be sent to the following, if such notice has been requested in writing about a specific person committed under RCW 71.05.280(3) or 71.05.320(3)(c) following dismissal of a sex, violent, or felony harassment offense pursuant to RCW 10.77.086(4):
- (i) The victim of the sex, violent, or felony harassment offense that was dismissed pursuant to RCW 10.77.086(4) preceding commitment under RCW 71.05.280(3) or 71.05.320(3)(c) or the victim's next of kin if the crime was a homicide;
- 19 (ii) Any witnesses who testified against the person in any court 20 proceedings;
 - (iii) Any person specified in writing by the prosecuting attorney. Information regarding victims, next of kin, or witnesses requesting the notice, information regarding any other person specified in writing by the prosecuting attorney to receive the notice, and the notice are confidential and shall not be available to the person committed under this chapter; and
 - (iv) The chief of police of the city, if any, and the sheriff of the county, if any, which had jurisdiction of the person on the date of the applicable offense.
- 30 (c) The thirty-day notice requirements contained in this subsection 31 shall not apply to emergency medical transfers.
 - (d) The existence of the notice requirements in this subsection will not require any extension of the release date in the event the release plan changes after notification.
- 35 (2) If a person committed under RCW 71.05.280(3) or 71.05.320(3)(c) 36 following dismissal of a sex, violent, or felony harassment offense 37 pursuant to RCW 10.77.086(4) escapes, the superintendent shall 38 immediately notify, by the most reasonable and expedient means

- available, the chief of police of the city and the sheriff of the 1 2 county in which the person escaped and in which the person resided 3 immediately before the person's arrest. If previously requested, the 4 superintendent shall also notify the witnesses and the victim of the sex, violent, or felony harassment offense that was dismissed pursuant 5 to RCW 10.77.086(4) preceding commitment under RCW 71.05.280(3) or 6 71.05.320(3) or the victim's next of kin if the crime was a homicide. 7 8 In addition, the secretary shall also notify appropriate parties pursuant to ((RCW 71.05.390(18))) section 7(2)(n) of this act. If the 9 10 person is recaptured, the superintendent shall send notice to the persons designated in this subsection as soon as possible but in no 11 12 event later than two working days after the department learns of such 13 recapture.
 - (3) If the victim, the victim's next of kin, or any witness is under the age of sixteen, the notice required by this section shall be sent to the parent or legal guardian of the child.

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- (4) The superintendent shall send the notices required by this chapter to the last address provided to the department by the requesting party. The requesting party shall furnish the department with a current address.
- 21 (5) For purposes of this section the following terms have the 22 following meanings:
 - (a) "Violent offense" means a violent offense under RCW 9.94A.030;
 - (b) "Sex offense" means a sex offense under RCW 9.94A.030;
 - (c) "Next of kin" means a person's spouse, state registered domestic partner, parents, siblings, and children;
- 27 (d) "Felony harassment offense" means a crime of harassment as 28 defined in RCW 9A.46.060 that is a felony.
- 29 **Sec. 31.** RCW 71.05.445 and 2009 c 320 s 4 are each amended to read 30 as follows:
- 31 COURT-ORDERED MENTAL HEALTH TREATMENT--NOTIFICATIONS. (1)(a) When 32 a mental health service provider conducts its initial assessment for a 33 person receiving court-ordered treatment, the service provider shall 34 inquire and shall be told by the offender whether he or she is subject 35 to supervision by the department of corrections.
- 36 (b) When a person receiving court-ordered treatment or treatment 37 ordered by the department of corrections discloses to his or her mental

- health service provider that he or she is subject to supervision by the 1 2 department of corrections, the mental health service provider shall notify the department of corrections that he or she is treating the 3 4 offender and shall notify the offender that his or her community corrections officer will be notified of the treatment, provided that if 5 the offender has received relief from disclosure pursuant to RCW 6 9.94A.562, 70.96A.155, or 71.05.132 and the offender has provided the 7 8 mental health service provider with a copy of the order granting relief from disclosure pursuant to RCW 9.94A.562, 70.96A.155, or 71.05.132, 9 the mental health service provider is not required to notify the 10 department of corrections that the mental health service provider is 11 12 treating the offender. The notification may be written or oral and 13 shall not require the consent of the offender. If an oral notification is made, it must be confirmed by a written notification. For purposes 14 of this section, a written notification includes notification by e-mail 15 or facsimile, so long as the notifying mental health service provider 16 is clearly identified. 17
 - (2) 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.

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- (3) The department and the department of corrections, in consultation with regional support networks, mental health service providers as defined in RCW 71.05.020, 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 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
- (b) Establish requirements for the notification of persons under the supervision of the department of corrections regarding the provisions of this section.
- 36 (4) The information received by the department of corrections under 37 this section shall remain confidential and subject to the limitations

on disclosure outlined in chapter 71.05 RCW, except as provided in RCW 72.09.585.

- (5) 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 ((except under RCW 71.05.440)).
- (6) 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.
- (7) This section does not modify the terms and conditions of disclosure of information related to sexually transmitted diseases under chapter 70.24 RCW.
- (8) 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.
- **Sec. 32.** RCW 72.09.585 and 2011 1st sp.s. c 40 s 24 are each 24 amended to read as follows:
 - MENTAL HEALTH SERVICES, INFORMATION--DEPARTMENT OF CORRECTIONS--REQUIRED INQUIRIES AND DISCLOSURES. (1) When the department is determining an offender's risk management level, the department shall inquire of the offender and shall be told whether the offender is subject to court-ordered treatment for mental health services or chemical dependency services. The department shall request and the offender shall provide an authorization to release information form that meets applicable state and federal requirements and shall provide the offender with written notice that the department will request the offender's mental health and substance abuse treatment information. An offender's failure to inform the department of court-ordered treatment is a violation of the conditions of supervision if the offender is in

the community and an infraction if the offender is in confinement, and the violation or infraction is subject to sanctions.

- (2) When an offender discloses that he or she is subject to courtordered mental health services or chemical dependency treatment, the
 department shall provide the mental health services provider or
 chemical dependency treatment provider with a written request for
 information and any necessary authorization to release information
 forms. The written request shall comply with rules adopted by the
 department of social and health services or protocols developed jointly
 by the department and the department of social and health services. A
 single request shall be valid for the duration of the offender's
 supervision in the community. Disclosures of information related to
 mental health services made pursuant to a department request shall not
 require consent of the offender.
- (3) The information received by the department under RCW 71.05.445 or ((71.34.345)) section 9 of this act may be released to the indeterminate sentence review board as relevant to carry out its responsibility of planning and ensuring community protection with respect to persons under its jurisdiction. Further disclosure by the indeterminate sentence review board is subject to the limitations set forth in subsections (5) and (6) of this section and must be consistent with the written policy of the indeterminate sentence review board. The decision to disclose or not shall not result in civil liability for the indeterminate sentence review board or staff assigned to perform board-related duties provided that the decision was reached in good faith and without gross negligence.
- (4) The information received by the department under RCW 71.05.445 or ((71.34.345)) section 9 of this act may be used to meet the statutory duties of the department to provide evidence or report to the court. Disclosure to the public of information provided to the court by the department related to mental health services shall be limited in accordance with RCW 9.94A.500 or this section.
- (5) The information received by the department under RCW 71.05.445 or ((71.34.345)) section 9 of this act may be disclosed by the department to other state and local agencies as relevant to plan for and provide offenders transition, treatment, and supervision services, or as relevant and necessary to protect the public and counteract the danger created by a particular offender, and in a manner consistent

- with the written policy established by the secretary. The decision to 1 2 disclose or not shall not result in civil liability for the department or its employees so long as the decision was reached in good faith and 3 4 without gross negligence. The information received by a state or local agency from the department shall remain confidential and subject to the 5 6 limitations on disclosure set forth in chapters 70.02, 71.05, and 71.34 7 RCW and, subject to these limitations, may be released only as relevant 8 and necessary to counteract the danger created by a particular 9 offender.
- 10 (6) The information received by the department under RCW 71.05.445 or ((71.34.345)) section 9 of this act may be disclosed by the 11 12 department to individuals only with respect to offenders who have been 13 determined by the department to have a high risk of reoffending by a risk assessment, as defined in RCW 9.94A.030, only as relevant and 14 15 necessary for those individuals to take reasonable steps for the purpose of self-protection, or as provided in RCW 72.09.370(2). 16 information may not be disclosed for the purpose of engaging the public 17 in a system of supervision, monitoring, and reporting offender behavior 18 19 The department must limit the disclosure of to the department. information related to mental health services to the public to 20 21 descriptions of an offender's behavior, risk he or she may present to 22 the community, and need for mental health treatment, including 23 medications, and shall not disclose or release to the public copies of treatment documents or records, except as otherwise provided by law. 24 All disclosure of information to the public must be done in a manner 25 26 consistent with the written policy established by the secretary. 27 decision to disclose or not shall not result in civil liability for the 28 department or its employees so long as the decision was reached in good 29 faith and without gross negligence. Nothing in this subsection 30 prevents any person from reporting to law enforcement or the department behavior that he or she believes creates a public safety risk. 31
- 32 **Sec. 33.** RCW 9.94A.500 and 2008 c 231 s 2 are each amended to read as follows:
- SENTENCING HEARINGS--PREVENTION OF WRONGFUL DISCLOSURE OF MENTAL
 HEALTH SERVICES RECORDS AND INFORMATION. (1) Before imposing a
 sentence upon a defendant, the court shall conduct a sentencing
 hearing. The sentencing hearing shall be held within forty court days

following conviction. Upon the motion of either party for good cause shown, or on its own motion, the court may extend the time period for conducting the sentencing hearing.

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Except in cases where the defendant shall be sentenced to a term of total confinement for life without the possibility of release or, when authorized by RCW 10.95.030 for the crime of aggravated murder in the first degree, sentenced to death, the court may order the department to complete a risk assessment report. If available before sentencing, the report shall be provided to the court.

Unless specifically waived by the court, the court shall order the department to complete a chemical dependency screening report before imposing a sentence upon a defendant who has been convicted of a violation of the uniform controlled substances act under chapter 69.50 RCW, a criminal solicitation to commit such a violation under chapter 9A.28 RCW, or any felony where the court finds that the offender has a chemical dependency that has contributed to his or her offense. addition, the court shall, at the time of plea or conviction, order the department to complete a presentence report before imposing a sentence upon a defendant who has been convicted of a felony sexual offense. The department of corrections shall give priority to presentence investigations for sexual offenders. If the court determines that the defendant may be a mentally ill person as defined in RCW 71.24.025, although the defendant has not established that at the time of the crime he or she lacked the capacity to commit the crime, incompetent to commit the crime, or was insane at the time of the crime, the court shall order the department to complete a presentence report before imposing a sentence.

The court shall consider the risk assessment report and presentence reports, if any, including any victim impact statement and criminal history, and allow arguments from the prosecutor, the defense counsel, the offender, the victim, the survivor of the victim, or a representative of the victim or survivor, and an investigative law enforcement officer as to the sentence to be imposed.

A criminal history summary relating to the defendant from the prosecuting authority or from a state, federal, or foreign governmental agency shall be prima facie evidence of the existence and validity of the convictions listed therein. If the court is satisfied by a preponderance of the evidence that the defendant has a criminal

history, the court shall specify the convictions it has found to exist. 1 2 All of this information shall be part of the record. Copies of all risk assessment reports and presentence reports presented to the 3 4 sentencing court and all written findings of facts and conclusions of law as to sentencing entered by the court shall be sent to the 5 6 department by the clerk of the court at the conclusion of the sentencing and shall accompany the offender if the offender is 7 committed to the custody of the department. Court clerks shall 8

provide, without charge, certified copies of documents relating to

criminal convictions requested by prosecuting attorneys.

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- 11 (2) To prevent wrongful disclosure of information and records 12 related to mental health services, as ((defined)) described in RCW 71.05.445 and ((71.34.345)) section 9 of this act, a court may take 13 only those steps necessary during a sentencing hearing or any hearing 14 in which the department presents information related to mental health 15 services to the court. The steps may be taken on motion of the 16 17 defendant, the prosecuting attorney, or on the court's own motion. 18 court may seal the portion of the record relating to information 19 relating to mental health services, exclude the public from the hearing during presentation or discussion of information and records relating 20 21 to mental health services, or grant other relief to achieve the result 22 intended by this subsection, but nothing in this subsection shall be 23 construed to prevent the subsequent release of information and records 24 related to mental health services as authorized by RCW 71.05.445, ((71.34.345)) section 9 of this act, or 72.09.585. Any person who 25 26 otherwise is permitted to attend any hearing pursuant to chapter 7.69 27 or 7.69A RCW shall not be excluded from the hearing solely because the department intends to disclose or discloses information related to 28 29 mental health services.
- NEW SECTION. Sec. 34. REPEALERS. The following acts or parts of acts are each repealed:
- 32 (1) RCW 70.24.105 (Disclosure of HIV antibody test or testing or 33 treatment of sexually transmitted diseases--Exchange of medical 34 information) and 2011 c 232 s 1;
- 35 (2) RCW 71.05.390 (Confidential information and records--36 Disclosure) and 2011 c 305 s 4;

- 1 (3) RCW 71.05.640 (Treatment records--Access procedures) and 2005 2 c 504 s 712, 2005 c 504 s 113, 2000 c 94 s 11, & 1999 c 13 s 9;
- 3 (4) RCW 71.05.385 (Information subject to disclosure to authorized 4 persons--Restrictions) and 2011 1st sp.s. c 40 s 23 & 2009 c 320 s 2;
- 5 (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;
- 7 (6) RCW 71.05.440 (Action for unauthorized release of confidential 8 information--Liquidated damages--Treble damages--Injunction) and 1990 9 c 3 s 114, 1974 ex.s. c 145 s 28, & 1973 1st ex.s. c 142 s 49;
- 10 (7) RCW 71.05.427 (Persons committed following dismissal of sex offense--Release of information authorized) and 1990 c 3 s 110;
- 12 (8) RCW 71.05.630 (Treatment records--Confidential--Release) and 13 2009 c 398 s 1, 2009 c 320 s 5, 2009 c 217 s 8, 2007 c 191 s 1, 2005 c 14 504 s 112, 2000 c 75 s 5, & 1989 c 205 s 13;
- 15 (9) RCW 71.05.690 (Treatment records--Rules) and 2005 c 504 s 714 16 & 1999 c 13 s 12;
- 17 (10) RCW 71.34.340 (Information concerning treatment of minors confidential--Disclosure--Admissible as evidence with written consent)
 19 and 2011 c 305 s 9, 2005 c 453 s 6, 2000 c 75 s 7, & 1985 c 354 s 18;
- 20 (11) 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
- 23 (12) RCW 71.34.350 (Disclosure of information or records--Required entries in minor's clinical record) and 1985 c 354 s 22.
- NEW SECTION. Sec. 35. EFFECTIVE DATE. Except for section 5 of this act, this act takes effect July 1, 2014.
- NEW SECTION. Sec. 36. EMERGENCY CLAUSE--EFFECTIVE DATE. Section 5 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately."

ESHB 1679 - S COMM AMD By Committee on Health Care

ADOPTED AS AMENDED 04/17/2013

On page 1, line 1 of the title, after "information;" strike the 1 2 remainder of the title and insert "amending RCW 70.02.010, 70.02.020, 3 70.02.050, 70.02.900, 71.05.660, 71.05.680, 71.05.620, 71.24.035, 43.185C.030, 70.05.070, 70.24.450, 74.13.280, 74.13.289, 71.05.425, 4 71.05.445, 72.09.585, and 9.94A.500; adding new sections to chapter 5 6 70.02 RCW; repealing RCW 70.24.105, 71.05.390, 71.05.640, 71.05.385, 71.05.420, 71.05.440, 71.05.427, 71.05.630, 71.05.690, 71.34.340, 8 71.34.345, and 71.34.350; prescribing penalties; providing an effective 9 date; and declaring an emergency."

--- END ---