HOUSE BILL 1477

State of Washington65th Legislature2017 Regular SessionBy Representatives Kilduff, Muri, Lytton, Stambaugh, Orwall,
McDonald, Robinson, Lovick, Goodman, and SellsStambaugh, Orwall,

AN ACT Relating to disclosure of health-related information with persons with a close relationship with a patient; amending RCW 70.02.010, 70.02.050, and 70.02.230; reenacting and amending RCW 70.02.010 and 70.02.230; adding a new section to chapter 70.02 RCW; providing an effective date; and providing an expiration date.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 <u>NEW SECTION.</u> Sec. 1. A new section is added to chapter 70.02 8 RCW to read as follows:

9 (1)(a) A health care provider may use or disclose protected 10 health information of individual without an obtaining an 11 authorization from the individual or the individual's personal representative if the conditions in (b) of this subsection are met 12 and: 13

(i) The disclosure is to a family member, other relative, a close personal friend, or other person identified by the individual, and the protected health information is directly relevant to the person's involvement with the individual's health care; or

(ii) The disclosure is for the purpose of notifying a family member, a personal representative of the individual, or another person responsible for the care of the individual or the individual's location, general condition, or death.

(b) A health care provider may make the disclosures described in
 (a) of this subsection if:

3 (i) The individual is not present or obtaining the individual's 4 authorization is not practicable due to the individual's incapacity 5 or an emergency circumstance, and in the exercise of professional 6 judgment and based on reasonable inferences, the health care provider 7 determines that the disclosure is in the best interests of the 8 individual; or

9 (ii) The individual is present and the health care provider gives 10 the individual an opportunity to object to the disclosure, and the 11 individual does not express an objection, or the health care provider 12 reasonably infers from the circumstances, based on the exercise of 13 professional judgment, that the individual does not object to the 14 disclosure.

15 (2) With respect to an individual who is being treated for a 16 mental illness, the protected health information disclosed under this 17 section may include, to the extent consistent with the health care 18 provider's professional judgment and standards of ethical conduct:

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(a) The individual's diagnoses and the treatment recommendations;

20 (b) Issues concerning the safety of the individual, including 21 risk factors for suicide, steps that can be taken to make the 22 individual's home safer, and a safety plan to monitor and support the 23 individual;

(c) Information about resources that are available in the community to help the individual, such as case management and support groups; and

(d) The process to ensure that the individual safely transitionsto a higher or lower level of care, including an interim safety plan.

(3) Any disclosure of protected health information under this section must be limited to the minimum necessary to accomplish the purpose of the disclosure.

32 (4) A health care provider is not subject to any civil liability33 for making a disclosure in accordance with this section.

34 Sec. 2. RCW 70.02.010 and 2014 c 225 s 70 and 2014 c 220 s 4 are 35 each reenacted and amended to read as follows:

36 The definitions in this section apply throughout this chapter 37 unless the context clearly requires otherwise.

38 (1) "Admission" has the same meaning as in RCW 71.05.020.

1 (2) "Audit" means an assessment, evaluation, determination, or 2 investigation of a health care provider by a person not employed by 3 or affiliated with the provider to determine compliance with:

4 (a) Statutory, regulatory, fiscal, medical, or scientific 5 standards;

6 (b) A private or public program of payments to a health care 7 provider; or

8 (c) Requirements for licensing, accreditation, or certification.

(3) "Commitment" has the same meaning as in RCW 71.05.020.

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(4) "Custody" has the same meaning as in RCW 71.05.020.

11 (5) "Deidentified" means health information that does not 12 identify an individual and with respect to which there is no 13 reasonable basis to believe that the information can be used to 14 identify an individual.

15 (6) "Department" means the department of social and health 16 services.

17 (7) "Designated mental health professional" has the same meaning18 as in RCW 71.05.020 or 71.34.020, as applicable.

19 (8) "Detention" or "detain" has the same meaning as in RCW 20 71.05.020.

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

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(10) "Discharge" has the same meaning as in RCW 71.05.020.

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

30 (12) "Federal, state, or local law enforcement authorities" means 31 an officer of any agency or authority in the United States, a state, 32 a tribe, a territory, or a political subdivision of a state, a tribe, 33 or a territory who is empowered by law to: (a) Investigate or conduct 34 an official inquiry into a potential criminal violation of law; or 35 (b) prosecute or otherwise conduct a criminal proceeding arising from 36 an alleged violation of law.

37 (13) "General health condition" means the patient's health status 38 described in terms of "critical," "poor," "fair," "good," 39 "excellent," or terms denoting similar conditions.

(14) "Health care" means any care, service, or procedure provided
 by a health care provider:

3 (a) To diagnose, treat, or maintain a patient's physical or 4 mental condition; or

5 (b) That affects the structure or any function of the human body.

6 (15) "Health care facility" means a hospital, clinic, nursing 7 home, laboratory, office, or similar place where a health care 8 provider provides health care to patients.

9 (16) "Health care information" means any information, whether 10 oral or recorded in any form or medium, that identifies or can 11 readily be associated with the identity of a patient and directly 12 relates to the patient's health care, including a patient's 13 deoxyribonucleic acid and identified sequence of chemical base pairs. 14 The term includes any required accounting of disclosures of health 15 care information.

16 (17) "Health care operations" means any of the following 17 activities of a health care provider, health care facility, or third-18 party payor to the extent that the activities are related to 19 functions that make an entity a health care provider, a health care 20 facility, or a third-party payor:

21 (a) Conducting: Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, 22 if the obtaining of generalizable knowledge is not the primary 23 purpose of any studies resulting from such activities; population-24 25 based activities relating to improving health or reducing health care 26 costs, protocol development, case management and care coordination, contacting of health care providers and patients with information 27 about treatment alternatives; and related functions that do not 28 29 include treatment;

30 (b) Reviewing the competence or qualifications of health care 31 professionals, evaluating practitioner and provider performance and 32 third-party payor performance, conducting training programs in which 33 students, trainees, or practitioners in areas of health care learn 34 under supervision to practice or improve their skills as health care 35 providers, training of nonhealth care professionals, accreditation, 36 certification, licensing, or credentialing activities;

37 (c) Underwriting, premium rating, and other activities relating 38 to the creation, renewal, or replacement of a contract of health 39 insurance or health benefits, and ceding, securing, or placing a 40 contract for reinsurance of risk relating to claims for health care,

1 including stop-loss insurance and excess of loss insurance, if any 2 applicable legal requirements are met;

3 (d) Conducting or arranging for medical review, legal services,
4 and auditing functions, including fraud and abuse detection and
5 compliance programs;

6 (e) Business planning and development, such as conducting cost-7 management and planning-related analyses related to managing and 8 operating the health care facility or third-party payor, including 9 formulary development and administration, development, or improvement 10 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:

14 (i) Management activities relating to implementation of and15 compliance with the requirements of this chapter;

16 (ii) Customer service, including the provision of data analyses 17 for policy holders, plan sponsors, or other customers, provided that 18 health care information is not disclosed to such policy holder, plan 19 sponsor, or customer;

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(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 thirdparty 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 for the benefit of the health care provider, health care facility, or thirdparty payor.

31 (18) "Health care provider" means a person who is licensed, 32 certified, registered, or otherwise authorized by the law of this 33 state to provide health care in the ordinary course of business or 34 practice of a profession.

35 (19) "Human immunodeficiency virus" or "HIV" has the same meaning 36 as in RCW 70.24.017.

37 (20) "Imminent" has the same meaning as in RCW 71.05.020.

38 (21) "Information and records related to mental health services" 39 means a type of health care information that relates to all 40 information and records compiled, obtained, or maintained in the

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1 course of providing services by a mental health service agency or mental health professional to persons who are receiving or have 2 received services for mental illness. The term includes mental health 3 information contained in a medical bill, registration records, as 4 defined in RCW 71.05.020, and all other records regarding the person 5 б maintained by the department, by regional support networks and their 7 staff, and by treatment facilities. The term further includes documents of legal proceedings under chapter 71.05, 71.34, or 10.77 8 RCW, or somatic health care information. For health care information 9 maintained by a hospital as defined in RCW 70.41.020 or a health care 10 11 facility or health care provider that participates with a hospital in 12 an organized health care arrangement defined under federal law, "information and records related to mental health services" 13 is limited to information and records of services provided by a mental 14 health professional or information and records of services created by 15 16 a hospital-operated ((community mental)) behavioral health program as 17 defined in RCW 71.24.025(((6))). The term does not include 18 psychotherapy notes.

19 (22) "Information and records related to sexually transmitted 20 diseases" means a type of health care information that relates to the 21 identity of any person upon whom an HIV antibody test or other 22 sexually transmitted infection test is performed, the results of such 23 tests, and any information relating to diagnosis of or treatment for 24 any confirmed sexually transmitted infections.

(23) "Institutional review board" means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects.

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(24) "Legal counsel" has the same meaning as in RCW 71.05.020.

31 (25) "Local public health officer" has the same meaning as in RCW 32 70.24.017.

(26) "Maintain," as related to health care information, means tohold, possess, preserve, retain, store, or control that information.

35 (27) "Mental health professional" means a psychiatrist, 36 psychologist, psychiatric advanced registered nurse practitioner, 37 psychiatric nurse, or social worker, and such other mental health 38 professionals as may be defined by rules adopted by the secretary of 39 social and health services under chapter 71.05 RCW, whether that 40 person works in a private or public setting. 1 (28) "Mental health service agency" means a public or private 2 agency that provides services to persons with mental disorders as defined under RCW 71.05.020 or 71.34.020 and receives funding from 3 public sources. This includes evaluation and treatment facilities as 4 defined in RCW 71.34.020, community mental health service delivery 5 б systems, or community mental health programs, as defined in RCW 7 71.24.025, and facilities conducting competency evaluations and restoration under chapter 10.77 RCW. 8

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(29) "Minor" has the same meaning as in RCW 71.34.020.

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(30) "Parent" has the same meaning as in RCW 71.34.020.

(31) "Patient" means an individual who receives or has received health care. The term includes a deceased individual who has received health care.

14 (32) "Payment" means:

15 (a) The activities undertaken by:

16 (i) A third-party payor to obtain premiums or to determine or 17 fulfill its responsibility for coverage and provision of benefits by 18 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

(b) The activities in (a) of this subsection that relate to the patient to whom health care is provided and that include, but are not limited to:

(i) Determinations of eligibility or coverage, including
 coordination of benefits or the determination of cost-sharing
 amounts, and adjudication or subrogation of health benefit claims;

(ii) Risk adjusting amounts due based on enrollee health statusand demographic characteristics;

30 (iii) Billing, claims management, collection activities, 31 obtaining payment under a contract for reinsurance, including stop-32 loss insurance and excess of loss insurance, and related health care 33 data processing;

34 (iv) Review of health care services with respect to medical 35 necessity, coverage under a health plan, appropriateness of care, or 36 justification of charges;

37 (v) Utilization review activities, including precertification and 38 preauthorization of services, and concurrent and retrospective review 39 of services; and 1 (vi) Disclosure to consumer reporting agencies of any of the 2 following health care information relating to collection of premiums 3 or reimbursement:

- 4 (A) Name and address;
- 5 (B) Date of birth;
- 6 (C) Social security number;

7 (D) Payment history;

8 (E) Account number; and

9 (F) Name and address of the health care provider, health care 10 facility, and/or third-party payor.

11 (33) "Person" means an individual, corporation, business trust, 12 estate, trust, partnership, association, joint venture, government, 13 governmental subdivision or agency, or any other legal or commercial 14 entity.

15 (34) "Professional person" has the same meaning as in RCW 16 71.05.020.

17 (35) "Psychiatric advanced registered nurse practitioner" has the 18 same meaning as in RCW 71.05.020.

(36) "Psychotherapy notes" means notes recorded, in any medium, 19 by a mental health professional documenting or analyzing the contents 20 21 of conversations during a private counseling session or group, joint, or family counseling session, and that are separated from the rest of 22 individual's medical record. The term excludes mediation 23 the prescription and monitoring, counseling session start and stop times, 24 25 the modalities and frequencies of treatment furnished, results of 26 clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and 27 28 progress to date.

29 (37) "Reasonable fee" means the charges for duplicating or searching the record, but shall not exceed sixty-five cents per page 30 31 for the first thirty pages and fifty cents per page for all other 32 pages. In addition, a clerical fee for searching and handling may be charged not to exceed fifteen dollars. These amounts shall be 33 adjusted biennially in accordance with changes in the consumer price 34 index, all consumers, for Seattle-Tacoma metropolitan statistical 35 36 area as determined by the secretary of health. However, where editing of records by a health care provider is required by statute and is 37 done by the provider personally, the fee may be the usual and 38 39 customary charge for a basic office visit.

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(38) "Release" has the same meaning as in RCW 71.05.020.

1 (39) "Resource management services" has the same meaning as in 2 RCW 71.05.020.

3 (40) <u>"Serious and urgent threat" means a substantial risk of</u>
4 <u>impending physical harm that requires immediate action or attention.</u>

5 <u>(41)</u> "Serious violent offense" has the same meaning as in RCW 6 71.05.020.

7 (((41))) (42) "Sexually transmitted infection" or "sexually 8 transmitted disease" has the same meaning as "sexually transmitted 9 disease" in RCW 70.24.017.

10 (((42))) (43) "Test for a sexually transmitted disease" has the 11 same meaning as in RCW 70.24.017.

12 (((43))) (44) "Third-party payor" means an insurer regulated 13 under Title 48 RCW authorized to transact business in this state or 14 other jurisdiction, including a health care service contractor, and 15 health maintenance organization; or an employee welfare benefit plan, 16 excluding fitness or wellness plans; or a state or federal health 17 benefit program.

(((44))) (45) "Treatment" means the provision, coordination, or 18 19 management of health care and related services by one or more health care providers or health care facilities, including the coordination 20 21 or management of health care by a health care provider or health care facility with a third party; consultation between health care 22 providers or health care facilities relating to a patient; or the 23 24 referral of a patient for health care from one health care provider 25 or health care facility to another.

26 Sec. 3. RCW 70.02.010 and 2016 sp.s. c 29 s 416 are each amended 27 to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

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(1) "Admission" has the same meaning as in RCW 71.05.020.

31 (2) "Audit" means an assessment, evaluation, determination, or 32 investigation of a health care provider by a person not employed by 33 or affiliated with the provider to determine compliance with:

34 (a) Statutory, regulatory, fiscal, medical, or scientific35 standards;

36 (b) A private or public program of payments to a health care 37 provider; or

38 (c) Requirements for licensing, accreditation, or certification.

39 (3) "Commitment" has the same meaning as in RCW 71.05.020.

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(4) "Custody" has the same meaning as in RCW 71.05.020.

2 (5) "Deidentified" means health information that does not 3 identify an individual and with respect to which there is no 4 reasonable basis to believe that the information can be used to 5 identify an individual.

6 (6) "Department" means the department of social and health 7 services.

8 (7) "Designated crisis responder" has the same meaning as in RCW
9 71.05.020 or 71.34.020, as applicable.

10 (8) "Detention" or "detain" has the same meaning as in RCW 11 71.05.020.

12 (9) "Directory information" means information disclosing the 13 presence, and for the purpose of identification, the name, location 14 within a health care facility, and the general health condition of a 15 particular patient who is a patient in a health care facility or who 16 is currently receiving emergency health care in a health care 17 facility.

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(10) "Discharge" has the same meaning as in RCW 71.05.020.

19 (11) "Evaluation and treatment facility" has the same meaning as 20 in RCW 71.05.020 or 71.34.020, as applicable.

(12) "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.

(13) "General health condition" means the patient's health status described in terms of "critical," "poor," "fair," "good," "excellent," or terms denoting similar conditions.

(14) "Health care" means any care, service, or procedure providedby a health care provider:

33 (a) To diagnose, treat, or maintain a patient's physical or 34 mental condition; or

35 (b) That affects the structure or any function of the human body.

36 (15) "Health care facility" means a hospital, clinic, nursing 37 home, laboratory, office, or similar place where a health care 38 provider provides health care to patients.

39 (16) "Health care information" means any information, whether 40 oral or recorded in any form or medium, that identifies or can

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1 readily be associated with the identity of a patient and directly 2 relates to the patient's health care, including a patient's 3 deoxyribonucleic acid and identified sequence of chemical base pairs. 4 The term includes any required accounting of disclosures of health 5 care information.

6 (17) "Health care operations" means any of the following 7 activities of a health care provider, health care facility, or third-8 party payor to the extent that the activities are related to 9 functions that make an entity a health care provider, a health care 10 facility, or a third-party payor:

11 (a) Conducting: Quality assessment and improvement activities, 12 including outcomes evaluation and development of clinical guidelines, if the obtaining of generalizable knowledge is not the primary 13 purpose of any studies resulting from such activities; population-14 based activities relating to improving health or reducing health care 15 16 costs, protocol development, case management and care coordination, 17 contacting of health care providers and patients with information 18 about treatment alternatives; and related functions that do not 19 include treatment;

20 (b) Reviewing the competence or qualifications of health care 21 professionals, evaluating practitioner and provider performance and 22 third-party payor performance, conducting training programs in which 23 students, trainees, or practitioners in areas of health care learn 24 under supervision to practice or improve their skills as health care 25 providers, training of nonhealth care professionals, accreditation, 26 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 stop-loss insurance and excess of loss insurance, if any applicable legal requirements are met;

33 (d) Conducting or arranging for medical review, legal services, 34 and auditing functions, including fraud and abuse detection and 35 compliance programs;

(e) Business planning and development, such as conducting cost management and planning-related analyses related to managing and
 operating the health care facility or third-party payor, including
 formulary development and administration, development, or improvement
 of methods of payment or coverage policies; and

1 (f) Business management and general administrative activities of 2 the health care facility, health care provider, or third-party payor 3 including, but not limited to:

4 (i) Management activities relating to implementation of and 5 compliance with the requirements of this chapter;

6 (ii) Customer service, including the provision of data analyses 7 for policy holders, plan sponsors, or other customers, provided that 8 health care information is not disclosed to such policy holder, plan 9 sponsor, or customer;

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(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 thirdparty 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 for the benefit of the health care provider, health care facility, or thirdparty payor.

(18) "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.

25 (19) "Human immunodeficiency virus" or "HIV" has the same meaning 26 as in RCW 70.24.017.

27

(20) "Imminent" has the same meaning as in RCW 71.05.020.

(21) "Information and records related to mental health services" 28 29 means a type of health care information that relates to all information and records compiled, obtained, or maintained in the 30 31 course of providing services by a mental health service agency or mental health professional to persons who are receiving or have 32 received services for mental illness. The term includes mental health 33 information contained in a medical bill, registration records, as 34 defined in RCW 71.05.020, and all other records regarding the person 35 36 maintained by the department, by regional support networks and their staff, and by treatment facilities. The term further includes 37 documents of legal proceedings under chapter 71.05, 71.34, or 10.77 38 39 RCW, or somatic health care information. For health care information 40 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 an organized health care arrangement defined under federal law, "information and records related to mental health services" is limited to information and records of services provided by a mental health professional or information and records of services created by a hospital-operated behavioral health program as defined in RCW 7 1.24.025. The term does not include psychotherapy notes.

8 (22) "Information and records related to sexually transmitted 9 diseases" means a type of health care information that relates to the 10 identity of any person upon whom an HIV antibody test or other 11 sexually transmitted infection test is performed, the results of such 12 tests, and any information relating to diagnosis of or treatment for 13 any confirmed sexually transmitted infections.

14 (23) "Institutional review board" means any board, committee, or 15 other group formally designated by an institution, or authorized 16 under federal or state law, to review, approve the initiation of, or 17 conduct periodic review of research programs to assure the protection 18 of the rights and welfare of human research subjects.

(24) "Legal counsel" has the same meaning as in RCW 71.05.020.

(25) "Local public health officer" has the same meaning as in RCW70.24.017.

(26) "Maintain," as related to health care information, means tohold, possess, preserve, retain, store, or control that information.

(27) health professional" means psychiatrist, 24 "Mental a 25 psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health 26 professionals as may be defined by rules adopted by the secretary of 27 social and health services under chapter 71.05 RCW, whether that 28 29 person works in a private or public setting.

(28) "Mental health service agency" means a public or private 30 31 agency that provides services to persons with mental disorders as 32 defined under RCW 71.05.020 or 71.34.020 and receives funding from public sources. This includes evaluation and treatment facilities as 33 defined in RCW 71.34.020, community mental health service delivery 34 systems, or behavioral health programs, as defined in RCW 71.24.025, 35 and facilities conducting competency evaluations and restoration 36 under chapter 10.77 RCW. 37

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(29) "Minor" has the same meaning as in RCW 71.34.020.

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(30) "Parent" has the same meaning as in RCW 71.34.020.

(31) "Patient" means an individual who receives or has received
 health care. The term includes a deceased individual who has received
 health care.

4 (32) "Payment" means:

5 (a) The activities undertaken by:

6 (i) A third-party payor to obtain premiums or to determine or 7 fulfill its responsibility for coverage and provision of benefits by 8 the third-party payor; or

9 (ii) A health care provider, health care facility, or third-party 10 payor, to obtain or provide reimbursement for the provision of health 11 care; and

12 (b) The activities in (a) of this subsection that relate to the 13 patient to whom health care is provided and that include, but are not 14 limited to:

15 (i) Determinations of eligibility or coverage, including 16 coordination of benefits or the determination of cost-sharing 17 amounts, and adjudication or subrogation of health benefit claims;

18 (ii) Risk adjusting amounts due based on enrollee health status 19 and demographic characteristics;

20 (iii) Billing, claims management, collection activities, 21 obtaining payment under a contract for reinsurance, including stop-22 loss insurance and excess of loss insurance, and related health care 23 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

30 (vi) Disclosure to consumer reporting agencies of any of the 31 following health care information relating to collection of premiums 32 or reimbursement:

- 33 (A) Name and address;
- 34 (B) Date of birth;
- 35 (C) Social security number;

36 (D) Payment history;

37 (E) Account number; and

38 (F) Name and address of the health care provider, health care 39 facility, and/or third-party payor.

(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.

5 (34) "Professional person" has the same meaning as in RCW 6 71.05.020.

7 (35) "Psychiatric advanced registered nurse practitioner" has the
8 same meaning as in RCW 71.05.020.

(36) "Psychotherapy notes" means notes recorded, in any medium, 9 by a mental health professional documenting or analyzing the contents 10 11 of conversations during a private counseling session or group, joint, or family counseling session, and that are separated from the rest of 12 individual's medical record. 13 the The term excludes mediation prescription and monitoring, counseling session start and stop times, 14 the modalities and frequencies of treatment furnished, results of 15 16 clinical tests, and any summary of the following items: Diagnosis, 17 functional status, the treatment plan, symptoms, prognosis, and 18 progress to date.

"Reasonable fee" means the charges for duplicating or 19 (37) 20 searching the record, but shall not exceed sixty-five cents per page 21 for the first thirty pages and fifty cents per page for all other pages. In addition, a clerical fee for searching and handling may be 22 charged not to exceed fifteen dollars. These amounts shall be 23 adjusted biennially in accordance with changes in the consumer price 24 25 index, all consumers, for Seattle-Tacoma metropolitan statistical 26 area as determined by the secretary of health. However, where editing 27 of records by a health care provider is required by statute and is done by the provider personally, the fee may be the usual and 28 29 customary charge for a basic office visit.

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(38) "Release" has the same meaning as in RCW 71.05.020.

31 (39) "Resource management services" has the same meaning as in 32 RCW 71.05.020.

33 (40) <u>"Serious and urgent threat" means a substantial risk of</u> 34 <u>impending physical harm that requires immediate action or attention.</u>

35 <u>(41)</u> "Serious violent offense" has the same meaning as in RCW 36 71.05.020.

37 (((41))) (42) "Sexually transmitted infection" or "sexually 38 transmitted disease" has the same meaning as "sexually transmitted 39 disease" in RCW 70.24.017.

1 (((42))) (43) "Test for a sexually transmitted disease" has the 2 same meaning as in RCW 70.24.017.

3 (((43))) (44) "Third-party payor" means an insurer regulated 4 under Title 48 RCW authorized to transact business in this state or 5 other jurisdiction, including a health care service contractor, and 6 health maintenance organization; or an employee welfare benefit plan, 7 excluding fitness or wellness plans; or a state or federal health 8 benefit program.

9 (((44))) (45) "Treatment" means the provision, coordination, or management of health care and related services by one or more health 10 11 care providers or health care facilities, including the coordination 12 or management of health care by a health care provider or health care facility with a third party; consultation between health care 13 14 providers or health care facilities relating to a patient; or the referral of a patient for health care from one health care provider 15 16 or health care facility to another.

17 **Sec. 4.** RCW 70.02.050 and 2014 c 220 s 6 are each amended to 18 read as follows:

(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 RCW 70.02.220, 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 believesis providing health care to the patient;

27 (b) To any other person who requires health care information for health care education, or to provide planning, quality assurance, 28 peer review, or administrative, legal, financial, actuarial services 29 30 to, or other health care operations for or on behalf of the health care provider or health care facility; or for assisting the health 31 care provider or health care facility in the delivery of health care 32 and the health care provider or health care facility reasonably 33 34 believes that the person:

35 (i) Will not use or disclose the health care information for any 36 other purpose; and

37 (ii) Will take appropriate steps to protect the health care 38 information;

1 (c) To any person if the health care provider or health care facility reasonably believes that disclosure will avoid or minimize 2 ((an imminent danger)) a serious and urgent threat to the health or 3 safety of ((the patient or any other individual, however)) any person 4 or the public, and the information is disclosed only to a person who 5 б is reasonably able to prevent or lessen the threat, including the target of the threat. There is no obligation under this chapter on 7 the part of the provider or facility to so disclose((. The fact of 8 admission to a provider for mental health services and all 9 information and records compiled, obtained, or maintained in the 10 11 course of providing mental health services to either voluntary or 12 involuntary recipients of services at public or private agencies is not subject to disclosure unless disclosure is permitted in RCW 13 14 70.02.230; or));

15 (d) <u>To any person if the conditions in section 1 of this act are</u> 16 <u>met; or</u>

17 <u>(e)</u> For payment, including information necessary for a recipient 18 to make a claim, or for a claim to be made on behalf of a recipient 19 for aid, insurance, or medical assistance to which he or she may be 20 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 RCW 70.02.220, about a patient without the patient's authorization if the disclosure is:

26 (a) To federal, state, or local public health authorities, to the extent the health care provider is required by law to report health 27 28 care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws, or to 29 investigate unprofessional conduct or ability to practice with 30 31 reasonable skill and safety under chapter 18.130 RCW. Any health care 32 information obtained under this subsection is exempt from public inspection and copying pursuant to chapter 42.56 RCW; or 33

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(b) When needed to protect the public health.

35 Sec. 5. RCW 70.02.230 and 2014 c 225 s 71 and 2014 c 220 s 9 are 36 each reenacted and amended to read as follows:

37 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,
 38 ((70.96A.150,)) 74.09.295, 70.02.210, 70.02.240, 70.02.250, and
 39 70.02.260, or pursuant to a valid authorization under RCW 70.02.030,

1 the fact of admission to a provider for mental health services and 2 all information and records compiled, obtained, or maintained in the 3 course of providing mental health services to either voluntary or 4 involuntary recipients of services at public or private agencies must 5 be confidential.

6 (2) Information and records related to mental health services,
7 other than those obtained through treatment under chapter 71.34 RCW,
8 may be disclosed only:

9 (a) In communications between qualified professional persons to 10 meet the requirements of chapter 71.05 RCW, in the provision of 11 services or appropriate referrals, or in the course of guardianship 12 proceedings if provided to a professional person:

13 (i) Employed by the facility;

14 (ii) Who has medical responsibility for the patient's care;

15 (iii) Who is a designated mental health professional;

16 (iv) Who is providing services under chapter 71.24 RCW;

(v) Who is employed by a state or local correctional facility where the person is confined or supervised; or

19 (vi) Who is providing evaluation, treatment, or follow-up 20 services under chapter 10.77 RCW;

(b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside;

25 (c)(i) When the person receiving services, or his or her 26 guardian, designates persons to whom information or records may be 27 released, or if the person is a minor, when his or her parents make 28 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:

32 (A) The information that the person is presently a patient in the33 facility or that the person is seriously physically ill;

(B) A statement evaluating the mental and physical condition of the patient, and a statement of the probable duration of the patient's confinement, if such information is requested by the next of kin, attorney, personal representative, guardian, or conservator; and (iii) Other information requested by the next of kin or attorney
 as may be necessary to decide whether or not proceedings should be
 instituted to appoint a guardian or conservator;

4 (d)(i) To the courts as necessary to the administration of 5 chapter 71.05 RCW or to a court ordering an evaluation or treatment 6 under chapter 10.77 RCW solely for the purpose of preventing the 7 entry of any evaluation or treatment order that is inconsistent with 8 any order entered under chapter 71.05 RCW.

9 (ii) To a court or its designee in which a motion under chapter 10 10.77 RCW has been made for involuntary medication of a defendant for 11 the purpose of competency restoration.

12 (iii) Disclosure under this subsection is mandatory for the 13 purpose of the federal health insurance portability and 14 accountability act;

(e)(i) When a mental health professional is requested by a 15 16 representative of a law enforcement or corrections agency, including 17 a police officer, sheriff, community corrections officer, a municipal attorney, or prosecuting attorney to undertake an investigation or 18 provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the 19 20 mental health professional shall, if requested to do so, advise the 21 representative in writing of the results of the investigation including a statement of reasons for the decision to detain or 22 release the person investigated. The written report must be submitted 23 within seventy-two hours of the completion of the investigation or 24 25 the request from the law enforcement or corrections representative, 26 whichever occurs later.

27 (ii) Disclosure under this subsection is mandatory for the 28 purposes of the federal health insurance portability and 29 accountability act;

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(f) To the attorney of the detained person;

31 (g) To the prosecuting attorney as necessary to carry out the 32 responsibilities of the office under RCW 71.05.330(2), 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided 33 access to records regarding the committed person's treatment and 34 prognosis, medication, behavior problems, and other records relevant 35 to the issue of whether treatment less restrictive than inpatient 36 treatment is in the best interest of the committed person or others. 37 Information must be disclosed only after giving notice to the 38 39 committed person and the person's counsel;

1 (h)(i) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private 2 agency, whose health and safety has been threatened, or who is known 3 to have been repeatedly harassed, by the patient. The person may 4 designate a representative to receive the disclosure. The disclosure 5 б 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 7 admission, discharge, or release, authorized 8 commitment, or 9 unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency 10 11 or its employees are not civilly liable for the decision to disclose 12 or not, so long as the decision was reached in good faith and without 13 gross negligence.

14 (ii) Disclosure under this subsection is mandatory for the 15 purposes of the federal health insurance portability and 16 accountability act;

(i)(i) To appropriate corrections and law enforcement agencies all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The 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;

27 (k) Upon the death of a person. The person's next of kin, personal representative, guardian, or conservator, if any, must be 28 29 notified. Next of kin who are of legal age and competent must be notified under this section in the following order: Spouse, parents, 30 31 children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, 32 obtained, or maintained in the course of providing services to a 33 deceased patient are governed by RCW 70.02.140; 34

(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;

1 (m) To law enforcement officers and to prosecuting attorneys as 2 are necessary to enforce RCW 9.41.040(2)(a)(((ii))) <u>(iii)</u>. The extent 3 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;

9 (ii) The law enforcement and prosecuting attorneys may only 10 release the information obtained to the person's attorney as required 11 by court rule and to a jury or judge, if a jury is waived, that 12 presides over any trial at which the person is charged with violating 13 RCW 9.41.040(2)(a)(((ii))) <u>(iii)</u>;

14 (iii) Disclosure under this subsection is mandatory for the 15 purposes of the federal health insurance portability and 16 accountability act;

17 (n) When a patient would otherwise be subject to the provisions 18 of this section and disclosure is necessary for the protection of the patient or others due to his or her unauthorized disappearance from 19 the facility, and his or her whereabouts is unknown, notice of the 20 21 disappearance, along with relevant information, may be made to relatives, the department of corrections when the person is under the 22 supervision of the department, and governmental law enforcement 23 24 agencies designated by the physician or psychiatric advanced 25 registered nurse practitioner in charge of the patient or the 26 professional person in charge of the facility, or his or her professional designee; 27

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(o) Pursuant to lawful order of a court;

(p) To qualified staff members of the department, to the director of behavioral health organizations, 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;

36 (q) Within the mental health service agency where the patient is 37 receiving treatment, confidential information may be disclosed to 38 persons employed, serving in bona fide training programs, or 39 participating in supervised volunteer programs, at the facility when 40 it is necessary to perform their duties; 1 (r) Within the department as necessary to coordinate treatment 2 for mental illness, developmental disabilities, alcoholism, or drug 3 abuse of persons who are under the supervision of the department;

4 (s) To a licensed physician or psychiatric advanced registered 5 nurse practitioner who has determined that the life or health of the 6 person is in danger and that treatment without the information and 7 records related to mental health services could be injurious to the 8 patient's health. Disclosure must be limited to the portions of the 9 records necessary to meet the medical emergency;

(t) Consistent with the requirements of the federal health 10 information portability and accountability act, to a licensed mental 11 12 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 13 14 providing care to a person, or to whom a person has been referred for evaluation or treatment, to assure coordinated care and treatment of 15 16 that person. Psychotherapy notes may not be released without 17 authorization of the person who is the subject of the request for release of information; 18

(u) To administrative and office support staff designated to obtain medical records for those licensed professionals listed in (t) of this subsection;

22 To a facility that is to receive (v) a person who is involuntarily committed under chapter 71.05 RCW, or upon transfer of 23 the person from one evaluation and treatment facility to another. The 24 25 release of records under this subsection is limited to the 26 information and records related to mental health services required by law, a record or summary of all somatic treatments, and a discharge 27 summary. The discharge summary may include a statement of 28 the 29 patient's problem, the treatment goals, the type of treatment which has been provided, and recommendation for future treatment, but may 30 31 not include the patient's complete treatment record;

32 (w) To the person's counsel or guardian ad litem, without 33 modification, at any time in order to prepare for involuntary 34 commitment or recommitment proceedings, reexaminations, appeals, or 35 other actions relating to detention, admission, commitment, or 36 patient's rights under chapter 71.05 RCW;

37 (x) To staff members of the protection and advocacy agency or to 38 staff members of a private, nonprofit corporation for the purpose of 39 protecting and advocating the rights of persons with mental disorders 40 or developmental disabilities. Resource management services may limit

1 the release of information to the name, birthdate, and county of residence of the patient, information regarding whether the patient 2 was voluntarily admitted, or involuntarily committed, the date and 3 place of admission, placement, or commitment, the name and address of 4 a guardian of the patient, and the date and place of the guardian's 5 6 appointment. Any staff member who wishes to obtain additional 7 information must notify the patient's resource management services in writing of the request and of the resource management services' right 8 to object. The staff member shall send the notice by mail to the 9 guardian's address. If the guardian does not object in writing within 10 11 fifteen days after the notice is mailed, the staff member may obtain 12 the additional information. If the guardian objects in writing within fifteen days after the notice is mailed, the staff member may not 13 14 obtain the additional information;

(y) To all current treating providers of the patient with 15 16 prescriptive authority who have written a prescription for the 17 patient within the last twelve months. For purposes of coordinating health care, the department may release without written authorization 18 of the patient, information acquired for billing and collection 19 purposes as described in RCW 70.02.050(1)(d). The department shall 20 21 notify the patient that billing and collection information has been released to named providers, and provide the substance of the 22 information released and the dates of such release. The department 23 may not release counseling, inpatient psychiatric hospitalization, or 24 25 drug and alcohol treatment information without a signed written 26 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.

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/s/ "

4 (ii) Nothing in this chapter may be construed to prohibit the 5 compilation and publication of statistical data for use by government 6 or researchers under standards, including standards to assure 7 maintenance of confidentiality, set forth by the secretary:

8 <u>(aa) To any person if the conditions in section 1 of this act are</u> 9 <u>met</u>.

10 (3) Whenever federal law or federal regulations restrict the 11 release of information contained in the information and records 12 related to mental health services of any patient who receives 13 treatment for chemical dependency, the department may restrict the 14 release of the information as necessary to comply with federal law 15 and regulations.

16 (4) Civil liability and immunity for the release of information 17 about a particular person who is committed to the department of 18 social and health services under RCW 71.05.280(3) and 19 71.05.320(((3))) (4)(c) after dismissal of a sex offense as defined 20 in RCW 9.94A.030, is governed by RCW 4.24.550.

21 (5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or 22 orders made, prepared, collected, or maintained pursuant to chapter 23 24 71.05 RCW are not admissible as evidence in any legal proceeding 25 outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in RCW 26 27 70.02.260, in a subsequent criminal prosecution of a person committed pursuant to RCW 71.05.280(3) or 71.05.320(((3))) (4)(c) on charges 28 29 that were dismissed pursuant to chapter 10.77 RCW due to incompetency to stand trial, in a civil commitment proceeding pursuant to chapter 30 31 71.09 RCW, or, in the case of a minor, a guardianship or dependency proceeding. The records and files maintained in any court proceeding 32 pursuant to chapter 71.05 RCW must be confidential and available 33 34 subsequent to such proceedings only to the person who was the subject of the proceeding or his or her attorney. In addition, the court may 35 order the subsequent release or use of such records or files only 36 upon good cause shown if the court finds that appropriate safeguards 37 38 for strict confidentiality are and will be maintained.

1 (6)(a) Except as provided in RCW 4.24.550, any person may bring 2 an action against an individual who has willfully released 3 confidential information or records concerning him or her in 4 violation of the provisions of this section, for the greater of the 5 following amounts:

6 7 (i) One thousand dollars; or

(ii) Three times the amount of actual damages sustained, if any.

8 (b) It is not a prerequisite to recovery under this subsection 9 that the plaintiff suffered or was threatened with special, as 10 contrasted with general, damages.

11 (c) Any person may bring an action to enjoin the release of 12 confidential information or records concerning him or her or his or 13 her ward, in violation of the provisions of this section, and may in 14 the same action seek damages as provided in this subsection.

(d) The court may award to the plaintiff, should he or she prevail in any action authorized by this subsection, reasonable attorney fees in addition to those otherwise provided by law.

(e) If an action is brought under this subsection, no action maybe brought under RCW 70.02.170.

20 Sec. 6. RCW 70.02.230 and 2016 sp.s. c 29 s 417 are each amended 21 to read as follows:

(1) Except as provided in this section, RCW 70.02.050, 71.05.445, 22 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or 23 24 pursuant to a valid authorization under RCW 70.02.030, the fact of 25 admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the 26 27 course of providing mental health services to either voluntary or 28 involuntary recipients of services at public or private agencies must be confidential. 29

30 (2) Information and records related to mental health services,
 31 other than those obtained through treatment under chapter 71.34 RCW,
 32 may be disclosed only:

33 (a) In communications between qualified professional persons to 34 meet the requirements of chapter 71.05 RCW, in the provision of 35 services or appropriate referrals, or in the course of guardianship 36 proceedings if provided to a professional person:

37 (i) Employed by the facility;

38 (ii) Who has medical responsibility for the patient's care;

39 (iii) Who is a designated crisis responder;

1

(iv) Who is providing services under chapter 71.24 RCW;

2 (v) Who is employed by a state or local correctional facility
3 where the person is confined or supervised; or

4 (vi) Who is providing evaluation, treatment, or follow-up 5 services under chapter 10.77 RCW;

6 (b) When the communications regard the special needs of a patient 7 and the necessary circumstances giving rise to such needs and the 8 disclosure is made by a facility providing services to the operator 9 of a facility in which the patient resides or will reside;

10 (c)(i) When the person receiving services, or his or her 11 guardian, designates persons to whom information or records may be 12 released, or if the person is a minor, when his or her parents make 13 such a designation;

14 (ii) A public or private agency shall release to a person's next 15 of kin, attorney, personal representative, guardian, or conservator, 16 if any:

(A) The information that the person is presently a patient in thefacility or that the person is seriously physically ill;

(B) A statement evaluating the mental and physical condition of the patient, and a statement of the probable duration of the patient's confinement, if such information is requested by the next of kin, attorney, personal representative, guardian, or conservator; and

(iii) Other information requested by the next of kin or attorney
as may be necessary to decide whether or not proceedings should be
instituted to appoint a guardian or conservator;

(d)(i) To the courts as necessary to the administration of 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.

35 (iii) Disclosure under this subsection is mandatory for the 36 purpose of the federal health insurance portability and 37 accountability act;

38 (e)(i) When a mental health professional or designated crisis 39 responder is requested by a representative of a law enforcement or 40 corrections agency, including a police officer, sheriff, community

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1 corrections officer, a municipal attorney, or prosecuting attorney to 2 undertake an investigation or provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the mental health professional or designated 3 so, crisis responder shall, if requested to do 4 advise the representative in writing of the results of the investigation 5 б including a statement of reasons for the decision to detain or 7 release the person investigated. The written report must be submitted within seventy-two hours of the completion of the investigation or 8 the request from the law enforcement or corrections representative, 9 whichever occurs later. 10

11 (ii) Disclosure under this subsection is mandatory for the 12 purposes of the federal health insurance portability and 13 accountability act;

14 (f) To the attorney of the detained person;

(g) To the prosecuting attorney as necessary to carry out the 15 16 responsibilities of the office under RCW 71.05.330(2), 17 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided access to records regarding the committed person's treatment and 18 prognosis, medication, behavior problems, and other records relevant 19 to the issue of whether treatment less restrictive than inpatient 20 21 treatment is in the best interest of the committed person or others. 22 Information must be disclosed only after giving notice to the committed person and the person's counsel; 23

(h)(i) To appropriate law enforcement agencies and to a person, 24 25 when the identity of the person is known to the public or private 26 agency, whose health and safety has been threatened, or who is known 27 to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure 28 29 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 30 31 commitment, admission, discharge, or release, authorized or 32 unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency 33 or its employees are not civilly liable for the decision to disclose 34 35 or not, so long as the decision was reached in good faith and without 36 gross negligence.

37 (ii) Disclosure under this subsection is mandatory for the 38 purposes of the federal health insurance portability and 39 accountability act; 1 (i)(i) To appropriate corrections and law enforcement agencies 2 all necessary and relevant information in the event of a crisis or 3 emergent situation that poses a significant and imminent risk to the 4 public. The mental health service agency or its employees are not 5 civilly liable for the decision to disclose or not so long as the 6 decision was reached in good faith and without gross negligence.

7 (ii) Disclosure under this subsection is mandatory for the 8 purposes of the health insurance portability and accountability act;

9 (j) To the persons designated in RCW 71.05.425 for the purposes 10 described in those sections;

11 (k) Upon the death of a person. The person's next of kin, 12 personal representative, guardian, or conservator, if any, must be notified. Next of kin who are of legal age and competent must be 13 notified under this section in the following order: Spouse, parents, 14 children, brothers and sisters, and other relatives according to the 15 degree of relation. Access to all records and information compiled, 16 17 obtained, or maintained in the course of providing services to a 18 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;

(m) To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)(iii). 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;

32 (ii) The law enforcement and prosecuting attorneys may only 33 release the information obtained to the person's attorney as required 34 by court rule and to a jury or judge, if a jury is waived, that 35 presides over any trial at which the person is charged with violating 36 RCW 9.41.040(2)(a)(iii);

37 (iii) Disclosure under this subsection is mandatory for the 38 purposes of the federal health insurance portability and 39 accountability act;

1 (n) When a patient would otherwise be subject to the provisions of this section and disclosure is necessary for the protection of the 2 patient or others due to his or her unauthorized disappearance from 3 the facility, and his or her whereabouts is unknown, notice of the 4 disappearance, along with relevant information, may be made to 5 б relatives, the department of corrections when the person is under the 7 supervision of the department, and governmental law enforcement agencies designated by the physician or psychiatric advanced 8 registered nurse practitioner in charge of the patient or 9 the professional person in charge of the facility, or his or her 10 11 professional designee;

12

(o) Pursuant to lawful order of a court;

(p) To qualified staff members of the department, to the director of behavioral health organizations, 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;

20 (q) Within the mental health service agency where the patient is 21 receiving treatment, confidential information may be disclosed to 22 persons employed, serving in bona fide training programs, or 23 participating in supervised volunteer programs, at the facility when 24 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 and records related to mental health services 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 may not be released without 1 authorization of the person who is the subject of the request for 2 release of information;

3 (u) To administrative and office support staff designated to 4 obtain medical records for those licensed professionals listed in (t) 5 of this subsection;

6 (v) To a facility that is to receive a person who is 7 involuntarily committed under chapter 71.05 RCW, or upon transfer of the person from one evaluation and treatment facility to another. The 8 of records under this subsection is 9 release limited to the information and records related to mental health services required by 10 11 law, a record or summary of all somatic treatments, and a discharge 12 summary. The discharge summary may include a statement of the patient's problem, the treatment goals, the type of treatment which 13 has been provided, and recommendation for future treatment, but may 14 not include the patient's complete treatment record; 15

16 (w) To the person's counsel or guardian ad litem, without 17 modification, at any time in order to prepare for involuntary 18 commitment or recommitment proceedings, reexaminations, appeals, or 19 other actions relating to detention, admission, commitment, or 20 patient's rights under chapter 71.05 RCW;

21 (x) To staff members of the protection and advocacy agency or to staff members of a private, nonprofit corporation for the purpose of 22 protecting and advocating the rights of persons with mental disorders 23 or developmental disabilities. Resource management services may limit 24 25 the release of information to the name, birthdate, and county of 26 residence of the patient, information regarding whether the patient was voluntarily admitted, or involuntarily committed, the date and 27 place of admission, placement, or commitment, the name and address of 28 29 a guardian of the patient, and the date and place of the guardian's appointment. Any staff member who wishes to obtain additional 30 31 information must notify the patient's resource management services in 32 writing of the request and of the resource management services' right to object. The staff member shall send the notice by mail to the 33 guardian's address. If the guardian does not object in writing within 34 fifteen days after the notice is mailed, the staff member may obtain 35 the additional information. If the guardian objects in writing within 36 fifteen days after the notice is mailed, the staff member may not 37 obtain the additional information; 38

39 (y) To all current treating providers of the patient with 40 prescriptive authority who have written a prescription for the

1 patient within the last twelve months. For purposes of coordinating health care, the department may release without written authorization 2 of the patient, information acquired for billing and collection 3 purposes as described in RCW 70.02.050(1)(d). The department shall 4 notify the patient that billing and collection information has been 5 6 released to named providers, and provide the substance of the information released and the dates of such release. The department 7 may not release counseling, inpatient psychiatric hospitalization, or 8 drug and alcohol treatment information without a signed written 9 10 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. /s/"

(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;

31 <u>(aa) To any person if the conditions in section 1 of this act are</u> 32 <u>met</u>.

(3) Whenever federal law or federal regulations restrict the release of information contained in the information and records related to mental health services 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. 1 (4) Civil liability and immunity for the release of information 2 about a particular person who is committed to the department of 3 social and health services under RCW 71.05.280(3) and 71.05.320(4)(c) 4 after dismissal of a sex offense as defined in RCW 9.94A.030, is 5 governed by RCW 4.24.550.

б (5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or 7 orders made, prepared, collected, or maintained pursuant to chapter 8 71.05 RCW are not admissible as evidence in any legal proceeding 9 outside that chapter without the written authorization of the person 10 11 who was the subject of the proceeding except as provided in RCW 12 70.02.260, in a subsequent criminal prosecution of a person committed pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were 13 14 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand trial, in a civil commitment proceeding pursuant to chapter 71.09 15 16 RCW, or, in the case of a minor, a guardianship or dependency 17 proceeding. The records and files maintained in any court proceeding pursuant to chapter 71.05 RCW must be confidential and available 18 19 subsequent to such proceedings only to the person who was the subject of the proceeding or his or her attorney. In addition, the court may 20 21 order the subsequent release or use of such records or files only 22 upon good cause shown if the court finds that appropriate safeguards for strict confidentiality are and will be maintained. 23

(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:

29

(i) One thousand dollars; or

30

(ii) Three times the amount of actual damages sustained, if any.

31 (b) It is not a prerequisite to recovery under this subsection 32 that the plaintiff suffered or was threatened with special, as 33 contrasted with general, damages.

34 (c) Any person may bring an action to enjoin the release of 35 confidential information or records concerning him or her or his or 36 her ward, in violation of the provisions of this section, and may in 37 the same action seek damages as provided in this subsection.

38 (d) The court may award to the plaintiff, should he or she 39 prevail in any action authorized by this subsection, reasonable 40 attorney fees in addition to those otherwise provided by law. (e) If an action is brought under this subsection, no action may
 be brought under RCW 70.02.170.

3 <u>NEW SECTION.</u> Sec. 7. Sections 3 and 6 of this act take effect 4 April 1, 2018.

5 <u>NEW SECTION.</u> Sec. 8. Sections 2 and 5 of this act expire April 6 1, 2018.

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