## \_\_\_\_\_

## ENGROSSED SUBSTITUTE SENATE BILL 6265

## AS AMENDED BY THE HOUSE

Passed Legislature - 2014 Regular Session

## State of Washington 63rd Legislature 2014 Regular Session

By Senate Health Care (originally sponsored by Senators Frockt, Rivers, Conway, Becker, Kohl-Welles, Bailey, Cleveland, Ranker, Keiser, and Tom)

READ FIRST TIME 02/07/14.

- 1 AN ACT Relating to state and local agencies that obtain patient
- 2 health care information; amending RCW 70.02.290, 43.70.052, 43.71.075,
- 3 70.02.010, 70.02.020, 70.02.050, 70.02.200, 70.02.210, 70.02.230,
- 4 70.02.270, 70.02.280, 70.02.310, 70.02.340, 71.05.445, 70.02.030, and
- 5 70.02.045; providing an effective date; and declaring an emergency.
- 6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 7 **Sec. 1.** RCW 70.02.290 and 2013 c 200 s 13 are each amended to read 8 as follows:
- 9 <u>(1)</u> All state or local agencies obtaining patient health care information pursuant to RCW 70.02.050 and 70.02.200 through 70.02.240
- 11 that are not health care facilities or providers shall adopt rules
- 12 establishing their record acquisition, retention, <u>destruction</u>, and
- 13 security policies that are consistent with this chapter.
- 14 (2) State and local agencies that are not health care facilities or
- 15 providers that have not requested health care information and are not
- 16 authorized to receive this information under this chapter:
- 17 <u>(a) Must not use or disclose this information unless permitted</u>
- 18 under this chapter; and

- 1 (b) Must destroy the information in accordance with the policy
  2 developed under subsection (1) of this section or return the
  3 information to the entity that provided the information to the state or
  4 local agency if the entity is a health care facility or provider and
  5 subject to this chapter.
- (3) A person who has health care information disclosed in violation 6 7 of subsection (2)(a) of this section, must be informed of the disclosure by the state or local agency improperly making the 8 disclosure. State and local agencies that are not health care 9 facilities or providers must develop a policy to establish a reasonable 10 notification period and what information must be included in the 11 notice, including whether the name of the entity that originally 12 13 provided the information to the agency must be included.
- 14 (4) Rules or policies adopted under this section must be available 15 through each agency's web site.
- 16 **Sec. 2.** RCW 43.70.052 and 2012 c 98 s 1 are each amended to read 17 as follows:
  - (1) To promote the public interest consistent with the purposes of chapter 492, Laws of 1993 as amended by chapter 267, Laws of 1995, the department shall continue to require hospitals to submit hospital financial and patient discharge information, which shall be collected, maintained, analyzed, and disseminated by the department. department shall, if deemed cost-effective and efficient, contract with a private entity for any or all parts of data collection. elements shall be reported in conformance with a uniform reporting system established by the department. This includes data elements identifying each hospital's revenues, expenses, contractual allowances, charity care, bad debt, other income, total units of inpatient and outpatient services, and other financial and employee compensation information reasonably necessary to fulfill the purposes of this Data elements relating to use of hospital services by patients shall be the same as those currently compiled by hospitals through inpatient discharge abstracts. The department shall encourage and permit reporting by electronic transmission or hard copy as is practical and economical to reporters.
- 36 (2) In identifying financial reporting requirements, the department 37 may require both annual reports and condensed quarterly reports from

19 20

21

2223

2425

26

27

28

29

3031

32

3334

hospitals, so as to achieve both accuracy and timeliness in reporting, but shall craft such requirements with due regard of the data reporting burdens of hospitals.

- (3)(a) Beginning with compensation information for 2012, unless a hospital is operated on a for-profit basis, the department shall require a hospital licensed under chapter 70.41 RCW to annually submit employee compensation information. To satisfy employee compensation reporting requirements to the department, a hospital shall submit information as directed in (a)(i) or (ii) of this subsection. A hospital may determine whether to report under (a)(i) or (ii) of this subsection for purposes of reporting.
- (i) Within one hundred thirty-five days following the end of each hospital's fiscal year, a nonprofit hospital shall file the appropriate schedule of the federal internal revenue service form 990 that identifies the employee compensation information with the department. If the lead administrator responsible for the hospital or the lead administrator's compensation is not identified on the schedule of form 990 that identifies the employee compensation information, the hospital shall also submit the compensation information for the lead administrator as directed by the department's form required in (b) of this subsection.
- (ii) Within one hundred thirty-five days following the end of each hospital's calendar year, a hospital shall submit the names and compensation of the five highest compensated employees of the hospital who do not have any direct patient responsibilities. Compensation information shall be reported on a calendar year basis for the calendar year immediately preceding the reporting date. If those five highest compensated employees do not include the lead administrator for the hospital, compensation information for the lead administrator shall also be submitted. Compensation information shall include base compensation, bonus and incentive compensation, other payments that qualify as reportable compensation, retirement and other deferred compensation, and nontaxable benefits.
- (b) To satisfy the reporting requirements of this subsection (3), the department shall create a form and make it available no later than August 1, 2012. To the greatest extent possible, the form shall follow the format and reporting requirements of the portion of the internal

- revenue service form 990 schedule relating to compensation information.

  If the internal revenue service substantially revises its schedule, the department shall update its form.
  - (4) The health care data collected, maintained, and studied by the department shall only be available for retrieval in original or processed form to public and private requestors <u>pursuant to subsection</u> (7) of this section and shall be available within a reasonable period of time after the date of request. The cost of retrieving data for state officials and agencies shall be funded through the state general appropriation. The cost of retrieving data for individuals and organizations engaged in research or private use of data or studies shall be funded by a fee schedule developed by the department that reflects the direct cost of retrieving the data or study in the requested form.
    - (5) The department shall, in consultation and collaboration with the federally recognized tribes, urban or other Indian health service organizations, and the federal area Indian health service, design, develop, and maintain an American Indian-specific health data, statistics information system. ((The—department—rules—regarding confidentiality—shall—apply—to—safeguard—the—information—from inappropriate use or release.))
    - (6) All persons subject to the data collection requirements of this section shall comply with departmental requirements established by rule in the acquisition of data.
  - (7) The department must maintain the confidentiality of patient discharge data it collects under subsection (1) of this section. Patient discharge data that includes direct and indirect identifiers is not subject to public inspection and the department may only release such data as allowed for in this section. Any agency that receives patient discharge data under (a) or (b) of this subsection must also maintain the confidentiality of the data and may not release the data except as consistent with subsection (8)(b) of this section. The department may release the data as follows:
  - (a) Data that includes direct and indirect patient identifiers, as specifically defined in rule, may be released to:
- (i) Federal, state, and local government agencies upon receipt of a signed data use agreement with the department; and

- 1 (ii) Researchers with approval of the Washington state
  2 institutional review board upon receipt of a signed confidentiality
  3 agreement with the department.
- (b) Data that does not contain direct patient identifiers but may
  contain indirect patient identifiers may be released to agencies,
  researchers, and other persons upon receipt of a signed data use
  agreement with the department.
- 8 <u>(c) Data that does not contain direct or indirect patient</u>
  9 identifiers may be released on request.
- 10 (8) Recipients of data under subsection (7)(a) and (b) of this 11 section must agree in a written data use agreement, at a minimum, to:
- 12 <u>(a) Take steps to protect direct and indirect patient identifying</u>
  13 information as described in the data use agreement; and
- 14 <u>(b) Not re-disclose the data except as authorized in their data use</u> 15 agreement consistent with the purpose of the agreement.
- (9) Recipients of data under subsection (7)(b) and (c) of this section must not attempt to determine the identity of persons whose information is included in the data set or use the data in any manner that identifies individuals or their families.
- 20 (10) For the purposes of this section:
- 21 <u>(a) "Direct patient identifier" means information that identifies</u>
  22 <u>a patient; and</u>
- 23 <u>(b) "Indirect patient identifier" means information that may</u> 24 <u>identify a patient when combined with other information.</u>
- 25 <u>(11) The department must adopt rules necessary to carry out its</u> 26 <u>responsibilities under this section. The department must consider</u> 27 national standards when adopting rules.
- 28 **Sec. 3.** RCW 43.71.075 and 2012 c 87 s 25 are each amended to read 29 as follows:
- 30 (1) A person or entity functioning as a navigator consistent with 31 the requirements of section 1311(i) of P.L. 111-148 of 2010, as 32 amended, shall not be considered soliciting or negotiating insurance as 33 stated under chapter 48.17 RCW.
- 34 (2)(a) A person or entity functioning as a navigator may only
  35 request health care information that is relevant to the specific
  36 assessment and recommendation of health plan options. Any health care

- information received by a navigator may not be disclosed to any third
  party that is not part of the enrollment process and must be destroyed
  after enrollment has been completed.
- (b) If a person's health care information is received and disclosed to a third party in violation of (a) of this subsection, the navigator must notify the person of the breach. The exchange must develop a policy to establish a reasonable notification period and what information must be included in the notice. This policy and information on the exchange's confidentiality policies must be made available on the exchange's web site.
- 11 (3) For the purposes of this section, "health care information" has 12 the meaning provided in RCW 70.02.010.
- 13 **Sec. 4.** RCW 70.02.010 and 2013 c 200 s 1 are each amended to read 14 as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
- 17 (1) "Admission" has the same meaning as in RCW 71.05.020.
- 18 (2) "Audit" means an assessment, evaluation, determination, or 19 investigation of a health care provider by a person not employed by or 20 affiliated with the provider to determine compliance with:
- 21 (a) Statutory, regulatory, fiscal, medical, or scientific 22 standards;
- 23 (b) A private or public program of payments to a health care 24 provider; or
  - (c) Requirements for licensing, accreditation, or certification.
  - (3) "Commitment" has the same meaning as in RCW 71.05.020.
- 27 (4) "Custody" has the same meaning as in RCW 71.05.020.
- 28 (5) "Deidentified" means health information that does not identify 29 an individual and with respect to which there is no reasonable basis to 30 believe that the information can be used to identify an individual.
- 31 (6) "Department" means the department of social and health 32 services.
- 33 (7) "Designated mental health professional" has the same meaning as 34 in RCW 71.05.020 or 71.34.020, as applicable.
- 35 (8) "Detention" or "detain" has the same meaning as in RCW 36 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.
  - (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.
  - (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 provided by a health care provider:
- 21 (a) To diagnose, treat, or maintain a patient's physical or mental 22 condition; or
  - (b) That affects the structure or any function of the human body.
  - (15) "Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where a health care provider provides health care to patients.
  - (16) "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.
  - (17) "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:

- (a) Conducting: Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, if the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
  - (b) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance and third-party payor performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of nonhealth care professionals, accreditation, certification, licensing, or credentialing activities;
  - (c) Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care, including stoploss insurance and excess of loss insurance, if any applicable legal requirements are met;
  - (d) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
  - (e) Business planning and development, such as conducting 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;

1 2

3

4 5

6 7

8

9

10 11

1213

14

15

18

19

2021

22

23

24

25

2627

28

29

3031

32

33

34

35

- (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 for the benefit of the health care provider, health care facility, or third-party 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.
- 16 (19) "Human immunodeficiency virus" or "HIV" has the same meaning 17 as in RCW 70.24.017.
  - (20) "Imminent" has the same meaning as in RCW 71.05.020.
  - (21) "Information and records related to mental health services" means a type of health care information that relates to all information and records((, including mental health treatment records,)) compiled, obtained, or maintained in the course of providing services by a mental health service agency((, as defined in this section)) or mental health professional to persons who are receiving or have received services for mental illness. The term includes mental health information contained in a medical bill, registration records, as defined in RCW 71.05.020, and all other records regarding the person maintained by the department, by regional support networks and their staff, and by treatment facilities. ((This may)) The term further includes documents of legal proceedings under chapter 71.05, 71.34, or 10.77 RCW, or somatic health care information. For health care information 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 community mental health program as defined in RCW 71.24.025(6). The term does not include psychotherapy notes.
  - (22) "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.
  - (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.
    - (24) "Legal counsel" has the same meaning as in RCW 71.05.020.
- 15 (25) "Local public health officer" has the same meaning as in RCW 16 70.24.017.
- 17 (26) "Maintain," as related to health care information, means to 18 hold, possess, preserve, retain, store, or control that information.
  - (27) "Mental health professional" ((has the same meaning as in RCW 71.05.020)) means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary of social and health services under chapter 71.05 RCW, whether that person works in a private or public setting.
  - (28) "Mental health service agency" means a public or private agency that provides services to persons with mental disorders as defined under RCW 71.05.020 or 71.34.020 and receives funding from public sources. This includes evaluation and treatment facilities as defined in RCW 71.34.020, community mental health service delivery systems, or community mental health programs, as defined in RCW 71.24.025, and facilities conducting competency evaluations and restoration under chapter 10.77 RCW.
  - (29) (("Mental-health-treatment-records"-include-registration records, as defined in RCW 71.05.020, and all other records concerning persons who are receiving or who at any time have received services for mental-illness, which-are-maintained-by-the-department, by-regional support networks and their staff, and by treatment facilities. "Mental health treatment records"-include mental health information contained

- 1 in a medical bill including, but not limited to, mental health drugs,
- 2 a mental health diagnosis, provider name, and dates of service stemming
- 3 from-a-medical-service. "Mental-health-treatment-records"-do-not
- 4 include-notes-or-records-maintained-for-personal-use-by-a-person
- 5 providing-treatment-services-for-the-department,-regional-support
- 6 networks, -or -a -treatment -facility -if -the -notes -or -records -are -not 7 available to others.
- 8  $\frac{(30)}{(30)}$ ) "Minor" has the same meaning as in RCW 71.34.020.
- 9  $((\frac{31}{10}))$  (30) "Parent" has the same meaning as in RCW 71.34.020.
- $((\frac{32}{32}))$  (31) "Patient" means an individual who receives or has received health care. The term includes a deceased individual who has received health care.
  - $((\frac{33}{3}))$  <u>(32)</u> "Payment" means:
- 14 (a) The activities undertaken by:

18

19 20

2122

23

24

25

2627

28

29

3031

32

33

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

- 1 (vi) Disclosure to consumer reporting agencies of any of the 2 following health care information relating to collection of premiums or 3 reimbursement:
  - (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 ((<del>(34)</del>)) <u>(33)</u> "Person" means an individual, corporation, business 12 trust, estate, trust, partnership, association, joint venture, 13 government, governmental subdivision or agency, or any other legal or 14 commercial entity.
- 15  $((\frac{35}{3}))$   $\underline{(34)}$  "Professional person" has the same meaning as in RCW 16 71.05.020.
- 17  $((\frac{36}{36}))$  "Psychiatric advanced registered nurse practitioner" 18 has the same meaning as in RCW 71.05.020.
- ((<del>(37)</del>)) (36) "Psychotherapy notes" means notes recorded, in any 19 medium, by a mental health professional documenting or analyzing the 20 21 contents of conversations during a private counseling session or group, joint, or family counseling session, and that are separated from the 22 rest of the individual's medical record. The term excludes mediation 23 24 prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of 25 clinical tests, and any summary of the following items: Diagnosis, 26 27 functional status, the treatment plan, symptoms, prognosis, and progress to date. 28
- (37) "Reasonable fee" means the charges for duplicating or 29 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 adjusted 33 biennially in accordance with changes in the consumer price index, all 34 35 consumers, for Seattle-Tacoma metropolitan statistical area 36 determined by the secretary of health. However, where editing of 37 records by a health care provider is required by statute and is done by

- the provider personally, the fee may be the usual and customary charge for a basic office visit.
- 3 (38) "Release" has the same meaning as in RCW 71.05.020.
- 4 (39) "Resource management services" has the same meaning as in RCW 5 71.05.020.
- 6 (40) "Serious violent offense" has the same meaning as in RCW 71.05.020.
- 8 (41) "Sexually transmitted infection" or "sexually transmitted 9 disease" has the same meaning as "sexually transmitted disease" in RCW 10 70.24.017.
- 11 (42) "Test for a sexually transmitted disease" has the same meaning 12 as in RCW 70.24.017.
- 13 (43) "Third-party payor" means an insurer regulated under Title 48
  14 RCW authorized to transact business in this state or other
  15 jurisdiction, including a health care service contractor, and health
  16 maintenance organization; or an employee welfare benefit plan,
  17 excluding fitness or wellness plans; or a state or federal health
  18 benefit program.
- (44) "Treatment" means the provision, coordination, or management 19 20 of health care and related services by one or more health care providers or health care facilities, including the coordination or 21 22 management of health care by a health care provider or health care 23 facility with a third party; consultation between health care providers or health care facilities relating to a patient; or the referral of a 24 25 patient for health care from one health care provider or health care facility to another. 26
- 27 **Sec. 5.** RCW 70.02.020 and 2013 c 200 s 2 are each amended to read 28 as follows:

30

31

32

33

- (1) Except as authorized 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.
- 36 (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(( $\tau$ -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;
- 11 (c) Incident to a use or disclosure that is otherwise permitted or 12 required;
- 13 (d) Pursuant to an authorization where the patient authorized the 14 disclosure of health care information about himself or herself;
  - (e) Of directory information;

3

5

6

7

9

10

1516

24

2526

27

2829

30

31

- (f) To persons involved in the patient's care;
- 17 (g) For national security or intelligence purposes if an accounting of disclosures is not permitted by law;
- 19 (h) To correctional institutions or law enforcement officials if an accounting of disclosures is not permitted by law; and
- 21 (i) Of a limited data set that excludes direct identifiers of the 22 patient or of relatives, employers, or household members of the 23 patient.
  - Sec. 6. RCW 70.02.050 and 2013 c 200 s 3 are each amended to 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 believes is providing health care to the patient;
- 33 (b) To any other person who requires health care information for 34 health care education, or to provide planning, quality assurance, peer 35 review, or administrative, legal, financial, actuarial services to, or 36 other health care operations for or on behalf of the health care 37 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 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 is not subject to disclosure unless disclosure is permitted in RCW 70.02.230;  $\underline{or}$
- (d) ((To an official of a penal or other custodial institution in which the patient is detained; or
- (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 RCW 70.02.220, 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.

- **Sec. 7.** RCW 70.02.200 and 2013 c 200 s 4 are each amended to read 2 as follows:
  - (1) In addition to the disclosures authorized by RCW 70.02.050 and 70.02.210, 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 RCW 70.02.220 through 70.02.260, about a patient without the patient's authorization, to:
  - (a) Any other health care provider or health care facility reasonably believed to have previously provided health care to the patient, to the extent necessary to provide health care to the patient, unless the patient has instructed the health care provider or health care facility in writing not to make the disclosure;
  - (b) Immediate family members of the patient, including a patient's state registered domestic partner, or any other individual with whom the patient is known to have a close personal relationship, if made in accordance with good medical or other professional practice, unless the patient has instructed the health care provider or health care facility in writing not to make the disclosure;
  - (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;
- 23 (d) A person who obtains information for purposes of an audit, if 24 that person agrees in writing to:
  - (i) Remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable the patient to be identified; and
  - (ii) Not to disclose the information further, except to accomplish the audit or report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient, or other unlawful conduct by the health care provider;
  - (e) Provide directory information, unless the patient has instructed the health care provider or health care facility not to make the disclosure;
  - (f) Fire, police, sheriff, or other public authority, that brought, or caused to be brought, the patient to the health care facility or health care provider if the disclosure is limited to the patient's name, residence, sex, age, occupation, condition, diagnosis, estimated

or actual discharge date, or extent and location of injuries as determined by a physician, and whether the patient was conscious when admitted;

- (g) Federal, state, or local law enforcement authorities and the health care provider, health care facility, or third-party payor believes in good faith that the health care information disclosed constitutes evidence of criminal conduct that occurred on the premises of the health care provider, health care facility, or third-party payor; ((and))
- (h) Another health care provider, health care facility, or third-party payor for the health care operations of the health care provider, health care facility, or third-party payor that receives the information, if each entity has or had a relationship with the patient who is the subject of the health care information being requested, the health care information pertains to such relationship, and the disclosure is for the purposes described in RCW 70.02.010(17) (a) and (b); and
- (i) An official of a penal or other custodial institution in which the patient is detained.
  - (2) In addition to the disclosures required by RCW 70.02.050 and 70.02.210, 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 RCW 70.02.220 through 70.02.260, 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:

- 1 (i) The name of the patient;
- 2 (ii) The patient's residence;
- 3 (iii) The patient's sex;
- 4 (iv) The patient's age;
- 5 (v) The patient's condition;
- 6 (vi) The patient's diagnosis, or extent and location of injuries as
  7 determined by a health care provider;
- 8 (vii) Whether the patient was conscious when admitted;
- 9 (viii) The name of the health care provider making the 10 determination in (b)(v), (vi), and (vii) of this subsection;
- 11 (ix) Whether the patient has been transferred to another facility;
  12 and
- 13 (x) The patient's discharge time and date;
- 14 (c) Pursuant to compulsory process in accordance with RCW 15 70.02.060.
- 16 **Sec. 8.** RCW 70.02.210 and 2013 c 200 s 5 are each amended to read 17 as follows:
- (1)(a) 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:
- $((\frac{a}{a}))$  (i) Is of sufficient importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure;
- 25 ((<del>(b)</del>)) <u>(ii)</u> Is impracticable without the use or disclosure of the 26 health care information in individually identifiable form;
- (((c))) (iii) Contains reasonable safeguards to protect the information from redisclosure;
- 29 ((<del>(d)</del>)) <u>(iv)</u> Contains reasonable safeguards to protect against 30 identifying, directly or indirectly, any patient in any report of the 31 research project; and
- ((<del>(e)</del>)) <u>(v)</u> 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.

- (b) Disclosure under (a) of this subsection may include health care information and records of treatment programs related to chemical dependency addressed in chapter 70.96A RCW and as authorized by federal law.
  - (2) In addition to the disclosures required by RCW 70.02.050 and 70.02.200, a health care provider or health care facility shall disclose health care information about a patient without the patient's authorization if:
- 9 (a) The disclosure is to county coroners and medical examiners for the investigations of deaths;
- 11 (b) The disclosure is to a procurement organization or person to 12 whom a body part passes for the purpose of examination necessary to 13 assure the medical suitability of the body part; or
  - (c) The disclosure is to a person subject to the jurisdiction of the federal food and drug administration in regards to a food and drug administration-regulated product or activity for which that person has responsibility for quality, safety, or effectiveness of activities.
- 18 **Sec. 9.** RCW 70.02.230 and 2013 c 200 s 7 are each amended to read 19 as follows:
  - (1) Except as provided in this section, RCW 70.02.050, 71.05.445, 70.96A.150, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, 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:
- 31 (a) In communications between qualified professional persons to 32 meet the requirements of chapter 71.05 RCW, in the provision of 33 services or appropriate referrals, or in the course of guardianship 34 proceedings if provided to a professional person:
  - (i) Employed by the facility;

6 7

8

14

15 16

17

20

21

22

2324

2526

27

2829

30

- (ii) Who has medical responsibility for the patient's care;
- 37 (iii) Who is a designated mental health professional;

- 1 (iv) Who is providing services under chapter 71.24 RCW;
- 2 (v) Who is employed by a state or local correctional facility where 3 the person is confined or supervised; or
  - (vi) Who is providing evaluation, treatment, or follow-up services under chapter 10.77 RCW;
  - (b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside;
- (c)(i) When the person receiving services, or his or her guardian, designates persons to whom information or records may be released, or if the person is a minor, when his or her parents make such a designation;
- (ii) A public or private agency shall release to a person's next of kin, attorney, personal representative, guardian, or conservator, if any:
- 17 (A) The information that the person is presently a patient in the facility or that the person is seriously physically ill;
  - (B) A statement evaluating the mental and physical condition of the patient, and a statement of the probable duration of the patient's confinement, if such information is requested by the next of kin, attorney, personal representative, guardian, or conservator; and
  - (iii) Other information requested by the next of kin or attorney as may be necessary to decide whether or not proceedings should be instituted to appoint a guardian or conservator;
  - (d)(i) To the courts as necessary to the administration of 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;
- 36 (e)(i) When a mental health professional is requested by a 37 representative of a law enforcement or corrections agency, including a 38 police officer, sheriff, community corrections officer, a municipal

6 7

8

19 20

2122

23

2425

2627

28

29

3031

32

33

34

- 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 designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of commitment, admission, discharge, or release, 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.
- (ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
- 36 (i)(i) To appropriate corrections and law enforcement agencies all 37 necessary and relevant information in the event of a crisis or emergent 38 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;
  - (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;
- 37 (n) When a patient would otherwise be subject to the provisions of 38 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)) mental health service agency 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 and records related to mental health services ((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 <u>evaluation and</u> treatment facility to another. The release of records under this subsection is limited to the ((mental—health treatment records)) <u>information and records related to mental health services</u> 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 guardian'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 guardian does not object in writing within fifteen days after the notice is mailed, the staff member may obtain the additional information. If the guardian objects in writing within fifteen days

6 7

8

9

10

11

12

13

14

15

16 17

18

19 20

21

22

23

24

25

2627

28

29

3031

32

33

34

35

after the notice is mailed, the staff member may not obtain the additional information;

1 2

- (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  $70.02.050(1)((\langle e \rangle))$  (d). The department shall notify the patient that billing and collection information has been released to named providers, and provide the substance of the information released and the dates of such release. The department may not release counseling, inpatient psychiatric hospitalization, or drug and alcohol treatment information without a signed written release from the client;
- (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.

29 /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.
- (3) Whenever federal law or federal regulations restrict the release of information contained in the ((treatment records)) information and records related to mental health services of any patient who receives treatment for chemical dependency, the department

1 may restrict the release of the information as necessary to comply with 2 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, 8 as well as all records, files, evidence, findings, or orders made, 9 prepared, collected, or maintained pursuant to chapter 71.05 RCW are 10 not admissible as evidence in any legal proceeding outside that chapter 11 without the written authorization of the person who was the subject of 12 the proceeding except as provided in RCW 70.02.260, in a subsequent 13 criminal prosecution of a person committed pursuant to RCW 71.05.280(3) 14 or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter 15 16 10.77 RCW due to incompetency to stand trial, in a civil commitment 17 proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, a guardianship or dependency proceeding. The records and files 18 maintained in any court proceeding pursuant to chapter 71.05 RCW must 19 20 be confidential and available subsequent to such proceedings only to the person who was the subject of the proceeding or his or her 21 22 attorney. In addition, the court may order the subsequent release or 23 use of such records or files only upon good cause shown if the court finds that appropriate safeguards for strict confidentiality are and 24 25 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
    - (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.

3

4 5

6 7

2627

28

2930

31

32

33

34

35

3637

- 1 (d) The court may award to the plaintiff, should he or she prevail 2 in any action authorized by this subsection, reasonable attorney fees 3 in addition to those otherwise provided by law.
- 4 (e) If an action is brought under this subsection, no action may be brought under RCW 70.02.170.
- 6 **Sec. 10.** RCW 70.02.270 and 2013 c 200 s 11 are each amended to 7 read as follows:

9

10

11

12

13

1415

16

17

18 19

20

21

22

2324

25

30

31

36

- (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)) would violate the requirements of this chapter if performed by the health care provider or health care facility.
- (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)) may terminate the contractual relationship with the person if the health care provider or health care facility learns that the person has engaged in a pattern of activity that violates the person's duties under subsection (1) of this section, unless the person took reasonable steps to correct the breach of confidentiality or has discontinued the violating activity.
- 26 **Sec. 11.** RCW 70.02.280 and 2013 c 200 s 12 are each amended to 27 read as follows:

A health care provider, health care facility, and their assistants, employees, agents, and contractors may not:

- (1) Use or disclose health care information for marketing or fundraising purposes, unless permitted by federal law; or
- 32 (2) ((Sell health care information to a third party, except in a form that is deidentified and aggregated; or
- 34 (3)) Sell health care information to a third party, except ((for the following purposes)):
  - (a) For purposes of treatment or payment;

- 1 (b) <u>For purposes of sale</u>, transfer, merger, or consolidation of a business;
  - (c) For purposes of remuneration to a third party for services;
  - (d) As disclosures are required by law;
- 5 (e) <u>For purposes of providing access to or accounting of</u> 6 disclosures to an individual;
  - (f) For public health purposes;
- 8 (q) For research;

4

7

9

16

17

18 19

20

21

2223

24

2526

27

28

29

30

31

- (h) With an individual's authorization;
- 10 (i) Where a reasonable cost-based fee is paid to prepare and 11 transmit health information, where authority to disclose the 12 information is provided in this chapter; or
- 13 (j) In a format that is deidentified and aggregated.
- 14 **Sec. 12.** RCW 70.02.310 and 2013 c 200 s 15 are each amended to read as follows:
  - (1) Resource management services shall establish procedures to provide reasonable and timely access to <u>information and records related</u> to mental health services for an 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)) <u>Information and records</u> related to mental health services 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.
- 33 (4) At the time of discharge resource management services shall 34 inform all persons who have received mental health services of their 35 rights as provided in this chapter and RCW 71.05.620.

1 **Sec. 13.** RCW 70.02.340 and 2013 c 200 s 18 are each amended to 2 read as follows:

3

4

5

6

9

10 11

12

13

1415

16

17

18

19 20

21

22

23

24

2526

27

2829

30

31

3233

34

35

36

37

The department of social and health services shall adopt rules related to the disclosure of ((mental-health-treatment-records)) information and records related to mental health services in this chapter.

- 7 **Sec. 14.** RCW 71.05.445 and 2013 c 200 s 31 are each amended to 8 read as follows:
  - (1)(a) When a mental health service provider conducts its initial assessment for a person receiving court-ordered treatment, the service provider shall inquire and shall be told by the offender whether he or she is subject to supervision by the department of corrections.
  - (b) When a person receiving court-ordered treatment or treatment 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 department of corrections, the mental health service provider shall notify the department of corrections that he or she is treating the offender and shall notify the offender that his or her community corrections officer will be notified of the treatment, provided that if the offender has received relief from disclosure pursuant to RCW 9.94A.562, 70.96A.155, or 71.05.132 and the offender has provided the 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, the mental health service provider is not required to notify the department of corrections that the mental health service provider is treating the offender. The notification may be written or oral and shall not require the consent of the offender. If an oral notification is made, it must be confirmed by a written notification. For purposes of this section, a written notification includes notification by e-mail or facsimile, so long as the notifying mental health service provider is clearly identified.
  - (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.
  - (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.
- (4) The information received by the department of corrections under 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.
- (6) Whenever federal law or federal regulations restrict the release of information ((contained in the treatment records of)) and records related to mental health services for 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. 15.** RCW 70.02.030 and 2005 c 468 s 3 are each amended to read 2 as follows:
  - (1) A patient may authorize a health care provider or health care facility to disclose the patient's health care information. A health care provider or health care facility shall honor an authorization and, if requested, provide a copy of the recorded health care information unless the health care provider or health care facility denies the patient access to health care information under RCW 70.02.090.
  - (2) A health care provider or health care facility may charge a reasonable fee for providing the health care information and is not required to honor an authorization until the fee is paid.
  - (3) To be valid, a disclosure authorization to a health care provider or health care facility shall:
    - (a) Be in writing, dated, and signed by the patient;
    - (b) Identify the nature of the information to be disclosed;
  - (c) Identify the name and institutional affiliation of the person or class of persons to whom the information is to be disclosed;
  - (d) Identify the provider or class of providers who are to make the disclosure;
    - (e) Identify the patient; and

- (f) Contain an expiration date or an expiration event that relates to the patient or the purpose of the use or disclosure.
- (4) Unless disclosure without authorization is otherwise permitted under RCW 70.02.050 or the federal health insurance portability and accountability act of 1996 and its implementing regulations, an authorization may permit the disclosure of health care information to a class of persons that includes:
- (a) Researchers if the health care provider or health care facility obtains the informed consent for the use of the patient's health care information for research purposes; or
- (b) Third-party payors if the information is only disclosed for payment purposes.
- (5) Except as provided by this chapter, the signing of an authorization by a patient is not a waiver of any rights a patient has under other statutes, the rules of evidence, or common law.
- (6) When an authorization permits the disclosure of health care information to a financial institution or an employer of the patient for purposes other than payment, the authorization as it pertains to

- those disclosures shall expire ((ninety-days)) one year after the signing of the authorization, unless the authorization is renewed by the patient.
  - (7) A health care provider or health care facility shall retain the original or a copy of each authorization or revocation in conjunction with any health care information from which disclosures are made.
  - (8) Where the patient is under the supervision of the department of corrections, an authorization signed pursuant to this section for health care information related to mental health or drug or alcohol treatment expires at the end of the term of supervision, unless the patient is part of a treatment program that requires the continued exchange of information until the end of the period of treatment.
- 13 **Sec. 16.** RCW 70.02.045 and 2000 c 5 s 2 are each amended to read 14 as follows:
- Third-party payors shall not release health care information disclosed under this chapter, except ((to the extent that health care providers are authorized to do so under RCW 70.02.050)) as permitted under this chapter.
- 19 <u>NEW SECTION.</u> **Sec. 17.** Sections 1 through 7 and 9 through 16 of this act take effect July 1, 2014.
- NEW SECTION. Sec. 18. Section 8 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.

--- END ---

4 5

6 7

8

9