
HOUSE BILL 1235

State of Washington 56th Legislature 1999 Regular Session

By Representatives Veloria, Dunn, Cody, Skinner, Conway and Kenney

Read first time 01/19/1999. Referred to Committee on Health Care.

1 AN ACT Relating to fees for recorded health care information; and
2 amending RCW 70.02.010, 70.02.030, and 70.02.070.

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

4 **Sec. 1.** RCW 70.02.010 and 1993 c 448 s 1 are each amended to read
5 as follows:

6 As used in this chapter, unless the context otherwise requires:

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

10 (a) Statutory, regulatory, fiscal, medical, or scientific
11 standards;

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

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

15 (2) "Directory information" means information disclosing the
16 presence, and for the purpose of identification, the name, residence,
17 sex, and the general health condition of a particular patient who is a
18 patient in a health care facility or who is currently receiving
19 emergency health care in a health care facility.

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

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

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

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

9 (5) "Health care facility" means a hospital, clinic, nursing home,
10 laboratory, office, or similar place where a health care provider
11 provides health care to patients.

12 (6) "Health care information" means any information, whether oral
13 or recorded in any form or medium, that identifies or can readily be
14 associated with the identity of a patient and directly relates to the
15 patient's health care. The term includes any record of disclosures of
16 health care information.

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

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

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

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

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

35 (12) "Reasonable fee" means the charges for duplicating or
36 searching the record, but shall not exceed sixty-five cents per page
37 for the first thirty pages and fifty cents per page for all other
38 pages. In addition, a clerical fee for searching and handling may be
39 charged not to exceed fifteen dollars. These amounts shall be adjusted

1 biennially in accordance with changes in the consumer price index, all
2 consumers, for Seattle-Tacoma metropolitan statistical area as
3 determined by the secretary of health. However, where editing of
4 records by a health care provider is required by statute and is done by
5 the provider personally, the fee may be the usual and customary charge
6 for a basic office visit. No fee shall be charged for furnishing
7 recorded health care information to a patient, his or her attorney, or
8 authorized representative, if the information is requested for the
9 purpose of supporting a claim or appeal under any provision of the
10 social security act or any federal or state financial needs-based
11 benefit program, and the request is accompanied by documentation of the
12 claim or appeal.

13 (13) "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; or a
17 state or federal health benefit program.

18 **Sec. 2.** RCW 70.02.030 and 1994 sp.s. c 9 s 741 are each amended to
19 read as follows:

20 (1) A patient may authorize a health care provider to disclose the
21 patient's health care information. A health care provider shall honor
22 an authorization and, if requested, provide a copy of the recorded
23 health care information unless the health care provider denies the
24 patient access to health care information under RCW 70.02.090.

25 (2) A health care provider may charge a reasonable fee for
26 providing the health care information and is not required to honor an
27 authorization until the fee is paid. However, pursuant to RCW
28 70.02.010(12), no fee shall be charged for furnishing recorded health
29 care information when the request is for the purpose of supporting a
30 claim or appeal under any provision of the social security act or any
31 federal or state financial needs-based benefit program.

32 (3) To be valid, a disclosure authorization to a health care
33 provider shall:

34 (a) Be in writing, dated, and signed by the patient;

35 (b) Identify the nature of the information to be disclosed;

36 (c) Identify the name, address, and institutional affiliation of
37 the person to whom the information is to be disclosed;

1 (d) Except for third-party payors, identify the provider who is to
2 make the disclosure; and

3 (e) Identify the patient.

4 (4) Except as provided by this chapter, the signing of an
5 authorization by a patient is not a waiver of any rights a patient has
6 under other statutes, the rules of evidence, or common law.

7 (5) A health care provider shall retain each authorization or
8 revocation in conjunction with any health care information from which
9 disclosures are made. This requirement shall not apply to disclosures
10 to third-party payors.

11 (6) Except for authorizations given pursuant to an agreement with
12 a treatment or monitoring program or disciplinary authority under
13 chapter 18.71 or 18.130 RCW or to provide information to third-party
14 payors, an authorization may not permit the release of health care
15 information relating to future health care that the patient receives
16 more than ninety days after the authorization was signed. Patients
17 shall be advised of the period of validity of their authorization on
18 the disclosure authorization form. If the authorization does not
19 contain an expiration date, it expires ninety days after it is signed.

20 **Sec. 3.** RCW 70.02.070 and 1995 c 292 s 20 are each amended to read
21 as follows:

22 Upon the request of the person requesting the record, the health
23 care provider or facility shall certify the record furnished and may
24 charge for such certification in accordance with RCW 36.18.016(5). No
25 record need be certified until the fee is paid. However, pursuant to
26 RCW 70.02.010(12), no fee shall be charged for furnishing recorded
27 health care information when the request is for the purpose of
28 supporting a claim or appeal under any provision of the social security
29 act or any federal or state financial needs-based benefit program. The
30 certification shall be affixed to the record and disclose:

31 (1) The identity of the patient;

32 (2) The kind of health care information involved;

33 (3) The identity of the person to whom the information is being
34 furnished;

35 (4) The identity of the health care provider or facility furnishing
36 the information;

37 (5) The number of pages of the health care information;

38 (6) The date on which the health care information is furnished; and

1 (7) That the certification is to fulfill and meet the requirements
2 of this section.

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