### CERTIFICATION OF ENROLLMENT

### SUBSTITUTE HOUSE BILL 1214

Chapter 448, Laws of 1993

53rd Legislature 1993 Regular Session

MEDICAL RECORDS ACCESS--REVISIONS

EFFECTIVE DATE: 7/1/93

Passed by the House April 23, 1993 Yeas 97 Nays 1

#### BRIAN EBERSOLE

# Speaker of the House of Representatives

Passed by the Senate April 16, 1993 Yeas 46 Nays 0

# CERTIFICATE

I, Alan Thompson, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL**1214 as passed by the House of Representatives and the Senate on the dates hereon set forth.

### JOEL PRITCHARD

President of the Senate

ALAN THOMPSON

Chief Clerk

Approved May 17, 1993

FILED

May 17, 1993 - 1:44 p.m.

MIKE LOWRY

Governor of the State of Washington

Secretary of State State of Washington

### SUBSTITUTE HOUSE BILL 1214

# AS AMENDED BY THE SENATE

Passed Legislature - 1993 Regular Session

# State of Washington 53rd Legislature 1993 Regular Session

By House Committee on Health Care (originally sponsored by Representative Appelwick)

Read first time 03/03/93.

- 1 AN ACT Relating to public health; and amending RCW 70.02.010,
- 2 70.02.020, 70.02.030, 70.02.050, 70.02.080, 71.05.390, and 71.05.400;
- 3 adding a new section to chapter 71.05 RCW; providing an effective date;
- 4 and declaring an emergency.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 **Sec. 1.** RCW 70.02.010 and 1991 c 335 s 102 are each amended to 7 read as follows:
- 8 As used in this chapter, unless the context otherwise requires:
- 9 (1) "Audit" means an assessment, evaluation, determination, or
- 10 investigation of a health care provider by a person not employed by or
- 11 affiliated with the provider to determine compliance with:
- 12 (a) Statutory, regulatory, fiscal, medical, or scientific
- 13 standards;
- 14 (b) A private or public program of payments to a health care
- 15 provider; or
- 16 (c) Requirements for licensing, accreditation, or certification.
- 17 (2) "Directory information" means information disclosing the
- 18 presence, and for the purpose of identification, the name, residence,
- 19 sex, and the general health condition of a particular patient who is a

- 1 patient in a health care facility or who is currently receiving 2 emergency health care in a health care facility.
- 3 (3) "General health condition" means the patient's health status 4 described in terms of "critical," "poor," "fair," "good," "excellent," 5 or terms denoting similar conditions.
- 6 (4) "Health care" means any care, service, or procedure provided by 7 a health care provider:
- 8 (a) To diagnose, treat, or maintain a patient's physical or mental 9 condition; or
- 10 (b) That affects the structure or any function of the human body.
- 11 (5) "Health care facility" means a hospital, clinic, nursing home, 12 laboratory, office, or similar place where a health care provider 13 provides health care to patients.
- 14 (6) "Health care information" means any information, whether oral 15 or recorded in any form or medium, that identifies or can readily be 16 associated with the identity of a patient and directly relates to the 17 patient's health care. The term includes any record of disclosures of 18 health care information.
- 19 (7) "Health care provider" means a person who is licensed, 20 certified, registered, or otherwise authorized by the law of this state 21 to provide health care in the ordinary course of business or practice 22 of a profession.
- 23 (8) "Institutional review board" means any board, committee, or 24 other group formally designated by an institution, or authorized under 25 federal or state law, to review, approve the initiation of, or conduct 26 periodic review of research programs to assure the protection of the 27 rights and welfare of human research subjects.
- 28 (9) "Maintain," as related to health care information, means to 29 hold, possess, preserve, retain, store, or control that information.
- 30 (10) "Patient" means an individual who receives or has received 31 health care. The term includes a deceased individual who has received 32 health care.
- (11) "Person" means an individual, corporation, business trust, sestate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.
- 37 (12) "Reasonable fee" means the charges for duplicating or 38 searching the record ((specified in RCW 36.18.020 (8) or (16), 39 respectively)), but shall not exceed sixty-five cents per page for the

- 1 first thirty pages and fifty cents per page for all other pages. In
- 2 addition, a clerical fee for searching and handling may be charged not
- 3 to exceed fifteen dollars. These amounts shall be adjusted biennially
- 4 <u>in accordance with changes in the consumer price index, all consumers,</u>
- 5 for Seattle-Tacoma metropolitan statistical area as determined by the
- 6 <u>secretary of health</u>. However, where editing of records by a health
- 7 care provider is required by statute and is done by the provider
- 8 personally, the fee may be the usual and customary charge for a basic
- 9 office visit.
- 10 (13) "Third-party payor" means an insurer regulated under Title 48
- 11 RCW authorized to transact business in this state or other
- 12 jurisdiction, including a health care service contractor, and health
- 13 <u>maintenance organization; or an employee welfare benefit plan; or a</u>
- 14 state or federal health benefit program.
- 15 **Sec. 2.** RCW 70.02.020 and 1991 c 335 s 201 are each amended to 16 read as follows:
- 17 Except as authorized in RCW 70.02.050, a health care provider, an
- 18 individual who assists a health care provider in the delivery of health
- 19 care, or an agent and employee of a health care provider may not
- 20 disclose health care information about a patient to any other person
- 21 without the patient's written authorization. A disclosure made under
- 22 a patient's written authorization must conform to the authorization.
- Health care providers or facilities shall chart all disclosures,
- 24 except to third-party ((health care)) payors, of health care
- 25 information, such chartings to become part of the health care
- 26 information.
- 27 **Sec. 3.** RCW 70.02.030 and 1991 c 335 s 202 are each amended to
- 28 read as follows:
- 29 (1) A patient may authorize a health care provider to disclose the
- 30 patient's health care information. A health care provider shall honor
- 31 an authorization and, if requested, provide a copy of the recorded
- 32 health care information unless the health care provider denies the
- 33 patient access to health care information under RCW 70.02.090.
- 34 (2) A health care provider may charge a reasonable fee((, not to
- 35 exceed the health care provider's actual cost)) for providing the
- 36 health care information(( )) and is not required to honor an
- 37 authorization until the fee is paid.

- 1 (3) To be valid, a disclosure authorization to a health care 2 provider shall:
  - (a) Be in writing, dated, and signed by the patient;
- 4 (b) Identify the nature of the information to be disclosed;
- 5 (c) Identify the name, address, and institutional affiliation of 6 the person to whom the information is to be disclosed;
- 7 (d) Except for third-party payors, identify the provider who is to 8 make the disclosure; and
  - (e) Identify the patient.

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- 10 (4) Except as provided by this chapter, the signing of an 11 authorization by a patient is not a waiver of any rights a patient has 12 under other statutes, the rules of evidence, or common law.
- (5) A health care provider shall retain each authorization or revocation in conjunction with any health care information from which disclosures are made. This requirement shall not apply to disclosures to third-party ((health care)) payors.
  - (6) Except for authorizations given pursuant to an agreement with a treatment or monitoring program or disciplinary authority under chapter 18.72 or 18.130 RCW or to provide information to third-party ((health care)) payors, an authorization may not permit the release of health care information relating to future health care that the patient receives more than ninety days after the authorization was signed. Patients shall be advised of the period of validity of their authorization on the disclosure authorization form. If the authorization does not contain an expiration date, it expires ninety days after it is signed.
- ((<del>(7)</del> Except for authorizations to provide information to third-27 party health payors, an authorization in effect on July 28, 1991, 28 29 remains valid for six months after July 28, 1991, unless an earlier 30 date is specified or it is revoked under RCW 70.02.040. Health care information disclosed under such an authorization is otherwise subject 31 to this chapter. An authorization written after July 28, 1991, becomes 32 invalid after the expiration date contained in the authorization, which 33 may not exceed ninety days. If the authorization does not contain an 34 35 expiration date, it expires ninety days after it is signed.))
- 36 **Sec. 4.** RCW 70.02.050 and 1991 c 335 s 204 are each amended to 37 read as follows:

- 1 (1) A health care provider may disclose health care information 2 about a patient without the patient's authorization to the extent a 3 recipient needs to know the information, if the disclosure is:
- 4 (a) To a person who the provider reasonably believes is providing 5 health care to the patient;

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- (b) To any other person who requires health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to the health care provider; or for assisting the health care provider in the delivery of health care and the health care provider reasonably believes that the person:
- 12 (i) Will not use or disclose the health care information for any 13 other purpose; and
- 14 (ii) Will take appropriate steps to protect the health care 15 information;
- (c) To any other health care provider 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 in writing not to make the disclosure;
- 21 (d) To any person if the health care provider reasonably believes 22 that disclosure will avoid or minimize an imminent danger to the health 23 or safety of the patient or any other individual, however there is no 24 obligation under this chapter on the part of the provider to so 25 disclose;
- (e) Oral, and made to immediate family members of the patient, 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 in writing not to make the disclosure;
- 31 (f) To a health care provider who is the successor in interest to 32 the health care provider maintaining the health care information;
- 33 (g) For use in a research project that an institutional review 34 board has determined:
- (i) Is of sufficient importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure;
- 37 (ii) Is impracticable without the use or disclosure of the health 38 care information in individually identifiable form;

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- 1 (iii) Contains reasonable safeguards to protect the information 2 from redisclosure;
- 3 (iv) Contains reasonable safeguards to protect against identifying,
  4 directly or indirectly, any patient in any report of the research
  5 project; and
- 6 (v) Contains procedures to remove or destroy at the earliest 7 opportunity, consistent with the purposes of the project, information 8 that would enable the patient to be identified, unless an institutional 9 review board authorizes retention of identifying information for 10 purposes of another research project;
- 11 (h) To a person who obtains information for purposes of an audit, 12 if that person agrees in writing to:
- (i) Remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable the patient to be identified; and
- (ii) Not to disclose the information further, except to accomplish the audit or report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient, or other unlawful conduct by the health care provider;
- 20 (i) To an official of a penal or other custodial institution in 21 which the patient is detained;
- (j) To provide directory information, unless the patient has instructed the health care provider not to make the disclosure;
- 24 (k) In the case of a hospital or health care provider to provide, 25 in cases reported by fire, police, sheriff, or other public authority, 26 name, residence, sex, age, occupation, condition, diagnosis, or extent 27 and location of injuries as determined by a physician, and whether the 28 patient was conscious when admitted.
- 29 (2) A health care provider shall disclose health care information 30 about a patient without the patient's authorization if the disclosure 31 is:
- 32 (a) To federal, state, or local public health authorities, to the 33 extent the health care provider is required by law to report health 34 care information; when needed to determine compliance with state or 35 federal licensure, certification or registration rules or laws; or when 36 needed to protect the public health;
- 37 (b) To federal, state, or local law enforcement authorities to the 38 extent the health care provider is required by law;

- 1 (c) Pursuant to compulsory process in accordance with RCW 2 70.02.060.
- 3 (3) All state or local agencies obtaining patient health care 4 information pursuant to this section shall adopt rules establishing 5 their record acquisition, retention, and security policies that are 6 consistent with this chapter.
- 7 **Sec. 5.** RCW 70.02.080 and 1991 c 335 s 301 are each amended to 8 read as follows:
- 9 (1) Upon receipt of a written request from a patient to examine or 10 copy all or part of the patient's recorded health care information, a 11 health care provider, as promptly as required under the circumstances, 12 but no later than fifteen working days after receiving the request 13 shall:
- 14 (a) Make the information available for examination during regular 15 business hours and provide a copy, if requested, to the patient;
- 16 (b) Inform the patient if the information does not exist or cannot 17 be found;
- 18 (c) If the health care provider does not maintain a record of the 19 information, inform the patient and provide the name and address, if 20 known, of the health care provider who maintains the record;
- 21 (d) If the information is in use or unusual circumstances have 22 delayed handling the request, inform the patient and specify in writing 23 the reasons for the delay and the earliest date, not later than twenty-24 one working days after receiving the request, when the information will 25 be available for examination or copying or when the request will be 26 otherwise disposed of; or
- (e) Deny the request, in whole or in part, under RCW 70.02.090 and inform the patient.

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(2) Upon request, the health care provider shall provide an explanation of any code or abbreviation used in the health care information. If a record of the particular health care information requested is not maintained by the health care provider in the requested form, the health care provider is not required to create a new record or reformulate an existing record to make the health care information available in the requested form. The health care provider may charge a reasonable fee((, not to exceed the health care provider's actual cost,)) for providing the health care information and is not required to permit examination or copying until the fee is paid.

- 1 **Sec. 6.** RCW 71.05.390 and 1990 c 3 s 112 are each amended to read 2 as follows:
- The fact of admission and all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services at public or private agencies shall be confidential.

Information and records may be disclosed only:

- 8 (1) In communications between qualified professional persons to 9 meet the requirements of this chapter, in the provision of services or 10 appropriate referrals, or in the course of guardianship proceedings. The consent of the patient, or his or her guardian, ((must)) shall be 11 obtained before information or records may be disclosed by a 12 professional person employed by a facility to a professional person, 13 not employed by the facility, who does not have the medical 14 15 responsibility for the patient's care or who is not a designated county mental health professional or who is not involved in providing services 16 17 under the community mental health services act, chapter 71.24 RCW.
- (2) 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 outpatient services to the operator of a care facility in which the patient resides.
- (3) When the person receiving services, or his <u>or her</u> guardian, designates persons to whom information or records may be released, or if the person is a minor, when his <u>or her</u> parents make such designation.
- 26 (4) To the extent 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.
- (5) For <u>either program evaluation ((and/or)) or research, or both:</u>
  30 PROVIDED, That the secretary of social and health services adopts rules
  31 for the conduct of ((such)) the evaluation ((and/or)) or research, or
  32 both. Such rules shall include, but need not be limited to, the
  33 requirement that all evaluators and researchers must sign an oath of
  34 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

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1 regarding persons who have received services such that the person who 2 received such services is identifiable.

I recognize that unauthorized release of confidential information 4 may subject me to civil liability under the provisions of state law.

5 /s/ ......"

- 6 (6) To the courts as necessary to the administration of this 7 chapter.
- 8 (7) To law enforcement officers, public health officers, or 9 personnel of the department of corrections or the indeterminate 10 sentence review board for persons who are the subject of the records and who are committed to the custody of the department of corrections 11 or indeterminate sentence review board which information or records are 12 necessary to carry out the responsibilities of their office. Except 13 14 for dissemination of information released pursuant to RCW 71.05.425 and 4.24.550, regarding persons committed under this chapter under RCW 15 71.05.280(3) and 71.05.320(2)(c) after dismissal of a sex offense as 16 17 defined in RCW 9.94A.030, the extent of information that may be released is limited as follows: 18
- 19 (a) Only the fact, place, and date of involuntary admission, the 20 fact and date of discharge, and the last known address shall be 21 disclosed upon request; and
- (b) The law enforcement and public health officers or personnel of the department of corrections or indeterminate sentence review board shall be obligated to keep such information confidential in accordance with this chapter; and
  - (c) Additional information shall be disclosed only after giving notice to said person and his <u>or her</u> counsel and upon a showing of clear, cogent and convincing evidence that such information is necessary and that appropriate safeguards for strict confidentiality are and will be maintained((÷ PROVIDED)). However, ((that)) in the event the said person has escaped from custody, said notice prior to disclosure is not necessary and that the facility from which the person escaped shall include an evaluation as to whether the person is of danger to persons or property and has a propensity toward violence.
    - (8) To the attorney of the detained person.

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36 (9) To the prosecuting attorney as necessary to carry out the 37 responsibilities of the office under RCW 71.05.330(2) and 71.05.340(1)(b) and 71.05.335. The prosecutor shall be provided access

- 1 to records regarding the committed person's treatment and prognosis,
- 2 medication, behavior problems, and other records relevant to the issue
- 3 of whether treatment less restrictive than inpatient treatment is in
- 4 the best interest of the committed person or others. Information shall
- 5 be disclosed only after giving notice to the committed person and the
- 6 person's counsel.
- 7 (10) To appropriate law enforcement agencies and to a person, when
- 8 the identity of the person is known to the public or private agency,
- 9 whose health and safety has been threatened, or who is known to have
- 10 been repeatedly harassed, by the patient. The person may designate a
- 11 representative to receive the disclosure. The disclosure shall be made
- 12 by the professional person in charge of the public or private agency or
- 13 his or her designee and shall include the dates of admission,
- 14 discharge, authorized or unauthorized absence from the agency's
- 15 facility, and only such other information that is pertinent to the
- 16 threat or harassment. The decision to disclose or not shall not result
- 17 in civil liability for the agency or its employees so long as the
- 18 decision was reached in good faith and without gross negligence.
- 19 (11) To the persons designated in RCW 71.05.425 for the purposes
- 20 described in that section.
- 21 (12) Civil liability and immunity for the release of information
- 22 about a particular person who is committed to the department under RCW
- 23 71.05.280(3) and 71.05.320(2)(c) after dismissal of a sex offense as
- 24 defined in RCW 9.94A.030, is governed by RCW 4.24.550.
- 25 (13) To a patient's next of kin, guardian, or conservator, if any,
- 26 <u>in the event of death, as provided in RCW 71.05.400.</u>
- 27 (14) To the department of health of the purposes of determining
- 28 compliance with state or federal licensure, certification, or
- 29 registration rules or laws. However, the information and records
- 30 obtained under this subsection are exempt from public inspection and
- 31 copying pursuant to chapter 42.17 RCW.
- The fact of admission, as well as all records, files, evidence,
- 33 findings, or orders made, prepared, collected, or maintained pursuant
- 34 to this chapter shall not be admissible as evidence in any legal
- 35 proceeding outside this chapter without the written consent of the
- 36 person who was the subject of the proceeding except in a subsequent
- 37 criminal prosecution of a person committed pursuant to RCW 71.05.280(3)
- 38 or 71.05.320(2)(c) on charges that were dismissed pursuant to chapter
- 39 10.77 RCW due to incompetency to stand trial or in a civil commitment

- 1 proceeding pursuant to chapter 71.09 RCW. The records and files
- 2 maintained in any court proceeding pursuant to this chapter shall be
- 3 confidential and available subsequent to such proceedings only to the
- 4 person who was the subject of the proceeding or his or her attorney.
- 5 In addition, the court may order the subsequent release or use of such
- 6 records or files only upon good cause shown if the court finds that
- 7 appropriate safeguards for strict confidentiality are and will be
- 8 maintained.
- 9 **Sec. 7.** RCW 71.05.400 and 1974 ex.s. c 115 s 1 are each amended to 10 read as follows:
- 11 (1) A public or private agency shall release to a patient's next of 12 kin, attorney, guardian, or conservator, if any,
- 13 (a) The information that the person is presently a patient in the 14 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, guardian, or conservator; and such other information
- 19 requested by the next of kin or attorney as may be necessary to decide
- 20 whether or not proceedings should be instituted to appoint a guardian
- 21 or conservator.
- (2) Upon the death of a patient, his <u>or her</u> next of kin, guardian, or conservator, if any, shall be notified.
- Next of kin who are of legal age and competent shall be notified
- 25 under this section in the following order: Spouse, parents, children,
- 26 brothers and sisters, and other relatives according to the degree of
- 27 relation. Access to all records and information compiled, obtained, or
- 28 maintained in the course of providing services to a deceased patient
- 29 shall be governed by RCW 70.02.140.
- 30 <u>NEW SECTION.</u> **Sec. 8.** A new section is added to chapter 71.05 RCW
- 31 to read as follows:
- 32 Except as otherwise provided in this chapter, the uniform health
- 33 care information act, chapter 70.02 RCW, applies to all records and
- 34 information compiled, obtained, or maintained in the course of
- 35 providing services.

NEW SECTION. Sec. 9. 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 shall take effect July 1, 1993.

Passed the House April 23, 1993. Passed the Senate April 16, 1993. Approved by the Governor May 17, 1993. Filed in Office of Secretary of State May 17, 1993.