CERTIFICATION OF ENROLLMENT

## HOUSE BILL 2416

Chapter 81, Laws of 2020

## 66th Legislature 2020 Regular Session

## FORENSIC MENTAL HEALTH SERVICES--DISCLOSURE OF INFORMATION AND RECORDS

EFFECTIVE DATE: June 11, 2020

Passed by the House February 18, 2020 Yeas 97 Nays 0

LAURIE JINKINS

Speaker of the House of Representatives

Passed by the Senate March 3, 2020 Yeas 49 Nays 0

CYRUS HABIB

President of the Senate Approved March 19, 2020 2:35 PM CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 2416** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

March 19, 2020

JAY INSLEE

Governor of the State of Washington

Secretary of State State of Washington

## HOUSE BILL 2416

Passed Legislature - 2020 Regular Session

State of Washington 66th Legislature 2020 Regular Session

**By** Representatives Kilduff, Chopp, Leavitt, Macri, Cody, Stonier, Ormsby, and Pollet

Read first time 01/14/20. Referred to Committee on Health Care & Wellness.

AN ACT Relating to disclosures of information and records related to forensic mental health services; and amending RCW 10.77.210 and 70.02.205.

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

5 Sec. 1. RCW 10.77.210 and 1998 c 297 s 45 are each amended to 6 read as follows:

7 (1) Any person involuntarily detained, hospitalized, or committed pursuant to the provisions of this chapter shall have the right to 8 adequate care and individualized treatment. The person who has 9 10 custody of the patient or is in charge of treatment shall keep 11 records detailing all medical, expert, and professional care and 12 treatment received by a committed person, and shall keep copies of all reports of periodic examinations of the patient that have been 13 14 filed with the secretary pursuant to this chapter. Except as provided 15 in RCW 10.77.205 and 4.24.550 regarding the release of information 16 concerning insane offenders who are acquitted of sex offenses and 17 subsequently committed pursuant to this chapter, and disclosures of 18 health care information as authorized under chapter 70.02 RCW, all 19 records and reports made pursuant to this chapter, shall be made 20 available only upon request, to the committed person, to his or her 21 attorney, to his or her personal physician, to the supervising

community corrections officer, to the prosecuting attorney, to the 1 court, to the protection and advocacy agency, or other expert or 2 professional persons who, upon proper showing, demonstrates a need 3 for access to such records. All records and reports made pursuant to 4 this chapter shall also be made available, upon request, to the 5 6 department of corrections or the indeterminate sentence review board 7 if the person was on parole, probation, or community supervision at the time of detention, hospitalization, or commitment or the person 8 is subsequently convicted for the crime for which he or she was 9 detained, hospitalized, or committed pursuant to this chapter. 10

(2) All relevant records and reports as defined by the department in rule shall be made available, upon request, to criminal justice agencies as defined in RCW 10.97.030.

14 Sec. 2. RCW 70.02.205 and 2017 c 298 s 1 are each amended to 15 read as follows:

(1) (a) A health care provider or health care facility may use or disclose the health care information of a patient without obtaining an authorization from the patient or the patient's personal representative if the conditions in (b) of this subsection are met and:

(i) The disclosure is to a family member, including a patient's state registered domestic partner, other relative, a close personal friend, or other person identified by the patient, and the health care information is directly relevant to the person's involvement with the patient's health care or payment related to the patient's health care; or

(ii) The use or disclosure is for the purpose of notifying, or assisting in the notification of, including identifying or locating, a family member, a personal representative of the patient, or another person responsible for the care of the patient of the patient's location, general condition, or death.

32 (b) A health care provider or health care facility may make the 33 uses and disclosures described in (a) of this subsection if:

(i) The patient is not present or obtaining the patient's authorization or providing the opportunity to agree or object to the use or disclosure is not practicable due to the patient's incapacity or an emergency circumstance, the health care provider or health care facility may in the exercise of professional judgment, determine whether the use or disclosure is in the best interests of the patient

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1 and, if so, disclose only the health care information that is 2 directly relevant to the person's involvement with the patient's 3 health care or payment related to the patient's health care; or

4 (ii) The patient is present for, or otherwise available prior to, 5 the use or disclosure and has the capacity to make health care 6 decisions, the health care provider or health care facility may use 7 or disclose the information if it:

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(A) Obtains the patient's agreement;

9 (B) Provides the patient with the opportunity to object to the 10 use or disclosure, and the patient does not express an objection; or

11 (C) Reasonably infers from the circumstances, based on the 12 exercise of professional judgment, that the patient does not object 13 to the use or disclosure.

14 (2) With respect to information and records related to mental 15 health services provided to a patient by a health care provider, the 16 health care information disclosed under this section may include, to 17 the extent consistent with the health care provider's professional 18 judgment and standards of ethical conduct:

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

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

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

26 (d) The process to ensure that the patient safely transitions to27 a higher or lower level of care, including an interim safety plan.

(3) Any use or disclosure of health care information, including information and records related to mental health services, under this section must be limited to the minimum necessary to accomplish the purpose of the use or disclosure.

32 (4) A health care provider or health care facility is not subject 33 to any civil liability for making or not making a use or disclosure 34 in accordance with this section.

> Passed by the House February 18, 2020. Passed by the Senate March 3, 2020. Approved by the Governor March 19, 2020. Filed in Office of Secretary of State March 19, 2020.

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