



MASON COUNTY FIRE DISTRICT #4

TITLE: PUBLIC REQUEST FOR HEALTH CARE RECORDS

CHAPTER: 3000 NUMBER: 3060 DATE: 1-7-2011

APPROVED: Signature on file Bob Burbridge, Chief

1. PURPOSE: To provide reasonable safeguards for security of health care information on all patients.
2. RESPONSIBILITIES: It is the responsibility of each individual member to assure that they are in compliance with this guideline. It is the responsibility of the Fire Chief to enforce this guideline.
3. GUIDELINE:

General. RCW 70.02, the Uniform Health Care Information Act, governs disclosure of health care information, such as emergency medical reports. The Open Public Records Act (RCW 42.17.312) does not apply. Generally, a health care provider or one who assists a health care provider, such as fire District personnel, may not disclose health care information about a patient to anyone without the patient's written authorization.

Patient Authorization.

- a. A patient may authorize a health care provider to release health care records, and the health care professional shall honor such an authorization unless and until it is revoked or expires.
- b. It is lawful to charge reasonable fees for copying of health care records. The District shall charge the same fees as for copying of other public records under guideline number 3050 Public Records Requests.
- c. A request form shall be completed by the party requesting the disclosure of health care information and forwarded to the Records Officer/District Secretary for processing.
- d. An authorization for Release of Health Care Information, or a similar authorization form, shall be completed by the patient and submitted to the District prior to the release of any health care information and shall include the following information:
 1. The authorization shall be written, dated and signed.
 2. The nature of the information shall be identified.
 3. The name and address and institutional affiliation of the recipient of the disclosed records.



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4. Identification of the health care provider.
5. Identification of the patient. The health care provider shall retain the authorization and any revocation thereof. The authorization shall have a period of validity of 90 days and the written authorization should show on its face its expiration date.

Revocation. A patient may revoke an authorization, in writing, at any time unless disclosure is required for payments for health care, or other substantial action has been taken in reliance on the authorization. If the District makes disclosures in good faith reliance on an authorization and has no actual notice of its revocation, the patient may not bring an action against the District.

Disclosure Without Authorization of the Patient. Disclosure without the patient's authorization is appropriate under certain circumstances governed by RCW 70.02.050.

- 3.5 Permissive Disclosures. The District is permitted to disclose health care information about a patient without that patient's authorization to the extent a recipient needs to know the information, if the disclosure is:
- a. To a person who the District reasonably believes is providing health care to the patient.
 - 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 District; or to assist the District in the delivery of health care and the District reasonably believes that this person:
 - 1) Will not use or disclose the information for any other purpose; and
 - 2) The person will take appropriate steps to protect the health care 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 District in writing not to make the disclosure.
 - d. To any person if the District reasonably believes that disclosure will avoid or minimize imminent danger to the health or safety of the patient or any other individual. However, there is no obligation under the law on the part of the District to disclose the information under these circumstances.



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- e. If the disclosure is 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, and if made in accordance with good medical or other professional practices, unless the patient has instructed the District in writing not to make such disclosure.
 - f. To a health care provider who is the successor in interest to the District.
 - g. To a person who obtains information for purposes of an audit, if the person agrees in writing to remove or destroy at their earliest opportunity, consistent with the purpose of the audit, information that would enable the patient to be identified, and not to disclose the information further except to accomplish the audit or to report unlawful or improper conduct involving fraud and payment for health care by a provider or patient or other unlawful conduct by the health care provider.
 - h. To an official of a penal or other custodial institution in which the patient is detained.
- 3.6 Mandatory Disclosures. The District must disclose health care information 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 District is required by law to report health care information or when needed to determine compliance with state or federal licenses, certification or registration rules or laws or when needed to protect the public health.
 - b. To federal, state or local law enforcement authorities to the extent the District is required by law.
 - c. Pursuant to compulsory process in accordance with RCW 70.02.060 (section 5.7).
- 3.7 Discovery Requests/Compulsory Process. Before service of a discovery request or compulsory process on the District seeking health care information, an attorney or other requesting party must provide advance notice to the District and the patient or their attorney through service of process or first class mail, indicating what they are seeking and the date by which a protective order must be obtained to prevent the District from complying. Whenever the District receives such an advance notice or letter, or whenever they receive service of a discovery request or compulsory process, the Chief shall be immediately advised and the District's attorney shall be consulted. If the attorney or other requesting party has not complied with RCW 70.02.060, there shall be no disclosure without consent or authorization of the patient. If RCW 70.02.060 is complied



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with by the attorney or requesting party, the health care provider and/or patient shall have 14 days in which to seek a protective order. However, absent a protective order, the District shall disclose the information. In the case of compliance and production, the request for discovery or compulsory process shall be made a part of the patient record.

- 3.8 Patient Requests. Upon receipt of a written request from a patient to examine or copy all or part of their health records, the District, as promptly as required under the circumstances but no later than 15 working days after receiving the request, shall:
- a. Make the information available for examination during regular business hours and provide a copy if requested to the patient;.
 - b. Inform the patient if the information does not exist or cannot be found.
 - c. Provide the patient with the name and address (if known) of the health care provider who does maintain the record if the District does not.
 - d. Inform the patient if unusual circumstances have delayed handling the request. Specify in writing the reasons for the delay and the earliest date, not later than 21 working days after receiving the request, when the information will be available or when the request will be otherwise disposed of.
 - e. Deny the request in whole or in part under RCW 70.02.090 and inform the patient.
- 3.9 Upon request, the District shall explain any code or abbreviation used in the records. If a record of the particular information requested is not maintained by the District in the requested form, the District 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 District may charge a reasonable fee for providing the information and is not required to permit examination or copying until the fee is paid. The District will charge its usual copying charge of \$10.00 for EMS reports.
- 3.10 Denying Access to a Record. The District may deny access to health care information by a patient if the District reasonably concludes that:
- a. Knowledge of the health care information would be injurious to the health of the patient.
 - b. Knowledge of such information could reasonably be expected to lead to the patient's identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate.



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- c. Knowledge of such information could reasonably be expected to cause danger to the life or safety of any individual.
- d. The information was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes.
- e. Access to the information is otherwise prohibited by law.

3.11 If the record that is requested for inspection and/or copying contains both information exempted from disclosure and non-exempt information, the District shall to the extent practicable produce the record with the exempt portion deleted and shall provide a written explanation for the deletion.

3.12 If the District denies a patient's request for inspection and/or copying of the record in whole or in part, the District shall permit inspection and copying by another health care provider, selected by the patient, who is licensed, certified, or otherwise authorized under the laws of this state to treat the patient for the same condition as the District. The District shall inform the patient of the patient's right to select another provider and of the patient's responsibility for any compensation due the other care provider.

3.13 Disclosure of Sexually Transmitted Diseases. A state statute provides that no person may disclose or be compelled to disclose the identity of any person who has investigated, considered, or requested a test or treatment for a sexually transmitted disease, except as authorized by law. District personnel should not disclose the identity of any person upon whom an HIV antibody test is performed, nor should the results of such a test, or the result of any test for any other sexually transmitted disease (when positive) be disclosed. This protection against disclosure of test subject, diagnosis, or treatment also applies to any information relating to diagnosis of or treatment for HIV infection and for any other confirmed STD. Therefore, whenever any request for such information, either directly or indirectly comes to the attention of any District personnel, such request or inquiry shall be reported directly and immediately to the Chief as well as the District's legal counsel. No further action shall be taken on the request until a decision has been made as to whether the request fits within any recognized exception set forth in the law.

4. DEFINITIONS:

Health Care Provider: The statutory definition includes paramedics and emergency medical technicians (EMTs)). First responders will routinely assist health care providers so this guideline applies to them as well.

Health Care: Includes diagnosis and treatment of a patient's mental or physical condition. Required records of disclosures of health care information or records are themselves health care information and therefore required to be kept confidential under this guideline.