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| **Routine disclosure of Protected Health Information (PHI) by King County Behavioral Health and Recovery Division (BHRD) staff without client authorization or consent\*****MASTER** |

|  | **MH Data disclosed TO Agency** | **Specific MH Information Disclosed**[[1]](#footnote-1) | **SUD Data Disclosed TO Agency** | **Specific SUD Information Disclosed** |
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| All health care professionals | Child Protective Services (CPS)Adult Protective Services Long-term care Ombuds | Minimum necessary to report abuse as required by law. | Child Protective ServicesAdult Protective Services | Minimum necessary to report abuse as required by law. For reports on adult abuse, need a consent or need to report in such a way that the fact of the client’s substance use is not disclosed. |
| BHRD Executive Leadership Team | Department of Social and Health Services (DSHS)Center for Medicaid/ Medicare Services (CMS) | For health care oversight (including but not limited to fair hearing, grievances, and appeals), any information necessary for the contractually required and/or legally required purposes. | Contracted Providers | For health care oversight (including but not limited to fair hearing, grievances, and appeals), any information necessary for the contractually required and/or legally required purposes. |
| Contracted providers | For treatment, payment, and health care operations, any information necessary for the contractually required purposes. | Contracted Providers | For treatment, payment, and health care operations, any information necessary for the contractually required purposes. |
| Care Coordination and Recovery Services;Hospital and Mental Health Residential Services  | Home and Community Services (HCS) Division Staff City of Seattle Aging and Disability Services | Status of enrollment.May include re-release to a King County Behavioral Health and Recovery Division (BHRD) provider, this may include substance use disorder (SUD) information in the packet.Share information with the Home and Community Services Division for Medicaid Personal Care (MHP) program payment eligibility. | None without a signed consent/ authorization | None without signed consent/ authorization |
| Care Coordination and Recovery Services; Youth and Family Prevention Services; and Hospital and Mental Health Residential ServicesCare Coordination and Recovery Services; Youth and Family Prevention Services; and Hospital and Mental Health Residential Services– continued | Contracted Providers and Specialty Providers  | Clinical Information Participate in specific case staffingOutpatient service information | None without a signed consent/ authorizationNone without a signed consent/ authorization | None without signed consent/ authorizationNone without a signed consent/ authorization |
| Department of Juvenile Rehabilitation Administration (JRA)  | Receive referral information and would re-release the information to BHRD providers. (This may include SUD treatment information).  |
| Department of Children and Family Services (DCFS) | Enrollments status, participate in specific case staffingDiagnosis Inpatient service informationOutpatient service information  |
| Developmental Disabilities Administration (DDA)Division of Vocational Rehabilitation (DVR) | Enrollment status, participate in specific case staffingDiagnosisInpatient service information Outpatient service information |
| Local hospitals | Enrollment status, participate in specific case staffingOutpatient service information  |
| Children's Long-term Inpatient Program (CLIP)Western State Hospital (WSH) | Enrollment status, participate in specific case staffing |
| King County Ombuds | Client specific clinical information DiagnosisInpatient service information Outpatient service information  |
| King County Superior Court Department of Adult and Juvenile Detention (DAJD) | Enrollment status and provider DiagnosisInpatient service informationOutpatient service information  |
| Chinook Building Support Staff | None | No routine disclosures | None  | No routine disclosures |
| Confidential Secretaries | Treatment providers, including outpatient and inpatient, public and private | When they call to refer or consult, may discuss DOB, next of kin, current provider, medication, history of danger, history of treatment. Authority is 70.02 Revised Code of Washington (RCW). | None without a signed consent/ authorization | None without signed consent/ authorization |
| Crisis and Commitment Services (CCS)[[2]](#footnote-2) (including court scheduler)CCS (including court scheduler) – continuedCCS (including court scheduler) – continued | Superior/district/ municipal courts, prosecuting attorney, public defender, court monitor (if mental health court), and WSH Center for Forensic Services | Report in event of a dismiss and detain court order, whether found a mental disorder and what the disposition was. Authority is Chapter 10.77 RCW. | None without a signed consent/ authorizationNone without a signed consent/ authorization | None without signed consent/ authorizationNone without a signed consent/ authorization |
| WSH Center for Forensic Services | For the purpose of treatment, history of treatment, current provider |
| DSHS/WSH | Date of birth (DOB), hospital detained to and why detained, for purpose of obtaining a one-bed certification. Authority is Chapter 70.02 RCW. |
| Mental Health Court (MHC) monitor and mental health liaison  | If history of danger or detentions.Requires consent or must meet the requirements of 164.512(e)(1)(iii) requires documenting on the accounting form. Purpose is arranging court ordered treatment (not the same as just “treatment”). Consent determines the amount of information released. |
| Evaluation and Treatment (E&T) facility where detained | Packet for court filing including DOB, Diagnosis, clinical info and outpatient treatment, next of kin, relevant history of preceding information. Authority is Chapter 70.02 RCW.  |
| Next of kin | 70.02 RCW requires to send notice of E&T to which person is detained. Other info relevant to referral may be disclosed. |
| Parent or guardian of a minor | Same notice as next of kin, also copy of petition and Notice of Detention/ Statement of rights. Authority is 70.02 RCW. Discuss “mental and physical condition” and prognosis. |
| Public defenders (the attorney is assigned to the client for civil commitment proceedings) | Fact sheet – demographics and clinical info, enrollment info, declarations, notice of rights, notice of detention, notice to family custody authorization. Authority is 70.02 RCW. Treat attorney as the personal representative of client. No consent required and no accounting. Only need to document that this is the correct attorney if a private attorney, or to document that it is the correct court ordered attorney. |
| Jails (jail mental health unit in King County Correctional Facility [KCCF], others in smaller jails), police, Seattle Police Department (SPD) Crisis Intervention Team (CIT) | For the purpose of treatment or addressing a safety risk, current provider or other information as necessary for the purpose. |
| Department of Corrections (DOC) community corrections officers (CCO) | With an authorization, the information authorized. CCS can call CCO in doing an evaluation to collect information without an authorization. However, CCS needs an authorization in order to give information to the CCO (e.g., CCS cannot tell CCO that client is in the hospital without an authorization). |
| Prosecutor (county employee) | No consent required and no accounting. Purpose is civil commitment. |
| State Hospital forensics unit psychologist or other psychologist under a criminal justice court order | Competency evaluation on a criminal justice court order 10.77 RCW or elsewhere. Unless a court order allows it, must get consent from the client. |
| Local Police who brought client to emergency room (ER)/ Psychiatric Emergency Services (PES) after checkup complete | No PHI released – just the fact that the person is no longer being cared for by BHRD |
| Local hospitals | For the purpose of treatment, enrollment information and if person is on a court order for outpatient care |
| Washington State Department of Health (DOH).Child Death Review (CDR) teams consist of health department personnel, CPS, Domestic Violence Advocacy and Injury Prevention, and police. | For health care oversight per 70.02 RCW, CDR. Any information required for the review. |
| Contracted providers | Any information needed to monitor a contract. Authority is Health Care Oversight. | Contracted providers | Any information needed to monitor a contract. Authority is Health Care Oversight. |
| Cross Systems and Contracting | SPD/CIT | Information per authority of 70.02 RCW  | None without a signed consent/ authorization | None without signed consent/ authorization |
| Diversion and Re-Entry Services (DRS) | Downtown Emergency Services Center (DESC), Navos, and Pioneer Human Services (PHS) | Referral information | None without a signed consent/ authorization | None without signed consent/ authorization |
| DRS – Offender Re-entry Community Safety Program (ORCSP) | None | None | None without a signed consent/ authorization | None without signed consent/ authorization  |
| DRS – Program for Assertive Community Treatment (PACT) Program Manager | DOC Staff To Provider(With consent using DOC release of information [ROI] form) | Enrollment Status Clinical Information for care planning. Would also re-release information (including the future address of the client) receive from the Department of Correction to BHRD provider, this may include SUD information in the packet. Provide the DOC with information about where client was referred.Participation in clinical staffing.  | None without a signed consent/ authorization | None without signed consent/ authorization |
| DRS –SUD Assessment Staff  | None |  | None without a signed consent/ authorization | None without signed consent/ authorization.  |
| DRS –SUD Involuntary Services | None without consent/ authorization | None without consent/authorization | Prosecutors, Court[[3]](#footnote-3) | Name, demographic information, contact people, medical history (as needed), use of services, or declarations. Authority is RCW 70.96A.140 |
| Emergency Services Patrol (ESP) | DSHS, Attorney General (AG) criminal investigations, to report a crime | Persons performing financial audits for DSHS and other funders may see receipts that have client names on them.Billings from Aging & Adult Services (A&AS) for Medicaid Personal Care include client names to verify eligibility for payment. Authorization & denial information including client name is returned to A&AS with payment notification. | DSHS, AG criminal investigations, to report a crime | Authority to view PHI is 42 Code of Federal Regulations (CFR) Part 2, 2.53 for persons performing financial audits for DSHS and other funders. |
| Financial Staff  | Auditors | Auditor views invoices and records that have PHI. | DSHS, AG criminal investigations, to report a crime | Authority to view PHI is 42 CFR Part 2, 2.53 for persons performing financial audits for DSHS and other funders. |
| DCFS | Invoice packet includes client name for residential beds and diversion beds. DCFS Flex funds receipts for expenditures reimbursement contains client names, diagnosis, treatment plan, authorization amounts, and actual expenditures on behalf of the client. | None without a signed consent/ authorization | None without signed consent/ authorization |
| SAMHSA Children and Families in Common (CFIC) | CFIC study government financial audits access client names. | None without a signed consent/ authorization | None without signed consent/ authorization |
| Outpatient providers, PES MH | Authority is treatment coordination and quality assurance. Information in Extended Client Lookup System (ECLS) /Client Lookup System (CLS). | Contracted Providers | Client Lookup information with consent/ authorization |
| Hospital and Mental Health Residential Services | DSHS Staff, oversight | Oversight of placement of challenging clients. Purpose is state authority for oversight. | None without a signed consent/ authorization | None without a signed consent/ authorization |
| All with signed consent/ authorization except case staffing’s | For case staffing’s, treatment status, assessments, planning, discharge info, and extension requests. |
| King County Information Technology (KCIT) Staff | Crisis Clinic | Authority is treatment coordination and quality assurance. Information in ECLS/CLS and Inpatient. | None without a signed consent/ authorization | None without signed consent/ authorization |
| DSHS | Contractually required data elements. Authority is Health Care Oversight. | DSHS | Contractually required data elements. Authority is Health Care Oversight. |
| Medical Directors | DSHS | Special treatment planning about an individual client. |  |  |
| Consultations with other mental health professionals | Treatment related discussion on individual clients. |  |  |
| Schools | No PHI released without signed consent/ authorization  |  |  |
| MIDD Project Manager | None |  | None |  |
| Quality Review Team (QRT) | None |  | None |  |
| Recovery Specialist | None except for studies approved by the Evaluation and Research committee | None except for studies approved by the Evaluation and Research committee | None except for studies approved by the Evaluation and Research committee | None except for studies approved by the Evaluation and Research committee |
| Systems Performance Evaluation (SPE) | Providers | Data checking/QA feedback for payment/health care operations |  |  |
| SPE – Data Analyst | Researchers as approved by the Evaluation and Research Committee | Data approved by committee. Purpose is research | None except for studies approved by the Evaluation and Research committee | None except for studies approved by the Evaluation and Research committee |
| SPE/Evaluators | County CouncilState Legislature | No PHI. (Aggregate data only) | County CouncilState Legislature | No PHI. (Aggregate data only) |
| WSHLiaisonsDSHS staff acting for the AG orAG’s office | Purpose is treatment coordination. Information shared includes enrollment status, the reason for hospitalization including patient’s behavior both as an inpatient and outpatient, service history, outpatient history and substance abuse history. Authority is health care operations and/or health care oversight. | None without a signed consent/ authorization | None without a signed consent/ authorization |
| Volunteers | Contracted providers, hospitals, and individual clients | Hospital appeals, 3B appeals, audits, complaints and grievances, extraordinary occurrence (EO) reviews | Contracted Providers | EO Reviews |
| Youth and Family Prevention Services (YFPS) – Children’s Crisis Outreach Response System (CCORS) Program Manager | CLIP Workgroup consists of BHRD staff, DCFS, two Interagency Staffing Team (IST) Coordinators, providers, and parents of children formerly in CLIP | System oriented – to make recommendations. PHI not discussed. Will use general terms rather than specifying individual clients by name or other identifier | None without a signed consent/ authorization | None without signed consent/ authorization |
| YFPS – CLIP Workgroup | None |  | None without a signed consent/ authorization | None without signed consent/ authorization |
| YFPS – Community Organizer | None |  | None |  |

\* Actual access and use is further restricted to protected health information that each staff person requires for the performance of his/her assigned tasks as defined and approved by his/her supervisor.

1. Disclosure, for purposes of payment and health care operations is subject to application of the minimum necessary requirements of HIPAA, that is, provision of the minimum information necessary to the purpose for which the information is made available. Disclosure for health oversight activities must be required by law and limited to the “relevant requirements of such law.”164.512(a) [↑](#footnote-ref-1)
2. Most covered by 70.02.230 and 70.02.250 RCW [↑](#footnote-ref-2)
3. RCW 70.96A.140 [↑](#footnote-ref-3)