

## DISCLOSURE WITH PATIENT PERMISSION

### RCW 70.96A.150

#### Records of alcoholics and intoxicated persons.

(1) The registration and other records of treatment programs shall remain confidential. Records may be disclosed (a) in accordance with the prior written consent of the patient with respect to whom such record is maintained - Except follow 42 C.F.R. §2.33 on disclosures to central registries and in connection with criminal justice referrals. (b) if authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause - Follow 42 C.F.R. § 2.61, 2.62 and 2.63 here(c) to comply with state laws mandating the reporting of suspected child abuse or neglect, - Follow 42 C.F.R. §2.12 here or (d) when a patient commits a crime on program premises or against program personnel Follow 42 C.F.R. §2.12 here , or threatens to do so (Follow Privacy here).

(2) Notwithstanding subsection (1) of this section, the secretary may receive information from patients' records for purposes of research into the causes and treatment of alcoholism and other drug addiction, verification of eligibility and appropriateness of reimbursement, and the evaluation of alcoholism and other drug treatment programs. Information under this subsection shall not be published in a way that discloses patients' names or otherwise discloses their identities. Follow Privacy and 42.C.F.R. §2.52 here for research.

(3) Nothing contained in this chapter relieves a person or firm from the requirements under federal regulations for the confidentiality of alcohol and drug abuse patient records. Obligations imposed on drug and alcohol treatment programs and protections afforded alcohol and drug abuse patients under federal regulations apply to all programs approved by the department under RCW [70.96A.090](#). Follow 42.C.F.R. §2.53 in disclosing information for audit and program evaluation purposes.

### WAC 388-805-305

#### What are patients' rights requirements in certified agencies?

(1) Each service provider must ensure each patient:

(a) Is admitted to treatment without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, or disability, except for bona fide program criteria;

(b) Is reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;

(c) Is treated in a manner sensitive to individual needs and which promotes dignity and self-respect;

(d) Is protected from invasion of privacy except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;

(e) Has all clinical and personal information treated in accord with state and federal confidentiality regulations;

(f) Has the opportunity to review their own treatment records in the presence of the administrator or designee;

(g) Has the opportunity to have clinical contact with a same gender counselor, if requested and determined appropriate by the supervisor, either at the agency or by referral;

(h) Is fully informed regarding fees charged, including fees for copying records to verify

treatment and methods of payment available;

(i) Is provided reasonable opportunity to practice the religion of their choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. The patient has the right to refuse participation in any religious practice;

(j) Is allowed necessary communication:

(i) Between a minor and a custodial parent or legal guardian;

(ii) With an attorney; and

(iii) In an emergency.

(k) Is protected from abuse by staff at all times, or from other patients who are on agency premises, including:

(i) Sexual abuse or harassment;

(ii) Sexual or financial exploitation;

(iii) Racism or racial harassment; and

(iv) Physical abuse or punishment.

(l) Is fully informed and receives a copy of counselor disclosure requirements established under RCW [18.170.060](#);

(m) Receives a copy of patient grievance procedures upon request; and

(n) In the event of an agency closure or treatment service cancellation, each patient must be:

(i) Given thirty days notice;

(ii) Assisted with relocation;

(iii) Given refunds to which the person is entitled; and

(iv) Advised how to access records to which the person is entitled.

(2) A service provider must obtain patient consent for each release of information to any other person or entity. This consent for release of information must include:

(a) Name of the consenting patient;

(b) Name or designation of the provider authorized to make the disclosure;

(c) Name of the person or organization to whom the information is to be released;

(d) Nature of the information to be released, as limited as possible;

(e) Purpose of the disclosure, as specific as possible;

(f) Specification of the date or event on which the consent expires;

(g) Statement that the consent can be revoked at any time, except to the extent that action has been taken in reliance on it;

(h) Signature of the patient or parent, guardian, or authorized representative, when required, and the date; and

(i) A statement prohibiting further disclosure unless expressly permitted by the written consent of the person to whom it pertains.

(3) A service provider must notify patients that outside persons or organizations which provide services to the agency are required by written agreement to protect patient confidentially.

(4) A service provider must notify an ADATSA recipient of the recipient's additional rights as required by WAC [388-800-0090](#).

(5) The administrator must ensure a copy of patients' rights is given to each patient receiving services, both at admission and in case of disciplinary discharge.

(6) The administrator must post a copy of patients' rights in a conspicuous place in the facility accessible to patients and staff.

Add: The provider may not condition treatment, payment, enrolment or eligibility for benefits on signing the authorization (consent) under 42 C.F.R. §2.31.

### **WAC 388-805-330**

**What are the requirements for reporting patient noncompliance?** The following standards define patient noncompliance behaviors and set minimum time lines for reporting these behaviors to the appropriate court. Chemical dependency service providers failing to report patient noncompliance with court ordered or deferred prosecution treatment requirements may be considered in violation of chapter [46.61](#) or [10.05](#) RCW reporting requirements and be subject to penalties specified in WAC [388-805-120](#), [388-805-125](#), and [388-805-130](#).

(1) For emergent noncompliance: The following noncompliance is considered emergent noncompliance and must be reported to the appropriate court within three working days from obtaining the information:

(a) Patient failure to maintain abstinence from alcohol and other nonprescribed drugs as verified by patient self-report, identified third party report confirmed by the agency, or blood alcohol content or other laboratory test;

(b) Patient reports a subsequent alcohol/drug related arrest;

(c) Patient leaves program against program advice or is discharged for rule violation.

(2) For nonemergent noncompliance: The following noncompliance is considered nonemergent noncompliance and must be reported to the appropriate court as required by subsection (3) and (4) of this section:

(a) Patient has unexcused absences or failure to report. Agencies must report all patient unexcused absences, including failure to attend self-help groups. Report failure of patient to provide agency with documentation of attendance at self-help groups if under a deferred prosecution order or required by the treatment plan. In providing this report, include the agency's recommendation for action.

(b) Patient failure to make acceptable progress in any part of the treatment plan. Report details of the patient's noncompliance behavior along with a recommendation for action.

(3) If a court accepts monthly progress reports, nonemergent noncompliance may be reported in monthly progress reports, which must be mailed to the court within ten working days from the end of each reporting period.

(4) If a court does not wish to receive monthly reports and only requests notification of noncompliance or other significant changes in patient status, the reports should be transmitted as soon as possible, but in no event longer than ten working days from the date of the noncompliance.

Also follow 42.C.F.R. §2.35

### **WAC 246-326-050**

**Health and medical care services -- All facilities -- Notification of Family of Patient Change in Condition.** ( 8) Notification regarding change in patient's condition. A member

of the patient's family or another person with whom the patient is known to have a responsible personal relationship shall be notified as rapidly as possible, upon the discretion of the treating physician, should a serious change in the patient's condition, transfer, or death of the patient occur: Provided however, That the patient is incapable of rational

communication. Such notification shall not occur without the consent of the patient any time when the patient is capable of rational communication.

#### PROHIBITIONS ON REDISCLOSURE

Follow 42.C.F.R. §2.32 – No state law here.