Law Enforcement Requests Disclosure of Patient Information

**Type of Request**

- **Imminent danger:** Law enforcement credibly demonstrates disclosure of patient information is necessary to prevent or lessen a serious and imminent threat to health or safety. The health care professional must believe in good faith that disclosure of PHI is necessary to prevent or lessen a serious and imminent threat to health or safety.

- **Identify or locate a suspect, fugitive, material witness or missing person**

- **Violent criminals or escape from correctional institution**

- **Follow up to cases** for patients brought or caused to be brought to the hospital by fire, police, sheriff, or other public authority, or

- **Regarding patients treated for certain violent injuries**

- **Criminal conduct on premise:** Information relates to a crime that occurred on hospital property

- **Legal process:** The officer produces a court order or court ordered warrant, a subpoena or summons signed by a judge or a grand jury subpoena.

- **Authorization:** The officer provides a HIPAA compliant authorization signed by the patient or patient’s representative.

**What can be disclosed**

- **Release the minimum necessary information to lessen the threatened harm.**

- **Limited to directory information:**
  - name,
  - location, and
  - general health condition
  if the patient is asked for by name, and the patient has not opted out of the directory

- **Limited to the minimum necessary information:**
  - Name and address;
  - Date and place of birth;
  - Social security number;
  - ABO blood type and rh factor;
  - Type of injury;
  - Date and time of treatment;
  - Date and time of death, if applicable; and
  - A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

- **May provide the following:**
  - Name and address
  - age,
  - gender,
  - Condition
  - diagnosis, or extent and location of injuries
  - if the patient was conscious when admitted, and
  - discharge date

- **Must provide** information listed above for follow up to cases, and:
  - Name of the health care provider, and
  - If patient was transferred to another facility

- **Release the information UW Medicine believes in good faith that the PHI constitutes evidence of criminal conduct that occurred on UW Medicine’s premises.**

- **Release the Patient Information per the court order warrant, subpoena or summons.**

- **Release the Patient Information per the authorization.**

**Accounting for Disclosure Y/N**

- **Y**
- **N**

* Without patient authorization or a court order, records relating to treatment for mental illness, substance abuse and records relating to testing or treatment for HIV/AIDS or other sexually transmitted diseases cannot be accessed by law enforcement.

**Documenting a Disclosure of PHI**

UW Medicine Accounting of Disclosures Database: https://uwnetid.medical.washington.edu/disclosure_accounting/

(NWH workforce and VMC workforce, contact applicable HIM)