Applicability: UW Medicine

Policy Title: Use & Disclosure of Protected Health Information Permitted to Avert a Serious Threat to Health or Safety

Policy Number: PP-16e

Superseded Policy(ies) or Entity Policy: N/A

Date Established: April 10, 2003

Date Effective: July 1, 2014

Date Revised: December 14, 2006; October 8, 2009; November 8, 2012

Next Review Date: July 1, 2017

PURPOSE AND SCOPE
This policy describes the circumstances in which UW Medicine may use or disclose protected health information (PHI) to avert a serious threat to health or safety when the purpose of the use or disclosure is not for treatment, payment, healthcare operations nor authorized by the patient.

This policy is applicable to all UW Medicine entities.

POLICY PRINCIPLES/STATEMENT
See POLICY.

DEFINITIONS
See UW Medicine Compliance Policy: PP00 Glossary of Terms.

POLICY
I. Averting a serious threat to health or safety

A. Consistent with applicable law and standards of ethical conduct, UW Medicine may use or disclose PHI if it believes in good faith that:

1. It is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the disclosure is to person(s) reasonably able to prevent or lessen the threat, including the probable victim(s). In this situation, only the minimum necessary information the recipient needs may be disclosed. Information concerning mental health treatment, sexually transmitted disease (STD), human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), or drug and alcohol treatment should only be disclosed if absolutely necessary.
2. An individual has escaped from a correctional institution or other lawful custody.

3. An individual admits to participating in a violent crime that may have caused serious physical harm to another and there is a serious threat to the health or safety of the patient or the other individual. Only the minimum necessary information to minimize the danger should be released, not to exceed the following:
   a. Name and address;
   b. Date and place of birth;
   c. Social security number;
   d. ABO blood type and Rh factor;
   e. Type of injury;
   f. Date and time of death, if applicable;
   g. Description of distinguishing physical characteristics including height, weight, gender, race, hair and eye color, facial hair, tattoos etc.

B. Healthcare professionals have a duty to warn, or to take reasonable precautions to provide protection from violent behavior when the patient has communicated an actual threat of physical violence against a victim or victims that are reasonably identifiable. In these situations, healthcare professionals must make reasonable efforts to communicate the threat to the victim(s) and to law enforcement. In this situation, the professional may only disclose:
   1. Dates of admission and discharge;
   2. Authorized and unauthorized absences from the facility;
   3. Other information pertinent to the threat or harassment.

C. Exception: UW Medicine may not disclose PHI if the information is learned:
   1. In the course of treatment to affect the propensity (inclination, tendency) to commit the criminal conduct that is the basis for the disclosure; or
   2. Through a request by the individual to be referred, or to start treatment, counseling, or therapy for treatment to affect the propensity to commit criminal conduct.

Note: In determining whether a particular set of facts creates a mandatory or discretionary duty to warn on the part of the healthcare professional, the healthcare professional should consult the Department of Social Work policy on Duty to Warn/Discretionary Warning and consult with professional colleagues.
II. Documentation of disclosures

UW Medicine will document and retain in electronic or written format a record of all disclosures in accordance with the entity’s record retention policies and procedures. See UW Medicine Compliance Policy: PP25 Accounting of Disclosures of Protected Health Information.

REGULATORY/LEGISLATION/REFERENCES
- 42 CFR, Part 2 – Confidentiality of Alcohol and Drug Abuse Patient Records
- 45 CFR Parts 160 and 164; Section 164.512 – Uses & Disclosures for Which Consent, Authorization or Opportunity to Agree or Object is Not Required
- RCW 70.96A.150 – Records of Alcoholics and Intoxicated Persons.
- RCW 70.02 – Medical Records – Healthcare Information Access and Disclosure
- RCW 71.05.120 – Mental Health Records
- RCW 71.34.340 – Information concerning treatment of minors confidential – Disclosures – Admissible as evidence with written consent

PROCEDURE ADDENDUM(s) REFERENCES/LINKS
- Department of Social Work: Duty to Warn/Discretionary Warning
- UW Medicine Compliance Policy: PP00 Glossary of Terms
- UW Medicine Compliance Policy: PP25 - Accounting of Disclosures of Protected Health Information

ROLES AND RESPONSIBILITIES
Defined within POLICY.

AUTHORITIES

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<tr>
<th>Custodian</th>
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<th>Implementation Officer</th>
<th>Administrative Officer</th>
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APPROVALS

UW Privacy Official
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UW Medicine & Vice President for Medical Affairs, UW