UPREUSE AND SCOPE
This policy describes the circumstances under which UW Medicine may use or disclose protected health information (PHI) for decedents1 when the purpose of the use or disclosure is not for payment or healthcare operations nor authorized by the personal representative or legally authorized surrogate decision-maker.

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. UW Medicine may disclose PHI about a deceased patient:

   A. To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law;

   B. For purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law when UW Medicine performs the duties of a coroner or medical examiner;

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1 "Decedents" is a term used chiefly in law to describe a deceased person.
C. To funeral directors for the purpose of carrying out their duties (including disclosures prior to and in reasonable anticipation of the individual's death);

D. To organizations engaged in organ procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating the donation and transplantation; and

E. Heightened standards of confidentiality are required when using or disclosing PHI pertaining to sexually transmitted disease (STD), human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), mental health records, drug and alcohol treatment records, or sexual assault counseling. Disclosure of PHI of heightened confidentiality for deceased patients requires a valid patient authorization or a federal or Washington State court order.

Note: For disclosures to family members and other individuals, who were involved in the care or payment for care of the patient prior to death, see UW Medicine Compliance Policy: PP.15 Use & Disclosure of Protected Health Information for Involvement in Individual’s Care and Notification.

II. The use of decedents’ PHI for research purposes

The use of decedents’ PHI for research purposes requires Institutional Review Board (IRB) review and approval. The IRB may require consent from the legally authorized surrogate or may authorize a waiver of consent in accordance with state law RCW 70.02. See UW Medicine Compliance Policy: PP-18 Use & Disclosure of Protected Health Information for Research.

III. 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: PP-25 Accounting of Disclosures of Protected Health Information.

REGULATORY/LEGISLATION/REFERENCES
- 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 70.02 – Medical Records – Healthcare Information Access and Disclosure
- RCW 70.58 – Vital Statistics
- RCW 68.50 – Human Remains

PROCEDURE ADDENDUM(s) REFERENCES/LINKS
- UW Medicine Compliance Policy: PP.00 Glossary of Terms
- UW Medicine Compliance Policy: PP.15 Use & Disclosure of Protected Health Information for Involvement in Individual’s Care and Notification
- UW Medicine Compliance Policy: PP.18 Use & Disclosure of Protected Health Information for Research
• UW Medicine Compliance Policy: PP-25 Accounting of Disclosures of Protected Health Information

**ROLES AND RESPONSIBILITIES**
Defined within POLICY.

**AUTHORITIES**

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<th>Implementation Officer</th>
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<td>UW Medicine Compliance</td>
<td>UW Medicine Executive Compliance Committee</td>
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**APPROVALS**

UW Privacy Official 
Johnese M. Spisso, Chief Health System Officer, 
UW Medicine & Vice President for Medical Affairs, UW