Applicability: UW Medicine

Policy Title: Disclosure of Protected Health Information for the Reporting of Violent Injuries

Policy Number: PP-16i

Superseded Policy(ies) or Entity Policy: N/A

Date Established: March 17, 2010

Date Effective: July 1, 2014

Dates Revised: July 30, 2013

Next Review Date: July 1, 2017

PURPOSE AND SCOPE
This policy describes the circumstances in which UW Medicine shall disclose certain protected health information (PHI) for the mandatory reporting of violent injuries for patients treated in UW Medicine inpatient facilities\(^1\) by UW Medicine workforce members. All reporting, preservation or other requirements of this policy are secondary to patient care needs; if delayed or compromised as a result of patient care priorities, there will be no penalty to the workforce member responsible for fulfilling these requirements.

For other allowable disclosures of PHI to Law Enforcement, see UW Medicine Compliance Policy: PP-16h Use & Disclosure of Protected Health Information Permitted for Law Enforcement Purposes.

This policy is applicable to all UW Medicine entities.

POLICY PRINCIPLES/STATEMENT
See POLICY.

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\(^1\) Inpatient facilities in this context is based on the Revised Code of Washington (RCW) definition of hospital: "Hospital" means any institution, place, building or agency which provides accommodations, facilities and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this chapter does not include hotels, or similar places furnishing only food and lodging, or simply domiciliary care; nor does it include nursing homes, as defined and which come within the scope of chapter 18.51 RCW; nor does it include birthing centers, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital, or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, intellectual disability, convulsive disorders, or other abnormal mental condition. Furthermore, nothing in this chapter or the rules adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denominations.
DEFINITIONS
See UW Medicine Compliance Policy: PP00 Glossary of Terms.

POLICY

I. Mandatory Reporting of Violent Injuries for Patients: Disclosure of PHI to Law Enforcement Authorities

A. Workforce members at UW Medicine inpatient facilities are required\(^2\) to report to the nursing supervisor or the emergency department (ED) charge nurse any patient who upon arrival for treatment is found to have a bullet, gunshot or stab wound. The nursing supervisor is required to report this information to law enforcement (Dial 911 and state this is a non-emergency call) or, the UW Medical Center (UWMC) ED Charge Nurse is required to report this information to the University of Washington (UW) Police Department (Dial 911 and state this is a non-emergency call) as soon as reasonably possible, taking into consideration a patient's emergency care needs.

B. The nursing supervisor or the ED charge nurse shall complete the UH2883 Mandatory Violent Injury Report Form (Attachment A), in preparation for disclosure to law enforcement and include the following information, if known:

1. The name, residence, sex and age of the patient;
2. Whether the patient has received a bullet wound, gunshot wound or stab wound; and
3. The name of the healthcare professional providing treatment for the bullet wound, gunshot wound or stab wound.

C. If law enforcement is present, they may be given any bullets, clothing or other foreign objects that are removed from a patient for whom UW Medicine is required to make a report under this policy. Use Release of Patient Property to Law Enforcement Form (Attachment B). Otherwise any bullets, clothing or other foreign objects that are removed from a patient for whom a hospital is required to make a report under this policy shall be handled in the same manner as other patient property/belongings. Please see Harborview Medical Center (HMC) APOP: 5.49 - Patient Property & Reimbursement Claims or UWMC APOP: 5-27 - Patient Belongings for entity specific procedures.

D. For any potentially dangerous objects or weapons found on patients, HMC workforce should follow HMC – APOP 125.4 Possession of Dangerous Weapons and UWMC workforce should follow UWMC – APOP 125-10 Possession or Use of Weapons.

E. Place the Mandatory Violent Injury Report form in the patient’s medical record.

\(^2\) RCW 70.41
II. Mandatory Reporting of Protected Health Information when *Requested* by Law Enforcement

UW Medicine is required\(^3\) to disclose certain types of PHI to federal, state or local law enforcement authorities upon receipt of a written or oral request made to a nursing supervisor, administrator, ED charge nurse or UW Medicine Compliance. Upon the request by law enforcement, complete UH2884 *Law Enforcement Request for Information Form* (Attachment C).

Other staff receiving such a request must refer law enforcement to a nursing supervisor, administrator, ED charge nurse or UW Medicine Compliance.

**When is law enforcement permitted to request information about a patient?**

When a patient is being treated for a:

A. Bullet wound;
B. Gunshot wound;
C. Powder burn;
D. Other injury arising from or caused by the discharge of a firearm;
E. An injury caused by a knife, an ice pick or any other sharp or pointed instrument which federal, state or local law enforcement authorities reasonably believed to have been intentionally inflicted upon a person;
F. A blunt force injury that federal, state or local law enforcement authorities reasonably believe resulted from a criminal act.

**What kinds of PHI must be disclosed to law enforcement?**

If known, the:

A. Name of the patient;
B. Patient's residence;
C. Patient's gender;
D. Patient's age;
E. Patient's condition;
F. Patient's diagnosis, or extent and location of injuries as determined by a healthcare professional;
G. Whether the patient was conscious when admitted;
H. Name of the healthcare professional making the determination in; the patient’s condition, diagnosis or extent and location of injuries, and whether the patient was conscious when admitted;
I. Whether the patient has been transferred to another facility; and
J. Patient's discharge time and date.

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\(^3\) RCW 70.02.050 (2) (c)
III. Documentation and Retention of Disclosures

The appropriate UW Medicine workforce (for example: nursing Supervisor, administrator, ED charge nurse or UW Medicine Compliance) must document according to UW Medicine Compliance Policy: PP-25 Accounting of Disclosures of Protected Health Information.

REGULATORY/LEGISLATION/REFERENCES

- RCW 70.41.020 Definitions
- RCW 70.41.440: Duty to report violent injuries – Preservation of evidence – Immunity – Privilege
- RCW 70.02 – Medical Records – Healthcare Information Access and Disclosure

PROCEDURE ADDENDUM(s) REFERENCES/LINKS

- UW Medicine Compliance Policy: PP-00: Glossary of Terms
- UW Medicine Compliance Policy: PP-16h: Use & Disclosure of Protected Health Information Permitted for Law Enforcement Purposes
- UW Medicine Compliance Policy: PP-25 Accounting of Disclosures of Protected Health Information

Forms/Instructions

- PP16i-Attachment A: UH2883 Mandatory Violent Injury Report
- PP16i-Attachment B: Release of Patient Property to Law Enforcement Form
- PP16i-Attachment C: UH2884 Law Enforcement Request for Information

Cross References (where applicable)

- HMC Public Safety Policy 14 – Evidence and Property Management
- HMC APOP: 5.49 - Patient Property & Reimbursement Claims
- HMC APOP: 80.31 - Release of Tissues and other Specimens
- HMC APOP: 125.4 Possession of Dangerous Weapons
- UWMC APOP: 5-27 - Patient Belongings
- UWMC APOP: 125-10  Possession or Use of Weapons

ROLES AND RESPONSIBILITIES

Defined within POLICY.
AUTHORITIES

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APPROVALS

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