PURPOSE AND SCOPE
This policy is applicable to all UW Medicine entities.

POLICY PRINCIPLES/STATEMENT
The University of Washington (UW) is a state institution and must respond to requests made under the Public Records Act. The University processes public record requests for UW Medicine information. Requests to the University’s Office of Public Records frequently include patient information. These types of requests must be handled to protect the privacy of our patients. The staff of the Office of Public Records functions as part of the University’s role in UW Medicine when processing requests for UW Medicine related records and has been properly trained to have access to patient information for this purpose. Thus, it is appropriate for University staff to provide UW Medicine related records containing patient information to this office.

DEFINITIONS
See UW Medicine Compliance Policy: PP.00 Glossary of Terms.

POLICY
Given the importance of patient privacy, when processing a public records disclosure request, the University must ensure that individually identifiable patient information is not released. For a definition, see UW Medicine Compliance Policy: PP.19 Protected Health Information, Limited Data Set, and De-Identification of Protected Health Information. Individually identifiable patient information includes information about a relative, employer, or household member of a person seeking care.
Members of the public are allowed to make requests for information from the University through the Office of Public Records. If the University’s Office of Public Records receives a request for UW Medicine information, the Office of Public Records works with the appropriate entity contact to process the request. When processing a public records request that includes patient information, the Office of Public Records has the following options:

I. If a request is for an individual’s patient medical record, the Office of Public Records refers the requestor to the appropriate medical records department. These types of requests require a valid authorization.

II. If there is a reasonable basis to believe that the requested information can be used to identify University patients (a relative, the employer or a household member of the individual patient) the information cannot be provided to the requestor without a valid authorization. The workforce member should inform the requestor that the information cannot be released because it might lead to the identification of University patients (or a relative, the employer or a household member of the individual patient), and that authorization from those unnamed individuals would be required.

III. If the request is for multiple patients or information that contains multiple patients’ information, the patient information must be de-identified according to UW Medicine Compliance Policy: PP.19 Protected Health Information, Limited Data Set and De-Identification of Protected Health Information before it is released. In processing the request, the entity contact highlights the information that may need to be redacted before it is sent to the Office of Public Records. The Office of Public Records reviews the information to ensure that all appropriate individual identifiers are redacted before it is released to the requestor. Workforce members should use the following guiding principles when reviewing the information.

A. De-identify all information about individuals if they cannot be clearly identified as workforce members on the job or there is evidence to conclude that:

1. The individual is seeking care;
2. A relative of an individual seeking care;
3. The employer of an individual seeking care; or
4. A household member of the individual seeking care.

REGULATORY/LEGISLATION/REFERENCES
- 45 CFR 164.501 Definitions
- 45 CFR Parts 160 and 164; Section 164.502 (d) Uses & Disclosures of Protected Health Information: General Rules – Uses & Disclosures of De-Identified Protected Health Information
• 45 CFR Parts 160 and 164; Section 164.514(a)-(c) Other Requirements Relating To Uses and Disclosures of Protected Health Information
• 45 CFR 164.514(e) Limited Data Set
• RCW 42.56, The Public Records Act
• 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-19: Protected Health Information, Limited Data Set, and De-Identification of Protected Health Information

Additional Contacts
UW Office of Public Records and Open Public Meetings
206.543.9180
pubrec@uw.edu

ROLES AND RESPONSIBILITIES
Defined within POLICY.

AUTHORITIES

<table>
<thead>
<tr>
<th>Custodian</th>
<th>Responsible Officer</th>
<th>Implementation Officer</th>
<th>Administrative Officer</th>
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<tbody>
<tr>
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<td>UW Medicine HIM</td>
<td>UW Medicine Compliance</td>
<td>UW Medicine HIM</td>
</tr>
<tr>
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<td>Owner</td>
<td>Auditor</td>
<td>Endorser</td>
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<tr>
<td>UW Medicine Compliance</td>
<td>UW Medicine Compliance</td>
<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

Date