

## Law Enforcement Requests Disclosure of Patient Information

Type of Request	What can be disclosed	Accounting for Disclosure Y/N
<p><b>Imminent danger:</b> 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 <b>serious and imminent</b> threat to health or safety.</p>	<p>Release the minimum necessary information to lessen the threatened harm.</p>	Y
<p><b>Identify or locate a suspect, fugitive, material witness or missing person</b></p>	<p><u>Limited to directory information:</u></p> <ul style="list-style-type: none"> <li>• name,</li> <li>• location, and</li> <li>• general health condition</li> </ul> <p>if the patient is asked for by name, and the patient has not opted out of the directory</p>	Y
<p><b>Violent criminals or escape from correctional institution</b></p>	<p><u>Limited to the minimum necessary information:</u></p> <ul style="list-style-type: none"> <li>• Name and address;</li> <li>• Date and place of birth;</li> <li>• Social security number;</li> <li>• ABO blood type and rh factor;</li> <li>• Type of injury;</li> <li>• Date and time of treatment;</li> <li>• Date and time of death, if applicable; and</li> <li>• 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.)</li> </ul>	Y
<p><b>Follow up to cases</b> for patients brought or caused to be brought to the hospital by fire, police, sheriff, or other public authority, or</p>	<p><u>May provide the following:</u></p> <ul style="list-style-type: none"> <li>• Name and address</li> <li>• age,</li> <li>• gender,</li> <li>• Condition</li> <li>• diagnosis, or extent and location of injuries</li> <li>• if the patient was conscious when admitted, and</li> <li>• discharge date</li> </ul>	Y
<p>Regarding patients treated for <b>certain violent injuries</b></p>	<p><u>Must provide</u> information listed above for <b>follow up to cases</b>, and:</p> <ul style="list-style-type: none"> <li>• Name of the health care provider, and</li> <li>• If patient was transferred to another facility</li> </ul>	Y
<p><b>Criminal conduct on premise:</b> Information relates to a crime that occurred on hospital property</p>	<p>Release the information UW Medicine believes in good faith that the PHI constitutes evidence of criminal conduct that occurred on UW Medicine's premises.*</p>	Y
<p><b>Legal process:</b> The officer produces a court order or court ordered warrant, a subpoena or summons signed by a judge or a grand jury subpoena.</p>	<p>Release the Patient Information per the court order warrant, subpoena or summons.*</p>	Y
<p><b>Authorization:</b> The officer provides a HIPAA compliant authorization signed by the patient or patient's representative.</p>	<p>Release the Patient Information per the authorization *</p>	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://disclosureaccounting.uwmedicine.org> (NWH workforce and VMC workforce, contact applicable HIM)