### Law Enforcement Requests Disclosure of Patient Information

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>What can be disclosed</th>
<th>Accounting for Disclosure Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Imminent danger:</strong> 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 serious and imminent threat to health or safety.</td>
<td>Release the minimum necessary information to lessen the threatened harm.</td>
<td>Y</td>
</tr>
</tbody>
</table>
| **Identify or locate a suspect, fugitive, material witness or missing person** | Limited to directory information:  
  - name,  
  - location, and  
  - general health condition  
  If the patient is asked for by name, and the patient has not opted out of the directory | Y                           |
| **Violent criminals or escape from correctional institution**                  | Limited to the minimum necessary information:  
  - Name and address;  
  - Date and place of birth;  
  - Social security number;  
  - ABO blood type and Rh factor;  
  - Type of injury;  
  - Date and time of treatment;  
  - Date and time of death, if applicable; and  
  - 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. | Y                           |
| **Follow up to cases** for patients brought or caused to be brought to the hospital by fire, police, sheriff, or other public authority, or** | May provide the following:  
  - Name and address  
  - age,  
  - gender,  
  - Condition  
  - diagnosis, or extent and location of injuries  
  - if the patient was conscious when admitted, and  
  - discharge date | Y                           |
| **Regarding patients treated for certain violent injuries**                   | Must provide information listed above for follow up to cases, and:  
  - Name of the health care provider, and  
  - If patient was transferred to another facility | Y                           |
| **Criminal conduct on premise:** Information relates to a crime that occurred on hospital property | Release the information UW Medicine believes in good faith that the PHI constitutes evidence of criminal conduct that occurred on UW Medicine's premises.* | Y                           |
| **Legal process:** The officer produces a court order or court ordered warrant, a subpoena or summons signed by a judge or a grand jury subpoena. | Release the Patient Information per the court order warrant, subpoena or summons.* | Y                           |
| **Authorization:** The officer provides a HIPAA compliant authorization signed by the patient or patient’s representative. | Release the Patient Information per the authorization * | 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.

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**Documenting a Disclosure of PHI**

**UW Medicine Accounting of Disclosures Database:** [https://disclosureaccounting.uwmedicine.org](https://disclosureaccounting.uwmedicine.org) (NWH workforce and VMC workforce, contact applicable HIM)