

**WAC 388-880-151 Requests for resident medical information. (1)**

Requests for SCC resident medical information.

SCC medical records may be requested under chapter 70.02 RCW "health care records access and disclosure" by authorized third parties and will be charged at the rate provided below.

Note - requests for copies of medical records submitted by SCC residents on themselves, as covered under RCW 71.09.080, will be provided at the public disclosure rates provided in WAC 388-880-150.

(a) A health care records disclosure request from an authorized third party shall include:

(i) Requester's name;

(ii) Requester's address;

(iii) A copy of the written and signed authorization from the resident on a DSHS Form 17-063 (Authorization to Disclose Records);

(iv) A clear statement on the first page of the request indicating that the requester is asking for a specific resident's medical information; and

(v) Identification and specification of the medical record(s) wanted.

(b) Requests for resident medical records under chapter 70.02 RCW shall be made to the following address or fax number:

DSHS - Special Commitment Center  
Attn: Public Disclosure Coordinator  
P.O. Box 88450  
Steilacoom, Washington 98388-0646

Or the request can be faxed to (253) 617-6318.

**(2) Cost for making copies of resident medical information.**

Under RCW 70.02.010(15) SCC charges a fee for making copies associated with a medical information request.

(a) Cost - regardless of format:

(i) No more than one dollar and two cents per page for the first thirty pages.

(ii) No more than seventy-eight cents per page for all additional pages.

(iii) A twenty-three dollar clerical fee may be charged for searching and handling records.

(iv) Cost of mailing container and postage.

[Statutory Authority: Chapter 71.09 RCW and RCW 72.01.090. WSR 10-13-130, § 388-880-151, filed 6/22/10, effective 7/23/10.]