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SENATE BILL 6360

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State of Washington

63rd Legislature

2014 Regular Session

By Senator Keiser

Read first time 01/22/14. Referred to Committee on Health Care .

1 AN ACT Relating to including mental health prescriptions in  
2 electronic medical records; amending RCW 41.05.021 and 70.02.230; and  
3 providing an effective date.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 41.05.021 and 2012 c 87 s 23 are each amended to read  
6 as follows:

7 (1) The Washington state health care authority is created within  
8 the executive branch. The authority shall have a director appointed by  
9 the governor, with the consent of the senate. The director shall serve  
10 at the pleasure of the governor. The director may employ a deputy  
11 director, and such assistant directors and special assistants as may be  
12 needed to administer the authority, who shall be exempt from chapter  
13 41.06 RCW, and any additional staff members as are necessary to  
14 administer this chapter. The director may delegate any power or duty  
15 vested in him or her by law, including authority to make final  
16 decisions and enter final orders in hearings conducted under chapter  
17 34.05 RCW. The primary duties of the authority shall be to:  
18 Administer state employees' insurance benefits and retired or disabled  
19 school employees' insurance benefits; administer the basic health plan

1 pursuant to chapter 70.47 RCW; administer the children's health program  
2 pursuant to chapter 74.09 RCW; study state-purchased health care  
3 programs in order to maximize cost containment in these programs while  
4 ensuring access to quality health care; implement state initiatives,  
5 joint purchasing strategies, and techniques for efficient  
6 administration that have potential application to all state-purchased  
7 health services; and administer grants that further the mission and  
8 goals of the authority. The authority's duties include, but are not  
9 limited to, the following:

10 (a) To administer health care benefit programs for employees and  
11 retired or disabled school employees as specifically authorized in RCW  
12 41.05.065 and in accordance with the methods described in RCW  
13 41.05.075, 41.05.140, and other provisions of this chapter;

14 (b) To analyze state-purchased health care programs and to explore  
15 options for cost containment and delivery alternatives for those  
16 programs that are consistent with the purposes of those programs,  
17 including, but not limited to:

18 (i) Creation of economic incentives for the persons for whom the  
19 state purchases health care to appropriately utilize and purchase  
20 health care services, including the development of flexible benefit  
21 plans to offset increases in individual financial responsibility;

22 (ii) Utilization of provider arrangements that encourage cost  
23 containment, including but not limited to prepaid delivery systems,  
24 utilization review, and prospective payment methods, and that ensure  
25 access to quality care, including assuring reasonable access to local  
26 providers, especially for employees residing in rural areas;

27 (iii) Coordination of state agency efforts to purchase drugs  
28 effectively as provided in RCW 70.14.050;

29 (iv) Development of recommendations and methods for purchasing  
30 medical equipment and supporting services on a volume discount basis;

31 (v) Development of data systems to obtain utilization data from  
32 state-purchased health care programs in order to identify cost centers,  
33 utilization patterns, provider and hospital practice patterns, and  
34 procedure costs, utilizing the information obtained pursuant to RCW  
35 41.05.031; and

36 (vi) In collaboration with other state agencies that administer  
37 state purchased health care programs, private health care purchasers,  
38 health care facilities, providers, and carriers:

1 (A) Use evidence-based medicine principles to develop common  
2 performance measures and implement financial incentives in contracts  
3 with insuring entities, health care facilities, and providers that:

4 (I) Reward improvements in health outcomes for individuals with  
5 chronic diseases, increased utilization of appropriate preventive  
6 health services, and reductions in medical errors; and

7 (II) Increase, through appropriate incentives to insuring entities,  
8 health care facilities, and providers, the adoption and use of  
9 information technology that contributes to improved health outcomes,  
10 better coordination of care, and decreased medical errors;

11 (B) Through state health purchasing, reimbursement, or pilot  
12 strategies, promote and increase the adoption of health information  
13 technology systems, including electronic medical records, by hospitals  
14 as defined in RCW 70.41.020(4), integrated delivery systems, and  
15 providers that:

16 (I) Facilitate diagnosis or treatment;

17 (II) Reduce unnecessary duplication of medical tests;

18 (III) Promote efficient electronic physician order entry;

19 (IV) Increase access to health information for consumers and their  
20 providers; (~~and~~)

21 (V) Improve health outcomes; and

22 (VI) Reduce adverse prescription drug events;

23 (C) Coordinate a strategy for the adoption of health information  
24 technology systems using the final health information technology report  
25 and recommendations developed under chapter 261, Laws of 2005;

26 (c) To analyze areas of public and private health care interaction;

27 (d) To provide information and technical and administrative  
28 assistance to the board;

29 (e) To review and approve or deny applications from counties,  
30 municipalities, and other political subdivisions of the state to  
31 provide state-sponsored insurance or self-insurance programs to their  
32 employees in accordance with the provisions of RCW 41.04.205 and (g) of  
33 this subsection, setting the premium contribution for approved groups  
34 as outlined in RCW 41.05.050;

35 (f) To review and approve or deny the application when the  
36 governing body of a tribal government applies to transfer their  
37 employees to an insurance or self-insurance program administered under  
38 this chapter. In the event of an employee transfer pursuant to this

1 subsection (1)(f), members of the governing body are eligible to be  
2 included in such a transfer if the members are authorized by the tribal  
3 government to participate in the insurance program being transferred  
4 from and subject to payment by the members of all costs of insurance  
5 for the members. The authority shall: (i) Establish the conditions  
6 for participation; (ii) have the sole right to reject the application;  
7 and (iii) set the premium contribution for approved groups as outlined  
8 in RCW 41.05.050. Approval of the application by the authority  
9 transfers the employees and dependents involved to the insurance,  
10 self-insurance, or health care program approved by the authority;

11 (g) To ensure the continued status of the employee insurance or  
12 self-insurance programs administered under this chapter as a  
13 governmental plan under section 3(32) of the employee retirement income  
14 security act of 1974, as amended, the authority shall limit the  
15 participation of employees of a county, municipal, school district,  
16 educational service district, or other political subdivision, the  
17 Washington health benefit exchange, or a tribal government, including  
18 providing for the participation of those employees whose services are  
19 substantially all in the performance of essential governmental  
20 functions, but not in the performance of commercial activities;

21 (h) To establish billing procedures and collect funds from school  
22 districts in a way that minimizes the administrative burden on  
23 districts;

24 (i) To publish and distribute to nonparticipating school districts  
25 and educational service districts by October 1st of each year a  
26 description of health care benefit plans available through the  
27 authority and the estimated cost if school districts and educational  
28 service district employees were enrolled;

29 (j) To apply for, receive, and accept grants, gifts, and other  
30 payments, including property and service, from any governmental or  
31 other public or private entity or person, and make arrangements as to  
32 the use of these receipts to implement initiatives and strategies  
33 developed under this section;

34 (k) To issue, distribute, and administer grants that further the  
35 mission and goals of the authority;

36 (l) To adopt rules consistent with this chapter as described in RCW  
37 41.05.160 including, but not limited to:

1 (i) Setting forth the criteria established by the board under RCW  
2 41.05.065 for determining whether an employee is eligible for benefits;  
3 (ii) Establishing an appeal process in accordance with chapter  
4 34.05 RCW by which an employee may appeal an eligibility determination;  
5 (iii) Establishing a process to assure that the eligibility  
6 determinations of an employing agency comply with the criteria under  
7 this chapter, including the imposition of penalties as may be  
8 authorized by the board;

9 (m)(i) To administer the medical services programs established  
10 under chapter 74.09 RCW as the designated single state agency for  
11 purposes of Title XIX of the federal social security act;

12 (ii) To administer the state children's health insurance program  
13 under chapter 74.09 RCW for purposes of Title XXI of the federal social  
14 security act;

15 (iii) To enter into agreements with the department of social and  
16 health services for administration of medical care services programs  
17 under Titles XIX and XXI of the social security act. The agreements  
18 shall establish the division of responsibilities between the authority  
19 and the department with respect to mental health, chemical dependency,  
20 and long-term care services, including services for persons with  
21 developmental disabilities. The agreements shall be revised as  
22 necessary, to comply with the final implementation plan adopted under  
23 section 116, chapter 15, Laws of 2011 1st sp. sess.;

24 (iv) To adopt rules to carry out the purposes of chapter 74.09 RCW;

25 (v) To appoint such advisory committees or councils as may be  
26 required by any federal statute or regulation as a condition to the  
27 receipt of federal funds by the authority. The director may appoint  
28 statewide committees or councils in the following subject areas: (A)  
29 Health facilities; (B) children and youth services; (C) blind services;  
30 (D) medical and health care; (E) drug abuse and alcoholism; (F)  
31 rehabilitative services; and (G) such other subject matters as are or  
32 come within the authority's responsibilities. The statewide councils  
33 shall have representation from both major political parties and shall  
34 have substantial consumer representation. Such committees or councils  
35 shall be constituted as required by federal law or as the director in  
36 his or her discretion may determine. The members of the committees or  
37 councils shall hold office for three years except in the case of a  
38 vacancy, in which event appointment shall be only for the remainder of

1 the unexpired term for which the vacancy occurs. No member shall serve  
2 more than two consecutive terms. Members of such state advisory  
3 committees or councils may be paid their travel expenses in accordance  
4 with RCW 43.03.050 and 43.03.060 as now existing or hereafter amended;

5 (n) To review and approve or deny the application from the  
6 governing board of the Washington health benefit exchange to provide  
7 state-sponsored insurance or self-insurance programs to employees of  
8 the exchange. The authority shall (i) establish the conditions for  
9 participation; (ii) have the sole right to reject an application; and  
10 (iii) set the premium contribution for approved groups as outlined in  
11 RCW 41.05.050.

12 (2) On and after January 1, 1996, the public employees' benefits  
13 board may implement strategies to promote managed competition among  
14 employee health benefit plans. Strategies may include but are not  
15 limited to:

16 (a) Standardizing the benefit package;

17 (b) Soliciting competitive bids for the benefit package;

18 (c) Limiting the state's contribution to a percent of the lowest  
19 priced qualified plan within a geographical area;

20 (d) Monitoring the impact of the approach under this subsection  
21 with regards to: Efficiencies in health service delivery, cost shifts  
22 to subscribers, access to and choice of managed care plans statewide,  
23 and quality of health services. The health care authority shall also  
24 advise on the value of administering a benchmark employer-managed plan  
25 to promote competition among managed care plans.

26 **Sec. 2.** RCW 70.02.230 and 2013 c 200 s 7 are each amended to read  
27 as follows:

28 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,  
29 70.96A.150, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260,  
30 or pursuant to a valid authorization under RCW 70.02.030, the fact of  
31 admission to a provider for mental health services and all information  
32 and records compiled, obtained, or maintained in the course of  
33 providing mental health services to either voluntary or involuntary  
34 recipients of services at public or private agencies must be  
35 confidential.

36 (2) Information and records related to mental health services,

1 other than those obtained through treatment under chapter 71.34 RCW,  
2 may be disclosed only:

3 (a) In communications between qualified professional persons to  
4 meet the requirements of chapter 71.05 RCW, in the provision of  
5 services or appropriate referrals, or in the course of guardianship  
6 proceedings if provided to a professional person:

- 7 (i) Employed by the facility;
- 8 (ii) Who has medical responsibility for the patient's care;
- 9 (iii) Who is a designated mental health professional;
- 10 (iv) Who is providing services under chapter 71.24 RCW;
- 11 (v) Who is employed by a state or local correctional facility where  
12 the person is confined or supervised; or
- 13 (vi) Who is providing evaluation, treatment, or follow-up services  
14 under chapter 10.77 RCW;

15 (b) When the communications regard the special needs of a patient  
16 and the necessary circumstances giving rise to such needs and the  
17 disclosure is made by a facility providing services to the operator of  
18 a facility in which the patient resides or will reside;

19 (c)(i) When the person receiving services, or his or her guardian,  
20 designates persons to whom information or records may be released, or  
21 if the person is a minor, when his or her parents make such a  
22 designation;

23 (ii) A public or private agency shall release to a person's next of  
24 kin, attorney, personal representative, guardian, or conservator, if  
25 any:

26 (A) The information that the person is presently a patient in the  
27 facility or that the person is seriously physically ill;

28 (B) A statement evaluating the mental and physical condition of the  
29 patient, and a statement of the probable duration of the patient's  
30 confinement, if such information is requested by the next of kin,  
31 attorney, personal representative, guardian, or conservator; and

32 (iii) Other information requested by the next of kin or attorney as  
33 may be necessary to decide whether or not proceedings should be  
34 instituted to appoint a guardian or conservator;

35 (d)(i) To the courts as necessary to the administration of chapter  
36 71.05 RCW or to a court ordering an evaluation or treatment under  
37 chapter 10.77 RCW solely for the purpose of preventing the entry of any

1 evaluation or treatment order that is inconsistent with any order  
2 entered under chapter 71.05 RCW.

3 (ii) To a court or its designee in which a motion under chapter  
4 10.77 RCW has been made for involuntary medication of a defendant for  
5 the purpose of competency restoration.

6 (iii) Disclosure under this subsection is mandatory for the purpose  
7 of the federal health insurance portability and accountability act;

8 (e)(i) When a mental health professional is requested by a  
9 representative of a law enforcement or corrections agency, including a  
10 police officer, sheriff, community corrections officer, a municipal  
11 attorney, or prosecuting attorney to undertake an investigation or  
12 provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the  
13 mental health professional shall, if requested to do so, advise the  
14 representative in writing of the results of the investigation including  
15 a statement of reasons for the decision to detain or release the person  
16 investigated. The written report must be submitted within seventy-two  
17 hours of the completion of the investigation or the request from the  
18 law enforcement or corrections representative, whichever occurs later.

19 (ii) Disclosure under this subsection is mandatory for the purposes  
20 of the federal health insurance portability and accountability act;

21 (f) To the attorney of the detained person;

22 (g) To the prosecuting attorney as necessary to carry out the  
23 responsibilities of the office under RCW 71.05.330(2), 71.05.340(1)(b),  
24 and 71.05.335. The prosecutor must be provided access to records  
25 regarding the committed person's treatment and prognosis, medication,  
26 behavior problems, and other records relevant to the issue of whether  
27 treatment less restrictive than inpatient treatment is in the best  
28 interest of the committed person or others. Information must be  
29 disclosed only after giving notice to the committed person and the  
30 person's counsel;

31 (h)(i) To appropriate law enforcement agencies and to a person,  
32 when the identity of the person is known to the public or private  
33 agency, whose health and safety has been threatened, or who is known to  
34 have been repeatedly harassed, by the patient. The person may  
35 designate a representative to receive the disclosure. The disclosure  
36 must be made by the professional person in charge of the public or  
37 private agency or his or her designee and must include the dates of  
38 commitment, admission, discharge, or release, authorized or

1 unauthorized absence from the agency's facility, and only any other  
2 information that is pertinent to the threat or harassment. The agency  
3 or its employees are not civilly liable for the decision to disclose or  
4 not, so long as the decision was reached in good faith and without  
5 gross negligence.

6 (ii) Disclosure under this subsection is mandatory for the purposes  
7 of the federal health insurance portability and accountability act;

8 (i)(i) To appropriate corrections and law enforcement agencies all  
9 necessary and relevant information in the event of a crisis or emergent  
10 situation that poses a significant and imminent risk to the public.  
11 The mental health service agency or its employees are not civilly  
12 liable for the decision to disclose or not so long as the decision was  
13 reached in good faith and without gross negligence.

14 (ii) Disclosure under this subsection is mandatory for the purposes  
15 of the health insurance portability and accountability act;

16 (j) To the persons designated in RCW 71.05.425 for the purposes  
17 described in those sections;

18 (k) Upon the death of a person. The person's next of kin, personal  
19 representative, guardian, or conservator, if any, must be notified.  
20 Next of kin who are of legal age and competent must be notified under  
21 this section in the following order: Spouse, parents, children,  
22 brothers and sisters, and other relatives according to the degree of  
23 relation. Access to all records and information compiled, obtained, or  
24 maintained in the course of providing services to a deceased patient  
25 are governed by RCW 70.02.140;

26 (l) To mark headstones or otherwise memorialize patients interred  
27 at state hospital cemeteries. The department of social and health  
28 services shall make available the name, date of birth, and date of  
29 death of patients buried in state hospital cemeteries fifty years after  
30 the death of a patient;

31 (m) To law enforcement officers and to prosecuting attorneys as are  
32 necessary to enforce RCW 9.41.040(2)(a)(ii). The extent of information  
33 that may be released is limited as follows:

34 (i) Only the fact, place, and date of involuntary commitment, an  
35 official copy of any order or orders of commitment, and an official  
36 copy of any written or oral notice of ineligibility to possess a  
37 firearm that was provided to the person pursuant to RCW 9.41.047(1),  
38 must be disclosed upon request;

1 (ii) The law enforcement and prosecuting attorneys may only release  
2 the information obtained to the person's attorney as required by court  
3 rule and to a jury or judge, if a jury is waived, that presides over  
4 any trial at which the person is charged with violating RCW  
5 9.41.040(2)(a)(ii);

6 (iii) Disclosure under this subsection is mandatory for the  
7 purposes of the federal health insurance portability and accountability  
8 act;

9 (n) When a patient would otherwise be subject to the provisions of  
10 this section and disclosure is necessary for the protection of the  
11 patient or others due to his or her unauthorized disappearance from the  
12 facility, and his or her whereabouts is unknown, notice of the  
13 disappearance, along with relevant information, may be made to  
14 relatives, the department of corrections when the person is under the  
15 supervision of the department, and governmental law enforcement  
16 agencies designated by the physician or psychiatric advanced registered  
17 nurse practitioner in charge of the patient or the professional person  
18 in charge of the facility, or his or her professional designee;

19 (o) Pursuant to lawful order of a court;

20 (p) To qualified staff members of the department, to the director  
21 of regional support networks, to resource management services  
22 responsible for serving a patient, or to service providers designated  
23 by resource management services as necessary to determine the progress  
24 and adequacy of treatment and to determine whether the person should be  
25 transferred to a less restrictive or more appropriate treatment  
26 modality or facility;

27 (q) Within the treatment facility where the patient is receiving  
28 treatment, confidential information may be disclosed to persons  
29 employed, serving in bona fide training programs, or participating in  
30 supervised volunteer programs, at the facility when it is necessary to  
31 perform their duties;

32 (r) Within the department as necessary to coordinate treatment for  
33 mental illness, developmental disabilities, alcoholism, or drug abuse  
34 of persons who are under the supervision of the department;

35 (s) To a licensed physician or psychiatric advanced registered  
36 nurse practitioner who has determined that the life or health of the  
37 person is in danger and that treatment without the information

1 contained in the mental health treatment records could be injurious to  
2 the patient's health. Disclosure must be limited to the portions of  
3 the records necessary to meet the medical emergency;

4 (t) Consistent with the requirements of the federal health  
5 information portability and accountability act, to a licensed mental  
6 health professional or a health care professional licensed under  
7 chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is  
8 providing care to a person, or to whom a person has been referred for  
9 evaluation or treatment, to assure coordinated care and treatment of  
10 that person. Psychotherapy notes, as defined in 45 C.F.R. Sec.  
11 164.501, may not be released without authorization of the person who is  
12 the subject of the request for release of information;

13 (u) To administrative and office support staff designated to obtain  
14 medical records for those licensed professionals listed in (t) of this  
15 subsection;

16 (v) To a facility that is to receive a person who is involuntarily  
17 committed under chapter 71.05 RCW, or upon transfer of the person from  
18 one treatment facility to another. The release of records under this  
19 subsection is limited to the mental health treatment records required  
20 by law, a record or summary of all somatic treatments, and a discharge  
21 summary. The discharge summary may include a statement of the  
22 patient's problem, the treatment goals, the type of treatment which has  
23 been provided, and recommendation for future treatment, but may not  
24 include the patient's complete treatment record;

25 (w) To the person's counsel or guardian ad litem, without  
26 modification, at any time in order to prepare for involuntary  
27 commitment or recommitment proceedings, reexaminations, appeals, or  
28 other actions relating to detention, admission, commitment, or  
29 patient's rights under chapter 71.05 RCW;

30 (x) To staff members of the protection and advocacy agency or to  
31 staff members of a private, nonprofit corporation for the purpose of  
32 protecting and advocating the rights of persons with mental disorders  
33 or developmental disabilities. Resource management services may limit  
34 the release of information to the name, birthdate, and county of  
35 residence of the patient, information regarding whether the patient was  
36 voluntarily admitted, or involuntarily committed, the date and place of  
37 admission, placement, or commitment, the name and address of a guardian  
38 of the patient, and the date and place of the guardian's appointment.

1 Any staff member who wishes to obtain additional information must  
2 notify the patient's resource management services in writing of the  
3 request and of the resource management services' right to object. The  
4 staff member shall send the notice by mail to the guardian's address.  
5 If the guardian does not object in writing within fifteen days after  
6 the notice is mailed, the staff member may obtain the additional  
7 information. If the guardian objects in writing within fifteen days  
8 after the notice is mailed, the staff member may not obtain the  
9 additional information;

10 (y) To all current treating providers of the patient with  
11 prescriptive authority who have written a prescription for the patient  
12 within the last twelve months. To assist in the disclosure provided by  
13 this subsection, all prescriptions provided to the patient must be  
14 included in the patient's electronic medical record. For purposes of  
15 coordinating health care, the department may release without written  
16 authorization of the patient, information acquired for billing and  
17 collection purposes as described in RCW 70.02.050(1)(e). The  
18 department shall notify the patient that billing and collection  
19 information has been released to named providers, and provide the  
20 substance of the information released and the dates of such release.  
21 The department may not release counseling, inpatient psychiatric  
22 hospitalization, or drug and alcohol treatment information without a  
23 signed written release from the client;

24 (z)(i) To the secretary of social and health services for either  
25 program evaluation or research, or both so long as the secretary adopts  
26 rules for the conduct of the evaluation or research, or both. Such  
27 rules must include, but need not be limited to, the requirement that  
28 all evaluators and researchers sign an oath of confidentiality  
29 substantially as follows:

30 "As a condition of conducting evaluation or research concerning  
31 persons who have received services from (fill in the facility, agency,  
32 or person) I, . . . . ., agree not to divulge, publish, or otherwise  
33 make known to unauthorized persons or the public any information  
34 obtained in the course of such evaluation or research regarding persons  
35 who have received services such that the person who received such  
36 services is identifiable.

37 I recognize that unauthorized release of confidential information  
38 may subject me to civil liability under the provisions of state law.

(ii) Nothing in this chapter may be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary.

(3) Whenever federal law or federal regulations restrict the release of information contained in the treatment records of any patient who receives treatment for chemical dependency, the department may restrict the release of the information as necessary to comply with federal law and regulations.

(4) Civil liability and immunity for the release of information about a particular person who is committed to the department of social and health services under RCW 71.05.280(3) and 71.05.320(3)(c) after dismissal of a sex offense as defined in RCW 9.94A.030, is governed by RCW 4.24.550.

(5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter 71.05 RCW are not admissible as evidence in any legal proceeding outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in RCW 70.02.260, in a subsequent criminal prosecution of a person committed pursuant to RCW 71.05.280(3) or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter 10.77 RCW due to incompetency to stand trial, in a civil commitment proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, a guardianship or dependency proceeding. The records and files maintained in any court proceeding pursuant to chapter 71.05 RCW must be confidential and available subsequent to such proceedings only to the person who was the subject of the proceeding or his or her attorney. In addition, the court may order the subsequent release or use of such records or files only upon good cause shown if the court finds that appropriate safeguards for strict confidentiality are and will be maintained.

(6)(a) Except as provided in RCW 4.24.550, any person may bring an action against an individual who has willfully released confidential information or records concerning him or her in violation of the provisions of this section, for the greater of the following amounts:

(i) One thousand dollars; or

1 (ii) Three times the amount of actual damages sustained, if any.

2 (b) It is not a prerequisite to recovery under this subsection that  
3 the plaintiff suffered or was threatened with special, as contrasted  
4 with general, damages.

5 (c) Any person may bring an action to enjoin the release of  
6 confidential information or records concerning him or her or his or her  
7 ward, in violation of the provisions of this section, and may in the  
8 same action seek damages as provided in this subsection.

9 (d) The court may award to the plaintiff, should he or she prevail  
10 in any action authorized by this subsection, reasonable attorney fees  
11 in addition to those otherwise provided by law.

12 (e) If an action is brought under this subsection, no action may be  
13 brought under RCW 70.02.170.

14 NEW SECTION. **Sec. 3.** Section 2 of this act takes effect July 1,  
15 2014.

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