Washington State Department of Labor & Industries

Mental Health Privacy Complaint Form

Investigations
PO Box 44277
Olympia WA 98504-4277

Call: 1-866-324-3310 select option #3
Email: MentalHealthPrivacy@Lni.wa.gov

Your rights are:
RCW 51.28.070

1) Information contained in the claim files and records of injured workers, under the provisions of this title, shall be deemed confidential and shall not be open to public inspection (other than to public employees in the performance of their official duties,) but representatives of a claimant, be it an individual or an organization, may review a claim file or receive specific information therefrom upon the presentation of the signed authorization of the claimant.
2) A claimant may review his or her claim file if the director determines, pursuant to criteria adopted by rule, that the review is in the claimant's interest.
3) (a) Employers or their duty authorized representatives may review any files of their own injured workers in connection with any pending claims.
   (b) If the employer or the employer's duly authorized representative reveals information in a claim file regarding a mental health condition or treatment to any person other than a duly authorized representative, the employer is subject to a civil penalty of one thousand dollars for each occurrence. The department must investigate a complaint and must issue a notice of assessment if it determines that the employer or the employer's duly authorized representative violated this subsection. The determination may be protested to the department or appealed to the board on industrial insurance appeals. Once the order is final, the amount due shall be collected in accordance with RCW 51.48.140 and 51.48.150 and deposited in the supplemental pension fund.

(4) The department shall ensure that employers and workers are notified upon the allowance of a claim of their rights and responsibilities under this section.

(5) Physicians treating or examining workers claiming benefits under this title, or physicians giving medical advice to the department regarding any claim may, at the discretion of the department, inspect the claim files and records of the injured workers, and other persons may make sure inspection, at the department's discretion, when such persons are rending assistance to the department at any stage of the proceedings on any matter pertaining to the administration of this title.

How to complete and submit this form:

If you are completing this form to report a release of mental health information on behalf of a worker, complete sections 1, 3, and 4.

If you are completing this form to report a release of your mental health information, complete sections 2, 3, and 4.

Complete as much information as possible in each section. The more information you provide, the better L&I will be able to investigate.

You can submit the form via mail to the address listed above or email to: MentalHealthPrivacy@Lni.wa.gov.

Section 1 – Complete if you are submitting on behalf of a worker

Your Full Name		Date
Your Current Address	City	State / Zip Code
Home Phone Number	Cell Phone Number	
Do You Speak English? ☐ Yes ☐ No	What is your preferred language for all communications with Labor & Industries?	
What is your preferred method of communication? ☐ Phone ☐ Mail ☐ Email	Current Email Address	
Worker's Name	Claim Number (if known)	Date of Injury (if known)

Section 2 – Complete if you are the worker

Your Full Name		Date
Claim Number	Date of Injury	Date of Birth
Current Address	City	State / Zip Code
Home Phone Number	Cell Phone Number	
Do You Speak English? ☐ Yes ☐ No	What is your preferred language for all communications with Labor & Industries?	
What is your preferred method of communication? ☐ Phone ☐ Mail ☐ Email	Current Email Address	

Section 3 – Employer Information – complete as much as possible

Business Name		
Business Address	City	State / Zip Code
Supervisor's Name	Supervisor's Phone Number	

Section 4 –Description of Complaint

Date of Alleged Release of Information (if known)	Who released the information (if known)

Describe what information was released, how it was released, and to whom it was released. Provide as much detail as possible. Attach additional pages if needed.

List the names and phone numbers of the witnesses to the alleged release of information (if known).

I certify under the penalties of perjury that the information provided herein is the truth to the best of my knowledge.

Print Name ______________________ Signature ______________________ Date ______________