

**DATA SHARING AGREEMENT**  
**FOR**  
**CONFIDENTIAL INFORMATION OR LIMITED DATASET(S)**  
**BETWEEN**  
**STATE OF WASHINGTON**  
**DEPARTMENT OF HEALTH**  
**AND**  
**LOCAL HEALTH JURISDICTIONS AND**  
**EMS COUNTY MEDICAL PROGRAM DIRECTORS (MPDs)**

This Agreement documents the conditions under which the Washington State Department of Health (DOH) shares confidential information or limited Dataset(s) with other entities.

**CONTACT INFORMATION FOR ENTITIES RECEIVING AND PROVIDING INFORMATION**

	<b>INFORMATION RECIPIENT</b> <i>*Please fill out the information below*</i>	<b>INFORMATION PROVIDER</b>
Organization Name	Kitsap Public Health District	Washington State Department of Health (DOH)
<b>Business Contact Name</b>		Cynthia Harry
Title		Deputy Chief Data Officer
Address		18 155 <sup>th</sup> Street NW Lynnwood, WA 98087
Telephone #		206-472-4530
Email Address		<a href="mailto:Cynthia.harry@doh.wa.gov">Cynthia.harry@doh.wa.gov</a>
<b>IT Security Contact</b>		John Weeks
Title		Chief Information Security Officer
Address		PO Box 47890 Olympia, WA 98504-7890
Telephone #		360-999-3454
Email Address		<a href="mailto:Security@doh.wa.gov">Security@doh.wa.gov</a>

<b>Privacy Contact Name</b>		Michael Paul
Title		DOH Chief Privacy Officer
Address		PO Box 47890 Olympia, WA 98504-7890
Telephone #		564-669-9692
Email Address		<a href="mailto:Privacy.officer@doh.wa.gov">Privacy.officer@doh.wa.gov</a>

## DEFINITIONS

**Aggregate Data** is data that has been gathered, processed, and expressed in a summary or report form for reporting purposes such as making comparisons, predicting trends or other statistical analyses. Aggregate data is collected from multiple sources and/or measures, variables, or individual human subjects. Since aggregate data is the consolidation of data from multiple sources, it is typically not able to be traced back to a specific human subject.

**Anonymous Data** is unidentified (i.e., personally identifiable information was not collected, or if collected, identifiers were not retained and cannot be retrieved) data that cannot be linked directly or indirectly by anyone to their source(s).

**Authorized user** means a recipient’s employees, agents, assigns, representatives, independent contractors, or other persons or entities authorized by the data recipient to access, use, or disclose information through this agreement.

**Authorized user agreement** means the confidentiality agreement a recipient requires each of its Authorized Users to sign prior to gaining access to Public Health Information.

**Breach of confidentiality** means unauthorized access, use or disclosure of information received under this agreement. Disclosure may be oral or written, in any form or medium.

**Breach of security** means an action (either intentional or unintentional) that bypasses security controls or violates security policies, practices, or procedures.

**Coded Data** is when direct personal identifiers have been removed from the data and replaced with words, letters, figures, symbols, or a combination of these (not derived from or related to the personal information) for purposes of protecting the identity of the source(s). The original identifiers are retained in such a way that they can be traced back to the source(s) by someone with the code. A code is sometimes also referred to as a “key,” “link,” or “map.”

**Confidential information** means information that is protected from public disclosure by law. There are many state and federal laws that make different kinds of information confidential. In Washington State, the two most common are the Public Records Act RCW 42.56, and the Healthcare Information Act, RCW 70.02.

**Data storage** means electronic media with information recorded on it, such as CDs/DVDs, computers, and similar devices.

**Data transmission** means the process of transferring information across a network from a sender (or source) to one or more destinations.

**De-Identified Data** is when all direct personal identifiers are permanently removed from the data, no code or key exists to link the data to their original source(s), and the remaining information cannot reasonably be used by anyone to identify the source(s).

**Direct identifier** Direct identifiers in research data or records include names; postal address information ( other than town or city, state and zip code); telephone numbers, fax numbers, e-mail addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate /license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators ( URLs); internet protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

**Disclosure** means to permit access to or release, transfer, or other communication of confidential information by any means including oral, written, or electronic means, to any party except the party identified or the party that provided or created the record.

**Encryption** means the use of algorithms to encode data making it impossible to read without a specific piece of information, which is commonly referred to as a “key”. Depending on the type of information shared, encryption may be required during data transmissions, and/or data storage.

**Health care information** means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care....” RCW 70.02.010(7)

**Health information** is any information that pertains to health behaviors, human exposure to environmental contaminants, health status, and health care. Health information includes health care information as defined by RCW 70.02.010 and health related data as defined in RCW 43.70.050.

**Health Information Exchange (HIE)** means the statewide hub that provides technical services to support the secure exchange of health information between HIE participants.

**Human research review** is the process used by institutions that conduct human subject research to ensure that:

- the rights and welfare of human subjects are adequately protected;
- the risks to human subjects are minimized, are not unreasonable, and are outweighed by the potential benefits to them or by the knowledge gained; and
- the proposed study design and methods are adequate and appropriate in light of the stated research objectives.

Research that involves human subjects or their identifiable personal records should be reviewed and approved by an institutional review board (IRB) per requirements in federal and state laws and regulations and state agency policies.

**Human subjects research/human subject** means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.

**Identifiable data or records** contains information that reveals or can likely associate the identity of the person or persons to whom the data or records pertain. Research data or records with direct identifiers removed, but which retain indirect identifiers, are still considered identifiable.

**Indirect identifiers** are indirect identifiers in research data or records that include all geographic identifiers smaller than a state , including street address, city, county, precinct, Zip code, and their equivalent postal codes, except for the initial three digits of a ZIP code; all elements of dates ( except year ) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates ( including year) indicative of such age, except that such age and elements may be aggregated into a single category of age 90 or older.

**Limited dataset** means a data file that includes potentially identifiable information. A limited dataset does not contain direct identifiers.

**Normal business hours** are state business hours Monday through Friday from 8:00 a.m. to 5:00 p.m. except state holidays.

**Public Health Authority** is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501.

**Public Health Surveillance Activities** are limited to activities conducted, supported, requested, ordered, required, or authorized by a “public health authority” and:

- Are necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health

importance, including trends, signals, risk factors, patterns of diseases, or increases in injuries from consumer products.

- Provide timely situational awareness and priority setting during the course of an event or crisis that threatens public health.

**Potentially identifiable information** means information that includes indirect identifiers which may permit linking an individual to that person’s health care information. Examples of potentially identifiable information include:

- birth dates;
- admission, treatment, or diagnosis dates;
- healthcare facility codes;
- other data elements that may identify an individual. These vary depending on factors such as the geographical location and the rarity of a person’s health condition, age, or other characteristic.

**Prescription monitoring program direct identifies** means direct identifies in the Prescription Monitoring Program may include the following: patient’s first name; middle name; last name; social security number; control or medical record number; zip code plus four digits; dates that include day, month, and year; or admission and discharge date in combination; and “Prescribing profession” as defined by RCW 70.22.040(5)(c)(i) and RCW 70.22.040(5)(c)(ii).

**Prescription monitoring program indirect identifiers** means indirect identifiers in the Prescription Monitoring Program may include the following: Hospital or provider identifiers, a five-digit zip code, county, state, and country of resident; dates that include month and year; age in years; and race and ethnicity as defined by RCW 70.22.040(5)(c)(i).

**Research** refers to a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

**Restricted confidential information** means confidential information where especially strict handling requirements are dictated by statutes, rules, regulations, or contractual agreements. Violations may result in enhanced legal sanctions.

**State holidays** State legal holidays, as provided in [RCW 1.16.050](#).

## **GENERAL TERMS AND CONDITIONS**

### **I. USE OF INFORMATION**

The Information Recipient agrees to strictly limit use of information obtained or created under this Agreement to the purposes stated in Exhibit I (and all other Exhibits subsequently attached to this Agreement). For example, unless the Agreement specifies to the contrary the Information Recipient agrees not to:

- Link information received under this Agreement with any other information.
- Use information received under this Agreement to identify or contact individuals.

The Information Recipient shall construe this clause to provide the maximum protection of the information that the law allows.

## **II. SAFEGUARDING INFORMATION**

### **A. CONFIDENTIALITY**

Information Recipient agrees to:

- Follow DOH small numbers guidelines as well as dataset specific small numbers requirements (Appendix D)
- Limit access and use of the information:
  - To the minimum amount of information.
  - To the fewest people.
  - For the least amount of time required to do the work.
- Ensure that all people with access to the information understand their responsibilities regarding it.
- Ensure that every person (e.g., employee or agent) with access to the information signs and dates the “Use and Disclosure of Confidential Information Form” (Appendix A) before accessing the information.
  - Retain a copy of the signed and dated form as long as required in Data Disposition Section.

The Information Recipient acknowledges the obligations in this section survive completion, cancellation, expiration or termination of this Agreement.

### **B. SECURITY**

The Information Recipient assures that its security practices and safeguards meet Washington State Office of the Chief Information Officer (OCIO) security standard 141.10 [Securing Information Technology Assets](#).

For the purposes of this Agreement, compliance with the HIPAA Security Standard and all subsequent updates meets OCIO standard 141.10 “Securing Information Technology Assets.”

The Information Recipient agrees to adhere to the Data Security Requirements in Appendix B. The Information Recipient further assures that it has taken steps necessary to prevent unauthorized access, use, or modification of the information in any form.

**Note:** The DOH Chief Information Security Officer must approve any changes to this section prior to Agreement execution. IT Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

### **C. BREACH NOTIFICATION**

The Information Recipient shall notify the DOH Chief Information Security Officer ([security@doh.wa.gov](mailto:security@doh.wa.gov)) within one (1) business days of any suspected or actual breach of security or confidentiality of information covered by the Agreement.

### **III. RE-DISCLOSURE OF INFORMATION**

Information Recipient agrees to not disclose in any manner all or part of the information identified in this Agreement except as the law requires, this Agreement permits, or with specific prior written permission by the Secretary of the Department of Health.

If the Information Recipient must comply with state or federal public record disclosure laws, and receives a records request where all or part of the information subject to this Agreement is responsive to the request: the Information Recipient will notify the DOH Privacy Officer of the request ten (10) business days prior to disclosing to the requestor. The notice must:

- Be in writing;
- Include a copy of the request or some other writing that shows the:
  - Date the Information Recipient received the request; and
  - The DOH records that the Information Recipient believes are responsive to the request and the identity of the requestor, if known.

### **IV. ATTRIBUTION REGARDING INFORMATION**

Information Recipient agrees to cite “Washington State Department of Health” or other citation as specified, as the source of the information subject of this Agreement in all text, tables and references in reports, presentations, and scientific papers.

Information Recipient agrees to cite its organizational name as the source of interpretations, calculations, or manipulations of the information subject of this Agreement.

### **V. OTHER PROVISIONS**

With the exception of agreements with British Columbia for sharing health information, all data must be stored within the United States.

## **VI. AGREEMENT ALTERATIONS AND AMENDMENTS**

This Agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties

## **VII. CAUSE FOR IMMEDIATE TERMINATION**

The Information Recipient acknowledges that unauthorized use or disclosure of the data/information or any other violation of sections II or III, and appendices A or B, may result in the immediate termination of this Agreement.

## **VIII. CONFLICT OF INTEREST**

The DOH may, by written notice to the Information Recipient:

Terminate the right of the Information Recipient to proceed under this Agreement if it is found, after due notice and examination by the Contracting Office that gratuities in the form of entertainment, gifts or otherwise were offered or given by the Information Recipient, or an agency or representative of the Information Recipient, to any officer or employee of the DOH, with a view towards securing this Agreement or securing favorable treatment with respect to the awarding or amending or the making of any determination with respect to this Agreement.

In the event this Agreement is terminated as provided in (a) above, the DOH shall be entitled to pursue the same remedies against the Information Recipient as it could pursue in the event of a breach of the Agreement by the Information Recipient. The rights and remedies of the DOH provided for in this section are in addition to any other rights and remedies provided by law. Any determination made by the Contracting Office under this clause shall be an issue and may be reviewed as provided in the "disputes" clause of this Agreement.

## **IX. DISPUTES**

Except as otherwise provided in this Agreement, when a genuine dispute arises between the DOH and the Information Recipient and it cannot be resolved, either party may submit a request for a dispute resolution to the Contracts and Procurement Unit. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal. A party's request for a dispute resolution must:

- Be in writing and state the disputed issues, and
- State the relative positions of the parties, and
- State the information recipient's name, address, and his/her department agreement number, and



- Be mailed to the DOH contracts and procurement unit, P. O. Box 47905, Olympia, WA 98504-7905 within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes.

This dispute resolution process constitutes the sole administrative remedy available under this Agreement.

**X. EXPOSURE TO DOH BUSINESS INFORMATION NOT OTHERWISE PROTECTED BY LAW AND UNRELATED TO CONTRACT WORK**

During the course of this contract, the information recipient may inadvertently become aware of information unrelated to this agreement. Information recipient will treat such information respectfully, recognizing DOH relies on public trust to conduct its work. This information may be handwritten, typed, electronic, or verbal, and come from a variety of sources.

**XI. GOVERNANCE**

This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement shall be construed to conform to those laws.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable Washington state and federal statutes and rules;
- Any other provisions of the Agreement, including materials incorporated by reference.

**XII. HOLD HARMLESS**

Each party to this Agreement shall be solely responsible for the acts and omissions of its own officers, employees, and agents in the performance of this Agreement. Neither party to this Agreement will be responsible for the acts and omissions of entities or individuals not party to this Agreement. DOH and the Information Recipient shall cooperate in the defense of tort lawsuits, when possible.

**XIII. LIMITATION OF AUTHORITY**

Only the Authorized Signatory for DOH shall have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this Agreement on behalf of the DOH. No alteration, modification, or waiver of any clause or condition of this Agreement is effective or binding unless made in writing and signed by the Authorized Signatory for DOH.

#### **XIV. RIGHT OF INSPECTION**

The Information Recipient shall provide the DOH and other authorized entities the right of access to its facilities at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Agreement on behalf of the DOH.

#### **XV. SEVERABILITY**

If any term or condition of this Agreement is held invalid, such invalidity shall not affect the validity of the other terms or conditions of this Agreement, provided, however, that the remaining terms and conditions can still fairly be given effect.

#### **XVI. SURVIVORSHIP**

The terms and conditions contained in this Agreement which by their sense and context, are intended to survive the completion, cancellation, termination, or expiration of the Agreement shall survive.

#### **XVII. TERMINATION**

Either party may terminate this Agreement upon 30 days prior written notification to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

#### **XVIII. WAIVER OF DEFAULT**

This Agreement, or any term or condition, may be modified only by a written amendment signed by the Information Provider and the Information Recipient. Either party may propose an amendment.

Failure or delay on the part of either party to exercise any right, power, privilege, or remedy provided under this Agreement shall not constitute a waiver. No provision of this Agreement may be waived by either party except in writing signed by the Information Provider or the Information Recipient.

#### **XIX. ALL WRITINGS CONTAINED HEREIN**

This Agreement and attached Exhibit(s) contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement and attached Exhibit(s) shall be deemed to exist or to bind any of the parties hereto.

**XX. PERIOD OF PERFORMANCE**

This Agreement shall be effective from date the agreement is signed by both parties until August 31, 2027.

**Special Terms and Conditions**

**I. Medical Program Director Access**

Medical Program Directors (MPD) shall be permitted access to the dashboard as described in this agreement until the end of the period of performance of their service as an MPD ends, whichever comes first.

**IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of last signature below.**

**INFORMATION PROVIDER**

State of Washington Department of Health

*Michelle Campbell*

Signature

Michelle Campbell

Print Name

Oct 7, 2024

Date

**INFORMATION RECIPIENT**

Kitsap Public Health District

*Yolanda Fong*  
Yolanda Fong (Oct 4, 2024 12:58 PDT)

Signature

Yolanda Fong

Print Name

Oct 4, 2024

Date

## EXHIBIT I

### **1. PURPOSE AND JUSTIFICATION FOR SHARING THE DATA**

Provide a detailed description of the purpose and justification for sharing the data, including specifics on how the data will be used.

The effects of substance, opioid, and stimulant use pose a public health challenge that touches the lives of every Washingtonian. Communities across the state have demanded a coordinated response to the persistent and evolving epidemic of drug-related harms. This coordination includes access to timely, standardized, coordinated data products that support the establishment of response efforts to address the impacts of this epidemic on our communities. The restricted access Opioid and Drug Use Data Dashboard for local, Tribal and State public health partners fulfills this goal by consolidating historically isolated DOH data products into a single data dashboard to guide the state and local overdose response efforts.

This dashboard is designed collaboratively with local health partners to support their opioid and drug use data needs. Without this dashboard, most local and Tribal partners will lose the ability to monitor the impacts of substance, opioid, and stimulant use in their communities and their ability to respond to these impacts will be diminished.

The dashboard provides aggregated overdose and use data at the county, region, and state level with some granularity by broad demographic groups such as age groups, race and ethnicity and sex at birth. While this dashboard does not contain any personal health information, it does contain aggregated demographic data by county that could be used to triangulate the identity of individuals. This dashboard also contains aggregated Prescription Monitoring Program data to demonstrate the number of people receiving opioid prescriptions to inform surveillance. For that reason, access to this dashboard is restricted to staff from local and Tribal entities and state opioid and overdose response plan and opioid settlement partners, which are the Governor's Office, OFM, Attorney General's Office, DOH, HCA, DSHS, L&I, UW and DCYF. Local staff may consist of Medical Program Director's (MPD's) that are prescribed duties by the Department of Health under RCW 18.71.212 and WAC 246-976-920. The dashboard is protected by a security group managed by the agency IT team.

Only approved users can access the dashboard after they sign the DSA and agree to follow the [DOH guidelines for reporting small numbers](#) when presenting any information from the dashboard to their constituents to inform the local and Tribal opioid and overdose response efforts. Additionally, at the point of entry to the dashboard, approved users are required to acknowledge a confidentiality disclaimer and agreement and there is user review process (including semi-annual account reviews) for anyone requesting access to the dashboard. The local and Tribal authorities need to refer to the data on the dashboard to identify the areas of the state with high or low risk or areas with inadequate service coverage, and they may need to communicate this to their constituents as part of their response efforts. When they communicate any information from the dashboard with their constituents for any response effort they may be involved, they agree to follow the state small numbers guidelines. Additionally, when partners with access to the dashboard "download" data, it is de-identified,

## EXHIBIT I

aggregate data that the dashboard displays, not line-level data. As stated in this agreement, they must destroy the data after the period of performance, only use the data as permitted in this agreement, and must use the DOH and dataset-specific small numbers policy (in Appendix D) when reporting data. Data may be shared publicly in adherence with DOH small numbers guidelines and RCW 70.168.090 and will not identify any health information at the patient, provider, or facility level.

Is the purpose of this agreement for human subjects research that requires Washington State Institutional Review Board (WSIRB) approval?

Yes  No

If yes, has a WSIRB review and approval been received? If yes, please provide copy of approval. If No, attach exception letter.

Yes  No

### 2. PERIOD OF PERFORMANCE

This **Exhibit** shall have the same period of performance as the **Agreement** unless otherwise noted below:

Exhibit shall be effective from the date the agreement is signed by both parties until August 31, 2027.

### 3. DESCRIPTION OF DATA

The Information Provider has authority to add or remove data elements to the dashboard throughout the period of performance so long as the categorization of the dashboard does not change the Data Stewards approve as required in WAC 246-08-390.

Information Provider will make available the following information under this Agreement:

**Database Name(s):** Opioid and Drug Overdose Dashboard (see Dashboard [here](#) and Appendix E for more details)

#### **Data Elements being provided:**

- From DOH Death Registry, the number and rate of overdose deaths by drug category and by:
  - County
  - Accountable Communities of Health Region
  - Race and Ethnicity
  - Age group
  - Sex

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- From Comprehensive Hospital Abstract Reporting System (CHARS), the number and rate of overdose hospitalizations by drug category and by:
  - County
  - Accountable Communities of Health Region
  - Race and Ethnicity
  - Age group
  - Sex
  
- From Rapid Health Information Network (RHINO), the number and rate of overdose related hospitalizations and suspected ED visits by drug category and by:
  - County
  - Accountable Communities of Health Region
  - Race and Ethnicity
  - Age group
  - Sex
  
- From Washington Emergency Medical Services Information Systems (WEMSIS), the number of opioid related EMS responses, suspected opioid overdoses, and positive Naloxone responses and percent suspected opioid overdoses transported to a medical facility and response time by:
  - County
  - Accountable Communities of Health Region
  - Age groups
  - Gender
  
- From the Prescription Monitoring Program (PMP), population statistics (e.g., rates, numbers, confidence intervals) about patients receiving opioid prescriptions filled, long term opioid prescriptions, concurrent opioid and sedative prescriptions, new patients and their first opioid prescriptions, new patients who transition to long term opioid use, patients with high dose opioids, and patients filling prescriptions approved for medications for opioid use disorder (MOUD) reported to the Prescription Monitoring Program. These statistics exclude any prescription monitoring program direct or indirect identifiers that can be used to identify individual patients, requestors, dispensers, prescribers, and persons who received prescriptions from dispensers, but may include the following:
  - Patient's State and County of Residence
  - Accountable Communities of Health Region based on Patient's State and County of Residence
  - Patient's Age Groups
  - Patient's Reported Sex/Gender as reported to the PMP and used for population rates (e.g., Male, Female).

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The information described in this section is:

- Category 4 – Restricted Confidential Information
- Category 3– Confidential Information
  - **Potentially identifiable information**
- Category 2 – Internal [public information requiring authorized access]
- Category 1 – Public Information

Any reference to data/information in this Agreement shall be the data/information as described in this Exhibit.

#### **4. STATUTORY AUTHORITY TO SHARE INFORMATION**

**DOH statutory authority** to obtain and disclose the confidential information or limited Dataset(s) identified in this Exhibit to the Information Recipient:

##### **Vital Records (Death Registry):**

- RCW 70.58A.520(6) – Disclosure of vital records, data, and vital statistics – When authorized

##### **Comprehensive Hospital Abstract Reporting System (CHARS):**

- CW 43.70.052(9) - Hospital financial and patient discharge data-Confidentiality and protection

##### **Rapid Health Information Network (RHINO):**

- RCW 43.70.057(6) - Hospital emergency room patient care information-Data collection, maintenance, analysis, and dissemination-Rules

##### **Washington Emergency Medical Services Information Systems (WEMSIS):**

- RCW 70.168.090(1)(b) - Statewide electronic emergency medical services data system-Confidentiality
- Statutes defining status and authority of MPDs:
  - RCW 18.71.212: Physician's trained advanced emergency medical technician and paramedic—Certification
  - WAC 246-976-920 Medical program director
  - RCW 70.168 Statewide Trauma Care System

##### **Prescription Monitoring Program (PMP):**

- RCW 70.225.040(3)(i) and RCW 70.225.040(5)(a) - Confidentiality and exemption from disclosure of prescription monitoring program information

## EXHIBIT I

### 5. ACCESS TO INFORMATION

#### METHOD OF ACCESS/TRANSFER

- DOH Web Application (indicate application name):
- Washington State Secure File Transfer Service (sft.wa.gov)
- Encrypted CD/DVD or other storage device
- Health Information Exchange (HIE)\*\*
- Other: (describe the methods for access/transfer)\*\*

**OTHER:** The dashboard is hosted on the DOH SharePoint. Approved users are invited to access the dashboard through a [SharePoint link](#).

**\*\*NOTE:** DOH Chief Information Security Officer must approve prior to Agreement execution. DOH Chief Information Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

#### FREQUENCY OF ACCESS/TRANSFER

- One time: DOH shall deliver information by \_\_\_\_\_ (insert date)
- Repetitive: At a continuous frequency from the date the agreement is signed by both parties until 3 years later.
- As available within the period of performance stated in Section 2.

### 6. REIMBURSEMENT TO DOH

Payment for services to create and provide the information is based on the actual expenses DOH incurs, including charges for research assistance when applicable.

#### Billing Procedure

- Information Recipient agrees to pay DOH by check or account transfer within 30 calendar days of receiving the DOH invoice.
- Upon expiration of the Agreement, any payment not already made shall be submitted within 30 days after the expiration date or the end of the fiscal year, which is earlier.

Charges for the services to create and provide the information are:

- \$ \_\_\_\_\_
- No charge.



## EXHIBIT I

### **7. DATA DISPOSITION**

Unless otherwise directed in writing by the DOH Business Contact, at the end of this Agreement, or at the discretion and direction of DOH, the Information Recipient shall:

- Immediately destroy all copies of any data provided under this Agreement after it has been used for the purposes specified in the Agreement . Acceptable methods of destruction are described in Appendix B. Upon completion, the Information Recipient shall submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.
- Immediately return all copies of any data provided under this Agreement to the DOH Business Contact after the data has been used for the purposes specified in the Agreement, along with the attached Certification of Data Disposition (Appendix C)
- Retain the data for the purposes stated herein for a period of time not to exceed \_\_\_\_\_ (e.g., one year, etc.), after which Information Recipient shall destroy the data (as described below) and submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.
- Other (Describe): This data sharing agreement is mainly to view the data dashboard. In some instances, the users can download aggregated, de-identified data used on the dashboard. To prevent users from access to the Dashboard, DOH can take them off the authorized viewer list. The users will need to destroy any data they downloaded immediately after the end of this agreement. Acceptable methods of destruction are described in Appendix B. The signing of this agreement and dataset-specific small numbers policy will ensure the data dashboard remains private, safe and secure and is used for the agreed-upon purpose.

### **8. RIGHTS IN INFORMATION**

Information Recipient agrees to provide, if requested, copies of any research papers or reports prepared as a result of access to DOH information under this Agreement for DOH review prior to publishing or distributing.

In no event shall the Information Provider be liable for any damages, including, without limitation, damages resulting from lost information or lost profits or revenue, the costs of recovering such Information, the costs of substitute information, claims by third parties or for other similar costs, or any special, incidental, or consequential damages, arising out of the use of the information. The accuracy or reliability of the Information is not guaranteed or warranted in any way and the information Provider's disclaim liability of any kind whatsoever,

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including, without limitation, liability for quality, performance, merchantability, and fitness for a particular purpose arising out of the use, or inability to use the information.

**9. ALL WRITINGS CONTAINED HEREIN**

This Agreement and attached Exhibit(s) contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement and attached Exhibit(s) shall be deemed to exist or to bind any of the parties hereto.

**IN WITNESS WHEREOF, the parties have executed this Exhibit as of the date of last signature below.**

**INFORMATION PROVIDER**

**INFORMATION RECIPIENT**

State of Washington Department of Health

Kitsap Public Health District

*Michelle Campbell*

*Yolanda Fong*  
Yolanda Fong (Oct 4, 2024 12:59 PDT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Michelle Campbell

Yolanda Fong

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Oct 7, 2024

Oct 4, 2024

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## APPENDIX A

### USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION

People with access to confidential information are responsible for understanding and following the laws, policies, procedures, and practices governing it. Below are key elements:

#### A. CONFIDENTIAL INFORMATION

Confidential information is information federal and state law protects from public disclosure. Examples of confidential information are social security numbers, and healthcare information that is identifiable to a specific person under RCW 70.02. The general public disclosure law identifying exemptions is RCW 42.56.

#### B. ACCESS AND USE OF CONFIDENTIAL INFORMATION

1. Access to confidential information must be limited to people whose work specifically requires that access to the information.
2. Use of confidential information is limited to purposes specified elsewhere in this Agreement.

#### C. DISCLOSURE OF CONFIDENTIAL INFORMATION

1. An Information Recipient may disclose an individual's confidential information received or created under this Agreement to that individual or that individual's personal representative consistent with law.
2. An Information Recipient may disclose an individual's confidential information, received, or created under this Agreement only as permitted under the *Re-Disclosure of Information* section of the Agreement, and as state and federal laws allow.

#### D. CONSEQUENCES OF UNAUTHORIZED USE OR DISCLOSURE

An Information Recipient's unauthorized use or disclosure of confidential information is the basis for the Information Provider immediately terminating the Agreement. The Information Recipient may also be subject to administrative, civil, and criminal penalties identified in law.

#### E. ADDITIONAL DATA USE RESTRICTIONS: (if necessary)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX B

### DATA SECURITY REQUIREMENTS

#### Protection of Data

The storage of Category 3 and 4 information outside of the State Governmental Network requires organizations to ensure that encryption is selected and applied using industry standard algorithms validated by the NIST Cryptographic Algorithm Validation Program. Encryption must be applied in such a way that it renders data unusable to anyone but authorized personnel, and the confidential process, encryption key or other means to decipher the information is protected from unauthorized access. All manipulations or transmissions of data within the organization's network must be done securely.

The Information Recipient agrees to store information received under this Agreement (the data) within the United States on one or more of the following media, and to protect it as described below:

#### A. Passwords

1. Passwords must always be encrypted. When stored outside of the authentication mechanism, passwords must be in a secured environment that is separate from the data and protected in the same manner as the data. For example, passwords stored on mobile devices or portable storage devices must be protected as described under section F. Data storage on mobile devices or portable storage media.
2. Complex Passwords are:
  - At least 8 characters in length.
  - Contain at least three of the following character classes: uppercase letters, lowercase letters, numerals, special characters.
  - Do not contain the user's name, user ID or any form of their full name.
  - Do not consist of a single complete dictionary word but can include a passphrase.
  - Do not consist of personal information (e.g., birthdates, pets' names, addresses, etc.).
  - Are unique and not reused across multiple systems and accounts.
  - Changed at least every 120 days.

#### B. Hard Disk Drives / Solid State Drives – Data stored on workstation drives:

1. The data must be encrypted as described under section F. Data storage on mobile devices or portable storage media. Encryption is not required when Potentially Identifiable Information is stored temporarily on local workstation Hard Disk Drives/Solid State Drives. Temporary storage is thirty (30) days or less.
2. Access to the data is restricted to authorized users by requiring logon to the local workstation using a unique user ID and Complex Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart

## APPENDIX B

### DATA SECURITY REQUIREMENTS

cards. Accounts must lock after 5 unsuccessful access attempts and remain locked for at least 15 minutes, or require administrator reset.

#### C. Network server and storage area networks (SAN)

1. Access to the data is restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network.
2. Authentication must occur using a unique user ID and Complex Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.
3. The data is located in a secured computer area, which is accessible only by authorized personnel with access controlled through use of a key, card key, or comparable mechanism.
4. If the servers or storage area networks are not located in a secured computer area **or** if the data is classified as Confidential or Restricted it must be encrypted as described under F. Data storage on mobile devices or portable storage media.

#### D. Optical discs (CDs or DVDs)

1. Optical discs containing the data must be encrypted as described under F. Data storage on mobile devices or portable storage media.
2. When not in use for the purpose of this Agreement, such discs must be locked in a drawer, cabinet, or other physically secured container to which only authorized users have the key, combination or mechanism required to access the contents of the container.

#### E. Access over the Internet or the State Governmental Network (SGN).

1. When the data is transmitted between DOH and the Information Recipient, access is controlled by the DOH, who will issue authentication credentials.
2. Information Recipient will notify DOH immediately whenever:
  - a. An authorized person in possession of such credentials is terminated or otherwise leaves the employ of the Information Recipient;
  - b. Whenever a person's duties change such that the person no longer requires access to perform work for this Contract.
3. The data must not be transferred or accessed over the Internet by the Information Recipient in any other manner unless specifically authorized within the terms of the Agreement.
  - a. If authorized, the data must be encrypted during transmissions using a key length of at least 128 bits. Industry standard mechanisms and algorithms, such as those validated by the National Institute of Standards and Technology (NIST) are required.

## APPENDIX B

### DATA SECURITY REQUIREMENTS

- b. Authentication must occur using a unique user ID and Complex Password (of at least 10 characters). When the data is classified as Confidential or Restricted, authentication requires secure encryption protocols and multi-factor authentication mechanisms, such as hardware or software tokens, smart cards, digital certificates, or biometrics.
- c. Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.

#### **F. Data storage on mobile devices or portable storage media**

1. Examples of mobile devices are: smart phones, tablets, laptops, notebook or netbook computers, and personal media players.
2. Examples of portable storage media are: flash memory devices (e.g. USB flash drives), and portable hard disks.
3. The data must not be stored by the Information Recipient on mobile devices or portable storage media unless specifically authorized within the terms of this Agreement. If so authorized:
  - a. The devices/media must be encrypted with a key length of at least 128 bits, using industry standard mechanisms validated by the National Institute of Standards and Technologies (NIST).
    - Encryption keys must be stored in a secured environment that is separate from the data and protected in the same manner as the data.
  - b. Access to the devices/media is controlled with a user ID and a Complex Password (of at least 6 characters), or a stronger authentication method such as biometrics.
  - c. The devices/media must be set to automatically wipe or be rendered unusable after no more than 10 failed access attempts.
  - d. The devices/media must be locked whenever they are left unattended and set to lock automatically after an inactivity activity period of 3 minutes or less.
  - e. The data must not be stored in the Cloud. This includes backups.
  - f. The devices/ media must be physically protected by:
    - Storing them in a secured and locked environment when not in use;
    - Using check-in/check-out procedures when they are shared; and
    - Taking frequent inventories.
4. When passwords and/or encryption keys are stored on mobile devices or portable storage media they must be encrypted and protected as described in this section.

#### **G. Backup Media**

The data may be backed up as part of Information Recipient's normal backup process provided that the process includes secure storage and transport, and the data is encrypted as described under *F. Data storage on mobile devices or portable storage media*.

## APPENDIX B

### DATA SECURITY REQUIREMENTS

#### H. Paper documents

Paper records that contain data classified as Confidential or Restricted must be protected by storing the records in a secure area which is only accessible to authorized personnel. When not in use, such records are stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

#### I. Data Segregation

1. The data must be segregated or otherwise distinguishable from all other data. This is to ensure that when no longer needed by the Information Recipient, all the data can be identified for return or destruction. It also aids in determining whether the data has or may have been compromised in the event of a security breach.
2. When it is not feasible or practical to segregate the data from other data, then **all** commingled data is protected as described in this Exhibit.

#### J. Data Disposition

If data destruction is required by the Agreement, the data must be destroyed using one or more of the following methods:

<b>Data stored on:</b>	<b>Is destroyed by:</b>
Hard Disk Drives / Solid State Drives	Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data, or Degaussing sufficiently to ensure that the data cannot be reconstructed, or Physically destroying the disk, or Delete the data and physically and logically secure data storage systems that continue to be used for the storage of Confidential or Restricted information to prevent any future access to stored information. One or more of the preceding methods is performed before transfer or surplus of the systems or media containing the data.
Paper documents with Confidential or Restricted information	On-site shredding, pulping, or incineration, or Recycling through a contracted firm provided the Contract with the recycler is certified for the secure destruction of confidential information.

## APPENDIX B

### DATA SECURITY REQUIREMENTS

Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a course abrasive.
Magnetic tape	Degaussing, incinerating or crosscut shredding.
Removable media (e.g. floppies, USB flash drives, portable hard disks, Zip, or similar disks)	Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data. Physically destroying the disk. Degaussing magnetic media sufficiently to ensure that the data cannot be reconstructed.

#### K. **Notification of Compromise or Potential Compromise**

The compromise or potential compromise of the data is reported to DOH as required in Section II.C.



APPENDIX C

CERTIFICATION OF DATA DISPOSITION

Date of Disposition \_\_\_\_\_

- All copies of any Datasets related to agreement DOH#\_\_\_\_\_ have been deleted from all data storage systems. These data storage systems continue to be used for the storage of confidential data and are physically and logically secured to prevent any future access to stored information. Before transfer or surplus, all data will be eradicated from these data storage systems to effectively prevent any future access to previously stored information.
  
- All copies of any Datasets related to agreement DOH#\_\_\_\_\_ have been eradicated from all data storage systems to effectively prevent any future access to the previously stored information.
  
- All materials and computer media containing any data related to agreement DOH #\_\_\_\_\_ have been physically destroyed to prevent any future use of the materials and media.
  
- All paper copies of the information related to agreement DOH # \_\_\_\_\_ have been destroyed on-site by cross cut shredding.
  
- All copies of any Datasets related to agreement DOH # \_\_\_\_\_ that have not been disposed of in a manner described above, have been returned to DOH.
  
- Other

The data recipient hereby certifies, by signature below, that the data disposition requirements as provided in agreement DOH # \_\_\_\_\_, Section J, Disposition of Information, have been fulfilled as indicated above.

\_\_\_\_\_  
Signature of data recipient

\_\_\_\_\_  
Date

## APPENDIX D

### DOH SMALL NUMBERS GUIDELINES

- Aggregate data so that the need for suppression is minimal. Suppress all non-zero counts which are less than ten.
- Suppress rates or proportions derived from those suppressed counts.
- Assure that suppressed cells cannot be recalculated through subtraction, by using secondary suppression as necessary. Survey data from surveys in which 80% or more of the eligible population is surveyed should be treated as non-survey data.
- When a survey includes less than 80% of the eligible population, and the respondents are unequally weighted, so that cell sample sizes cannot be directly calculated from the weighted survey estimates, then there is no suppression requirement for the weighted survey estimates.
- When a survey includes less than 80% of the eligible population, but the respondents are equally weighted, then survey estimates based on fewer than 10 respondents should be “top-coded” (estimates of less than 5% or greater than 95% should be presented as 0-5% or 95-100%).

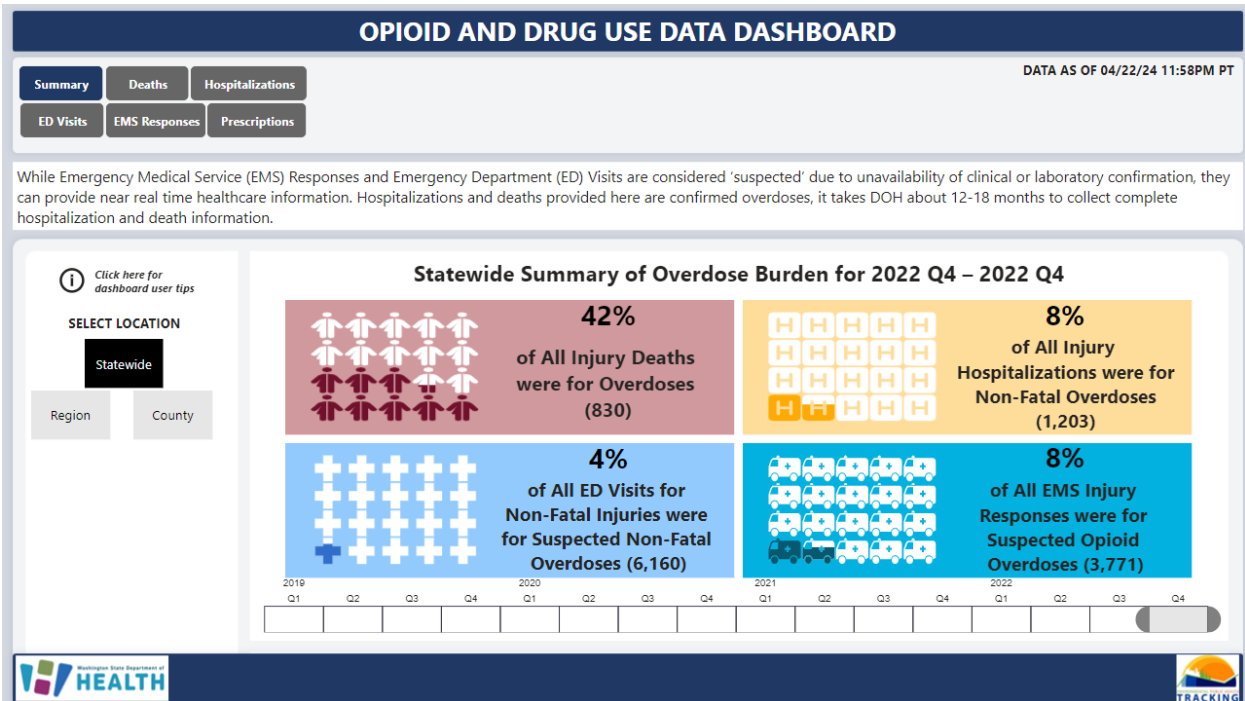
### ADDITIONAL DATASET SPECIFIC SMALL NUMBERS REQUIREMENTS

- When presenting any information from the dashboard publicly, follow the **DOH guidelines for reporting small numbers**.
  - When possible, aggregate data so that no single number, “cell size,” is less than 10.
  - Suppress all non-zero counts less than 10, unless they are in a category labeled “unknown.”
  - Suppress rates or proportions derived from those suppressed counts.

## APPENDIX E

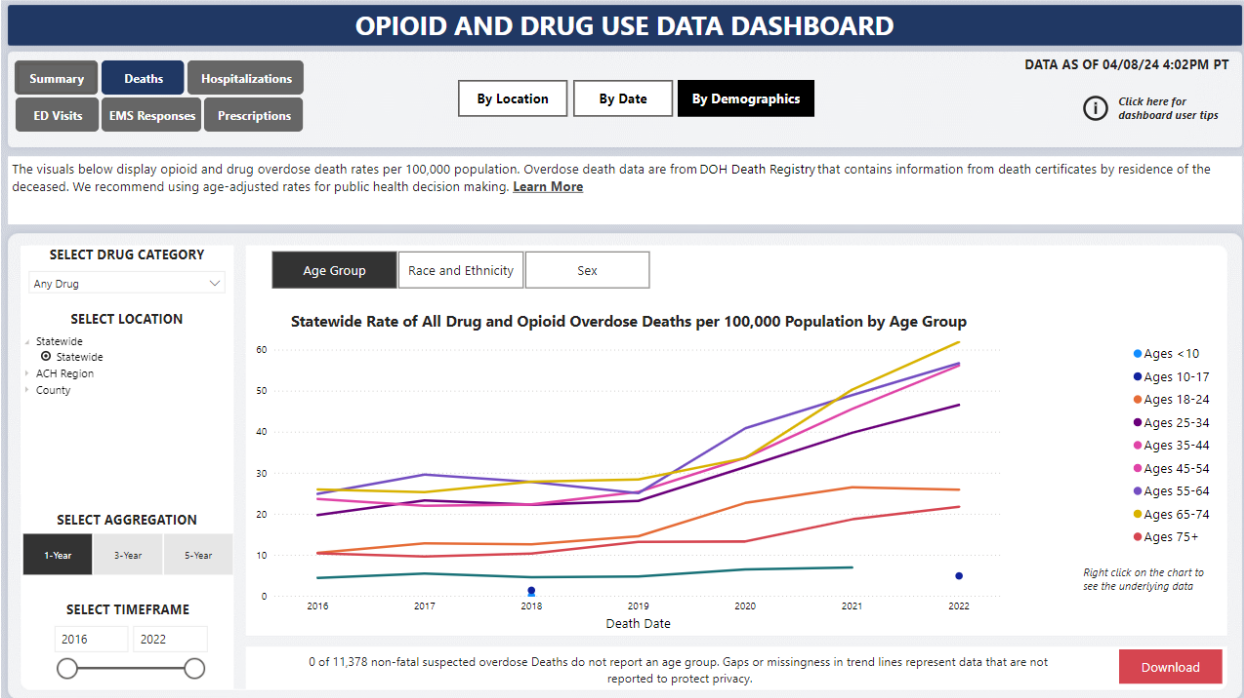
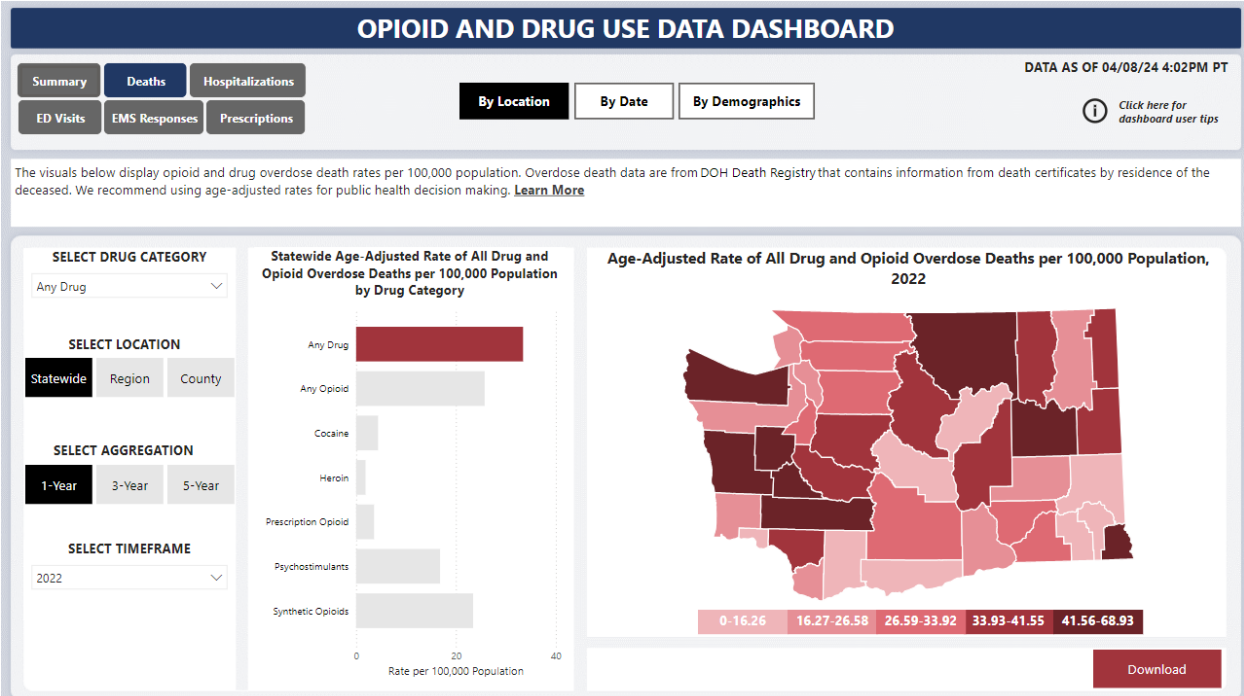
### DATA ELEMENTS – OPIOID AND DRUG OVERDOSE DASHBOARD

- View the current public-facing dashboard here
- The dashboard for this DSA (the current internal dashboard found here) is the same as the public-facing dashboard, except the numbers are not suppressed to allow public health professionals to be able to do their work



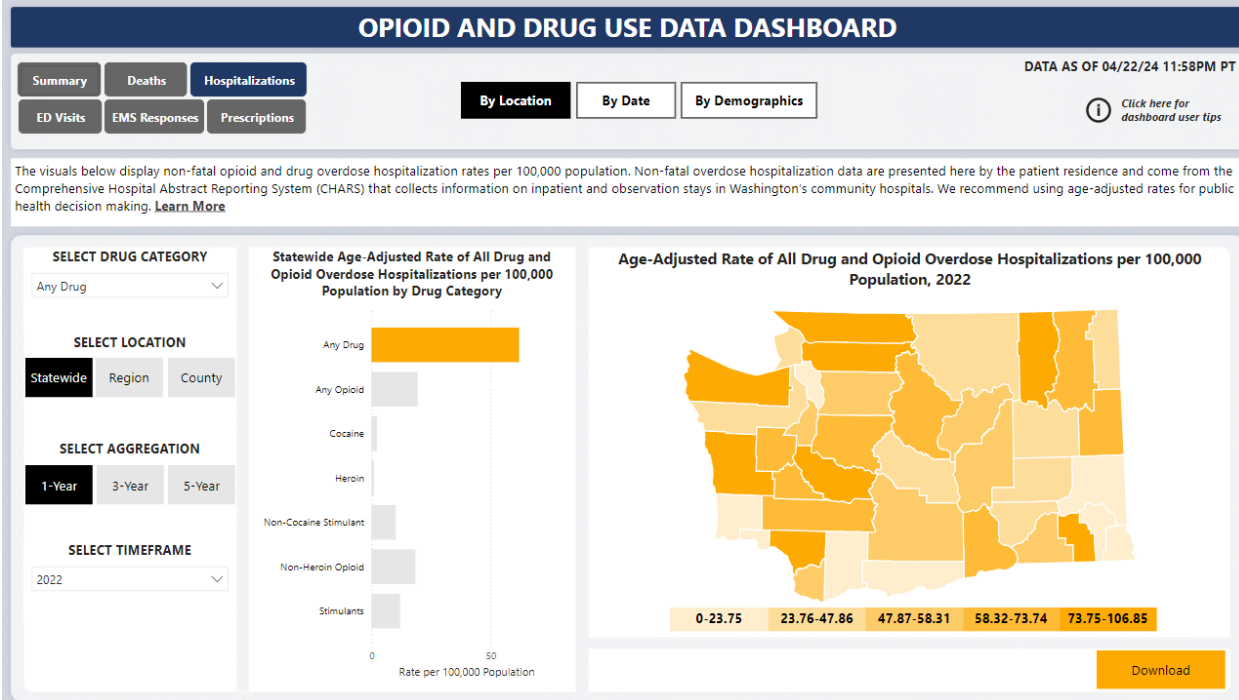
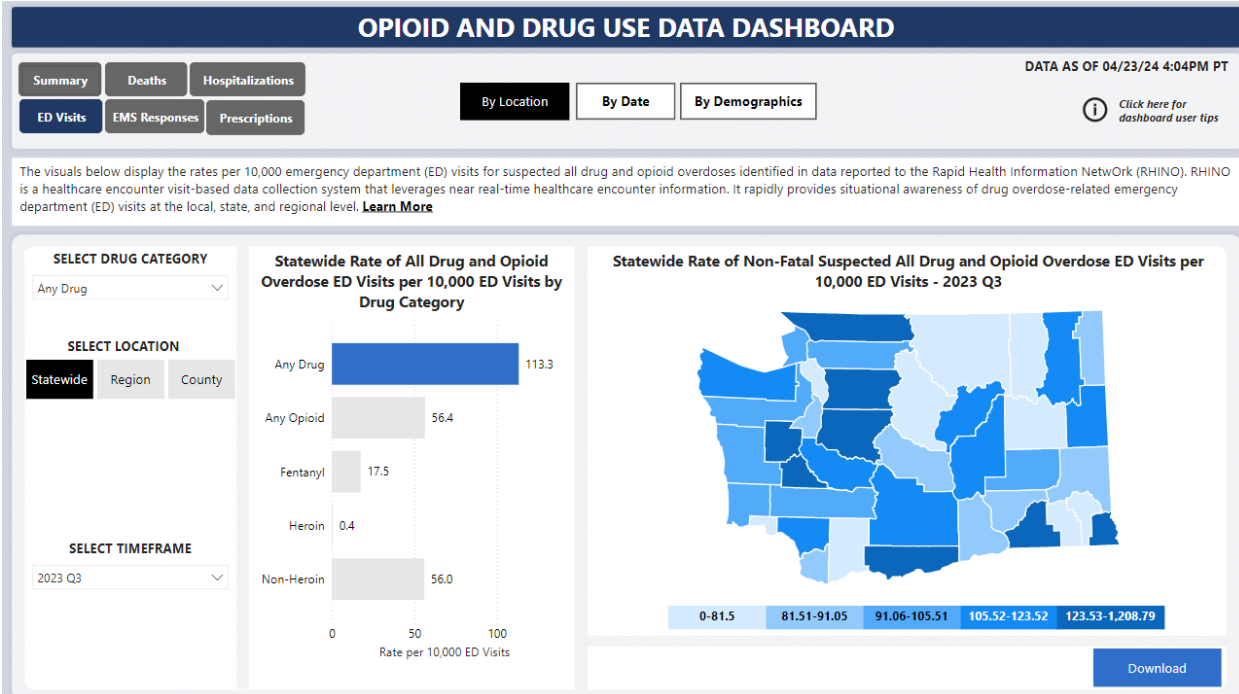
# APPENDIX E

## DATA ELEMENTS – OPIOID AND DRUG OVERDOSE DASHBOARD



APPENDIX E

**DATA ELEMENTS – OPIOID AND DRUG OVERDOSE DASHBOARD**



# APPENDIX E

## DATA ELEMENTS – OPIOID AND DRUG OVERDOSE DASHBOARD

