A-Engrossed

House Bill 3139

Ordered by the House March 30
Including House Amendments dated March 30

Sponsored by Representative NOBLE (at the request of Jason and Roxanne Wilson)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

[Requires parental disclosure when minor receives suicide risk assessment, intervention, treatment or support services.] Requires mental health care provider who assesses minor to be at imminent and serious threat of attempting suicide to disclose relevant information to parent, guardian or other individuals to engage in safety planning. Permits provider to disclose relevant information regarding minor's treatment and diagnosis to organizations providing minor's treatment support. Permits provider to disclose minor's treatment and diagnosis information to individuals and organizations involved in minor's treatment if minor does not object to disclosure. Permits provider to decline to disclose minor's treatment and diagnosis information if disclosure could endanger minor, is not in minor's best interest or would disclose information to individual who abused or neglected minor. Grants civil immunity to providers for making disclosures in good faith without minor's consent.

A BILL FOR AN ACT

Relating to youth suicide; amending ORS 109.680.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 109.680 is amended to read:

109.680. (1) As used in this section, “mental health care provider” means a physician[,] or physician assistant licensed by the Oregon Medical Board, psychologist licensed by the Oregon Board of Psychology, nurse practitioner registered by the Oregon State Board of Nursing, clinical social worker licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the Oregon Board of Licensed Professional Counselors and Therapists, naturopathic physician licensed under ORS chapter 685 or community mental health program established and operated pursuant to ORS 430.620 when approved to do so by the Oregon Health Authority pursuant to rule. [described in ORS 109.675 may advise the parent or parents or legal guardian of a minor described in ORS 109.675 of the diagnosis or treatment whenever the disclosure is clinically appropriate and will serve the best interests of the minor’s treatment because the minor’s condition has deteriorated or the risk of a suicide attempt has become such that inpatient treatment is necessary, or the minor’s condition requires detoxification in a residential or acute care facility. If such disclosure is made, the physician, physician assistant, psychologist, nurse practitioner, clinical social worker licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the Oregon Board of Licensed Professional Counselors and Therapists, naturopathic physician licensed under ORS chapter 685 or community mental health program shall not be subject to any civil liability for advising the parent, parents or legal guardian without the consent of the minor.]

(2)(a) A mental health care provider that is providing services to a minor pursuant to ORS 109.675 may disclose relevant health information about the minor without the minor's

NOTE: Matter in boldfaced type in an amended section is new; matter [italic and bracketed] is existing law to be omitted. New sections are in boldfaced type.

LC 3283
consent as provided in ORS 109.675 (2) and this subsection.

(b) If the minor’s condition has deteriorated or the risk of a suicide attempt has become such that inpatient treatment is necessary, or if the minor’s condition requires detoxification in a residential or acute care facility, the minor’s mental health care provider may disclose the relevant information regarding the minor’s diagnosis and treatment to the minor’s parent or legal guardian to the extent the mental health care provider determines the disclosure is clinically appropriate and will serve the best interests of the minor’s treatment.

(c) If the mental health care provider assesses the minor to be at serious and imminent risk of a suicide attempt but inpatient treatment is not necessary or practicable:

(A) The mental health care provider shall disclose relevant information about the minor to and engage in safety planning with the minor’s parent, legal guardian or other individuals the provider reasonably believes may be able to prevent or lessen the minor’s risk of a suicide attempt.

(B) The mental health care professional may disclose relevant information regarding the minor’s treatment and diagnosis that the mental health care professional determines is necessary to further the minor’s treatment to those organizations, including appropriate schools and social service entities, that the mental health care provider reasonably believes will provide treatment support to the minor to the extent the mental health care provider determines necessary.

(d) Except as provided in ORS 109.675 (2) and paragraphs (a) and (b) of this subsection, if a mental health care provider has provided the minor with the opportunity to object to the disclosure and the minor has not expressed an objection, the mental health care provider may disclose information related to the minor’s treatment and diagnosis to individuals, including the minor’s parent or legal guardian, and organizations when the information directly relates to the individual’s or organization’s involvement in the minor’s treatment.

(3) Notwithstanding subsection (2)(c)(A) of this section, a mental health care provider is not required to disclose the minor’s treatment and diagnosis information to an individual if the mental health care provider:

(a) Reasonably believes the individual has abused or neglected the minor or subjected the minor to domestic violence or may abuse or neglect the minor or subject the minor to domestic violence;

(b) Reasonably believes disclosure of the minor’s information to the individual could endanger the minor; or

(c) Determines that it is not in the minor’s best interest to disclose the information to the individual.

(4) Nothing in this section is intended to limit a mental health care provider's authority to disclose information related to the minor with the minor's consent.

(5) If a mental health care provider discloses a minor's information as provided in subsection (1) or (2) of this section in good faith, the mental health care provider is immune from civil liability for making the disclosure without the consent of the minor.