

Request for External Review of Early Elective Delivery Case

Date of request: _____ (Deadline is Feb. 15, 2018; Nov./Dec. cases deadline is Mar. 15, 2018)

Contact Information:
Name: _____
Email address: _____
Telephone number(s): _____
Case Information:
Delivering Provider: _____
Date of internal review: _____
Internal reviewers: _____
Case Description (250 words maximum): To ensure compliance with HIPAA, please refer to the guidelines below*

**Please fax this form to the Washington State Health Care Authority: 360-586-9551
Attention: Daniel Lessler, MD, Chief Medical Officer**

Once you fax your form to HCA, please send an email to Janine Reisinger (JanineR@wsha.org) with the NUMBER OF CASES you submitted for review (DO NOT send this form or any PHI to WSHA).

*In accordance with the HIPAA privacy regulation's safe harbor method, please ensure the following identifiers of the individual, or relatives, employers or household members of the individual, are removed:

(A) Names	
(B) All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000	
(C) All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older	
(D) Telephone numbers	(L) Vehicle identifiers and serial numbers, including license plate numbers
(E) Fax numbers	(M) Device identifiers and serial numbers
(F) Email addresses	(N) Web Universal Resource Locators (URLs)
(G) Social security numbers	(O) Internet Protocol (IP) addresses
(H) Medical record numbers	(P) Biometric identifiers, including finger and voice prints
(I) Health plan beneficiary numbers	(Q) Full-face photographs and any comparable images
(J) Account numbers	(R) Any other unique identifying number, characteristic, or code, except as permitted by paragraph (c) of this section [Paragraph (c) is presented below in the section "Re-identification"]; and
(K) Certificate/license numbers	