

HOUSE BILL NO. 621
INTRODUCED BY T. NELSON

IN THE HOUSE

FEBRUARY 9, 1989	INTRODUCED AND REFERRED TO COMMITTEE ON JUDICIARY.
	FIRST READING.
FEBRUARY 18, 1989	COMMITTEE RECOMMEND BILL DO PASS AS AMENDED. REPORT ADOPTED.
	PRINTING REPORT.
FEBRUARY 20, 1989	SECOND READING, DO PASS AS AMENDED.
FEBRUARY 21, 1989	ENGROSSING REPORT.
	THIRD READING, PASSED. AYES, 99; NOES, 0.
	TRANSMITTED TO SENATE.

IN THE SENATE

FEBRUARY 28, 1989	INTRODUCED AND REFERRED TO COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY.
	FIRST READING.
MARCH 27, 1989	COMMITTEE RECOMMEND BILL BE CONCURRED IN AS AMENDED. REPORT ADOPTED.
MARCH 28, 1989	SECOND READING, CONCURRED IN.
MARCH 29, 1989	THIRD READING, CONCURRED IN. AYES, 49; NOES, 0.
	RETURNED TO HOUSE WITH AMENDMENTS.

IN THE HOUSE

MARCH 31, 1989	RECEIVED FROM SENATE.
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SECOND READING, AMENDMENTS
CONCURRED IN.

APRIL 1, 1989

ON MOTION, TAKEN FROM THIRD READING
AND REREFERRED TO SECOND READING FOR
FURTHER CONSIDERATION.

SECOND READING, AMENDMENTS NOT
CONCURRED IN.

APRIL 4, 1989

ON MOTION, CONFERENCE COMMITTEE
REQUESTED AND APPOINTED.

IN THE SENATE

APRIL 5, 1989

ON MOTION, CONFERENCE COMMITTEE
REQUESTED AND APPOINTED.

IN THE HOUSE

APRIL 11, 1989

CONFERENCE COMMITTEE REPORTED.

APRIL 13, 1989

SECOND READING, CONFERENCE COMMITTEE
REPORT ADOPTED.

APRIL 14, 1989

THIRD READING, CONFERENCE COMMITTEE
REPORT ADOPTED.

IN THE SENATE

APRIL 14, 1989

CONFERENCE COMMITTEE REPORT
ADOPTED.

IN THE HOUSE

APRIL 20, 1989

SENT TO ENROLLING.

REPORTED CORRECTLY ENROLLED.

1 HOUSE BILL NO. 621
2 INTRODUCED BY Sam Nelson
3
4 A BILL FOR AN ACT ENTITLED: "AN ACT TO AMEND THE UNIFORM
5 HEALTH CARE INFORMATION ACT TO AUTHORIZE A FAMILY MEMBER OF
6 A DECEASED PATIENT TO EXERCISE THE RIGHTS PROVIDED FOR UNDER
7 THE ACT; TO CLARIFY THE RECORDS THAT MUST BE KEPT OF PERSONS
8 EXAMINING HEALTH CARE INFORMATION; TO AUTHORIZE DISCLOSURE
9 OF HEALTH CARE INFORMATION TO THIRD-PARTY HEALTH CARE
10 PAYORS; TO INCLUDE INVESTIGATIVE SUBPOENAS UNDER COMPULSORY
11 PROCESS; TO ALLOW A HEALTH CARE PROVIDER TO DENY ACCESS TO
12 RECORDS UNDER COMPULSORY PROCESS PENDING JUDICIAL REVIEW; TO
13 PROHIBIT DISCLOSURE OF HEALTH CARE INFORMATION TO THE
14 PATIENT IF IT MIGHT REVEAL BIRTH OUT OF WEDLOCK; AND
15 AMENDING SECTIONS 50-16-522, 50-16-525, 50-16-529,
16 50-16-535, 50-16-536, AND 50-16-542, MCA."

17
18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

19 **Section 1.** Section 50-16-522, MCA, is amended to read:

20 "50-16-522. Representative of deceased patient. A
21 personal representative of a deceased patient may exercise
22 all of the deceased patient's rights under this part. If
23 there is no personal representative or upon discharge of the
24 personal representative, a deceased patient's rights under
25 this part may be exercised by the surviving spouse, a

1 parent, an adult child, an adult sibling, or any other
2 persons person who are is authorized by law to act for him."

3 **Section 2.** Section 50-16-525, MCA, is amended to read:

4 "50-16-525. Disclosure by health care provider. (1)
5 Except as authorized in 50-16-529 and 50-16-530 or as
6 otherwise specifically provided by law or the Montana Rules
7 of Civil Procedure, a health care provider, an individual
8 who assists a health care provider in the delivery of health
9 care, or an agent or employee of a health care provider may
10 not disclose health care information about a patient to any
11 other person without the patient's written authorization. A
12 disclosure made under a patient's written authorization must
13 conform to the authorization.

14 (2) A health care provider shall maintain, in
15 conjunction with a patient's recorded health care
16 information, a record of each person who has received or
17 examined, in whole or in part, the recorded health care
18 information during the preceding 3 years, except for ~~an~~
19 ~~agent--or--employee--of--the--health--care--provider--or~~ a person
20 who has examined the recorded health care information under
21 50-16-529(1) or (2). The record of disclosure must include
22 the name, address, and institutional affiliation, if any, of
23 each person receiving or examining the recorded health care
24 information, the date of the receipt or examination, and to
25 the extent practicable a description of the information

1 disclosed."

2 **Section 3.** Section 50-16-529, MCA, is amended to read:

3 "50-16-529. Disclosure without patient's authorization
4 based on need to know. A health care provider may disclose
5 health care information about a patient without the
6 patient's authorization, to the extent a recipient needs to
7 know the information, if the disclosure is:

8 (1) to a person who is providing health care to the
9 patient;

10 (2) to any other person who requires health care
11 information for health care education; to provide planning,
12 quality assurance, peer review, or administrative, legal,
13 financial, or actuarial services to the health care
14 provider; or for assisting the health care provider in the
15 delivery of health care; or to a third-party health care
16 payor who requires health care information and if the health
17 care provider reasonably believes that the person will:

18 (a) not use or disclose the health care information for
19 any other purpose; and

20 (b) take appropriate steps to protect the health care
21 information;

22 (3) to any other health care provider who has
23 previously provided health care to the patient, to the
24 extent necessary to provide health care to the patient,
25 unless the patient has instructed the health care provider

1 not to make the disclosure;

2 (4) to immediate family members of the patient or any
3 other individual with whom the patient is known to have a
4 close personal relationship, if made in accordance with the
5 laws of the state and good medical or other professional
6 practice, unless the patient has instructed the health care
7 provider not to make the disclosure;

8 (5) to a health care provider who is the successor in
9 interest to the health care provider maintaining the health
10 care information;

11 (6) for use in a research project that an institutional
12 review board has determined:

13 (a) is of sufficient importance to outweigh the
14 intrusion into the privacy of the patient that would result
15 from the disclosure;

16 (b) is impracticable without the use or disclosure of
17 the health care information in individually identifiable
18 form;

19 (c) contains reasonable safeguards to protect the
20 information from improper disclosure;

21 (d) contains reasonable safeguards to protect against
22 directly or indirectly identifying any patient in any report
23 of the research project; and

24 (e) contains procedures to remove or destroy at the
25 earliest opportunity, consistent with the purposes of the

1 project, information that would enable the patient to be
2 identified, unless an institutional review board authorizes
3 retention of identifying information for purposes of another
4 research project;

5 (7) to a person who obtains information for purposes of
6 an audit, if that person agrees in writing to:

7 (a) remove or destroy, at the earliest opportunity
8 consistent with the purpose of the audit, information that
9 would enable the patient to be identified; and

10 (b) not disclose the information further, except to
11 accomplish the audit or to report unlawful or improper
12 conduct involving fraud in payment for health care by a
13 health care provider or patient or other unlawful conduct by
14 a health care provider; and

15 (8) to an official of a penal or other custodial
16 institution in which the patient is detained."

17 **Section 4.** Section 50-16-535, MCA, is amended to read:

18 "50-16-535. When health care information available by
19 compulsory process. Health care information may not be
20 disclosed by a health care provider pursuant to compulsory
21 legal process or discovery in any judicial, legislative, or
22 administrative proceeding unless:

23 (1) the patient has consented in writing to the release
24 of the health care information in response to compulsory
25 process or a discovery request;

1 (2) the patient has waived the right to claim
2 confidentiality for the health care information sought;

3 (3) the patient is a party to the proceeding and has
4 placed his physical or mental condition in issue;

5 (4) the patient's physical or mental condition is
6 relevant to the execution or witnessing of a will or other
7 document;

8 (5) the physical or mental condition of a deceased
9 patient is placed in issue by any person claiming or
10 defending through or as a beneficiary of the patient;

11 (6) a patient's health care information is to be used
12 in the patient's commitment proceeding;

13 (7) the health care information is for use in any law
14 enforcement proceeding or investigation in which a health
15 care provider is the subject or a party, except that health
16 care information so obtained may not be used in any
17 proceeding against the patient unless the matter relates to
18 payment for his health care or unless authorized under
19 subsection (9);

20 (8) the health care information is relevant to a
21 proceeding brought under 50-16-551 through 50-16-553; or

22 (9) a court has determined that particular health care
23 information is subject to compulsory legal process or
24 discovery because the party seeking the information has
25 demonstrated that there is a compelling state interest that

outweighs the patient's privacy interest; or

(10) the health care information is requested pursuant to an investigative subpoena issued under 46-4-301."

Section 5. Section 50-16-536, MCA, is amended to read:

"50-16-536. Method of compulsory process. (1) Unless the court for good cause shown determines that the notification should be waived or modified, if health care information is sought under 50-16-535(2), (4), or (5) or in a civil proceeding or investigation under 50-16-535(9) or (10), the person seeking discovery or compulsory process shall mail a notice by first-class mail to the patient or the patient's attorney of record of the compulsory process or discovery request at least 10 days before presenting the certificate required under subsection (2) to the health care provider.

(2) Service of compulsory process or discovery requests upon a health care provider must be accompanied by a written certification, signed by the person seeking to obtain health care information or his authorized representative, identifying at least one subsection of 50-16-535 under which compulsory process or discovery is being sought. The certification must also state, in the case of information sought under 50-16-535(2), (4), or (5) or in a civil proceeding or investigation under 50-16-535(9) or (10), that the requirements of subsection (1) for notice have been met.

A person may sign the certification only if the person reasonably believes that the subsection of 50-16-535 identified in the certification provides an appropriate basis for the use of discovery or compulsory process. Unless otherwise ordered by the court, the health care provider shall maintain a copy of the process and the written certification as a permanent part of the patient's health care information.

(3) In response to service of compulsory process or discovery requests, a health care provider may deny access to the requested health care information under 50-16-542(1). If access to requested health care information is denied by the health care provider under 50-16-542(1), the health care provider shall submit to the court by affidavit or other reasonable means an explanation of why the health care provider believes the information should be protected from disclosure.

(4) The court may order disclosure of health care information, with or without restrictions as to its use, as the court considers necessary. In deciding whether to order disclosure, the court shall consider the explanation submitted by the health care provider, the reasons for denying access to health care information set forth in 50-16-542(1), and any arguments presented by interested parties.

(5) A health care provider required to disclose health care information pursuant to compulsory process may charge a reasonable fee, not to exceed the health care provider's actual cost for providing the information, and may deny examination or copying of the information until the fee is paid.

(6) Production of health care information under 50-16-535 and this section does not in itself constitute a waiver of any privilege, objection, or defense existing under other law or rule of evidence or procedure."

Section 6. Section 50-16-542, MCA, is amended to read:

"50-16-542. Denial of examination and copying. (1) A health care provider may deny access to health care information by a patient if the health care provider reasonably concludes that:

(a) knowledge of the health care information would be injurious to the health of the patient;

(b) knowledge of the health care information could reasonably be expected to lead to the patient's identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate;

(c) knowledge of the health care information could reasonably be expected to cause danger to the life or safety of any individual;

(d) the health care information was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes;

(e) the health care information might disclose birth out of wedlock or provide information from which knowledge of birth out of wedlock might be obtained and which information is protected from disclosure pursuant to 50-15-206;

(f) the health care provider obtained the information from a person other than the patient; or

(g) access to the health care information is otherwise prohibited by law.

(2) Except as provided in 50-16-521, a health care provider may deny access to health care information by a patient who is a minor if:

(a) the patient is committed to a mental health facility; or

(b) the patient's parents or guardian have not authorized the health care provider to disclose the patient's health care information.

(3) If a health care provider denies a request for examination and copying under this section, the provider, to the extent possible, shall segregate health care information for which access has been denied under subsection (1) from information for which access cannot be denied and permit the

1 patient to examine or copy the disclosable information.

2 (4) If a health care provider denies a patient's
3 request for examination and copying, in whole or in part,
4 under subsection (1)(a) or (1)(c), he shall permit
5 examination and copying of the record by another health care
6 provider who is providing health care services to the
7 patient for the same condition as the health care provider
8 denying the request. The health care provider denying the
9 request shall inform the patient of the patient's right to
10 select another health care provider under this subsection."

11 NEW SECTION. **Section 7. Extension of authority.** Any
12 existing authority to make rules on the subject of the
13 provisions of [this act] is extended to the provisions of
14 [this act].

-End-

APPROVED BY COMM. ON EDUCATION
AND CULTURAL RESOURCES

HOUSE BILL NO. 621

INTRODUCED BY T. NELSON

A BILL FOR AN ACT ENTITLED: "AN ACT TO AMEND THE UNIFORM HEALTH CARE INFORMATION ACT TO AUTHORIZE A FAMILY MEMBER OF A DECEASED PATIENT TO EXERCISE THE RIGHTS PROVIDED FOR UNDER THE ACT; TO CLARIFY THE RECORDS THAT MUST BE KEPT OF PERSONS EXAMINING HEALTH CARE INFORMATION; TO AUTHORIZE DISCLOSURE OF HEALTH CARE INFORMATION TO THIRD-PARTY HEALTH CARE PAYORS; TO INCLUDE INVESTIGATIVE SUBPOENAS UNDER COMPULSORY PROCESS; TO ALLOW A HEALTH CARE PROVIDER TO DENY ACCESS TO RECORDS UNDER COMPULSORY PROCESS PENDING JUDICIAL REVIEW; TO PROHIBIT DISCLOSURE OF HEALTH CARE INFORMATION TO THE PATIENT IF IT MIGHT REVEAL BIRTH OUT OF WEDLOCK; AND AMENDING SECTIONS 50-16-522, 50-16-525, 50-16-529, 50-16-535, 50-16-536, AND 50-16-542, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 50-16-522, MCA, is amended to read:

"50-16-522. Representative of deceased patient. A personal representative of a deceased patient may exercise all of the deceased patient's rights under this part. If there is no personal representative or upon discharge of the personal representative, a deceased patient's rights under this part may be exercised by the surviving spouse, a

parent, an adult child, an adult sibling, or any other persons person who are is authorized by law to act for him."

Section 2. Section 50-16-525, MCA, is amended to read:

"50-16-525. Disclosure by health care provider. (1) Except as authorized in 50-16-529 and 50-16-530 or as otherwise specifically provided by law or the Montana Rules of Civil Procedure, a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent or employee of a health care provider may not disclose health care information about a patient to any other person without the patient's written authorization. A disclosure made under a patient's written authorization must conform to the authorization.

(2) A health care provider shall maintain, in conjunction with a patient's recorded health care information, a record of each person who has received or examined, in whole or in part, the recorded health care information during the preceding 3 years, except for ~~an agent--or--employee-of-the-health-care-provider-or~~ INCLUDING AN AGENT OR EMPLOYEE OF THE HEALTH CARE PROVIDER OR a person who has examined the recorded health care information under 50-16-529(1) or (2). The record of disclosure must include the name, address, and institutional affiliation, if any, of each person receiving or examining the recorded health care information, the date of the receipt or examination, and to

1 the extent practicable a description of the information
2 disclosed."

3 **Section 3.** Section 50-16-529, MCA, is amended to read:

4 "50-16-529. Disclosure without patient's authorization
5 based on need to know. A health care provider may disclose
6 health care information about a patient without the
7 patient's authorization, to the extent a recipient needs to
8 know the information, if the disclosure is:

9 (1) to a person who is providing health care to the
10 patient;

11 (2) to any other person who requires health care
12 information for health care education; to provide planning,
13 quality assurance, peer review, or administrative, legal,
14 financial, or actuarial services to the health care
15 provider; or for assisting the health care provider in the
16 delivery of health care; or to a third-party health care
17 payor who requires health care information and if the health
18 care provider reasonably believes that the person will:

19 (a) not use or disclose the health care information
20 for any other purpose; and

21 (b) take appropriate steps to protect the health care
22 information;

23 (3) to any other health care provider who has
24 previously provided health care to the patient, to the
25 extent necessary to provide health care to the patient,

1 unless the patient has instructed the health care provider
2 not to make the disclosure;

3 (4) to immediate family members of the patient or any
4 other individual with whom the patient is known to have a
5 close personal relationship, if made in accordance with the
6 laws of the state and good medical or other professional
7 practice, unless the patient has instructed the health care
8 provider not to make the disclosure;

9 (5) to a health care provider who is the successor in
10 interest to the health care provider maintaining the health
11 care information;

12 (6) for use in a research project that an
13 institutional review board has determined:

14 (a) is of sufficient importance to outweigh the
15 intrusion into the privacy of the patient that would result
16 from the disclosure;

17 (b) is impracticable without the use or disclosure of
18 the health care information in individually identifiable
19 form;

20 (c) contains reasonable safeguards to protect the
21 information from improper disclosure;

22 (d) contains reasonable safeguards to protect against
23 directly or indirectly identifying any patient in any report
24 of the research project; and

25 (e) contains procedures to remove or destroy at the

1 earliest opportunity, consistent with the purposes of the
 2 project, information that would enable the patient to be
 3 identified, unless an institutional review board authorizes
 4 retention of identifying information for purposes of another
 5 research project;

6 (7) to a person who obtains information for purposes
 7 of an audit, if that person agrees in writing to:

8 (a) remove or destroy, at the earliest opportunity
 9 consistent with the purpose of the audit, information that
 10 would enable the patient to be identified; and

11 (b) not disclose the information further, except to
 12 accomplish the audit or to report unlawful or improper
 13 conduct involving fraud in payment for health care by a
 14 health care provider or patient or other unlawful conduct by
 15 a health care provider; and

16 (8) to an official of a penal or other custodial
 17 institution in which the patient is detained."

18 **Section 4.** Section 50-16-535, MCA, is amended to read:

19 "50-16-535. When health care information available by
 20 compulsory process. Health care information may not be
 21 disclosed by a health care provider pursuant to compulsory
 22 legal process or discovery in any judicial, legislative, or
 23 administrative proceeding unless:

24 (1) the patient has consented in writing to the
 25 release of the health care information in response to

1 compulsory process or a discovery request;

2 (2) the patient has waived the right to claim
 3 confidentiality for the health care information sought;

4 (3) the patient is a party to the proceeding and has
 5 placed his physical or mental condition in issue;

6 (4) the patient's physical or mental condition is
 7 relevant to the execution or witnessing of a will or other
 8 document;

9 (5) the physical or mental condition of a deceased
 10 patient is placed in issue by any person claiming or
 11 defending through or as a beneficiary of the patient;

12 (6) a patient's health care information is to be used
 13 in the patient's commitment proceeding;

14 (7) the health care information is for use in any law
 15 enforcement proceeding or investigation in which a health
 16 care provider is the subject or a party, except that health
 17 care information so obtained may not be used in any
 18 proceeding against the patient unless the matter relates to
 19 payment for his health care or unless authorized under
 20 subsection (9);

21 (8) the health care information is relevant to a
 22 proceeding brought under 50-16-551 through 50-16-553; or

23 (9) a court has determined that particular health care
 24 information is subject to compulsory legal process or
 25 discovery because the party seeking the information has

1 demonstrated that there is a compelling state interest that
2 outweighs the patient's privacy interest; or

3 (10) the health care information is requested pursuant
4 to an investigative subpoena issued under 46-4-301."

5 **Section 5.** Section 50-16-536, MCA, is amended to read:

6 "50-16-536. Method of compulsory process. (1) Unless
7 the court for good cause shown determines that the
8 notification should be waived or modified, if health care
9 information is sought under 50-16-535(2), (4), or (5) or in
10 a civil proceeding or investigation under 50-16-535(9) or
11 (10), the person seeking discovery or compulsory process
12 shall mail a notice by first-class mail to the patient or
13 the patient's attorney of record of the compulsory process
14 or discovery request at least 10 days before presenting the
15 certificate required under subsection (2) to the health care
16 provider.

17 (2) Service of compulsory process or discovery
18 requests upon a health care provider must be accompanied by
19 a written certification, signed by the person seeking to
20 obtain health care information or his authorized
21 representative, identifying at least one subsection of
22 50-16-535 under which compulsory process or discovery is
23 being sought. The certification must also state, in the case
24 of information sought under 50-16-535(2), (4), or (5) or in
25 a civil proceeding or investigation under 50-16-535(9) or

1 (10), that the requirements of subsection (1) for notice
2 have been met. A person may sign the certification only if
3 the person reasonably believes that the subsection of
4 50-16-535 identified in the certification provides an
5 appropriate basis for the use of discovery or compulsory
6 process. Unless otherwise ordered by the court, the health
7 care provider shall maintain a copy of the process and the
8 written certification as a permanent part of the patient's
9 health care information.

10 (3) In response to service of compulsory process or
11 discovery requests, a health care provider may deny access
12 to the requested health care information under 50-16-542(1).
13 If access to requested health care information is denied by
14 the health care provider under 50-16-542(1), the health care
15 provider shall submit to the court by affidavit or other
16 reasonable means an explanation of why the health care
17 provider believes the information should be protected from
18 disclosure.

19 (4) The court may order disclosure of health care
20 information, with or without restrictions as to its use, as
21 the court considers necessary. In deciding whether to order
22 disclosure, the court shall consider the explanation
23 submitted by the health care provider, the reasons for
24 denying access to health care information set forth in
25 50-16-542(1), and any arguments presented by interested

parties.

(5) A health care provider required to disclose health care information pursuant to compulsory process may charge a reasonable fee, not to exceed the health care provider's actual cost for providing the information, and may deny examination or copying of the information until the fee is paid.

~~f3~~(6) Production of health care information under 50-16-535 and this section does not in itself constitute a waiver of any privilege, objection, or defense existing under other law or rule of evidence or procedure."

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(a) knowledge of the health care information would be injurious to the health of the patient;

(b) knowledge of the health care information could reasonably be expected to lead to the patient's identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate;

(c) knowledge of the health care information could reasonably be expected to cause danger to the life or safety

of any individual;

(d) the health care information was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes;

(e) the health care information might disclose birth out of wedlock or provide information from which knowledge of birth out of wedlock might be obtained and which information is protected from disclosure pursuant to 50-15-206;

~~f~~e(f) the health care provider obtained the information from a person other than the patient; or

~~f~~f(g) access to the health care information is otherwise prohibited by law.

(2) Except as provided in 50-16-521, a health care provider may deny access to health care information by a patient who is a minor if:

(a) the patient is committed to a mental health facility; or

(b) the patient's parents or guardian have not authorized the health care provider to disclose the patient's health care information.

(3) If a health care provider denies a request for examination and copying under this section, the provider, to the extent possible, shall segregate health care information for which access has been denied under subsection (1) from

1 information for which access cannot be denied and permit the
2 patient to examine or copy the disclosable information.

3 (4) If a health care provider denies a patient's
4 request for examination and copying, in whole or in part,
5 under subsection (1)(a) or (1)(c), he shall permit
6 examination and copying of the record by another health care
7 provider who is providing health care services to the
8 patient for the same condition as the health care provider
9 denying the request. The health care provider denying the
10 request shall inform the patient of the patient's right to
11 select another health care provider under this subsection."

12 NEW SECTION. **Section 7.** Extension of authority. Any
13 existing authority to make rules on the subject of the
14 provisions of [this act] is extended to the provisions of
15 [this act].

-End-

1 HOUSE BILL NO. 621

2 INTRODUCED BY T. NELSON

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4 A BILL FOR AN ACT ENTITLED: "AN ACT TO AMEND THE UNIFORM
5 HEALTH CARE INFORMATION ACT TO AUTHORIZE A FAMILY MEMBER OF
6 A DECEASED PATIENT TO EXERCISE THE RIGHTS PROVIDED FOR UNDER
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9 OF HEALTH CARE INFORMATION TO THIRD-PARTY HEALTH CARE
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11 PROCESS; TO ALLOW A HEALTH CARE PROVIDER TO DENY ACCESS TO
12 RECORDS UNDER COMPULSORY PROCESS PENDING JUDICIAL REVIEW; TO
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14 PATIENT IF IT MIGHT REVEAL BIRTH OUT OF WEDLOCK; AND
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21 personal representative of a deceased patient may exercise
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23 there is no personal representative or upon discharge of the
24 personal representative, a deceased patient's rights under
25 this part may be exercised by the surviving spouse, a

1 parent, an adult child, an adult sibling, or any other
2 persons person who are is authorized by law to act for him."

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9 care, or an agent or employee of a health care provider may
10 not disclose health care information about a patient to any
11 other person without the patient's written authorization. A
12 disclosure made under a patient's written authorization must
13 conform to the authorization.

14 (2) A health care provider shall maintain, in
15 conjunction with a patient's recorded health care
16 information, a record of each person who has received or
17 examined, in whole or in part, the recorded health care
18 information during the preceding 3 years, ~~except--for an~~
19 ~~agent--or--employee--of-the-health-care-provider--or~~ a person
20 who has examined the recorded health care information under
21 50-16-529(1) or (2). The record of disclosure must include
22 the name, address, and institutional affiliation, if any, of
23 each person receiving or examining the recorded health care
24 information, the date of the receipt or examination, and to
25 the extent practicable a description of the information

1 disclosed."

2 **Section 3.** Section 50-16-529, MCA, is amended to read:

3 "50-16-529. Disclosure without patient's authorization
4 based on need to know. A health care provider may disclose
5 health care information about a patient without the
6 patient's authorization, to the extent a recipient needs to
7 know the information, if the disclosure is:

8 (1) to a person who is providing health care to the
9 patient;

10 (2) to any other person who requires health care
11 information for health care education; to provide planning,
12 quality assurance, peer review, or administrative, legal,
13 financial, or actuarial services to the health care
14 provider; ~~or for assisting the health care provider in the~~
15 ~~delivery of health care; or to a third-party health care~~
16 ~~payor who requires health care information~~ and if the health
17 care provider reasonably believes that the person will:

18 (a) not use or disclose the health care information
19 for any other purpose; and

20 (b) take appropriate steps to protect the health care
21 information;

22 (3) to any other health care provider who has
23 previously provided health care to the patient, to the
24 extent necessary to provide health care to the patient,
25 unless the patient has instructed the health care provider

1 not to make the disclosure;

2 (4) to immediate family members of the patient or any
3 other individual with whom the patient is known to have a
4 close personal relationship, if made in accordance with the
5 laws of the state and good medical or other professional
6 practice, unless the patient has instructed the health care
7 provider not to make the disclosure;

8 (5) to a health care provider who is the successor in
9 interest to the health care provider maintaining the health
10 care information;

11 (6) for use in a research project that an
12 institutional review board has determined:

13 (a) is of sufficient importance to outweigh the
14 intrusion into the privacy of the patient that would result
15 from the disclosure;

16 (b) is impracticable without the use or disclosure of
17 the health care information in individually identifiable
18 form;

19 (c) contains reasonable safeguards to protect the
20 information from improper disclosure;

21 (d) contains reasonable safeguards to protect against
22 directly or indirectly identifying any patient in any report
23 of the research project; and

24 (e) contains procedures to remove or destroy at the
25 earliest opportunity, consistent with the purposes of the

project, information that would enable the patient to be identified, unless an institutional review board authorizes retention of identifying information for purposes of another research project;

(7) to a person who obtains information for purposes of an audit, if that person agrees in writing to:

(a) remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable the patient to be identified; and

(b) not disclose the information further, except to accomplish the audit or to report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient or other unlawful conduct by a health care provider; and

(8) to an official of a penal or other custodial institution in which the patient is detained."

Section 4. Section 50-16-535, MCA, is amended to read:

"50-16-535. When health care information available by compulsory process. Health care information may not be disclosed by a health care provider pursuant to compulsory legal process or discovery in any judicial, legislative, or administrative proceeding unless:

(1) the patient has consented in writing to the release of the health care information in response to compulsory process or a discovery request;

(2) the patient has waived the right to claim confidentiality for the health care information sought;

(3) the patient is a party to the proceeding and has placed his physical or mental condition in issue;

(4) the patient's physical or mental condition is relevant to the execution or witnessing of a will or other document;

(5) the physical or mental condition of a deceased patient is placed in issue by any person claiming or defending through or as a beneficiary of the patient;

(6) a patient's health care information is to be used in the patient's commitment proceeding;

(7) the health care information is for use in any law enforcement proceeding or investigation in which a health care provider is the subject or a party, except that health care information so obtained may not be used in any proceeding against the patient unless the matter relates to payment for his health care or unless authorized under subsection (9);

(8) the health care information is relevant to a proceeding brought under 50-16-551 through 50-16-553; or

(9) a court has determined that particular health care information is subject to compulsory legal process or discovery because the party seeking the information has demonstrated that there is a compelling state interest that

outweighs the patient's privacy interest; or

(10) the health care information is requested pursuant to an investigative subpoena issued under 46-4-301."

Section 5. Section 50-16-536, MCA, is amended to read:

"50-16-536. Method of compulsory process. (1) Unless the court for good cause shown determines that the notification should be waived or modified, if health care information is sought under 50-16-535(2), (4), or (5) or in a civil proceeding or investigation under 50-16-535(9) or (10), the person seeking discovery or compulsory process shall mail a notice by first-class mail to the patient or the patient's attorney of record of the compulsory process or discovery request at least 10 days before presenting the certificate required under subsection (2) to the health care provider.

(2) Service of compulsory process or discovery requests upon a health care provider must be accompanied by a written certification, signed by the person seeking to obtain health care information or his authorized representative, identifying at least one subsection of 50-16-535 under which compulsory process or discovery is being sought. The certification must also state, in the case of information sought under 50-16-535(2), (4), or (5) or in a civil proceeding or investigation under 50-16-535(9) or (10), that the requirements of subsection (1) for notice

have been met. A person may sign the certification only if the person reasonably believes that the subsection of 50-16-535 identified in the certification provides an appropriate basis for the use of discovery or compulsory process. Unless otherwise ordered by the court, the health care provider shall maintain a copy of the process and the written certification as a permanent part of the patient's health care information.

(3) In response to service of compulsory process or discovery requests, a health care provider may deny access to the requested health care information under 50-16-542(1). If access to requested health care information is denied by the health care provider under 50-16-542(1), the health care provider shall submit to the court by affidavit or other reasonable means an explanation of why the health care provider believes the information should be protected from disclosure.

(4) The court may order disclosure of health care information, with or without restrictions as to its use, as the court considers necessary. In deciding whether to order disclosure, the court shall consider the explanation submitted by the health care provider, the reasons for denying access to health care information set forth in 50-16-542(1), and any arguments presented by interested parties.

(5) A health care provider required to disclose health care information pursuant to compulsory process may charge a reasonable fee, not to exceed the health care provider's actual cost for providing the information, and may deny examination or copying of the information until the fee is paid.

(3)(6) Production of health care information under 50-16-535 and this section does not in itself constitute a waiver of any privilege, objection, or defense existing under other law or rule of evidence or procedure."

Section 6. Section 50-16-542, MCA, is amended to read:

"50-16-542. Denial of examination and copying. (1) A health care provider may deny access to health care information by a patient if the health care provider reasonably concludes that:

(a) knowledge of the health care information would be injurious to the health of the patient;

(b) knowledge of the health care information could reasonably be expected to lead to the patient's identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate;

(c) knowledge of the health care information could reasonably be expected to cause danger to the life or safety of any individual;

(d) the health care information was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes;

(e) A PERSON IS SEEKING UNDER 50-16-522 TO EXERCISE THE PATIENT'S RIGHTS AND the health care information might disclose birth out of wedlock or provide information from which knowledge of birth out of wedlock might be obtained and which information is protected from disclosure pursuant to 50-15-206;

(e)(f) the health care provider obtained the information from a person other than the patient; or

(f)(g) access to the health care information is otherwise prohibited by law.

(2) Except as provided in 50-16-521, a health care provider may deny access to health care information by a patient who is a minor if:

(a) the patient is committed to a mental health facility; or

(b) the patient's parents or guardian have not authorized the health care provider to disclose the patient's health care information.

(3) If a health care provider denies a request for examination and copying under this section, the provider, to the extent possible, shall segregate health care information for which access has been denied under subsection (1) from

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1 information for which access cannot be denied and permit the
2 patient to examine or copy the disclosable information.

3 (4) If a health care provider denies a patient's
4 request for examination and copying, in whole or in part,
5 under subsection (1)(a) or (1)(c), he shall permit
6 examination and copying of the record by another health care
7 provider who is providing health care services to the
8 patient for the same condition as the health care provider
9 denying the request. The health care provider denying the
10 request shall inform the patient of the patient's right to
11 select another health care provider under this subsection."

12 NEW SECTION. **Section 7.** Extension of authority. Any
13 existing authority to make rules on the subject of the
14 provisions of [this act] is extended to the provisions of
15 [this act].

-End-

SENATE STANDING COMMITTEE REPORT

page 1 of 2
March 27, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration HB 621 (third reading copy -- blue), respectfully report that HB 621 be amended and as so amended be concurred in:

Sponsor: Nelson, T. (Hager)

1. Title, lines 13 and 14.

Strike: line 13 through "WEDLOCK" on line 14

Insert: "CLARIFY THAT INFORMATION THAT MIGHT DISCLOSE BIRTH OUT OF WEDLOCK IS TO BE DISCLOSED ONLY IN ACCORDANCE WITH SECTION 50-15-206, MCA"

2. Page 2, line 19.

Following: "~~provider or~~"

Insert: "except for"

3. Page 5, line 19.

Following: "process."

Insert: "(1)"

4. Page 5, line 23.

Strike: "(1)"

Insert: "(a)"

Renumber: subsequent subsections

5. Page 7, line 4.

Following: line 3

Insert: "(2) Nothing in this part authorizes the disclosure of health care information by compulsory legal process or discovery in any judicial, legislative, or administrative proceeding where disclosure is otherwise prohibited by law."

6. Page 7, line 8.

Strike: "(2), (4), or (5)"

Insert: "(1)(b), (1)(d), or (1)(e)"

7. Page 7, lines 9 and 10.

Strike: "(9) or (10)"

Insert: "(1)(i)"

8. Page 7, line 23.

Strike: "(2), (4), or (5)"

Insert: "(1)(b), (1)(d), or (1)(e)"

SENATE COMMITTEE ON PUBLIC HEALTH
page 2 of 2

9. Page 7, lines 24 and 25.

Strike: "or investigation"

Following: "50-16-535"

Strike: "(9) or (10)"

Insert: "(1)(i)"

10. Page 8, line 10.

Following: "requests."

Insert: "where authorized by law, a health care provider may deny access to the requested health care information. Additionally,"

11. Page 8, line 18.

Following: "(4)"

Strike: "The"

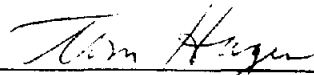
Insert: "Where access to health care is denied under 50-16-542(1), the"

12. Page 10, lines 4 and 5.

Strike: "A PERSON IS SEEKING UNDER 50-16-522 TO EXERCISE THE PATIENT'S RIGHTS AND"

AND AS AMENDED BE CONCURRED IN

Signed:


Thomas O. Hager, Chairman

continued

scrhb621.327

SENATE
HB 621

HOUSE BILL NO. 621

INTRODUCED BY T. NELSON

A BILL FOR AN ACT ENTITLED: "AN ACT TO AMEND THE UNIFORM HEALTH CARE INFORMATION ACT TO AUTHORIZE A FAMILY MEMBER OF A DECEASED PATIENT TO EXERCISE THE RIGHTS PROVIDED FOR UNDER THE ACT; TO CLARIFY THE RECORDS THAT MUST BE KEPT OF PERSONS EXAMINING HEALTH CARE INFORMATION; TO AUTHORIZE DISCLOSURE OF HEALTH CARE INFORMATION TO THIRD-PARTY HEALTH CARE PAYORS; TO INCLUDE INVESTIGATIVE SUBPOENAS UNDER COMPULSORY PROCESS; TO ALLOW A HEALTH CARE PROVIDER TO DENY ACCESS TO RECORDS UNDER COMPULSORY PROCESS PENDING JUDICIAL REVIEW; TO ~~PROHIBIT--DISCLOSURE--OF--HEALTH--CARE--INFORMATION--TO--THE~~ CLARIFY THAT INFORMATION THAT MIGHT DISCLOSE BIRTH OUT OF WEDLOCK IS TO BE DISCLOSED ONLY IN ACCORDANCE WITH SECTION 50-15-206, MCA; AND AMENDING SECTIONS 50-16-522, 50-16-525, 50-16-529, 50-16-535, 50-16-536, AND 50-16-542, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 50-16-522, MCA, is amended to read:

"50-16-522. Representative of deceased patient. A personal representative of a deceased patient may exercise all of the deceased patient's rights under this part. If there is no personal representative or upon discharge of the

personal representative, a deceased patient's rights under this part may be exercised by the surviving spouse, a parent, an adult child, an adult sibling, or any other persons person who are is authorized by law to act for him."

Section 2. Section 50-16-525, MCA, is amended to read:

"50-16-525. Disclosure by health care provider. (1) Except as authorized in 50-16-529 and 50-16-530 or as otherwise specifically provided by law or the Montana Rules of Civil Procedure, a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent or employee of a health care provider may not disclose health care information about a patient to any other person without the patient's written authorization. A disclosure made under a patient's written authorization must conform to the authorization.

(2) A health care provider shall maintain, in conjunction with a patient's recorded health care information, a record of each person who has received or examined, in whole or in part, the recorded health care information during the preceding 3 years, ~~except--for an agent--or--employee--of--the--health--care--provider--or~~ EXCEPT FOR a person who has examined the recorded health care information under 50-16-529(1) or (2). The record of disclosure must include the name, address, and institutional affiliation, if any, of each person receiving or examining

1 the recorded health care information, the date of the
2 receipt or examination, and to the extent practicable a
3 description of the information disclosed."

4 **Section 3.** Section 50-16-529, MCA, is amended to read:

5 "50-16-529. Disclosure without patient's authorization
6 based on need to know. A health care provider may disclose
7 health care information about a patient without the
8 patient's authorization, to the extent a recipient needs to
9 know the information, if the disclosure is:

10 (1) to a person who is providing health care to the
11 patient;

12 (2) to any other person who requires health care
13 information for health care education; to provide planning,
14 quality assurance, peer review, or administrative, legal,
15 financial, or actuarial services to the health care
16 provider; or for assisting the health care provider in the
17 delivery of health care; or to a third-party health care
18 payor who requires health care information and if the health
19 care provider reasonably believes that the person will:

20 (a) not use or disclose the health care information
21 for any other purpose; and

22 (b) take appropriate steps to protect the health care
23 information;

24 (3) to any other health care provider who has
25 previously provided health care to the patient, to the

1 extent necessary to provide health care to the patient,
2 unless the patient has instructed the health care provider
3 not to make the disclosure;

4 (4) to immediate family members of the patient or any
5 other individual with whom the patient is known to have a
6 close personal relationship, if made in accordance with the
7 laws of the state and good medical or other professional
8 practice, unless the patient has instructed the health care
9 provider not to make the disclosure;

10 (5) to a health care provider who is the successor in
11 interest to the health care provider maintaining the health
12 care information;

13 (6) for use in a research project that an
14 institutional review board has determined:

15 (a) is of sufficient importance to outweigh the
16 intrusion into the privacy of the patient that would result
17 from the disclosure;

18 (b) is impracticable without the use or disclosure of
19 the health care information in individually identifiable
20 form;

21 (c) contains reasonable safeguards to protect the
22 information from improper disclosure;

23 (d) contains reasonable safeguards to protect against
24 directly or indirectly identifying any patient in any report
25 of the research project; and

1 (e) contains procedures to remove or destroy at the
2 earliest opportunity, consistent with the purposes of the
3 project, information that would enable the patient to be
4 identified, unless an institutional review board authorizes
5 retention of identifying information for purposes of another
6 research project;

7 (7) to a person who obtains information for purposes
8 of an audit, if that person agrees in writing to:

9 (a) remove or destroy, at the earliest opportunity
10 consistent with the purpose of the audit, information that
11 would enable the patient to be identified; and

12 (b) not disclose the information further, except to
13 accomplish the audit or to report unlawful or improper
14 conduct involving fraud in payment for health care by a
15 health care provider or patient or other unlawful conduct by
16 a health care provider; and

17 (8) to an official of a penal or other custodial
18 institution in which the patient is detained."

19 **Section 4.** Section 50-16-535, MCA, is amended to read:

20 "50-16-535. When health care information available by
21 compulsory process. (1) Health care information may not be
22 disclosed by a health care provider pursuant to compulsory
23 legal process or discovery in any judicial, legislative, or
24 administrative proceeding unless:

25 (1)(A) the patient has consented in writing to the

1 release of the health care information in response to
2 compulsory process or a discovery request;

3 (2)(B) the patient has waived the right to claim
4 confidentiality for the health care information sought;

5 (3)(C) the patient is a party to the proceeding and
6 has placed his physical or mental condition in issue;

7 (4)(D) the patient's physical or mental condition is
8 relevant to the execution or witnessing of a will or other
9 document;

10 (5)(E) the physical or mental condition of a deceased
11 patient is placed in issue by any person claiming or
12 defending through or as a beneficiary of the patient;

13 (6)(F) a patient's health care information is to be
14 used in the patient's commitment proceeding;

15 (7)(G) the health care information is for use in any
16 law enforcement proceeding or investigation in which a
17 health care provider is the subject or a party, except that
18 health care information so obtained may not be used in any
19 proceeding against the patient unless the matter relates to
20 payment for his health care or unless authorized under
21 subsection (9)(I);

22 (8)(H) the health care information is relevant to a
23 proceeding brought under 50-16-551 through 50-16-553; or

24 (9)(I) a court has determined that particular health
25 care information is subject to compulsory legal process or

discovery because the party seeking the information has demonstrated that there is a compelling state interest that outweighs the patient's privacy interest; or

~~(10)(J)~~ the health care information is requested pursuant to an investigative subpoena issued under 46-4-301.

(2) NOTHING IN THIS PART AUTHORIZES THE DISCLOSURE OF HEALTH CARE INFORMATION BY COMPULSORY LEGAL PROCESS OR DISCOVERY IN ANY JUDICIAL, LEGISLATIVE, OR ADMINISTRATIVE PROCEEDING WHERE DISCLOSURE IS OTHERWISE PROHIBITED BY LAW."

Section 5. Section 50-16-536, MCA, is amended to read:

"50-16-536. Method of compulsory process. (1) Unless the court for good cause shown determines that the notification should be waived or modified, if health care information is sought under 50-16-535~~(2)~~~~7~~--~~(4)~~~~7~~--or--~~(5)~~~~(1)(B), (1)(D), OR (1)(E)~~ or in a civil proceeding or investigation under 50-16-535~~(9)~~ ~~or--(10)~~ ~~(1)(I)~~, the person seeking discovery or compulsory process shall mail a notice by first-class mail to the patient or the patient's attorney of record of the compulsory process or discovery request at least 10 days before presenting the certificate required under subsection (2) to the health care provider.

(2) Service of compulsory process or discovery requests upon a health care provider must be accompanied by a written certification, signed by the person seeking to obtain health care information or his authorized

representative, identifying at least one subsection of 50-16-535 under which compulsory process or discovery is being sought. The certification must also state, in the case of information sought under 50-16-535~~(2)~~~~7~~--~~(4)~~~~7~~--or--~~(5)~~~~(1)(B), (1)(D), OR (1)(E)~~ or in a civil proceeding ~~or investigation~~ under 50-16-535~~(9)~~ ~~or--(10)~~ ~~(1)(I)~~, that the requirements of subsection (1) for notice have been met. A person may sign the certification only if the person reasonably believes that the subsection of 50-16-535 identified in the certification provides an appropriate basis for the use of discovery or compulsory process. Unless otherwise ordered by the court, the health care provider shall maintain a copy of the process and the written certification as a permanent part of the patient's health care information.

(3) In response to service of compulsory process or discovery requests, WHERE AUTHORIZED BY LAW, A HEALTH CARE PROVIDER MAY DENY ACCESS TO THE REQUESTED HEALTH CARE INFORMATION. ADDITIONALLY, a health care provider may deny access to the requested health care information under 50-16-542(1). If access to requested health care information is denied by the health care provider under 50-16-542(1), the health care provider shall submit to the court by affidavit or other reasonable means an explanation of why the health care provider believes the information

1 should be protected from disclosure.

2 (4) The WHERE ACCESS TO HEALTH CARE IS DENIED UNDER
 3 50-16-542(1), THE court may order disclosure of health care
 4 information, with or without restrictions as to its use, as
 5 the court considers necessary. In deciding whether to order
 6 disclosure, the court shall consider the explanation
 7 submitted by the health care provider, the reasons for
 8 denying access to health care information set forth in
 9 50-16-542(1), and any arguments presented by interested
 10 parties.

11 (5) A health care provider required to disclose health
 12 care information pursuant to compulsory process may charge a
 13 reasonable fee, not to exceed the health care provider's
 14 actual cost for providing the information, and may deny
 15 examination or copying of the information until the fee is
 16 paid.

17 (6) Production of health care information under
 18 50-16-535 and this section does not in itself constitute a
 19 waiver of any privilege, objection, or defense existing
 20 under other law or rule of evidence or procedure."

21 **Section 6.** Section 50-16-542, MCA, is amended to read:

22 **"50-16-542. Denial of examination and copying. (1) A**
 23 **health care provider may deny access to health care**
 24 **information by a patient if the health care provider**
 25 **reasonably concludes that:**

1 (a) knowledge of the health care information would be
 2 injurious to the health of the patient;

3 (b) knowledge of the health care information could
 4 reasonably be expected to lead to the patient's
 5 identification of an individual who provided the information
 6 in confidence and under circumstances in which
 7 confidentiality was appropriate;

8 (c) knowledge of the health care information could
 9 reasonably be expected to cause danger to the life or safety
 10 of any individual;

11 (d) the health care information was compiled and is
 12 used solely for litigation, quality assurance, peer review,
 13 or administrative purposes;

14 ~~(e) A PERSON IS SEEKING UNDER 50-16-522 TO EXERCISE~~
 15 ~~THE PATIENT'S RIGHTS AND~~ the health care information might
 16 disclose birth out of wedlock or provide information from
 17 which knowledge of birth out of wedlock might be obtained
 18 and which information is protected from disclosure pursuant
 19 to 50-15-206;

20 ~~(f)~~ (f) the health care provider obtained the
 21 information from a person other than the patient; or

22 ~~(f)~~ (g) access to the health care information is
 23 otherwise prohibited by law.

24 (2) Except as provided in 50-16-521, a health care
 25 provider may deny access to health care information by a

1 patient who is a minor if:

2 (a) the patient is committed to a mental health
3 facility; or

4 (b) the patient's parents or guardian have not
5 authorized the health care provider to disclose the
6 patient's health care information.

7 (3) If a health care provider denies a request for
8 examination and copying under this section, the provider, to
9 the extent possible, shall segregate health care information
10 for which access has been denied under subsection (1) from
11 information for which access cannot be denied and permit the
12 patient to examine or copy the disclosable information.

13 (4) If a health care provider denies a patient's
14 request for examination and copying, in whole or in part,
15 under subsection (1)(a) or (1)(c), he shall permit
16 examination and copying of the record by another health care
17 provider who is providing health care services to the
18 patient for the same condition as the health care provider
19 denying the request. The health care provider denying the
20 request shall inform the patient of the patient's right to
21 select another health care provider under this subsection."

22 NEW SECTION. Section 7. Extension of authority. Any
23 existing authority to make rules on the subject of the
24 provisions of [this act] is extended to the provisions of
25 [this act].

-End-

Conference Committee
on HOUSE BILL 621
Report No. 1, April 11, 1989

Page 1 of 1

Mr. Speaker:


We, your Conference Committee on House Bill 621 met and considered: House Bill 621 (third reading -- blue copy) and amendments to House Bill 621 adopted by the Senate (pink sheet).

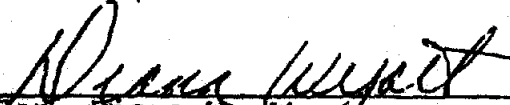
We recommend that House Bill 621 (reference copy -- salmon) be amended as follows:

Adopt the Senate amendments to House Bill 621 in their entirety

And that this Conference Committee Report be adopted.

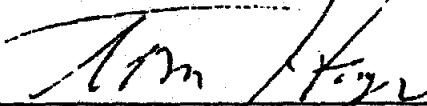
For the House:

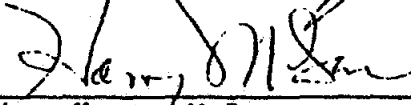

Rep. Mary McDonough, Chairman

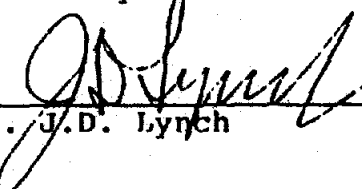

Rep. Diana Wyatt


Rep. Tom Nelson

For the Senate:


Sen. Tom Hager, Chairman


Sen. Harry McLane


Sen. J.D. Lynch

ADOPT

REJECT

HB 621
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