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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2013

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A N A C T

RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF  
HEALTHCARE COMMUNICATIONS AND INFORMATION ACT

Introduced By: Representatives E Coderre, Naughton, Mattiello, Lally, and Blazejewski

Date Introduced: March 06, 2013

Referred To: House Judiciary

(Attorney General)

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 5-37.3-4 of the General Laws in Chapter 5-37.3 entitled  
2 "Confidentiality of Health Care Communications and Information Act" is hereby amended to read  
3 as follows:

4 **5-37.3-4. Limitations on and permitted disclosures.** -- (a) (1) Except as provided in  
5 subsection (b) of this section or as specifically provided by the law, a patient's confidential health  
6 care information shall not be released or transferred without the written consent of the patient or  
7 his or her authorized representative, on a consent form meeting the requirements of subsection (d)  
8 of this section. A copy of any notice used pursuant to subsection (d) of this section, and of any  
9 signed consent shall, upon request, be provided to the patient prior to his or her signing a consent  
10 form. Any and all managed care entities and managed care contractors writing policies in the state  
11 shall be prohibited from providing any information related to enrollees which is personal in  
12 nature and could reasonably lead to identification of an individual and is not essential for the  
13 compilation of statistical data related to enrollees, to any international, national, regional, or local  
14 medical information data base. This provision shall not restrict or prohibit the transfer of  
15 information to the department of health to carry out its statutory duties and responsibilities.

16 (2) Any person who violates the provisions of this section may be liable for actual and  
17 punitive damages.

18 (3) The court may award a reasonable attorney's fee at its discretion to the prevailing

1 party in any civil action under this section.

2 (4) Any person who knowingly and intentionally violates the provisions of this section  
3 shall, upon conviction, be fined not more than five thousand (\$5,000) dollars for each violation,  
4 or imprisoned not more than six (6) months for each violation, or both.

5 (5) Any contract or agreement which purports to waive the provisions of this section  
6 shall be declared null and void as against public policy.

7 (b) No consent for release or transfer of confidential health care information shall be  
8 required in the following situations:

9 (1) To a physician, dentist, or other medical personnel who believes, in good faith, that  
10 the information is necessary for diagnosis or treatment of that individual in a medical or dental  
11 emergency;

12 (2) To medical and dental peer review boards, or the board of medical licensure and  
13 discipline, or board of examiners in dentistry;

14 (3) To qualified personnel for the purpose of conducting scientific research, management  
15 audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies;  
16 provided, that personnel shall not identify, directly or indirectly, any individual patient in any  
17 report of that research, audit, or evaluation, or otherwise disclose patient identities in any manner;

18 (4) By a health care provider to appropriate law enforcement personnel, or to a person if  
19 the health care provider believes that person or his or her family is in danger from a patient; or to  
20 appropriate law enforcement personnel if the patient has or is attempting to obtain narcotic drugs  
21 from the health care provider illegally; or to appropriate law enforcement personnel or  
22 appropriate child protective agencies if the patient is a minor child or the parent or guardian of  
23 said child and/or the health care provider believes, after providing health care services to the  
24 patient, that the child is or has been physically, psychologically or sexually abused and neglected  
25 as reportable pursuant to section 40-11-3; [or to appropriate law enforcement personnel if the](#)  
26 [patient is an elder person and the healthcare provider believes, after providing healthcare services](#)  
27 [to the patient, that the elder person is or has been physically, psychologically or sexually abused](#)  
28 [or neglected](#); or to law enforcement personnel in the case of a gunshot wound reportable under  
29 section 11-47-48; The disclosures authorized by this subsection being limited to the minimum  
30 amount of information necessary to accomplish the intended purpose of the release of  
31 information.

32 (5) Between or among qualified personnel and health care providers within the health  
33 care system for purposes of coordination of health care services given to the patient and for  
34 purposes of education and training within the same health care facility; or

1 (6) To third party health insurers including to utilization review agents as provided by  
2 section 23-17.12-9(c)(4), third party administrators licensed pursuant to chapter 20.7 of title 27  
3 and other entities that provide operational support to adjudicate health insurance claims or  
4 administer health benefits;

5 (7) To a malpractice insurance carrier or lawyer if the health care provider has reason to  
6 anticipate a medical liability action; or

7 (8) (i) To the health care provider's own lawyer or medical liability insurance carrier if  
8 the patient whose information is at issue brings a medical liability action against a health care  
9 provider.

10 (ii) Disclosure by a health care provider of a patient's health care information which is  
11 relevant to a civil action brought by the patient against any person or persons other than that  
12 health care provider may occur only under the discovery methods provided by the applicable  
13 rules of civil procedure (federal or state). This disclosure shall not be through ex parte contacts  
14 and not through informal ex parte contacts with the provider by persons other than the patient or  
15 his or her legal representative. Nothing in this section shall limit the right of a patient or his or her  
16 attorney to consult with that patient's own physician and to obtain that patient's own health care  
17 information;

18 (9) To public health authorities in order to carry out their functions as described in this  
19 title and titles 21 and 23, and rules promulgated under those titles. These functions include, but  
20 are not restricted to, investigations into the causes of disease, the control of public health hazards,  
21 enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of  
22 health professionals and facilities, review of health care such as that required by the federal  
23 government and other governmental agencies;

24 (10) To the state medical examiner in the event of a fatality that comes under his or her  
25 jurisdiction;

26 (11) In relation to information that is directly related to current claim for workers'  
27 compensation benefits or to any proceeding before the workers' compensation commission or  
28 before any court proceeding relating to workers' compensation;

29 (12) To the attorneys for a health care provider whenever that provider considers that  
30 release of information to be necessary in order to receive adequate legal representation;

31 (13) By a health care provider to appropriate school authorities of disease, health  
32 screening and/or immunization information required by the school; or when a school age child  
33 transfers from one school or school district to another school or school district;

34 (14) To a law enforcement authority to protect the legal interest of an insurance

1 institution, agent, or insurance-support organization in preventing and prosecuting the  
2 perpetration of fraud upon them;

3 (15) To a grand jury or to a court of competent jurisdiction pursuant to a subpoena or  
4 subpoena duces tecum when that information is required for the investigation or prosecution of  
5 criminal wrongdoing by a health care provider relating to his or her or its provisions of health  
6 care services and that information is unavailable from any other source; provided, that any  
7 information so obtained is not admissible in any criminal proceeding against the patient to whom  
8 that information pertains;

9 (16) To the state board of elections pursuant to a subpoena or subpoena duces tecum  
10 when that information is required to determine the eligibility of a person to vote by mail ballot  
11 and/or the legitimacy of a certification by a physician attesting to a voter's illness or disability;

12 (17) To certify, pursuant to chapter 20 of title 17, the nature and permanency of a  
13 person's illness or disability, the date when that person was last examined and that it would be an  
14 undue hardship for the person to vote at the polls so that the person may obtain a mail ballot;

15 (18) To the central cancer registry;

16 (19) To the Medicaid fraud control unit of the attorney general's office for the  
17 investigation or prosecution of criminal or civil wrongdoing by a health care provider relating to  
18 his or her or its provision of health care services to then Medicaid eligible recipients or patients,  
19 residents, or former patients or residents of long term residential care facilities; provided, that any  
20 information obtained shall not be admissible in any criminal proceeding against the patient to  
21 whom that information pertains;

22 (20) To the state department of children, youth, and families pertaining to the disclosure  
23 of health care records of children in the custody of the department;

24 (21) To the foster parent or parents pertaining to the disclosure of health care records of  
25 children in the custody of the foster parent or parents; provided, that the foster parent or parents  
26 receive appropriate training and have ongoing availability of supervisory assistance in the use of  
27 sensitive information that may be the source of distress to these children;

28 (22) A hospital may release the fact of a patient's admission and a general description of  
29 a patient's condition to persons representing themselves as relatives or friends of the patient or as  
30 a representative of the news media. The access to confidential health care information to persons  
31 in accredited educational programs under appropriate provider supervision shall not be deemed  
32 subject to release or transfer of that information under subsection (a) of this section; or

33 (23) To the workers' compensation fraud prevention unit for purposes of investigation  
34 under sections 42-16.1-12 -- 42-16.1-16. The release or transfer of confidential health care

1 information under any of the above exceptions is not the basis for any legal liability, civil or  
2 criminal, nor considered a violation of this chapter; or

3 (24) To a probate court of competent jurisdiction, petitioner, respondent, and/or their  
4 attorneys, when the information is contained within a decision-making assessment tool which  
5 conforms to the provisions of section 33-15-47.

6 (c) Third parties receiving and retaining a patient's confidential health care information  
7 must establish at least the following security procedures:

8 (1) Limit authorized access to personally identifiable confidential health care  
9 information to persons having a "need to know" that information; additional employees or agents  
10 may have access to that information which does not contain information from which an individual  
11 can be identified;

12 (2) Identify an individual or individuals who have responsibility for maintaining security  
13 procedures for confidential health care information;

14 (3) Provide a written statement to each employee or agent as to the necessity of  
15 maintaining the security and confidentiality of confidential health care information, and of the  
16 penalties provided for in this chapter for the unauthorized release, use, or disclosure of this  
17 information. The receipt of that statement shall be acknowledged by the employee or agent, who  
18 signs and returns the statement to his or her employer or principal, who retains the signed  
19 original. The employee or agent shall be furnished with a copy of the signed statement;

20 (4) Take no disciplinary or punitive action against any employee or agent solely for  
21 bringing evidence of violation of this chapter to the attention of any person.

22 (d) Consent forms for the release or transfer of confidential health care information shall  
23 contain, or in the course of an application or claim for insurance be accompanied by a notice  
24 containing, the following information in a clear and conspicuous manner:

25 (1) A statement of the need for and proposed uses of that information;

26 (2) A statement that all information is to be released or clearly indicating the extent of  
27 the information to be released; and

28 (3) A statement that the consent for release or transfer of information may be withdrawn  
29 at any future time and is subject to revocation, except where an authorization is executed in  
30 connection with an application for a life or health insurance policy in which case the  
31 authorization expires two (2) years from the issue date of the insurance policy, and when signed  
32 in connection with a claim for benefits under any insurance policy the authorization shall be valid  
33 during the pendency of that claim. Any revocation shall be transmitted in writing.

34 (e) Except as specifically provided by law, an individual's confidential health care

1 information shall not be given, sold, transferred, or in any way relayed to any other person not  
2 specified in the consent form or notice meeting the requirements of subsection (d) of this section  
3 without first obtaining the individual's additional written consent on a form stating the need for  
4 the proposed new use of this information or the need for its transfer to another person.

5 (f) Nothing contained in this chapter shall be construed to limit the permitted disclosure  
6 of confidential health care information and communications described in subsection (b) of this  
7 section.

8 SECTION 2. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF  
HEALTHCARE COMMUNICATIONS AND INFORMATION ACT

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1           This act would allow the release of patient records for investigation and prosecution if a  
2 healthcare provider believes, after providing healthcare services to an elder patient, that the  
3 patient is or has been physically, psychologically or sexually abused or neglected.

4           This act would take effect upon passage.

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