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By: Senator Hollinger

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 18, 1997

CHAPTER ____

1 AN ACT concerning

2 Disclosure of Medical Records - Mental Health Services

- 3 FOR the purpose of authorizing health care providers to maintain personal notes
- 4 regarding recipients of mental health services; establishing that personal notes
- 5 constitute the work product and personal property of health care providers and are
- 6 not discoverable or admissible in evidence in certain proceedings; establishing that
- 7 medical records do not include personal notes of health care providers under
- 8 specified circumstances; making a certain exception exceptions; specifying that
- 9 <u>certain provisions of law do not prohibit the disclosure of personal notes to certain</u>
- 10 recipients; prohibiting the disclosure of certain portions of medical records relating
- 11 to psychological tests under specified circumstances; making certain exceptions;
- 12 providing that certain medical records are not discoverable or admissible in
- evidence in certain proceedings; defining a certain term; and generally relating to
- the disclosure of medical records by providers of mental health services.
- 15 BY repealing and reenacting, with amendments,
- 16 Article Health General
- 17 Section 4-307
- 18 Annotated Code of Maryland
- 19 (1994 Replacement Volume and 1996 Supplement)
- 20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
- 21 MARYLAND, That the Laws of Maryland read as follows:
- 22 Article Health General
- 23 4-307.
- 24 (a) In this section the following words have the meanings indicated.

	(1) "Case management" means an individualized recipient centered service designed to assist a recipient in obtaining effective mental health services through the assessing, planning, coordinating, and monitoring of services on behalf of the recipient.
	(2) "Core service agency" means an organization approved by the Mental Hygiene Administration to manage mental health resources and services in a designated area or to a designated target population.
7 8	(3) "Director" means the Director of the Mental Hygiene Administration or the designee of the Director.
	(4) "Mental health director" means the health care professional who performs the functions of a clinical director or the designee of that person in a health care, detention, or correctional facility.
12	(5) "PERSONAL NOTE" MEANS:
15	(I) INFORMATION DISCLOSED TO A HEALTH CARE PROVIDER IN CONFIDENCE BY A PERSON OTHER THAN A RECIPIENT RELATING TO THE RECIPIENT ON CONDITION THAT THE INFORMATION MAY NOT BE DISCLOSED TO THE RECIPIENT OR ANY OTHER PERSON;
	(II) INFORMATION DISCLOSED TO A HEALTH CARE PROVIDER BY A RECIPIENT THAT WOULD BE INJURIOUS TO THE RECIPIENT'S RELATIONSHIP WITH ANOTHER PERSON; AND
20 21	(III) A HEALTH CARE PROVIDER'S THOUGHTS AND IMPRESSIONS RELATING TO A RECIPIENT.
	(b) The disclosure of a medical record developed in connection with the provision of mental health services shall be governed by the provisions of this section in addition to the other provisions of this subtitle.
27	(c) When a medical record developed in connection with the provision of mental health services is disclosed without the authorization of a person in interest, only the information in the record relevant to the purpose for which disclosure is sought may be released.
	(D) (1) A HEALTH CARE PROVIDER MAY, TO THE EXTENT THE PROVIDER DETERMINES IT NECESSARY AND APPROPRIATE, MAINTAIN A PERSONAL NOTE REGARDING A RECIPIENT.
32	(2) A PERSONAL NOTE IS:
33 34	(I) THE WORK PRODUCT AND PERSONAL PROPERTY OF A HEALTH CARE PROVIDER; AND
35 36	(II) NOT DISCOVERABLE OR ADMISSIBLE IN EVIDENCE IN ANY CRIMINAL, CIVIL, OR ADMINISTRATIVE ACTION.
	(3) EXCEPT AS OTHERWISE PROVIDED IN PARAGRAPH (4) OF THIS SUBSECTION, A MEDICAL RECORD DOES NOT INCLUDE A PERSONAL NOTE OF A HEALTH CARE PROVIDER, IF THE HEALTH CARE PROVIDER:

1 2	(I) KEEPS THE PERSONAL NOTE IN THE HEALTH CARE PROVIDER'S SOLE POSSESSION FOR THE PROVIDER'S OWN PERSONAL USE; AND
3	(II) MAINTAINS THE PERSONAL NOTE SEPARATE FROM THE MEDICAL RECORDS; AND
4	MEDICAL RECORDS; AIND
7	(H) (III) DOES NOT DISCLOSE THE PERSONAL NOTE TO ANY OTHER PERSON EXCEPT THE HEALTH CARE PROVIDER'S SUPERVISING HEALTH CARE PROVIDER, A CONSULTING HEALTH CARE PROVIDER, OR AN ATTORNEY OF THE HEALTH CARE PROVIDER.
11 12 13	(4) IF AT ANY TIME A HEALTH CARE PROVIDER DISCLOSES A PERSONAL NOTE TO A PERSON OTHER THAN THE PROVIDER'S SUPERVISING HEALTH CARE PROVIDER, A CONSULTING HEALTH CARE PROVIDER, OR AN ATTORNEY OF THE HEALTH CARE PROVIDER, OR A RECIPIENT UNDER PARAGRAPH (5) OF THIS SUBSECTION, THE PERSONAL NOTE SHALL BE CONSIDERED PART OF THE RECIPIENT'S MEDICAL RECORD.
17	(5) THE PROVISIONS OF THIS SUBSECTION DO NOT PROHIBIT THE DISCLOSURE OF A PERSONAL NOTE TO A RECIPIENT WHO MAY HAVE A CLAIM FOR MALPRACTICE OR PROFESSIONAL NEGLIGENCE AGAINST THE HEALTH CARE PROVIDER.
21 22 23	(E) (1) EXCEPT AS OTHERWISE PROVIDED IN PARAGRAPHS (3) AND, (4), AND (5) OF THIS SUBSECTION, IF THE DISCLOSURE OF A PORTION OF A MEDICAL RECORD RELATING TO A PSYCHOLOGICAL TEST WOULD COMPROMISE THE OBJECTIVITY OR FAIRNESS OF THE TEST OR THE TESTING PROCESS, A HEALTH CARE PROVIDER MAY NOT DISCLOSE THAT PORTION OF THE MEDICAL RECORD TO ANY PERSON, INCLUDING A SUBJECT OF THE TEST.
	(2) THE <u>PORTION OF THE</u> MEDICAL RECORD <u>RELATING TO A</u> <u>PSYCHOLOGICAL TEST</u> IS NOT DISCOVERABLE OR ADMISSIBLE IN EVIDENCE IN ANY CRIMINAL, CIVIL, OR ADMINISTRATIVE ACTION.
30 31	(3) (I) A RECIPIENT WHO HAS BEEN THE SUBJECT OF A PSYCHOLOGICAL TEST MAY DESIGNATE A PSYCHOLOGIST LICENSED UNDER TITLE 18 OF THE HEALTH OCCUPATIONS ARTICLE OR A PSYCHIATRIST LICENSED UNDER TITLE 14 OF THE HEALTH OCCUPATIONS ARTICLE TO WHOM A HEALTH CARE PROVIDER MAY DISCLOSE THE MEDICAL RECORD.
33	(II) THE RECIPIENT SHALL:
34 35	${\it 1.}~{\it REQUEST~THE~DISCLOSURE~AUTHORIZED~UNDER~THIS~PARAGRAPH~IN~WRITING;~AND}$
36 37	2. COMPLY WITH THE PROVISIONS OF \S 4-304 OF THIS SUBTITLE.
	(4) A HEALTH CARE PROVIDER MAY DISCLOSE A MEDICAL RECORD RELATING TO A PSYCHOLOGICAL TEST AS PROVIDED UNDER § 4-305(B)(2)(I) OF THIS SUBTITLE.

1	(5) THE PROVISIONS OF THIS SUBSECTION MAY NOT RESTRICT ACCESS
	TO OR AFFECT THE DISCLOSURE OF A MEDICAL RECORD WHICH IS ALSO AN
	EDUCATION RECORD UNDER THE FEDERAL INDIVIDUALS WITH DISABILITIES EDUCATION ACT. THE FEDERAL FAMILY EDUCATION DIGHTS AND DRIVACY ACT. OR
	EDUCATION ACT, THE FEDERAL FAMILY EDUCATION RIGHTS AND PRIVACY ACT, OR ANY FEDERAL AND STATE REGULATIONS THAT HAVE BEEN ADOPTED TO
	IMPLEMENT THOSE LAWS.
U	INI EEMENT THOSE EAWS:
7	[(d)] (F) A health care provider may disclose a medical record that relates to and
	identifies more than one recipient in group or family therapy only:
	Section of the sectio
9	(1) On the authorization of a person in interest for each recipient;
10	(2) As provided in this subtitle; or
11	(3) As otherwise provided by law.
12	[(e)] (G) This section may not be construed to prevent the disclosure of a medical
	record that relates to the provision of mental health services between or among the health
	care providers that participate in the approved plan of a core service agency for the
	delivery of mental health services, if a recipient:
16	(1) Has received a current list of the participating providers; and
17	(2) Has signed a written agreement with the core service agency to
18	participate in the client information system developed by the agency.
19	[(f)] (H) If an individual given access to a medical record that relates to the
	provision of mental health services signs an acknowledgment of the duty under this Act
	not to redisclose personal identifying information about a recipient, this section may not
	be construed to prevent the disclosure of the medical record for rate review, auditing,
	health planning, licensure, approval, or accreditation of a facility by governmental or
24	professional standard setting entities.
25	[(g)] (I) (1) A health care provider may disclose a medical record without the
26	authorization of a person in interest:
27	(i) To the medical or mental health director of a juvenile or adult
	detention or correctional facility if:
20	detention of correctional facility in
29	1. The recipient has been involuntarily committed under State
	law or a court order to the detention or correctional facility requesting the medical
	record; and
32	2. After a review of the medical record, the health care provider
33	who is the custodian of the record is satisfied that disclosure is necessary for the proper
	care and treatment of the recipient;
35	(ii) As provided in § 5-316 of the Courts and Judicial Proceedings
36	Article;
37	(iii) 1. If a health care provider is a facility as defined in § 10-101 of
38	this article, to a law enforcement agency concerning a recipient who:

1 2	A. Has been admitted involuntarily or by court order to the facility; and
3	B. Is on an unauthorized absence or has otherwise left the facility without being discharged or released;
7	2. The facility director may disclose to the law enforcement agency identifying information and only such further information that the director believes is necessary to aid the law enforcement agency in locating and apprehending the recipient for the purpose of:
9	A. Safely returning the recipient to custody; or
10 11	B. Fulfilling the provisions of subparagraph (ii) of this paragraph;
14 15	(iv) If a health care provider is a facility as defined in § 10-101 of this article, the facility director may confirm or deny the presence in the facility of a recipient to a parent, guardian, next of kin, or any individual who has a significant interest in the status of the recipient if that individual has filed a missing persons report regarding the recipient; and
	(v) To allow for the service of process or a court order in a facility when appropriate arrangements have been made with the facility director so as to minimize loss of confidentiality.
20 21	(2) When a disclosure is made under this subsection, documentation of the disclosure shall be inserted in the medical record of the recipient.
22 23	$\hbox{[(h)] (J) (1) A health care provider shall disclose a medical record without the authorization of a person in interest:}$
	(i) To the medical or mental health director of a juvenile or adult detention or correctional facility or to another inpatient provider of mental health services in connection with the transfer of a recipient from an inpatient provider, if:
27 28	1. The health care provider with the records has determined that disclosure is necessary for the continuing provision of mental health services; and
29	2. The recipient is transferred:
30 31	A. As an involuntary commitment or by court order to the provider;
32 33	B. Under State law to a juvenile or adult detention or correctional facility; or
34 35	C. To a provider that is required by law or regulation to admit the recipient;
	(ii) To the State designated protection and advocacy system for mentally ill individuals under the Federal Protection and Advocacy for Mentally Ill Individuals Act of 1986, as amended, if:

3	1. The State designated protection and advocacy system has received a complaint regarding the recipient or the director of the system has certified in writing to the chief administrative officer of the health care provider that there is probable cause to believe that the recipient has been subject to abuse or neglect;
5 6	2. The recipient by reason of mental or physical condition is unable to authorize disclosure; and
	3. A. The recipient does not have a legal guardian or other legal representative who has the authority to consent to the release of health care information; or
10 11	B. The legal guardian of the recipient is a representative of a State agency;
	(iii) To another health care provider or legal counsel to the other health care provider prior to and in connection with or for use in a commitment proceeding in accordance with Title 10, Subtitle 6 or Title 12 of this article;
	(iv) In accordance with a court order, other than compulsory process compelling disclosure, as permitted under \S 9-109(d), \S 9-109.1(d), or \S 9-121(d) of the Courts and Judicial Proceedings Article, or as otherwise provided by law, to:
18	1. A court;
19	2. An administrative law judge;
20	3. A health claims arbitrator; or
21	4. A party to a court, administrative, or arbitration proceeding;
24 25	(v) In accordance with service of compulsory process or a discovery request, as permitted under § 9-109(d), § 9-109.1(d), or § 9-121(d) of the Courts and Judicial Proceedings Article, or as otherwise provided by law, to a court, an administrative tribunal, or a party to a civil court, administrative, or health claims arbitration proceeding, if:
29	1. The request for issuance of compulsory process or the request for discovery filed with the court or administrative tribunal and served on the health care provider is accompanied by a copy of a certificate directed to the recipient, the person in interest, or counsel for the recipient or the person in interest; and
31	2. The certificate:
32 33	A. Notifies the recipient or the person in interest that disclosur of the recipient's medical record is sought;
	B. Notifies the recipient or the person in interest of the provisions of this subsection or any other provision of law on which the requesting party relies in seeking disclosure of the information;
37	C. Notifies the recipient or the person in interest of the

38 procedure for filing a motion to quash or a motion for a protective order;

1 2	D. Is attached to a copy of the request for issuance of a compulsory process or request for discovery; and
5	E. Is mailed to the recipient, the person in interest, or counsel for the recipient or person in interest by certified mail, return receipt requested, on or before the date of filing the request for issuance of compulsory process or the request for discovery;
7 8	(vi) In accordance with a subpoena for medical records on specific recipients:
	1. To health professional licensing and disciplinary boards for the sole purpose of an investigation regarding licensure, certification, or discipline of a health professional or the improper practice of a health profession; and
14 15 16	2. To grand juries, prosecution agencies, and law enforcement agencies under the supervision of prosecution agencies for the sole purposes of investigation and prosecution of a provider for theft and fraud, related offenses, obstruction of justice, perjury, unlawful distribution of controlled substances, and of any criminal assault, neglect, patient abuse or sexual offense committed by the provider against a recipient, provided that the prosecution or law enforcement agency shall:
	A. Have written procedures which shall be developed in consultation with the director to maintain the medical records in a secure manner so as to protect the confidentiality of the records; and
21 22	B. In a criminal proceeding against a provider, to the maximum extent possible, remove and protect recipient identifying information from the medical records used in the proceeding; or
21 22 23 24	extent possible, remove and protect recipient identifying information from the medical records used in the proceeding; or
21 22 23 24 25 26 27 28	extent possible, remove and protect recipient identifying information from the medical records used in the proceeding; or (vii) In the event of the death of a recipient, to the office of the medical examiner as authorized under § 5-309 or § 10-714 of this article.
21 22 23 24 25 26 27 28 29 30 31 32 33	extent possible, remove and protect recipient identifying information from the medical records used in the proceeding; or (vii) In the event of the death of a recipient, to the office of the medical examiner as authorized under § 5-309 or § 10-714 of this article. (2) If a recipient believes that a medical record has been inappropriately obtained, maintained, or disclosed under the provisions of subparagraph (vi) of paragraph (1) of this section, the recipient may petition the State prosecutor for an investigation of the allegation.
21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36	extent possible, remove and protect recipient identifying information from the medical records used in the proceeding; or (vii) In the event of the death of a recipient, to the office of the medical examiner as authorized under § 5-309 or § 10-714 of this article. (2) If a recipient believes that a medical record has been inappropriately obtained, maintained, or disclosed under the provisions of subparagraph (vi) of paragraph (1) of this section, the recipient may petition the State prosecutor for an investigation of the allegation. (3) Except in a proceeding relating to payment for the health care of a recipient, the medical record of a recipient and any information obtained as a result of disclosure under subparagraph (vi) of paragraph (1) of this section is disclosable, notwithstanding any privilege in law, but may not be used in any proceeding against the

- 1 (6) This subsection may not preclude a health care provider, a recipient, or
- 2 person in interest from asserting in a motion to quash or a motion for a protective order
- 3 any constitutional right or other legal authority in opposition to disclosure.
- 4 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 5 October 1, 1997.