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## SENATE BILL NO. 136

## AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Commerce and Labor  
on January 26, 2004)

(Patron Prior to Substitute—Senator Lambert)

*A BILL to amend and reenact §§ 32.1-127.1:03 and 40.1-8 of the Code of Virginia, relating to disclosure of certain protected health information to the Commissioner of the Department of Labor and Industry or his designee.*

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 32.1-127.1:03 and 40.1-8 of the Code of Virginia are amended and reenacted as follows:**

§ 32.1-127.1:03. Patient health records privacy.

A. There is hereby recognized a patient's right of privacy in the content of a patient's medical record. Patient records are the property of the provider maintaining them, and, except when permitted by this section or by another provision of state or federal law, no provider, or other person working in a health care setting, may disclose the records of a patient.

Patient records shall not be removed from the premises where they are maintained without the approval of the provider, except in accordance with a court order or subpoena consistent with § 8.01-413 C or with this section or in accordance with the regulations relating to change of ownership of patient records promulgated by a health regulatory board established in Title 54.1.

No person to whom disclosure of patient records was made by a patient or a provider shall redisclose or otherwise reveal the records of a patient, beyond the purpose for which such disclosure was made, without first obtaining the patient's specific consent to such redisclosure. This redisclosure prohibition shall not, however, prevent (i) any provider who receives records from another provider from making subsequent disclosures as permitted under this section and the federal Department of Health and Human Services regulations relating to the electronic transmission of data and patient privacy promulgated as required by the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. § 1320d et seq.) or (ii) any provider from furnishing records and aggregate or other data, from which patient-identifying prescription information has been removed, encoded or encrypted, to qualified researchers, including, but not limited to, pharmaceutical manufacturers and their agents or contractors, for purposes of clinical, pharmaco-epidemiological, pharmaco-economic, or other health services research.

B. As used in this section:

"Agent" means a person who has been appointed as a patient's agent under a power of attorney for health care or an advance directive under the Health Care Decisions Act (§ 54.1-2981 et seq.).

"Certification" means a written representation that is delivered by hand, by first-class mail, by overnight delivery service, or by facsimile if the sender obtains a facsimile-machine-generated confirmation reflecting that all facsimile pages were successfully transmitted.

"Guardian" means a court-appointed guardian of the person.

"Health services" includes, but is not limited to, examination, diagnosis, evaluation, treatment, pharmaceuticals, aftercare, habilitation or rehabilitation and mental health therapy of any kind.

"Parent" means a biological, adoptive or foster parent.

"Patient" means a person who is receiving or has received health services from a provider.

"Patient-identifying prescription information" means all prescriptions, drug orders or any other prescription information that specifically identifies an individual patient.

"Provider" shall have the same meaning as set forth in the definition of "health care provider" in § 8.01-581.1, except that state-operated facilities shall also be considered providers for the purposes of this section. Provider shall also include all persons who are licensed, certified, registered or permitted by any of the health regulatory boards within the Department of Health Professions, except persons regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

"Record" means any written, printed or electronically recorded material maintained by a provider in the course of providing health services to a patient concerning the patient and the services provided. "Record" also includes the substance of any communication made by a patient to a provider in confidence during or in connection with the provision of health services to a patient or information otherwise acquired by the provider about a patient in confidence and in connection with the provision of health services to the patient.

C. The provisions of this section shall not apply to any of the following:

1. The status of and release of information governed by §§ 65.2-604 and 65.2-607 of the Virginia Workers' Compensation Act;

2. Except where specifically provided herein, the records of minor patients; or

3. The release of juvenile records to a secure facility or a shelter care facility pursuant to

60 § 16.1-248.3.

61 D. Providers may disclose the records of a patient:

62 1. As set forth in subsection E of this section, pursuant to the written consent of the patient or in the  
63 case of a minor patient, his custodial parent, guardian or other person authorized to consent to treatment  
64 of minors pursuant to § 54.1-2969; also, in emergency cases or situations where it is impractical to  
65 obtain the patient's written consent, pursuant to the patient's oral consent for a provider to discuss the  
66 patient's records with a third party specified by the patient;

67 2. In compliance with a subpoena issued in accord with subsection H of this section, pursuant to  
68 court order upon good cause shown or in compliance with a subpoena issued pursuant to subsection C  
69 of § 8.01-413;

70 3. In accord with subsection F of § 8.01-399 including, but not limited to, situations where disclosure  
71 is reasonably necessary to establish or collect a fee or to defend a provider or the provider's employees  
72 or staff against any accusation of wrongful conduct; also as required in the course of an investigation,  
73 audit, review or proceedings regarding a provider's conduct by a duly authorized law-enforcement,  
74 licensure, accreditation, or professional review entity;

75 4. In testimony in accordance with §§ 8.01-399 and 8.01-400.2;

76 5. In compliance with the provisions of § 8.01-413;

77 6. As required or authorized by law relating to public health activities, health oversight activities,  
78 serious threats to health or safety, or abuse, neglect or domestic violence, relating to contagious disease,  
79 public safety, and suspected child or adult abuse reporting requirements, including, but not limited to,  
80 those contained in §§ 32.1-36, 32.1-36.1, 32.1-40, 32.1-41, 32.1-127.1:04, 32.1-276.5, 32.1-283,  
81 32.1-283.1, 37.1-98.2, 53.1-40.10, 54.1-2403.3, 54.1-2506, 54.1-2906, 54.1-2907, 54.1-2966,  
82 54.1-2966.1, 54.1-2967, 54.1-2968, 63.2-1606 and 63.2-1509;

83 7. Where necessary in connection with the care of the patient, including in the implementation of a  
84 hospital routine contact process;

85 8. In the normal course of business in accordance with accepted standards of practice within the  
86 health services setting; however, the maintenance, storage, and disclosure of the mass of prescription  
87 dispensing records maintained in a pharmacy registered or permitted in Virginia shall only be  
88 accomplished in compliance with §§ 54.1-3410, 54.1-3411 and 54.1-3412;

89 9. When the patient has waived his right to the privacy of the medical records;

90 10. When examination and evaluation of a patient are undertaken pursuant to judicial or  
91 administrative law order, but only to the extent as required by such order;

92 11. To the guardian ad litem in the course of a guardianship proceeding of an adult patient  
93 authorized under Article 1.1 (§ 37.1-134.6 et seq.) of Chapter 4 of Title 37.1;

94 12. To the attorney appointed by the court to represent a patient in a civil commitment proceeding  
95 under § 37.1-67.3;

96 13. To the attorney and/or guardian ad litem of a minor patient who represents such minor in any  
97 judicial or administrative proceeding, provided that the court or administrative hearing officer has  
98 entered an order granting the attorney or guardian ad litem this right and such attorney or guardian ad  
99 litem presents evidence to the provider of such order;

100 14. With regard to the Court-Appointed Special Advocate (CASA) program, a minor's records in  
101 accord with § 9.1-156;

102 15. To an agent appointed under a patient's power of attorney or to an agent or decision maker  
103 designated in a patient's advance directive for health care or for decisions on anatomical gifts and organ,  
104 tissue or eye donation or to any other person consistent with the provisions of the Health Care Decisions  
105 Act (§ 54.1-2981 et seq.);

106 16. To third-party payors and their agents for purposes of reimbursement;

107 17. As is necessary to support an application for receipt of health care benefits from a governmental  
108 agency or as required by an authorized governmental agency reviewing such application or reviewing  
109 benefits already provided or as necessary to the coordination of prevention and control of disease,  
110 injury, or disability and delivery of such health care benefits pursuant to § 32.1-127.1:04;

111 18. Upon the sale of a medical practice as provided in § 54.1-2405; or upon a change of ownership  
112 or closing of a pharmacy pursuant to regulations of the Board of Pharmacy;

113 19. In accord with § 54.1-2400.1 B, to communicate a patient's specific and immediate threat to  
114 cause serious bodily injury or death of an identified or readily identifiable person;

115 20. To the patient, except as provided in subsections E and F of this section and subsection B of  
116 § 8.01-413;

117 21. In the case of substance abuse records, when permitted by and in conformity with requirements  
118 of federal law found in 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2;

119 22. In connection with the work of any entity established as set forth in § 8.01-581.16 to evaluate the  
120 adequacy or quality of professional services or the competency and qualifications for professional staff  
121 privileges;

23. If the records are those of a deceased or mentally incapacitated patient to the personal representative or executor of the deceased patient or the legal guardian or committee of the incompetent or incapacitated patient or if there is no personal representative, executor, legal guardian or committee appointed, to the following persons in the following order of priority: a spouse, an adult son or daughter, either parent, an adult brother or sister, or any other relative of the deceased patient in order of blood relationship;

24. For the purpose of conducting record reviews of inpatient hospital deaths to promote identification of all potential organ, eye, and tissue donors in conformance with the requirements of applicable federal law and regulations, including 42 C.F.R. § 482.45, (i) to the provider's designated organ procurement organization certified by the United States Health Care Financing Administration and (ii) to any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue Banks;

25. To the Office of the Inspector General for Mental Health, Mental Retardation and Substance Abuse Services pursuant to Chapter 16 (§ 37.1-255 et seq.) of Title 37.1;

26. (Expires July 1, 2006) To an entity participating in the activities of a local health partnership authority established pursuant to Article 6.1 (§ 32.1-122.10:001 et seq.) of Chapter 4 of Title 32.1, pursuant to subdivision D 1 of this section; and

27. To law-enforcement officials by each licensed emergency medical services agency, (i) when the patient is the victim of a crime or (ii) when the patient has been arrested and has received emergency medical services or has refused emergency medical services and the records consist of the prehospital patient care report required by § 32.1-116.1; and

28. To the Commissioner of the Department of Labor and Industry or his designee by each licensed emergency medical services agency when the records consist of the prehospital patient care report required by § 32.1-116.1 and the patient has suffered an injury or death on a work site while performing duties or tasks that are within the scope of his employment.

E. Requests for copies of medical records shall (i) be in writing, dated and signed by the requester; (ii) identify the nature of the information requested; and (iii) include evidence of the authority of the requester to receive such copies and identification of the person to whom the information is to be disclosed. The provider shall accept a photocopy, facsimile, or other copy of the original signed by the requestor as if it were an original. Within 15 days of receipt of a request for copies of medical records, the provider shall do one of the following: (i) furnish such copies to any requester authorized to receive them; (ii) inform the requester if the information does not exist or cannot be found; (iii) if the provider does not maintain a record of the information, so inform the requester and provide the name and address, if known, of the provider who maintains the record; or (iv) deny the request (a) under subsection F, (b) on the grounds that the requester has not established his authority to receive such records or proof of his identity, or (c) as otherwise provided by law. Procedures set forth in this section shall apply only to requests for records not specifically governed by other provisions of this Code, federal law or state or federal regulation.

F. Except as provided in subsection B of § 8.01-413, copies of a patient's records shall not be furnished to such patient or anyone authorized to act on the patient's behalf where the patient's attending physician or the patient's clinical psychologist has made a part of the patient's record a written statement that, in his opinion, the furnishing to or review by the patient of such records would be injurious to the patient's health or well-being. If any custodian of medical records denies a request for copies of records based on such statement, the custodian shall permit examination and copying of the medical record by another such physician or clinical psychologist selected by the patient, whose licensure, training and experience relative to the patient's condition are at least equivalent to that of the physician or clinical psychologist upon whose opinion the denial is based. The person or entity denying the request shall inform the patient of the patient's right to select another reviewing physician or clinical psychologist under this subsection who shall make a judgment as to whether to make the record available to the patient. Any record copied for review by the physician or clinical psychologist selected by the patient shall be accompanied by a statement from the custodian of the record that the patient's attending physician or clinical psychologist determined that the patient's review of his record would be injurious to the patient's health or well-being.

G. A written consent to allow release of patient records may, but need not, be in the following form:  
 CONSENT TO RELEASE OF CONFIDENTIAL HEALTH CARE  
 INFORMATION

Patient Name .....  
 Provider Name .....  
 Person, agency or provider to whom disclosure is to be made .....  
 Person, agency or provider to whom disclosure is to be made .....  
 Information or Records to be disclosed .....

As the person signing this consent, I understand that I am giving my permission to the above-named provider or other named third party for disclosure of confidential health care records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original records. The person who receives the records to which this consent pertains may not redisclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law.

This consent expires on (date) .....,

Signature of Patient.....

H. Pursuant to this subsection:

1. Unless excepted from these provisions in subdivision 9, no party to a civil, criminal or administrative action or proceeding shall request the issuance of a subpoena duces tecum for another party's medical records or cause a subpoena duces tecum to be issued by an attorney unless a copy of the request for the subpoena or a copy of the attorney-issued subpoena is provided to the other party's counsel or to the other party if pro se, simultaneously with filing the request or issuance of the subpoena. No party to an action or proceeding shall request or cause the issuance of a subpoena duces tecum for the medical records of a nonparty witness unless a copy of the request for the subpoena or a copy of the attorney-issued subpoena is provided to the nonparty witness simultaneously with filing the request or issuance of the attorney-issued subpoena.

No subpoena duces tecum for medical records shall set a return date earlier than 15 days from the date of the subpoena except by order of a court or administrative agency for good cause shown. When a court or administrative agency directs that medical records be disclosed pursuant to a subpoena duces tecum earlier than 15 days from the date of the subpoena, a copy of the order shall accompany the subpoena.

Any party requesting a subpoena duces tecum for medical records or on whose behalf the subpoena duces tecum is being issued shall have the duty to determine whether the patient whose records are being sought is pro se or a nonparty.

In instances where medical records being subpoenaed are those of a pro se party or nonparty witness, the party requesting or issuing the subpoena shall deliver to the pro se party or nonparty witness together with the copy of the request for subpoena, or a copy of the subpoena in the case of an attorney-issued subpoena, a statement informing them of their rights and remedies. The statement shall include the following language and the heading shall be in boldface capital letters:

#### NOTICE TO PATIENT

The attached document means that (insert name of party requesting or causing issuance of the subpoena) has either asked the court or administrative agency to issue a subpoena or a subpoena has been issued by the other party's attorney to your doctor or other health care providers (names of health care providers inserted here) requiring them to produce your medical records. Your doctor or other health care provider is required to respond by providing a copy of your medical records. If you believe your records should not be disclosed and object to their disclosure, you have the right to file a motion with the clerk of the court or the administrative agency to quash the subpoena. If you elect to file a motion to quash, such motion must be filed within 15 days of the date of the request or of the attorney-issued subpoena. You may contact the clerk's office or the administrative agency to determine the requirements that must be satisfied when filing a motion to quash and you may elect to contact an attorney to represent your interest. If you elect to file a motion to quash, you must notify your doctor or other health care provider(s) that you are filing the motion so that the provider knows to send the records to the clerk of court or administrative agency in a sealed envelope or package for safekeeping while your motion is decided.

2. Any party filing a request for a subpoena duces tecum or causing such a subpoena to be issued for a patient's medical records shall include a Notice to Providers in the same part of the request in which the provider is directed where and when to return the records. Such notice shall be in boldface capital letters and shall include the following language:

#### NOTICE TO PROVIDERS

A COPY OF THIS SUBPOENA DUCES TECUM HAS BEEN PROVIDED TO YOUR PATIENT OR YOUR PATIENT'S COUNSEL. YOU OR YOUR PATIENT HAVE THE RIGHT TO FILE A MOTION TO QUASH (OBJECT TO) THE ATTACHED SUBPOENA. IF YOU ELECT TO FILE A MOTION TO QUASH, YOU MUST FILE THE MOTION WITHIN 15 DAYS OF THE DATE OF THIS SUBPOENA.

YOU MUST NOT RESPOND TO THIS SUBPOENA UNTIL YOU HAVE RECEIVED WRITTEN CERTIFICATION FROM THE PARTY ON WHOSE BEHALF THE SUBPOENA WAS ISSUED THAT THE TIME FOR FILING A MOTION TO QUASH HAS ELAPSED AND THAT:

245 NO MOTION TO QUASH WAS FILED; OR  
246 ANY MOTION TO QUASH HAS BEEN RESOLVED BY THE COURT OR THE  
247 ADMINISTRATIVE AGENCY AND THE DISCLOSURES SOUGHT ARE CONSISTENT WITH  
248 SUCH RESOLUTION.

249 IF YOU RECEIVE NOTICE THAT YOUR PATIENT HAS FILED A MOTION TO QUASH THIS  
250 SUBPOENA, OR IF YOU FILE A MOTION TO QUASH THIS SUBPOENA, YOU MUST SEND  
251 THE RECORDS ONLY TO THE CLERK OF THE COURT OR ADMINISTRATIVE AGENCY THAT  
252 ISSUED THE SUBPOENA OR IN WHICH THE ACTION IS PENDING AS SHOWN ON THE  
253 SUBPOENA USING THE FOLLOWING PROCEDURE:

254 PLACE THE RECORDS IN A SEALED ENVELOPE AND ATTACH TO THE SEALED  
255 ENVELOPE A COVER LETTER TO THE CLERK OF COURT OR ADMINISTRATIVE AGENCY  
256 WHICH STATES THAT CONFIDENTIAL HEALTH CARE RECORDS ARE ENCLOSED AND ARE  
257 TO BE HELD UNDER SEAL PENDING A RULING ON THE MOTION TO QUASH THE  
258 SUBPOENA. THE SEALED ENVELOPE AND THE COVER LETTER SHALL BE PLACED IN AN  
259 OUTER ENVELOPE OR PACKAGE FOR TRANSMITTAL TO THE COURT OR  
260 ADMINISTRATIVE AGENCY.

261 3. Upon receiving a valid subpoena duces tecum for medical records, health care providers shall have  
262 the duty to respond to the subpoena in accordance with the provisions of subdivisions 4, 5, 6, 7, and 8.

263 4. Except to deliver to a clerk of the court or administrative agency subpoenaed medical records in a  
264 sealed envelope as set forth, health care providers shall not respond to a subpoena duces tecum for such  
265 medical records until they have received a certification as set forth in subdivisions 5 or 8 of this  
266 subsection from the party on whose behalf the subpoena duces tecum was issued.

267 If the health care provider has actual receipt of notice that a motion to quash the subpoena has been  
268 filed or if the health care provider files a motion to quash the subpoena for medical records, then the  
269 health care provider shall produce the records, in a securely sealed envelope, to the clerk of the court or  
270 administrative agency issuing the subpoena or in whose court or administrative agency the action is  
271 pending. The court or administrative agency shall place the records under seal until a determination is  
272 made regarding the motion to quash. The securely sealed envelope shall only be opened on order of the  
273 judge or administrative agency. In the event the court or administrative agency grants the motion to  
274 quash, the records shall be returned to the health care provider in the same sealed envelope in which  
275 they were delivered to the court or administrative agency. In the event that a judge or administrative  
276 agency orders the sealed envelope to be opened to review the records in camera, a copy of the order  
277 shall accompany any records returned to the provider. The records returned to the provider shall be in a  
278 securely sealed envelope.

279 5. If no motion to quash is filed within 15 days of the date of the request or of the attorney-issued  
280 subpoena, the party on whose behalf the subpoena was issued shall have the duty to certify to the  
281 subpoenaed health care provider that the time for filing a motion to quash has elapsed and that no  
282 motion to quash was filed. Any provider receiving such certification shall have the duty to comply with  
283 the subpoena duces tecum by returning the specified medical records by either the return date on the  
284 subpoena or 5 days after receipt of the certification, whichever is later.

285 6. In the event that the individual whose records are being sought files a motion to quash the  
286 subpoena, the court or administrative agency shall decide whether good cause has been shown by the  
287 discovering party to compel disclosure of the patient's private records over the patient's objections. In  
288 determining whether good cause has been shown, the court or administrative agency shall consider (i)  
289 the particular purpose for which the information was collected; (ii) the degree to which the disclosure of  
290 the records would embarrass, injure, or invade the privacy of the individual; (iii) the effect of the  
291 disclosure on the individual's future health care; (iv) the importance of the information to the lawsuit or  
292 proceeding; and (v) any other relevant factor.

293 7. Concurrent with the court or administrative agency's resolution of a motion to quash, if  
294 subpoenaed medical records have been submitted by a health care provider to the court or administrative  
295 agency in a sealed envelope, the court or administrative agency shall: (i) upon determining that no  
296 submitted medical records should be disclosed, return all submitted medical records to the provider in a  
297 sealed envelope; (ii) upon determining that all submitted medical records should be disclosed, provide  
298 all the submitted medical records to the party on whose behalf the subpoena was issued; or (iii) upon  
299 determining that only a portion of the submitted medical records should be disclosed, provide such  
300 portion to the party on whose behalf the subpoena was issued and return the remaining medical records  
301 to the provider in a sealed envelope.

302 8. Following the court or administrative agency's resolution of a motion to quash, the party on whose  
303 behalf the subpoena duces tecum was issued shall have the duty to certify in writing to the subpoenaed  
304 health care provider a statement of one of the following:

305 a. All filed motions to quash have been resolved by the court or administrative agency and the

disclosures sought in the subpoena duces tecum are consistent with such resolution; and, therefore, the medical records previously delivered in a sealed envelope to the clerk of the court or administrative agency will not be returned to the provider;

b. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are consistent with such resolution and that, since no medical records have previously been delivered to the court or administrative agency by the provider, the provider shall comply with the subpoena duces tecum by returning the medical records designated in the subpoena by the return date on the subpoena or five days after receipt of certification, whichever is later;

c. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are not consistent with such resolution; therefore, no medical records shall be disclosed and all medical records previously delivered in a sealed envelope to the clerk of the court or administrative agency will be returned to the provider;

d. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are not consistent with such resolution and that only limited disclosure has been authorized. The certification shall state that only the portion of the records as set forth in the certification, consistent with the court or administrative agency's ruling, shall be disclosed. The certification shall also state that medical records that were previously delivered to the court or administrative agency for which disclosure has been authorized will not be returned to the provider; however, all medical records for which disclosure has not been authorized will be returned to the provider; or

e. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are not consistent with such resolution and, since no medical records have previously been delivered to the court or administrative agency by the provider, the provider shall return only those records specified in the certification, consistent with the court or administrative agency's ruling, by the return date on the subpoena or five days after receipt of the certification, whichever is later.

A copy of the court or administrative agency's ruling shall accompany any certification made pursuant to this subdivision.

9. The provisions of this subsection have no application to subpoenas for medical records requested under § 8.01-413, or issued by a duly authorized administrative agency conducting an investigation, audit, review or proceedings regarding a provider's conduct.

The provisions of this subsection apply to the medical records of both minors and adults.

Nothing in this subsection shall have any effect on the existing authority of a court or administrative agency to issue a protective order regarding medical records, including, but not limited to, ordering the return of medical records to a health care provider, after the period for filing a motion to quash has passed.

A subpoena for substance abuse records must conform to the requirements of federal law found in 42 C.F.R. Part 2, Subpart E.

I. Providers may testify about the medical records of a patient in compliance with §§ 8.01-399 and 8.01-400.2.

§ 40.1-8. Other officers to furnish information; protected health information under certain circumstances.

A. All State, county, town and city officers shall furnish the Commissioner, upon his request, such statistical or other information as may be in their possession as such officers ~~which~~*that* will assist the Department in the discharge of its duties.

*B. In the discharge of his duties to ensure compliance with federal law and regulation relating to the health and safety of Virginia's workforce and prevention of work-related injuries, disabilities, and deaths, each licensed emergency medical services agency shall release to the Commissioner or his designee the prehospital patient care report required by § 32.1-116.1 when such records are requested for a patient who has suffered an injury, disability or death resulting from an accident or illness that occurred while engaged in his employment without obtaining consent or authorization for such disclosure from the person who is the subject of the records. The patient's health records shall be confidential. The Commissioner and any designee shall only redisclose such protected health information in compliance with the regulations concerning patient privacy promulgated by the federal Department of Health and Human Services in compliance with the Health Insurance Portability and Accountability Act of 1996, as amended.*