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HOUSE BILL NO. 177

Offered January 11, 2012

Prefiled January 9, 2012

A BILL to amend and reenact §§ 32.1-116.1 and 32.1-127.1:03 of the Code of Virginia, relating to health record privacy; disclosure of information to regional emergency medical services councils.

Patron—O'Bannon

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-116.1 and 32.1-127.1:03 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-116.1. Prehospital patient care reporting procedure; trauma registry; confidentiality.

A. In order to collect data on the incidence, severity and cause of trauma, integrate the information available from other state agencies on trauma and improve the delivery of prehospital and hospital emergency medical services, there is hereby established the Emergency Medical Services Patient Care Information System. The Emergency Medical Services Patient Care Information System shall include the Virginia Emergency Medical Services (EMS) Registry and the Virginia Statewide Trauma Registry.

All licensed emergency medical services agencies shall participate in the Virginia EMS Registry by making available to the Commissioner or his designees the minimum data set in the format prescribed by the Board or any other format which contain equivalent information and meets any technical specifications of the Board. The minimum data set shall include, but not be limited to, the type of medical emergency or nature of the call, the response time, the treatment provided and other items as prescribed by the Board.

Each licensed emergency medical services agency shall, upon request, disclose the prehospital care report to law-enforcement officials (i) when the patient is the victim of a crime or (ii) when the patient is in the custody of the law-enforcement officials and has received emergency medical services or has refused emergency medical services.

The Commissioner may delegate the responsibility for collection of this data to the Office of Emergency Medical Services personnel or individuals under contract to the Office. The Advisory Board shall assist in the design, implementation, subsequent revisions and analyses of the data from the Virginia EMS Registry.

B. All licensed hospitals which render emergency medical services shall participate in the Virginia Statewide Trauma Registry by making available to the Commissioner or his designees abstracts of the records of all patients admitted to the institutions with diagnoses related to trauma. The abstracts shall be submitted in the format prescribed by the Department and shall include the minimum data set prescribed by the Board. *Such abstracts shall also be provided to regional emergency medical services councils upon request, for uses limited to monitoring and improving the quality of emergency medical services pursuant to § 32.1-111.3.*

The Commissioner shall seek the advice and assistance of the Advisory Board and the Trauma System Oversight and Management Committee in the design, implementation, subsequent revisions and analyses of the Virginia Statewide Trauma Registry.

C. Patient and other data or information submitted to the trauma registry or transmitted to the Commissioner, the Advisory Board, any committee acting on behalf of the Advisory Board, any hospital or prehospital care provider, any regional emergency medical services council, permitted emergency medical services agency, or other group or committee for the purpose of monitoring and improving the quality of care pursuant to § 32.1-111.3, shall be privileged and shall not be disclosed or obtained by legal discovery proceedings, unless a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances, orders disclosure of such data.

D. The Commissioner shall make available and share all information contained in the Virginia Statewide Trauma Registry with the Virginia Department of Rehabilitative Services so that the Department may develop and implement programs and services for persons suffering from brain injuries.

§ 32.1-127.1:03. Health records privacy.

A. There is hereby recognized an individual's right of privacy in the content of his health records. Health records are the property of the health care entity maintaining them, and, except when permitted or required by this section or by other provisions of state law, no health care entity, or other person working in a health care setting, may disclose an individual's health records.

Pursuant to this subsection:

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59 1. Health care entities shall disclose health records to the individual who is the subject of the health
60 record, except as provided in subsections E and F and subsection B of § 8.01-413.

61 2. Health records shall not be removed from the premises where they are maintained without the
62 approval of the health care entity that maintains such health records, except in accordance with a court
63 order or subpoena consistent with subsection C of § 8.01-413 or with this section or in accordance with
64 the regulations relating to change of ownership of health records promulgated by a health regulatory
65 board established in Title 54.1.

66 3. No person to whom health records are disclosed shall redisclose or otherwise reveal the health
67 records of an individual, beyond the purpose for which such disclosure was made, without first
68 obtaining the individual's specific authorization to such redisclosure. This redisclosure prohibition shall
69 not, however, prevent (i) any health care entity that receives health records from another health care
70 entity from making subsequent disclosures as permitted under this section and the federal Department of
71 Health and Human Services regulations relating to privacy of the electronic transmission of data and
72 protected health information promulgated by the United States Department of Health and Human
73 Services as required by the Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C.
74 § 1320d et seq.) or (ii) any health care entity from furnishing health records and aggregate or other data,
75 from which individually identifying prescription information has been removed, encoded or encrypted, to
76 qualified researchers, including, but not limited to, pharmaceutical manufacturers and their agents or
77 contractors, for purposes of clinical, pharmaco-epidemiological, pharmaco-economic, or other health
78 services research.

79 4. Health care entities shall, upon the request of the individual who is the subject of the health
80 record, disclose health records to other health care entities, in any available format of the requestor's
81 choosing, as provided in subsection E.

82 B. As used in this section:

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

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

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

89 "Health care clearinghouse" means, consistent with the definition set out in 45 C.F.R. § 160.103, a
90 public or private entity, such as a billing service, repricing company, community health management
91 information system or community health information system, and "value-added" networks and switches,
92 that performs either of the following functions: (i) processes or facilitates the processing of health
93 information received from another entity in a nonstandard format or containing nonstandard data content
94 into standard data elements or a standard transaction; or (ii) receives a standard transaction from another
95 entity and processes or facilitates the processing of health information into nonstandard format or
96 nonstandard data content for the receiving entity.

97 "Health care entity" means any health care provider, health plan or health care clearinghouse.

98 "Health care provider" means those entities listed in the definition of "health care provider" in
99 § 8.01-581.1, except that state-operated facilities shall also be considered health care providers for the
100 purposes of this section. Health care provider shall also include all persons who are licensed, certified,
101 registered or permitted or who hold a multistate licensure privilege issued by any of the health
102 regulatory boards within the Department of Health Professions, except persons regulated by the Board of
103 Funeral Directors and Embalmers or the Board of Veterinary Medicine.

104 "Health plan" means an individual or group plan that provides, or pays the cost of, medical care.

105 "Health plan" shall include any entity included in such definition as set out in 45 C.F.R. § 160.103.

106 "Health record" means any written, printed or electronically recorded material maintained by a health
107 care entity in the course of providing health services to an individual concerning the individual and the
108 services provided. "Health record" also includes the substance of any communication made by an
109 individual to a health care entity in confidence during or in connection with the provision of health
110 services or information otherwise acquired by the health care entity about an individual in confidence
111 and in connection with the provision of health services to the individual.

112 "Health services" means, but shall not be limited to, examination, diagnosis, evaluation, treatment,
113 pharmaceuticals, aftercare, habilitation or rehabilitation and mental health therapy of any kind, as well as
114 payment or reimbursement for any such services.

115 "Individual" means a patient who is receiving or has received health services from a health care
116 entity.

117 "Individually identifying prescription information" means all prescriptions, drug orders or any other
118 prescription information that specifically identifies an individual.

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

120 "Psychotherapy notes" means comments, recorded in any medium by a health care provider who is a

mental health professional, documenting or analyzing the contents of conversation during a private counseling session with an individual or a group, joint, or family counseling session that are separated from the rest of the individual's health record. "Psychotherapy notes" shall not include annotations relating to medication and prescription monitoring, counseling session start and stop times, treatment modalities and frequencies, clinical test results, or any summary of any symptoms, diagnosis, prognosis, functional status, treatment plan, or the individual's progress to date.

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 health records of minors; or

3. The release of juvenile health records to a secure facility or a shelter care facility pursuant to § 16.1-248.3.

D. Health care entities may, and, when required by other provisions of state law, shall, disclose health records:

1. As set forth in subsection E, pursuant to the written authorization of (i) the individual or (ii) in the case of a minor, (a) his custodial parent, guardian or other person authorized to consent to treatment of minors pursuant to § 54.1-2969 or (b) the minor himself, if he has consented to his own treatment pursuant to § 54.1-2969, or (iii) in emergency cases or situations where it is impractical to obtain an individual's written authorization, pursuant to the individual's oral authorization for a health care provider or health plan to discuss the individual's health records with a third party specified by the individual;

2. In compliance with a subpoena issued in accord with subsection H, pursuant to a search warrant or a grand jury subpoena, pursuant to court order upon good cause shown or in compliance with a subpoena issued pursuant to subsection C of § 8.01-413. Regardless of the manner by which health records relating to an individual are compelled to be disclosed pursuant to this subdivision, nothing in this subdivision shall be construed to prohibit any staff or employee of a health care entity from providing information about such individual to a law-enforcement officer in connection with such subpoena, search warrant, or court order;

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

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

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

6. As required or authorized by law relating to public health activities, health oversight activities, serious threats to health or safety, or abuse, neglect or domestic violence, relating to contagious disease, public safety, and suspected child or adult abuse reporting requirements, including, but not limited to, 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, 32.1-283.1, 37.2-710, 37.2-839, 53.1-40.10, 54.1-2400.6, 54.1-2400.7, 54.1-2403.3, 54.1-2506, 54.1-2966, 54.1-2966.1, 54.1-2967, 54.1-2968, 54.1-3408.2, 63.2-1509, and 63.2-1606;

7. Where necessary in connection with the care of the individual;

8. In connection with the health care entity's own health care operations or the health care operations of another health care entity, as specified in 45 C.F.R. § 164.501, or in the normal course of business in accordance with accepted standards of practice within the health services setting; however, the maintenance, storage, and disclosure of the mass of prescription dispensing records maintained in a pharmacy registered or permitted in Virginia shall only be accomplished in compliance with §§ 54.1-3410, 54.1-3411, and 54.1-3412;

9. When the individual has waived his right to the privacy of the health records;

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

11. To the guardian ad litem and any attorney representing the respondent in the course of a guardianship proceeding of an adult patient who is the respondent in a proceeding under Chapter 10 (§ 37.2-1000 et seq.) of Title 37.2;

12. To the guardian ad litem and any attorney appointed by the court to represent an individual who is or has been a patient who is the subject of a commitment proceeding under § 19.2-169.6, Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1, or a judicial authorization for treatment proceeding pursuant to Chapter 11 (§ 37.2-1100 et seq.) of Title 37.2;

13. To a magistrate, the court, the evaluator or examiner required under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or § 37.2-815, a community services board or behavioral health

182 authority or a designee of a community services board or behavioral health authority, or a
183 law-enforcement officer participating in any proceeding under Article 16 (§ 16.1-335 et seq.) of Chapter
184 11 of Title 16.1, § 19.2-169.6, or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2 regarding the subject of
185 the proceeding, and to any health care provider evaluating or providing services to the person who is the
186 subject of the proceeding or monitoring the person's adherence to a treatment plan ordered under those
187 provisions. Health records disclosed to a law-enforcement officer shall be limited to information
188 necessary to protect the officer, the person, or the public from physical injury or to address the health
189 care needs of the person. Information disclosed to a law-enforcement officer shall not be used for any
190 other purpose, disclosed to others, or retained;

191 14. To the attorney and/or guardian ad litem of a minor who represents such minor in any judicial or
192 administrative proceeding, if the court or administrative hearing officer has entered an order granting the
193 attorney or guardian ad litem this right and such attorney or guardian ad litem presents evidence to the
194 health care entity of such order;

195 15. With regard to the Court-Appointed Special Advocate (CASA) program, a minor's health records
196 in accord with § 9.1-156;

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

201 17. To third-party payors and their agents for purposes of reimbursement;

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

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

208 20. In accord with subsection B of § 54.1-2400.1, to communicate an individual's specific and
209 immediate threat to cause serious bodily injury or death of an identified or readily identifiable person;

210 21. Where necessary in connection with the implementation of a hospital's routine contact process for
211 organ donation pursuant to subdivision B 4 of § 32.1-127;

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

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

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

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

229 26. (Effective until July 1, 2012) To the Office of the Inspector General for Behavioral Health and
230 Developmental Services pursuant to Article 3 (§ 37.2-423 et seq.) of Chapter 4 of Title 37.2;

231 26. (Effective July 1, 2012) To the Office of the State Inspector General pursuant to Chapter 3.2
232 (§ 2.2-307 et seq.) of Title 2.2;

233 27. To an entity participating in the activities of a local health partnership authority established
234 pursuant to Article 6.1 (§ 32.1-122.10:001 et seq.) of Chapter 4, pursuant to subdivision 1;

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

239 29. To law-enforcement officials, in response to their request, for the purpose of identifying or
240 locating a suspect, fugitive, person required to register pursuant to § 9.1-901 of the Sex Offender and
241 Crimes Against Minors Registry Act, material witness, or missing person, provided that only the
242 following information may be disclosed: (i) name and address of the person, (ii) date and place of birth
243 of the person, (iii) social security number of the person, (iv) blood type of the person, (v) date and time

of treatment received by the person, (vi) date and time of death of the person, where applicable, (vii) description of distinguishing physical characteristics of the person, and (viii) type of injury sustained by the person;

30. To law-enforcement officials regarding the death of an individual for the purpose of alerting law enforcement of the death if the health care entity has a suspicion that such death may have resulted from criminal conduct;

31. To law-enforcement officials if the health care entity believes in good faith that the information disclosed constitutes evidence of a crime that occurred on its premises;

32. To the State Health Commissioner pursuant to § 32.1-48.015 when such records are those of a person or persons who are subject to an order of quarantine or an order of isolation pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of Chapter 2;

33. 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;

34. To notify a family member or personal representative of an individual who is the subject of a proceeding pursuant to Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2 of information that is directly relevant to such person's involvement with the individual's health care, which may include the individual's location and general condition, when the individual has the capacity to make health care decisions and (i) the individual has agreed to the notification, (ii) the individual has been provided an opportunity to object to the notification and does not express an objection, or (iii) the health care provider can, on the basis of his professional judgment, reasonably infer from the circumstances that the individual does not object to the notification. If the opportunity to agree or object to the notification cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the health care provider may notify a family member or personal representative of the individual of information that is directly relevant to such person's involvement with the individual's health care, which may include the individual's location and general condition if the health care provider, in the exercise of his professional judgment, determines that the notification is in the best interests of the individual. Such notification shall not be made if the provider has actual knowledge the family member or personal representative is currently prohibited by court order from contacting the individual; ~~and~~

35. To a threat assessment team established by a public institution of higher education pursuant to § 23-9.2:10 when such records concern a student at the public institution of higher education, including a student who is a minor; *and*

36. To a regional emergency medical services council pursuant to § 32.1-116.1, for purposes limited to monitoring and improving the quality of emergency medical services pursuant to § 32.1-111.3.

Notwithstanding the provisions of subdivisions 1 through 35, a health care entity shall obtain an individual's written authorization for any disclosure of psychotherapy notes, except when disclosure by the health care entity is (i) for its own training programs in which students, trainees, or practitioners in mental health are being taught under supervision to practice or to improve their skills in group, joint, family, or individual counseling; (ii) to defend itself or its employees or staff against any accusation of wrongful conduct; (iii) in the discharge of the duty, in accordance with subsection B of § 54.1-2400.1, to take precautions to protect third parties from violent behavior or other serious harm; (iv) required in the course of an investigation, audit, review, or proceeding regarding a health care entity's conduct by a duly authorized law-enforcement, licensure, accreditation, or professional review entity; or (v) otherwise required by law.

E. Health care records required to be disclosed pursuant to this section shall be made available electronically only to the extent and in the manner authorized by the federal Health Information Technology for Economic and Clinical Health Act (P.L. 111-5) and implementing regulations and the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.) and implementing regulations. Notwithstanding any other provision to the contrary, a health care entity shall not be required to provide records in an electronic format requested if (i) the electronic format is not reasonably available without additional cost to the health care entity, (ii) the records would be subject to modification in the format requested, or (iii) the health care entity determines that the integrity of the records could be compromised in the electronic format requested. Requests for copies of or electronic access to health records shall (a) be in writing, dated and signed by the requester; (b) identify the nature of the information requested; and (c) include evidence of the authority of the requester to receive such copies or access such records, and identification of the person to whom the information is to be disclosed; and (d) specify whether the requester would like the records in electronic format, if available, or in paper format. The health care entity 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

305 copies of or electronic access to health records, the health care entity shall do one of the following: (A)
306 furnish such copies of or allow electronic access to the requested health records to any requester
307 authorized to receive them in electronic format if so requested; (B) inform the requester if the
308 information does not exist or cannot be found; (C) if the health care entity does not maintain a record of
309 the information, so inform the requester and provide the name and address, if known, of the health care
310 entity who maintains the record; or (D) deny the request (1) under subsection F, (2) on the grounds that
311 the requester has not established his authority to receive such health records or proof of his identity, or
312 (3) as otherwise provided by law. Procedures set forth in this section shall apply only to requests for health
313 records not specifically governed by other provisions of state law.

314 F. Except as provided in subsection B of § 8.01-413, copies of or electronic access to an individual's
315 health records shall not be furnished to such individual or anyone authorized to act on the individual's
316 behalf when the individual's treating physician or the individual's treating clinical psychologist has made
317 a part of the individual's record a written statement that, in the exercise of his professional judgment, the
318 furnishing to or review by the individual of such health records would be reasonably likely to endanger
319 the life or physical safety of the individual or another person, or that such health record makes reference
320 to a person other than a health care provider and the access requested would be reasonably likely to
321 cause substantial harm to such referenced person. If any health care entity denies a request for copies of
322 or electronic access to health records based on such statement, the health care entity shall inform the
323 individual of the individual's right to designate, in writing, at his own expense, another reviewing
324 physician or clinical psychologist, whose licensure, training and experience relative to the individual's
325 condition are at least equivalent to that of the physician or clinical psychologist upon whose opinion the
326 denial is based. The designated reviewing physician or clinical psychologist shall make a judgment as to
327 whether to make the health record available to the individual.

328 The health care entity denying the request shall also inform the individual of the individual's right to
329 request in writing that such health care entity designate, at its own expense, a physician or clinical
330 psychologist, whose licensure, training, and experience relative to the individual's condition are at least
331 equivalent to that of the physician or clinical psychologist upon whose professional judgment the denial
332 is based and who did not participate in the original decision to deny the health records, who shall make
333 a judgment as to whether to make the health record available to the individual. The health care entity
334 shall comply with the judgment of the reviewing physician or clinical psychologist. The health care
335 entity shall permit copying and examination of the health record by such other physician or clinical
336 psychologist designated by either the individual at his own expense or by the health care entity at its
337 expense.

338 Any health record copied for review by any such designated physician or clinical psychologist shall
339 be accompanied by a statement from the custodian of the health record that the individual's treating
340 physician or clinical psychologist determined that the individual's review of his health record would be
341 reasonably likely to endanger the life or physical safety of the individual or would be reasonably likely
342 to cause substantial harm to a person referenced in the health record who is not a health care provider.

343 Further, nothing herein shall be construed as giving, or interpreted to bestow the right to receive
344 copies of, or otherwise obtain access to, psychotherapy notes to any individual or any person authorized
345 to act on his behalf.

346 G. A written authorization to allow release of an individual's health records shall substantially include
347 the following information:

348 AUTHORIZATION TO RELEASE CONFIDENTIAL HEALTH RECORDS

349 Individual's Name
350 Health Care Entity's Name
351 Person, Agency, or Health Care Entity to whom disclosure is to
352 be made
353 Information or Health Records to be disclosed
354 Purpose of Disclosure or at the Request of the Individual
355 As the person signing this authorization, I understand that I am
356 giving my permission to the above-named health care entity for
357 disclosure of confidential health records. I understand that the
358 health care entity may not condition treatment or payment on my
359 willingness to sign this authorization unless the specific
360 circumstances under which such conditioning is permitted by law
361 are applicable and are set forth in this authorization. I also
362 understand that I have the right to revoke this authorization at
363 any time, but that my revocation is not effective until delivered
364 in writing to the person who is in possession of my health records

and is not effective as to health records already disclosed under this authorization. A copy of this authorization and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original health records. I understand that health information disclosed under this authorization might be redisclosed by a recipient and may, as a result of such disclosure, no longer be protected to the same extent as such health information was protected by law while solely in the possession of the health care entity.

This authorization expires on (date) or (event)

Signature of Individual or Individual's Legal Representative if

Individual is Unable to Sign

Relationship or Authority of Legal Representative

Date of Signature

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 health 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 health 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 health 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 health 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 health records or on whose behalf the subpoena duces tecum is being issued shall have the duty to determine whether the individual whose health records are being sought is pro se or a nonparty.

In instances where health 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 INDIVIDUAL

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, other health care providers (names of health care providers inserted here) or other health care entity (name of health care entity to be inserted here) requiring them to produce your health records. Your doctor, other health care provider or other health care entity is required to respond by providing a copy of your health records. If you believe your health 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, other health care provider(s), or other health care entity, that you are filing the motion so that the health care provider or health care entity knows to send the health 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 an individual's health records shall include a Notice in the same part of the request in which the recipient of the subpoena duces tecum is directed where and when to return the health records. Such notice shall be in boldface capital letters and shall include the following language:

NOTICE TO HEALTH CARE ENTITIES

A COPY OF THIS SUBPOENA DUCES TECUM HAS BEEN PROVIDED TO THE INDIVIDUAL WHOSE HEALTH RECORDS ARE BEING REQUESTED OR HIS COUNSEL. YOU OR THAT

425 INDIVIDUAL HAS THE RIGHT TO FILE A MOTION TO QUASH (OBJECT TO) THE ATTACHED
426 SUBPOENA. IF YOU ELECT TO FILE A MOTION TO QUASH, YOU MUST FILE THE MOTION
427 WITHIN 15 DAYS OF THE DATE OF THIS SUBPOENA.

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

431 NO MOTION TO QUASH WAS FILED; OR

432 ANY MOTION TO QUASH HAS BEEN RESOLVED BY THE COURT OR THE
433 ADMINISTRATIVE AGENCY AND THE DISCLOSURES SOUGHT ARE CONSISTENT WITH
434 SUCH RESOLUTION.

435 IF YOU RECEIVE NOTICE THAT THE INDIVIDUAL WHOSE HEALTH RECORDS ARE
436 BEING REQUESTED HAS FILED A MOTION TO QUASH THIS SUBPOENA, OR IF YOU FILE A
437 MOTION TO QUASH THIS SUBPOENA, YOU MUST SEND THE HEALTH RECORDS ONLY TO
438 THE CLERK OF THE COURT OR ADMINISTRATIVE AGENCY THAT ISSUED THE SUBPOENA
439 OR IN WHICH THE ACTION IS PENDING AS SHOWN ON THE SUBPOENA USING THE
440 FOLLOWING PROCEDURE:

441 PLACE THE HEALTH RECORDS IN A SEALED ENVELOPE AND ATTACH TO THE SEALED
442 ENVELOPE A COVER LETTER TO THE CLERK OF COURT OR ADMINISTRATIVE AGENCY
443 WHICH STATES THAT CONFIDENTIAL HEALTH RECORDS ARE ENCLOSED AND ARE TO BE
444 HELD UNDER SEAL PENDING A RULING ON THE MOTION TO QUASH THE SUBPOENA.
445 THE SEALED ENVELOPE AND THE COVER LETTER SHALL BE PLACED IN AN OUTER
446 ENVELOPE OR PACKAGE FOR TRANSMITTAL TO THE COURT OR ADMINISTRATIVE
447 AGENCY.

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

450 4. Except to deliver to a clerk of the court or administrative agency subpoenaed health records in a
451 sealed envelope as set forth, health care entities shall not respond to a subpoena duces tecum for such
452 health records until they have received a certification as set forth in subdivision 5 or 8 from the party on
453 whose behalf the subpoena duces tecum was issued.

454 If the health care entity has actual receipt of notice that a motion to quash the subpoena has been
455 filed or if the health care entity files a motion to quash the subpoena for health records, then the health
456 care entity shall produce the health records, in a securely sealed envelope, to the clerk of the court or
457 administrative agency issuing the subpoena or in whose court or administrative agency the action is
458 pending. The court or administrative agency shall place the health records under seal until a
459 determination is made regarding the motion to quash. The securely sealed envelope shall only be opened
460 on order of the judge or administrative agency. In the event the court or administrative agency grants
461 the motion to quash, the health records shall be returned to the health care entity in the same sealed
462 envelope in which they were delivered to the court or administrative agency. In the event that a judge or
463 administrative agency orders the sealed envelope to be opened to review the health records in camera, a
464 copy of the order shall accompany any health records returned to the health care entity. The health
465 records returned to the health care entity shall be in a securely sealed envelope.

466 5. If no motion to quash is filed within 15 days of the date of the request or of the attorney-issued
467 subpoena, the party on whose behalf the subpoena was issued shall have the duty to certify to the
468 subpoenaed health care entity that the time for filing a motion to quash has elapsed and that no motion
469 to quash was filed. Any health care entity receiving such certification shall have the duty to comply
470 with the subpoena duces tecum by returning the specified health records by either the return date on the
471 subpoena or five days after receipt of the certification, whichever is later.

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

480 7. Concurrent with the court or administrative agency's resolution of a motion to quash, if
481 subpoenaed health records have been submitted by a health care entity to the court or administrative
482 agency in a sealed envelope, the court or administrative agency shall: (i) upon determining that no
483 submitted health records should be disclosed, return all submitted health records to the health care entity
484 in a sealed envelope; (ii) upon determining that all submitted health records should be disclosed, provide
485 all the submitted health records to the party on whose behalf the subpoena was issued; or (iii) upon
486 determining that only a portion of the submitted health records should be disclosed, provide such portion

to the party on whose behalf the subpoena was issued and return the remaining health records to the health care entity in a sealed envelope.

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

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 health records previously delivered in a sealed envelope to the clerk of the court or administrative agency will not be returned to the health care entity;

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 health records have previously been delivered to the court or administrative agency by the health care entity, the health care entity shall comply with the subpoena duces tecum by returning the health 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 health records shall be disclosed and all health records previously delivered in a sealed envelope to the clerk of the court or administrative agency will be returned to the health care entity;

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 health 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 health records that were previously delivered to the court or administrative agency for which disclosure has been authorized will not be returned to the health care entity; however, all health records for which disclosure has not been authorized will be returned to the health care entity; 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 health records have previously been delivered to the court or administrative agency by the health care entity, the health care entity shall return only those health 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 health records requested under § 8.01-413, or issued by a duly authorized administrative agency conducting an investigation, audit, review or proceedings regarding a health care entity's conduct.

The provisions of this subsection shall apply to subpoenas for the health 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 health records, including, but not limited to, ordering the return of health records to a health care entity, 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. Health care entities may testify about the health records of an individual in compliance with §§ 8.01-399 and 8.01-400.2.

J. If an individual requests a copy of his health record from a health care entity, the health care entity may impose a reasonable cost-based fee, which shall include only the cost of supplies for and labor of copying the requested information, postage when the individual requests that such information be mailed, and preparation of an explanation or summary of such information as agreed to by the individual. For the purposes of this section, "individual" shall subsume a person with authority to act on behalf of the individual who is the subject of the health record in making decisions related to his health care.

K. Nothing in this section shall prohibit a health care provider who prescribes or dispenses a controlled substance required to be reported to the Prescription Monitoring Program established pursuant to Chapter 25.2 (§ 54.1-2519 et seq.) of Title 54.1 to a patient from disclosing information obtained from the Prescription Monitoring Program and contained in a patient's health care record to another health care provider when such disclosure is related to the care or treatment of the patient who is the subject of the record.