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## HOUSE BILL NO. 2733

Offered January 20, 1997

A BILL to amend and reenact §§ 8.01-413 and 54.1-2403.3 of the Code of Virginia, to amend the Code of Virginia by adding a section numbered 32.1-127.1:03, and to repeal § 32.1-127.1:02 of the Code of Virginia, relating to health care provider records.

Patrons-Cunningham, Bloxom, Clement, Darner, DeBoer and Melvin; Senators: Couric and Gartlan

Referred to Committee on Health, Welfare and Institutions

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

12 1. That §§ 8.01-413 and 54.1-2403.3 of the Code of Virginia are amended and reenacted, and that 13 the Code of Virginia is amended by adding a section numbered 32.1-127.1:03 as follows:

14 § 8.01-413. Certain copies of health care provider's records or papers of patient admissible; right of 15 patient or his attorney to copies of such records or papers; subpoena; damages, costs and attorney's fees. A. In any case where the hospital, nursing facility, physician's, or other health care provider's original 16 17 records or papers of any patient in a hospital or institution for the treatment of physical or mental illness are admissible or would be admissible as evidence, any typewritten copy, photograph, photostatic 18 photostatted copy, or microphotograph or printout or other hard copy generated from computerized or 19 20 other electronic storage, microfilm, or other photographic, mechanical, electronic or chemical storage 21 process thereof shall be admissible as evidence in any court of this Commonwealth in like manner as 22 the original, if the printout or hard copy or microphotograph or photograph is properly authenticated by 23 the employees having authority to release or produce the original records.

Any hospital, nursing facility, physician, or other health care provider whose records or papers 24 25 relating to any such patient are subpoenaed for production under this section or the Rules of the Supreme Court of Virginia may comply with the subpoena by a timely mailing to the clerk issuing the 26 27 subpoena properly authenticated copies, photographs or microphotographs in lieu of the originals. The court whose clerk issued the subpoena may, after notice to such hospital, nursing facility, physician, or 28 29 other health care provider, enter an order requiring production of the originals, if available, of any stored 30 records or papers whose copies, photographs or microphotographs are not sufficiently legible. The party requesting the subpoena shall be liable for the reasonable charges of the hospital, nursing facility, 31 32 physician, or other health care provider for the service of maintaining, retrieving, reviewing, preparing, 33 copying and mailing the items produced. Except for copies of X-ray photographs, however, such charges 34 shall not exceed fifty cents for each page up to fifty pages and twenty-five cents a page thereafter for copies from paper and one dollar per page for copies from microfilm or other micrographic process, 35 36 plus all postage and shipping costs and a search and handling fee not to exceed ten dollars.

37 B. Copies of hospital, nursing facility, physician's, or other health care provider's records or papers 38 shall be furnished within fifteen days of such request to the patient or his attorney upon such patient's or 39 attorney's written request, which request shall comply with the requirements of § 32.1-127.1:03. 40 However, copies of a patient's records shall not be furnished to such patient where the patient's treating 41 physician has made a part of the patient's records a written statement that in his opinion the furnishing 42 to or review by the patient of such records would be injurious to the patient's health or well-being, but in any such case such records shall be furnished to the patient's attorney within fifteen days of the date 43 44 of such request. A reasonable charge may be made for the service of maintaining, retrieving, reviewing and preparing such copies. Except for copies of X-ray photographs, however, such charges shall not 45 exceed fifty cents per page for up to fifty pages and twenty-five cents a page thereafter for copies from 46 paper and one dollar per page for copies from microfilm or other micrographic process, plus all postage 47 **48** and shipping costs and a search and handling fee not to exceed ten dollars. Any hospital, nursing 49 facility, physician, or other health care provider receiving such a request from a patient's attorney may 50 shall require a writing signed by the patient confirming the attorney's authority to make the request. 51 Records or papers relating to a deceased patient, or a patient whose treating physician determines to be mentally incompetent to consent, or physically incapable of consenting, shall be provided to any of the 52 53 following persons, in order of priority stated, upon the written request of such person, unless the 54 hospital, nursing facility, physician, or other health care provider is aware of any available person in a higher class: (i) the personal representative of a deceased patient; (ii) the legal guardian or committee of 55 an incompetent or incapacitated patient; (iii) the spouse; (iv) an adult son or daughter; (v) either parent; 56 (vi) an adult brother or sister; or (vii) any of the other relatives of the patient in the descending order of 57 58 blood relationship.

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59 C. Upon the failure of any hospital, nursing facility, physician, or other health care provider to

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60 comply with any written request made in accordance with subsection B within the period of time specified in that subsection and within the manner specified in § 32.1-127.1:03, the patient or his 61 62 attorney may by affidavit filed with the clerk of the circuit court wherein any eventual suit, if any, 63 would be required to be filed, upon payment of the fees required by subdivision (23) of § 14.1-112, and fees for service, request that the clerk subpoena such records or papers. The clerk shall thereupon issue 64 65 a subpoena, returnable within twenty days of proper service, directing the hospital, nursing facility, physician, or other health care provider to produce and furnish copies of the reports and papers to him, 66 whereupon, the clerk shall make the same available to the patient or his attorney. If the court finds that 67 68 a hospital, nursing facility, physician, or other health care provider willfully refused to comply with a written request made in accordance with subsection B, either by willfully or arbitrarily refusing or by 69 imposing a charge in excess of the reasonable expense of making the copies and processing the request 70 for records, the court may award damages for all expenses incurred by the patient to obtain such copies, 71 72 including court costs and reasonable attorney's fees.

D. The provisions of subsections A, B, and C hereof shall apply to any health care provider whose 73 74 office is located within or without the Commonwealth if the records pertain to any patient who is a 75 party to a cause of action in any court in the Commonwealth of Virginia, and shall apply only to 76 requests made by an attorney, or his client, in anticipation of litigation or in the course of litigation.

E. Health care provider, as used in this section, shall have the same meaning as provided in 77 78 § 8.01-581.1 § 32.1-127.1:03 and shall also include an independent medical copy retrieval service 79 contracted to provide the service of retrieving, reviewing, and preparing such copies for distribution.

80 § 32.1-127.1:03. Health care confidentiality.

81 A. As used in this section:

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

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

85 "Health services" includes but is not limited to examination, diagnosis, evaluation, treatment, 86 pharmaceuticals, aftercare, habilitation or rehabilitation and mental health therapy of any kind. 87

"Parent" means a biological, adoptive or foster parent. 88

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

89 "Provider" shall have the same meaning as set forth in the definition of "Health care provider" in 90 § 8.01-581.1, except that state-operated facilities shall also be considered providers for the purposes of 91 this section. Provider shall also include all individuals who are licensed or certified by any of the health 92 regulatory boards within the Department of Health Professions, except individuals regulated by the 93 Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

94 "Record" means any written, printed or electronically recorded material maintained by a provider in 95 the course of providing health services to a patient concerning the patient and the services provided. 96 "Record" also includes the substance of any communication made by a patient to a provider in 97 confidence during or in connection with the provision of health services to a patient or information 98 otherwise acquired by the provider about a patient in confidence and in connection with the provision of 99 health services to the patient.

100 B. There is hereby recognized a patient's right of privacy in the content of a patient's medical 101 record. Patient records are the property of the provider maintaining them and, except when permitted by this section, or when permitted by another provision of state or federal law, no provider, or other 102 103 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 104 approval of the owner, except in accordance with court order or subpoend consistent with § 8.01-413 C 105 106 or with this section.

No third party to whom disclosure of patient records is made by a provider may redisclose or 107 108 otherwise reveal the records of a patient, beyond the purpose for which such disclosure was made, 109 without first obtaining the patient's specific consent to such redisclosure. However, this redisclosure 110 prohibition does not apply so as to prohibit any provider who receives records from another provider 111 from making a subsequent disclosure permitted under this section. 112

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 113 114 Workers Compensation Act: or 115

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

D. Providers may disclose the records of a patient:

117 1. As set forth in subsection E of this section, pursuant to the written consent of the patient or in the case of a minor patient, his custodial parent, guardian or other person authorized to consent to treatment of minors pursuant to § 54.1-2969; also, in emergency cases or situations where it is 118 119 120 impractical to obtain the patient's written consent, pursuant to the patient's oral consent for a provider 121 to discuss the patient's records with a third party specified by the patient;

122 2. In compliance with a subpoend issued in accord with subsection H of this section, pursuant to
 123 court order upon good cause shown or in compliance with a subpoend issued pursuant to subsection C
 124 of § 8.01-413;

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

**130** *4. In testimony in accordance with § 8.01-399;* 

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- **131** 5. In compliance with the provisions of § 8.01-413;
- 6. As required or authorized by any other provision of law including 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, 32.1-276.5, 32.1-283, 32.1-283.1, 37.1-98.2,
  53.1-40.10, 54.1-2403.3, 54.1-2906, 54.1-2907, 54.1-2966, 54.1-2966.1, 54.1-2967, 54.1-2968, 63.1-55.3
  and 63.1-248.11;
  - 7. Where necessary in connection with the care of the patient;
- **138** 8. In the normal course of business in accordance with accepted standards of practice within the **139** health services setting;
- **140** 9. When the patient has waived his right to the privacy of the medical records;
- 141 10. When examination and evaluation of a patient is undertaken pursuant to judicial or 142 administrative law order, but only to the extent as required by such;
- 143 11. To the guardian ad litem in the course of a guardianship proceeding of an adult patient 144 authorized under §§ 37.1-128.1, 37.1-128.2 and 37.1-132;
- 145 *12. To the attorney appointed by the court to represent a patient in a civil commitment proceeding* 146 *under § 37.1-67.3;*
- 147 13. To the attorney and/or guardian ad litem of a minor patient who represents such minor in any
  148 judicial or administrative proceeding, provided that the court or administrative hearing officer has
  149 entered an order granting the attorney or guardian ad litem this right and such attorney or guardian ad
  150 litem presents evidence to the provider of such order;
- 151 14. With regard to the Court Appointed Special Advocate (CASA) program, a minor's records in 152 accord with § 9-173.12;
- 153 15. To an agent appointed under a patient's power of attorney or to an agent or decision maker
  154 designated in a patient's advance directive for health care or to any other person consistent with the
  155 provisions of the Health Care Decisions Act (§ 54.1-2981 et seq.);
- 156 16. To third-party payors and their agents pursuant to the deemed consent provisions of §§ 37.1-226
  157 and 37.1-227 when the patient has requested the provider to submit bills to the third-party payor for
  158 payment under a contract or insurance policy;
- 159 17. As is necessary to support an application for receipt of health care benefits from a governmental
  160 agency or as required by an authorized governmental agency reviewing such application or reviewing
  161 benefits already provided;
- 162 18. Upon the sale of a medical practice as provided in § 54.1-2405;
- 163 19. In accord with § 54.1-2400.1 B, to communicate a patient's specific and immediate threat to 164 cause serious bodily injury or death of an identified or readily identifiable person;
- **165** 20. To the patient, except as provided in subsections E and F of this section and subsection B of **166** § 8.01-413;
- 167 21. In the case of substance abuse records when permitted by and in conformity with requirements of 168 federal law found in 42 U.S.C 290dd-2 and 42 C.F.R. Part 2;
- 169 22. In connection with the work of any entity established as set forth in § 8.01-581.16 to evaluate the
  170 adequacy or quality of professional services or the competency and qualifications for professional staff
  171 privileges;
- 172 23. Records of a deceased or mentally incapacitated patient to the personal representative or
  173 executor of the deceased patient or the legal guardian or committee of the incompetent or incapacitated
  174 patient or if there is no such person appointed, to the following persons in the following order of
  175 priority: a spouse, an adult son or daughter, either parent, an adult brother or sister, or any other
  176 relative of the deceased patient in order of blood relationship; and
- 177 24. Pursuant to a medical temporary detention order as set out in subsection M of § 37.1-134.5.
- 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. Within fifteen days of receipt of a request for copies of medical records, the provider shall do
- 182 one of the following: (i) furnish such copies to any requester authorized to receive them; (ii) inform the

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requester if the information does not exist or cannot be found; (iii) if the provider does not maintain a 183 184 record of the information, so inform the requester and provide the name and address, if known, of the 185 provider who maintains the record; or (iv) deny the request (a) under subsection F, (b) on the grounds 186 that the requester has not established his authority to receive such records or proof of his identity, or 187 (c) as otherwise provided by law. Procedures set forth in this section shall apply only to requests for 188 records not specifically governed by other provisions of this Code or of federal law.

189 F. Except as provided in subsection B of § 8.01-413, copies of a patient's records shall not be 190 furnished to such patient or anyone authorized to act on the patient's behalf where the patient's 191 attending physician or the patient's clinical psychologist has made a part of the patient's record a 192 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 193 for copies of records based on such statement, the custodian shall permit examination and copying of 194 195 the medical record by another such physician or clinical psychologist selected by the patient, whose 196 licensure, training and experience relative to the patient's condition is at least equivalent to that of the physician or clinical psychologist upon whose opinion the denial is based. The person or entity denying 197 198 the request shall inform the patient of the patient's right to select another reviewing physician or 199 clinical psychologist under this subsection who shall make a judgment as to whether to make the record 200 available to the patient. Any record copied for review by the physician or clinical psychologist selected 201 by the patient shall be accompanied by a statement from the custodian of the record that the patient's 202 attending physician or clinical psychologist determined that the patient's review of his record would be 203 injurious to the patient's health or well-being.

204 G. A written consent to allow release of patient records may, but need not, be in the following form: 205 CONSENT TO RELEASE OF CONFIDENTIAL HEALTH CARE INFORMATION

207	Patient Name
208	Provider Name
209	Person, agency or provider to whom
210	disclosure is to be made
211	Information or Records to be disclosed

213 As the person signing this consent, I understand that I am giving my permission to the above-named 214 provider or other named third party for disclosure of confidential health care records. I also understand 215 that I have the right to revoke this consent, but that my revocation is not effective until delivered in 216 writing to the person who is in possession of my records. A copy of this consent and a notation 217 concerning the persons or agencies to whom disclosure was made shall be included with my original 218 records. The person who receives the records to which this consent pertains may not redisclose them to 219 anyone else without my separate written consent unless such recipient is a provider who makes a 220 disclosure permitted by law.

221 This consent expires on (date)..... 222 Signature of Patient...... Date ......

224 H.1. No party to an action shall request the issuance of a subpoend duces tecum for an opposing 225 party's medical records unless a copy of the request for the subpoena is provided to opposing counsel 226 or the opposing party if they are pro se, simultaneously with filing the request. No party to an action 227 shall request the issuance of a subpoena duces tecum for the medical records of a nonparty witness 228 unless a copy of the request for the subpoena is provided to the nonparty witness simultaneously with 229 filing the request.

230 In instances where medical records being subpoenaed are those of a pro se party or nonparty 231 witness, the party requesting the issuance of the subpoena shall deliver to the pro se party or nonparty 232 witness together with the copy of the request for subpoena, a statement informing them of their rights 233 and remedies. The statement shall include the following language and the heading shall be in boldface 234 capital letters: 235

## NOTICE TO PATIENT

236 The attached Request for Subpoena means that (insert name of party requesting subpoena) has asked 237 the court to issue a subpoena to your doctor or other health care providers (names of health care 238 providers inserted here) requiring them to produce your medical records. Your doctor or other health 239 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 240 the clerk of the court to quash the subpoena. You may contact the clerk's office to determine the 241 242 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, it must be filed as soon as 243

possible before the provider sends out the records in response to the subpoena. 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 for safekeeping while your
motion is decided.

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249 2. Health care providers shall provide a copy of all records as required by a subpoena duces tecum 250 or court order for medical records. However if the health care provider has actual receipt of notice that a motion to quash the subpoena has been filed, or if the health care provider files a motion to quash 251 252 the subpoena for medical records, then the health care provider shall produce the records to the clerk 253 of the court issuing the subpoena where the court shall place them under seal until a determination is 254 made regarding the motion to quash. Any party filing a request for a subpoena duces tecum for a 255 patient's medical records shall include a Notice to Providers in the same part of the request where the 256 provider is directed where and when to return the records. Such notice shall be in boldface capital 257 *letters and shall include the following language:* 

**258** NOTICE TO PROVIDERS

 IF YOU RECEIVE NOTICE THAT YOUR PATIENT HAS FILED A MOTION TO QUASH (OBJECTING TO) THIS SUBPOENA, OR IF YOU FILE A MOTION TO QUASH THIS SUBPOENA, SEND THE RECORDS ONLY TO THE CLERK OF THE COURT WHICH ISSUED THE SUBPOENA, WITH A COVER LETTER STATING THAT THE RECORDS ARE CONFIDENTIAL AND ARE TO BE PLACED UNDER SEAL PENDING THE COURT'S RULING ON THE MOTION TO QUASH.

3. It is the duty of any party requesting a subpoend duces tecum for medical records to determine
whether the patient whose records are sought is pro se or a nonparty. Any request for a subpoend duces
tecum for the medical records of a nonparty or of a pro se party shall direct the provider (in boldface
type) not to produce the records until ten days after the date on which the provider is served with the
subpoend duces tecum and shall be produced no later than twenty days after the date of such service.

270 In the event that the individual whose records are being sought files a motion to quash the 271 subpoena, the court shall decide whether good cause has been shown by the discovering party to 272 compel disclosure of the patient's private records over the patient's objections. In determining whether 273 good cause has been shown, the court shall consider (i) the particular purpose for which the 274 information was collected; (ii) the degree to which the disclosure of the records would embarrass, injure, or invade the privacy of the individual; (iii) the effect of the disclosure on the individual's future 275 276 health care; (iv) the importance of the information to the lawsuit or proceeding; and (v) any other 277 relevant factor.

The provisions of this subsection have no application to subpoends for medical records requested
under § 8.01-413, or issued by a duly authorized administrative agency as referenced in subsection
D(3). The provisions of this subsection apply to the medical records of both minors and adults.

281 A subpoend for substance abuse records must conform to the requirements of federal law found in 282 42 C.F.R. Part 2, Subpart E.

**283** Providers may testify about the medical records of a patient in compliance with §§ 8.01-399 and 8.01-400.

**285** § 54.1-2403.3. Medical records; ownership; provision of copies.

286 Medical records maintained by any health care provider as defined in  $\frac{8.01-581.1}{8}$  32.1-127.1:03 287 shall be the property of such health care provider. Such health care provider shall release copies of any 288 such medical records in compliance with  $\frac{8.2.1-127.1:02}{32.1-127.1:03}$  or  $\frac{8.01-413}{13}$ , if the request is 289 made for purposes of litigation, or as otherwise provided by state or federal law.

290 2. That § 32.1-127.1:02 of the Code of Virginia is repealed.