

(4) A NOTICE OF REFUSAL SHALL CONTAIN:

(I) EACH REASON FOR THE REFUSAL; AND

(II) THE PROCEDURES, IF ANY, THAT THE HEALTH CARE PROVIDER HAS ESTABLISHED FOR REVIEW OF THE REFUSAL.

(5) IF THE FINAL DETERMINATION OF THE HEALTH CARE PROVIDER IS A REFUSAL TO CHANGE THE MEDICAL RECORD, THE PROVIDER:

(I) SHALL PERMIT A PERSON IN INTEREST TO INSERT IN THE MEDICAL RECORD A CONCISE STATEMENT OF THE REASON THAT THE PERSON IN INTEREST DISAGREES WITH THE RECORD; AND

(II) MAY INSERT IN THE MEDICAL RECORD A STATEMENT OF THE REASONS FOR THE REFUSAL.

(6) A HEALTH CARE PROVIDER SHALL GIVE A NOTICE OF A CHANGE IN A MEDICAL RECORD OR A COPY OF A STATEMENT OF DISAGREEMENT:

(I) TO ANY INDIVIDUAL THE PERSON IN INTEREST HAS DESIGNATED TO RECEIVE THE NOTICE OR STATEMENT; AND

(II) TO WHOM THE HEALTH CARE PROVIDER HAS DISCLOSED AN INACCURATE, AN INCOMPLETE, OR A DISPUTED MEDICAL RECORD WITHIN THE PREVIOUS 6 MONTHS.

(7) IF A HEALTH CARE PROVIDER DISCLOSES A MEDICAL RECORD AFTER AN ADDITION, CORRECTION, OR STATEMENT OF DISAGREEMENT HAS BEEN MADE, THE PROVIDER SHALL INCLUDE WITH THE MEDICAL RECORD A COPY OF EACH ADDITION, CORRECTION, OR STATEMENT OF DISAGREEMENT.

(C) A HEALTH CARE PROVIDER MAY REQUIRE A PERSON IN INTEREST OR ANY OTHER AUTHORIZED PERSON WHO REQUESTS A COPY OF A MEDICAL RECORD TO PAY THE COST OF COPYING:

(1) FOR STATE FACILITIES REGULATED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AS PROVIDED IN § 10-621 OF THE STATE GOVERNMENT ARTICLE; OR

(2) FOR ALL OTHER HEALTH CARE PROVIDERS, THE REASONABLE COST OF PROVIDING THE INFORMATION REQUESTED.

(D) EXCEPT FOR AN EMERGENCY REQUEST FROM A UNIT OF STATE OR LOCAL GOVERNMENT CONCERNING A CHILD PROTECTIVE SERVICES CASE OR ADULT PROTECTIVE SERVICES CASE, A HEALTH CARE PROVIDER MAY WITHHOLD COPYING UNTIL THE FEE FOR COPYING IS PAID.