

(1) WHEN PERFORMING MEDICAL SERVICES OR ALLIED SUPPORT SERVICES FOR OR ON BEHALF OF A PATIENT; OR

(2) WHEN PROVIDING INFORMATION REQUESTED BY OR IN FURTHERANCE OF THE PURPOSE OF A MEDICAL REVIEW COMMITTEE, ACCREDITATION BOARD, OR COMMISSION, OR IN RESPONSE TO LEGAL PROCESS; OR

(3) WHEN PROVIDING INFORMATION REQUIRED TO CONDUCT THE PROPER ACTIVITIES OF THE HEALTH CARE PROVIDER; OR

(4) WHEN PROVIDING INFORMATION TO GOVERNMENT AGENCIES IN THE PERFORMANCE OF THEIR LAWFUL DUTIES AS AUTHORIZED BY AN ACT OF THE GENERAL ASSEMBLY OR UNITED STATES CONGRESS; OR

(5) WHEN PROVIDING INFORMATION AT THE REQUEST OF A RESEARCHER FOR THE PURPOSE OF MEDICAL AND HEALTH CARE RESEARCH PURSUANT TO A PROTOCOL APPROVED BY AN INSTITUTIONAL REVIEW BOARD; OR

(6) IN ANY INSTANCE IN WHICH THE PROVIDER OF MEDICAL CARE REVEALS THE CONTENTS OF MEDICAL RECORDS UNDER CIRCUMSTANCES WHERE THE IDENTITY OF THE PATIENT IS NOT DISCLOSED TO THE RECIPIENT OF THE RECORDS; OR

(7) WHEN PROVIDING INFORMATION TO AN INSURANCE COMPANY IN CONNECTION WITH A POTENTIAL OR ACTUAL MALPRACTICE CLAIM AGAINST A PROVIDER OF MEDICAL CARE; OR

(8) WHEN PROVIDING INFORMATION REQUESTED BY ANOTHER PROVIDER OF MEDICAL CARE FOR THE SOLE PURPOSE OF TREATING THE PERSON ON WHOM THE RECORD WAS MAINTAINED; OR

(9) WHEN PROVIDING INFORMATION TO A THIRD PARTY PAYOR SOLELY FOR BILLING PURPOSES; OR

(10) WHEN PROVIDING INFORMATION TO ~~AN INSURANCE COMPANY,~~ A NONPROFIT HEALTH SERVICE PLAN, OR A BLUE CROSS OR BLUE SHIELD PLAN FOR THE PURPOSE OF COORDINATING BENEFIT PAYMENTS UNDER MORE THAN ONE SICKNESS AND ACCIDENT, DENTAL, OR HOSPITAL AND MEDICAL INSURANCE POLICY OTHER THAN AN INDIVIDUAL POLICY.

(D) (1) ANY PROVIDER OF MEDICAL CARE WHO KNOWINGLY VIOLATES THIS SECTION SHALL BE LIABLE TO ANY PLAINTIFF FOR:

~~(I) PUNITIVE DAMAGES OF UP TO \$5,000 FOR EACH VIOLATION;~~

~~(II) DAMAGES FOR MENTAL SUFFERING;~~

~~(III) ANY OTHER DAMAGES WHICH ARE RECOVERABLE IN LAW OR EQUITY; AND~~

~~(IV) REASONABLE ATTORNEY'S FEES.~~