

~~(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 A THIRD PARTY PAYOR WHICH DOES NOT REVEAL SPECIFIC MEDICAL INFORMATION AND IS REQUIRED FOR AN AUDIT OF THE BILLING MADE BY THE PROVIDER TO THE PAYOR; OR~~

~~[(10)] (11) When providing information to 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.~~

Article 48A - Insurance Code

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(b) A nonprofit health service plan OR A BLUE CROSS OR BLUE SHIELD PLAN may not reveal specific medical information contained in a subscriber's medical records to any person unless:

(1) It is authorized by the subscriber; or

(2) It is 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) It is furnishing information to another nonprofit health service plan or Blue Cross or Blue Shield plan OR AN INSURANCE COMPANY for the purpose of coordinating benefit payments under more than one sickness and accident, dental, or hospital medical contract; or

(4) It is providing information to governmental agencies in the performance of their lawful duties as authorized by an act of the General Assembly or the 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) IT IS FURNISHING INFORMATION PURSUANT TO A COST CONTAINMENT CONTRACTUAL OBLIGATION FOR THE PURPOSE OF VERIFYING THAT THE BENEFITS PAID BY THE NONPROFIT HEALTH SERVICE PLAN WERE CONTRACTUALLY PROPER, OR IT IS PROVIDING INFORMATION TO A THIRD PARTY PAYOR WHICH DOES NOT REVEAL SPECIFIC MEDICAL INFORMATION AND IS REQUIRED FOR AN AUDIT OF THE BILLING MADE BY THE PLAN TO THE PAYOR.