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(b) An insurance company or other insurer, or an insurance service organization whose functions include the collection of medical data, may not reveal the contents of a person's medical records to any person unless:

- (1) It is authorized by the insured; 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 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 medical contract; or
- (4) It is providing information for the purpose of an investigation into a possible insurance fraud; or
- (5) It is providing information for the purposes of reinsurance; or
- (6) It is providing information in the normal course of underwriting to an insurance company information exchange which may not redisclose the information unless expressly authorized by the person to whom the information pertains; or
- (7) It is providing information for the purposes of:
 - (i) Evaluating an application for or renewal of insurance; or
 - (ii) Evaluating and adjusting a claim for benefits under a policy of insurance; or
 - (iii) Evaluating, settling, or defending any claim or suit for personal injury[.]; OR
- (8) IT IS FURNISHING INFORMATION PURSUANT TO A COST CONTAINMENT CONTRACTUAL OBLIGATION FOR THE PURPOSE OF VERIFYING THAT THE BENEFITS PAID BY THE INSURANCE CARRIER WERE CONTRACTUALLY PROPER, OR IT IS PROVIDING INFORMATION TO A THIRD PARTY-PAYOR POLICYHOLDER WHICH DOES NOT REVEAL SPECIFIC MEDICAL INFORMATION AND IS REQUIRED FOR AN AUDIT OF THE BILLING MADE BY THE INSURANCE CARRIER TO THE PAYOR POLICYHOLDER.

(D) THIS SECTION DOES NOT PROHIBIT THE USE OF MEDICAL RECORDS, DATA, OR STATISTICS IF THE USE DOES NOT DISCLOSE THE IDENTITY OF A PARTICULAR INSURED OR COVERED PERSON.