

(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 policyholder which does not reveal specific medical information and is required for an audit of the billing made by the insurance carrier to the policyholder.

DRAFTER'S NOTE: This deletes extraneous conjunctions in Article 48A, § 490E(b).

The extraneous disjunctive conjunctions "or" were contained in Ch. 728 of the Acts of 1978.

The extraneous conjunctions were noted by the Michie Company.

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(k) Notice of the benefits under this section shall be provided by: