(H) FAILURE TO REPORT IN ACCORDANCE WITH THIS SECTION SHALL RESULT IN THE IMPOSITION BY A CIRCUIT COURT OF A CIVIL PENALTY OF UP TO \$5.000.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490B.

In subsections (b) and (c)(3) and (7) of this section, the references to a claim or "action" are added for consistency throughout this section.

In subsection (e)(1) of this section, the term "physician" is substituted for the former obsolete term "practitioners of medicine".

In subsection (f)(1) of this section, the term "personal record" is substituted for the former reference to "confidential records" to conform to the terminology used in § 10-624 of the State Government Article.

In subsection (f)(2) of this section, former Art. 48A, § 490B (d)(2)(i), which required reports to be released to various licensing units, is deleted as unnecessary and obsolete in light of subsection (e) of this section, which requires the reports to be filed directly with the various licensing units rather than being released to them. These obsolete provisions occurred as the result of Chapter 638, Acts of 1986, which repealed a former requirement that the reports be filed initially with the Commissioner and then released to the licensing units and, instead, enacted the requirement that the reports be filed directly with the appropriate licensing units.

Defined term: "Insurer" § 1–101 4–402.

- (A) MEDICAL FILES ON APPLICANTS AND CLAIMANTS THAT ARE COMPILED BY INSURERS UNDER POLICIES OF HEALTH INSURANCE OR LIFE INSURANCE SHALL BE MADE AVAILABLE FOR INSPECTION ON REQUEST OF THE APPLICANT OR CLAIMANT OR THE AGENT OF THE APPLICANT OR CLAIMANT.
- (B) INFORMATION THAT IS PROVIDED BY A PHYSICIAN SHALL BE MADE AVAILABLE ON REOUEST:
- $\ensuremath{\text{(1)}}$   $\ensuremath{\text{AFTER}}$  A PERIOD OF 5 YEARS AFTER THE DATE OF THE MEDICAL EXAMINATION; OR
  - (2) AT ANY TIME ON WRITTEN AUTHORIZATION OF THE PHYSICIAN.
- (C) AN AGENT THAT REQUESTS TO REVIEW THE MEDICAL FILE OF AN APPLICANT OR CLAIMANT MUST HAVE AN AUTHORIZATION TO REVIEW MEDICAL RECORDS SIGNED BY THE APPLICANT OR CLAIMANT.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490C.

In subsection (a) of this section, the defined term "insurer[s]" is substituted for the former reference to "insurance companies" to conform to the