

terminology used throughout this article.

In the introductory language of subsection (b) of this section, the requirement that information provided by a physician be "made" available is added for clarity.

In subsection (c) of this section, the reference to reviewing the medical file of an applicant or "claimant" is added for consistency within this section.

Defined terms: "Health insurance" § 1-101

"Insurer" § 1-101

"Life insurance" § 1-101

"Policy" § 1-101

4-403.

(A) EXCEPT AS PROVIDED IN SUBSECTION (B), (C), OR (D) OF THIS SECTION, AN INSURER, OR AN INSURANCE SERVICE ORGANIZATION WHOSE FUNCTIONS INCLUDE THE COLLECTION OF MEDICAL DATA, MAY NOT DISCLOSE THE CONTENTS OF AN INSURED'S MEDICAL RECORDS.

(B) (1) AN INSURER MAY DISCLOSE SPECIFIC MEDICAL INFORMATION CONTAINED IN AN INSURED'S MEDICAL RECORDS TO THE INSURED OR THE INSURED'S AGENT OR REPRESENTATIVE.

(2) AN INSURER, OR AN INSURANCE SERVICE ORGANIZATION WHOSE FUNCTIONS INCLUDE THE COLLECTION OF MEDICAL DATA, MAY DISCLOSE SPECIFIC MEDICAL INFORMATION CONTAINED IN AN INSURED'S MEDICAL RECORDS IF THE INSURED AUTHORIZES THE DISCLOSURE.

(C) AN INSURER, OR AN INSURANCE SERVICE ORGANIZATION WHOSE FUNCTIONS INCLUDE THE COLLECTION OF MEDICAL DATA, MAY DISCLOSE THE CONTENTS OF AN INSURED'S MEDICAL RECORDS WITHOUT THE AUTHORIZATION OF THE INSURED:

(1) TO A MEDICAL REVIEW COMMITTEE, ACCREDITATION BOARD, OR COMMISSION, IF THE INFORMATION IS REQUESTED BY OR IS IN FURTHERANCE OF THE PURPOSE OF THE COMMITTEE, BOARD, OR COMMISSION;

(2) IN RESPONSE TO LEGAL PROCESS;

(3) TO A NONPROFIT HEALTH SERVICE PLAN OR BLUE CROSS OR BLUE SHIELD PLAN TO COORDINATE BENEFIT PAYMENTS UNDER MULTIPLE SICKNESS AND ACCIDENT, DENTAL, OR HOSPITAL MEDICAL CONTRACTS;

(4) TO INVESTIGATE POSSIBLE INSURANCE FRAUD;

(5) FOR REINSURANCE PURPOSES;

(6) IN THE NORMAL COURSE OF UNDERWRITING, TO AN INSURER INFORMATION EXCHANGE THAT MAY NOT REDISCLOSE THE INFORMATION UNLESS EXPRESSLY AUTHORIZED BY THE PERSON TO WHOM THE INFORMATION PERTAINS;