

- (7) TO EVALUATE AN APPLICATION FOR OR RENEWAL OF INSURANCE;
- (8) TO EVALUATE AND ADJUST A CLAIM FOR BENEFITS UNDER A POLICY;
- (9) TO EVALUATE, SETTLE, OR DEFEND A CLAIM OR SUIT FOR PERSONAL INJURY;
- (10) IN ACCORDANCE WITH A COST CONTAINMENT CONTRACTUAL OBLIGATION TO VERIFY THAT BENEFITS PAID BY THE INSURER WERE PROPER CONTRACTUALLY; OR

(11) TO A POLICYHOLDER IF:

(I) THE POLICYHOLDER DOES NOT FURTHER DISCLOSE THE SPECIFIC MEDICAL INFORMATION; AND

(II) THE INFORMATION IS REQUIRED FOR AN AUDIT OF THE BILLING MADE BY THE INSURER TO THE 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.

(E) AN INSURER THAT KNOWINGLY VIOLATES THIS SECTION IS LIABLE TO A PLAINTIFF FOR ANY DAMAGES RECOVERABLE IN A CIVIL ACTION, INCLUDING REASONABLE ATTORNEY'S FEES.

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

In subsections (a), (b)(1) and (2), the introductory language of (c), and (e) of this section, the former references to an "insurance company" are deleted as included in the defined term "insurer". Similarly, in subsection (c)(10) and (11)(ii) of this section, the defined term "insurer" is substituted for the former words "insurance carrier" for consistency with terminology used in this article.

In subsections (a), (b)(1) and (2), the introductory language of (c), and (c)(11)(i) of this section, the word "disclose" is substituted for the former word "reveal" for consistency with terminology used in Title 4, Subtitle 3 of the Health - General Article ("Confidentiality of Medical Records").

In subsection (a) of this section, the former phrase "to any person" is deleted as surplusage.

In subsections (b)(1) and (2) and the introductory language of (c) of this section, the reference to the "insured's" medical records is substituted for the former reference to a "person's" medical records for specificity and consistency within this section.

In the introductory language of subsection (c) of this section, the phrase "without the authorization of the insured" states expressly that which was only implied in the former law.