§2510. Confidentiality of information

1. Confidentiality; exceptions. Any reports, information or records received and maintained by the board pursuant to this chapter, including any material received or developed by the board during an investigation shall be confidential, except for information and data that is developed or maintained by the board from reports or records received and maintained pursuant to this chapter or by the board during an investigation and that does not identify or permit identification of any patient or physician; provided that the board may disclose any confidential information only:

A. In a disciplinary hearing before the board or in any subsequent trial or appeal of a board action or order relating to such disciplinary hearing; [PL 1977, c. 492, §3 (NEW).]

B. To governmental licensing or disciplinary authorities of any jurisdiction or to any health care providers or health care entities located within or outside this State that are concerned with granting, limiting or denying a physician's privileges, but only if the board includes along with the transfer an indication as to whether or not the information has been substantiated by the board; [PL 2005, c. 221, §2 (AMD).]

C. As required by section 2509, subsection 5; [PL 1977, c. 492, §3 (NEW).]

D. Pursuant to an order of a court of competent jurisdiction; [PL 2011, c. 524, §9 (AMD).]

E. To qualified personnel for bona fide research or educational purposes, if personally identifiable information relating to any patient or physician is first deleted; or [PL 2011, c. 524, §9 (AMD).]

F. To other state or federal agencies when the information contains evidence of possible violations of laws enforced by those agencies. [PL 2011, c. 524, §10 (NEW).]

2. Confidentiality of orders in disciplinary proceedings. Orders of the board relating to disciplinary action against a physician, including orders or other actions of the board referring or scheduling matters for hearing, shall not be confidential. [PL 1977, c. 492, §3 (NEW).]

2-A. Confidentiality of letters of guidance or concern. Letters of guidance or concern issued by the board pursuant to Title 10, section 8003, subsection 5, paragraph E, are not confidential. [PL 1997, c. 680, Pt. D, §4 (NEW).]

3. Availability of confidential information. In no event may confidential information received, maintained or developed by the board, or disclosed by the board to others, pursuant to this chapter, or information, data, incident reports or recommendations gathered or made by or on behalf of a health care provider pursuant to this chapter, be available for discovery, court subpoena or introduced into evidence in any medical malpractice suit or other action for damages arising out of the provision or failure to provide health care services. This confidential information includes reports to and information gathered by a professional review committee. [PL 1985, c. 185, §3 (AMD).]

4. Penalty. Any person who unlawfully discloses such confidential information possessed by the board shall be guilty of a Class E crime. [PL 1977, c. 492, §3 (NEW).]

5. Physician-patient privilege; proceedings by board. The physician-patient privilege shall, as a matter of law, be deemed to have been waived by the patient and shall not prevail in any investigation or proceeding by the board acting within the scope of its authority, provided that the disclosure of any information pursuant to this subsection shall not be deemed a waiver of such privilege in any other proceeding. [PL 1977, c. 492, §3 (NEW).]
6. Disciplinary action. Disciplinary action by the Board of Licensure in Medicine is in accordance with Title 32, chapter 48; disciplinary action by the Board of Osteopathic Licensure is in accordance with Title 32, chapter 36; and disciplinary action by the State Board of Veterinary Medicine is in accordance with Title 32, chapter 71-A.
[PL 2011, c. 190, §6 (AMD).]

SECTION HISTORY


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