

ATTACHMENT A**TO NOTICE OF PRIVACY PRACTICES- SUMMARY OF STATE LAWS THAT MAY REQUIRE YOUR CONSENT**

COLORADO LAW	
<i>All Providers</i>	
<p>Medical Records: We will not release your medical records to third parties without your written consent, unless pursuant to an authorization compliant with the Health Insurance Portability & Accountability Act (HIPAA), pursuant to a subpoena, or by court order.</p>	
<i>Sensitive Information</i>	
<p>Mental Health Information: We will not disclose your mental health information without your consent, except in accordance with the law as follows: in communications between qualified professionals, facility personnel, or state agencies in the provision of services or appropriate referrals; when you designate persons to whom information or records may be released; to the extent necessary to make claims on behalf of a recipient of aid, insurance, or medical assistance; for research, in accordance with the rules promulgated by the Colorado Behavioral Health Administration; to the courts, as necessary for the administration of the law; to persons authorized by an order of court after notice and opportunity for hearing to you; to courts or professional review panels, as necessary to comply with an investigation or defend against allegations that you or one of your heirs may make against an individual licensed care provider; to a school, school district, or law enforcement agency in connection with an articulable and significant threat; to family members (including the parent of a minor child) upon admission of a person with a mental health disorder for inpatient or residential care and treatment; to family members (including the parent of a minor child) or a lay person actively participating in the care and treatment of a person with a mental health disorder, regardless of the length of the participation; and to the state agency designated pursuant to the federal Protection and Advocacy for Individuals with Mental Illness Act to protect and advocate the rights of persons with developmental disabilities.</p>	
<p>Genetic Information: Any release of genetic information, for purposes other than diagnosis, treatment, or therapy, that identifies the person tested with the test results released will require your specific written consent.</p>	
<p>Sexually Transmissible Diseases: We will not disclose medical information about your sexually transmissible diseases, including AIDS/HIV information, without your written permission, unless required to do so by an appropriate court order or by state or federal law to make the disclosure (for example, pursuant to subpoena or to a health care provider in a medical emergency to the extent necessary to preserve your health or save your life).</p>	
<p>Alcohol and Drug Abuse Information: The registration and other records of treatment facilities are confidential and we will not disclose such confidential information without your written consent or where we are authorized or required by state or federal law to make the disclosure (for example, de-identified information made available for research purposes, and/or sharing of information with a university police department to protect the safety of students and other campus personnel or to prevent destruction or property).</p>	
<p>Communications with Your Psychologist and Other Mental Health Professionals: Your communications with your psychologist, professional counselor, marriage and family therapist, social worker, or addiction counselor are confidential and your mental health providers may not testify as to these communications in court proceedings without your consent, except when testifying in criminal court proceedings concerning your mental condition.</p>	
<p>Communications with Your Emergency Medical Service Provider: Your communications with your emergency medical service provider are confidential and your emergency medical service providers may not testify as to these communications in court proceedings without your consent, except when: the provider was a witness or party to an incident which prompted the delivery of peer support services; information received is indicative of actual or suspected child abuse, child neglect, or crimes against at-risk persons; you are in clear and immediate danger to yourself or others due to intoxication by alcohol, being under the influence of drugs, or incapacitation by substances; there is reasonable cause to believe you have a mental health disorder and due to this disorder, are an immediate threat to yourself or others or are gravely disabled; or there is information received that is indicative of any criminal conduct.</p>	
<p>Biometric Information: We will not disclose, redisclose, or otherwise disseminate your biometric identifier unless:</p> <ul style="list-style-type: none"> • You or your legally authorized representative consent to the disclosure, redisclosure, or other dissemination; • The disclosure, redisclosure, or other dissemination is requested or authorized by you or the consumer's legally authorized representative for the purpose of completing a financial transaction; • The disclosure, redisclosure, or other dissemination is to a processor and is necessary for the purpose for which the biometric identifier was collected and to which you or your legally authorized representative consented; or • The disclosure, redisclosure, or other dissemination is required by state or federal law. 	

FLORIDA LAW

Hospital

Medical Records: We will not release your medical record without your written consent, except as follows: to individuals currently involved in your care; to licensed facility personnel for administrative, quality assurance and risk management purposes; disciplinary proceedings of professional boards; the Agency for Health Care Administration; the Department of Health to establish a trauma registry; the Department of Children and Family Services to investigate child abuse and elder abuse; the local trauma agency; organ procurement organizations; the Medicaid Fraud Control Unit; the Department of Financial Services; a regional poison control center; or in a civil or criminal action, if the person seeking your medical records has issued a subpoena and given you notice.

Physician

Medical Records: We will not release your medical record without your written consent, except as follows: for treatment purposes, for a compulsory physical exam required by law for a legal proceeding, to a regional poison control center, to defend ourselves in a medical negligence action or administrative proceeding, to the Department of Health for any professional disciplinary proceedings if you do not authorize the disclosure (they do not have to ask your permission if the disciplinary proceeding involves misuse of controlled substances or if you are assisting your physician in any fraudulent activity), to the Medicaid Fraud Control Unit of the Department of Legal Affairs if you are a Medicaid recipient, in a civil or criminal action, if the person seeking your medical records has issued a subpoena and given you notice, or to the Department of Children and Families, its agent, or its contracted entity, for the purpose of investigations of or services for cases of abuse, neglect, or exploitation of children or vulnerable adults.

Home Health Agency

Medical Records: We will not release your medical information without your consent, unless necessary to treat you, we are required by law or court order, or we are required to make a disclosure by a third-party payment contract.

Hospice

Medical Records: We will not release your medical records, unless you give us written informed consent, there is a court order to release, or we are required by law to report statistical information to a state or federal agency.

Sensitive Information

Genetic Information: We may disclose your DNA analysis or results as permitted by law, including for newborn screening, certain criminal investigations and prosecution, determining paternity, certain research, and for medical diagnosis, conducting quality assessments, improvement activities and treatment when the analysis is performed by a certified laboratory or when we have obtained your express consent.

AIDS/HIV Information: We will only release your positive preliminary HIV test results without your consent to: (1) a licensed physician or medical and nonmedical personnel subject to significant exposure, (2) health care providers and the person tested when decisions about medical care or treatment cannot wait for the results of confirmatory testing, and (3) as approved by the federal Food and Drug Administration.

We may release your positive AIDS/HIV test result without your permission to: medical personnel subject to significant exposure, health care providers and their employees who are treating you or handle or process specimens of body fluids, the county and federal Department of Health, payers for purposes of getting paid, health facilities or providers that procure, process distribute or use human body parts from a deceased person, staff involved with quality review, medical or epidemiological researchers, a person allowed access by the judge of compensation claims of the Division of Administrative Hearings, any person responsible for the care of a child with AIDS/HIV, employees of residential facilities or community-based care programs that care for developmentally disabled persons, or pursuant to a court order.

Sexually Transmissible Diseases: We will not disclose medical information about your sexually transmissible diseases without your permission, unless we need to make a disclosure to medical personnel or to the Department of Health as required by Florida law. We are required to release such information to those involved with ensuring jail inmates have been tested, or as necessary to evaluate a subpoena request.

Mental Health Information: We will not disclose your mental health information without your express and informed consent, unless your attorney needs the information to represent you, we are ordered by the court, you are in jail, you communicated to your service provider a specific threat to cause serious bodily injury or death to an identified or a readily available person that your service provider reasonably believes, or should reasonably believe according to the standards of his or her profession, that you have the intent and ability to imminently or immediately carry out such threat, your information is needed by the Medicaid Fraud Unit of the Department of Legal Affairs, your information is needed by the Agency for Healthcare Administration and Florida Advocacy Councils for purposes of monitoring facilities and answering patient complaints, your information is needed to determine involuntary outpatient placement, the release is to a qualified researcher or aftercare treatment provider. We may provide a summary of your mental health information to your parent or next of kin.

Alcohol and Drug Abuse Information: We will not disclose your alcohol and drug abuse information without your permission, unless we need to disclose this information to medical personnel in a medical emergency; we need the information to treat you; there is an audit review of the service provider; we are required to report information to the Department of Health for

scientific research; the court orders disclosure; there is suspected child abuse and neglect; or if a crime is committed on our property.

Communications with Your Psychologist: Your communications with your psychologist may not be released without your permission unless the psychologist is a defendant in a civil, criminal or disciplinary action filed by you. Also, if you have communicated to the psychologist a specific threat to cause serious bodily injury or death to an identified or readily available person, and the psychologist makes a clinical judgment that you have the apparent intent and ability to imminently or immediately carry out such threat, your psychologist may release your confidential information to the potential victim, appropriate family member, law enforcement or other appropriate authorities.

GEORGIA LAW

All Providers

Evidence in a Legal Proceeding: We will only release your medical information as evidence in a legal proceeding where authorized or required by law or court order, or upon written authorization by the patient or his/her representative.

Sensitive Information

HIV/AIDS information: We will get your consent to release your HIV/AIDS information, unless we need the information for treatment, we are required by law to report the diagnosis to the Department of Public Health, we believe your spouse, sexual partner or other family member is at risk, or if your physician or other care provider came in contact with AIDS/HIV bodily fluids.

Mental Health & Substance Abuse information: We will get your consent to release your mental health and substance abuse information, unless we need the information for treatment, when transferring you to a different facility, if ordered by the court or required by law.

Genetic Testing: We will use your genetic information to treat you but will only release your genetic information to others specifically authorized by you to receive the information.

Communications with Your Psychologist: Your communications with your psychologist may not be released without your permission unless you provide written consent, except when disclosure is necessary to: provide professional services; obtain appropriate professional consultations; protect you, your psychologist, or others from harm; or to obtain payment for services from you, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

ILLINOIS LAW

All Providers

Medical Records: We will only release your medical records with your consent or as required or authorized by law. As described in the Joint Notice of Privacy Practices, you may request an amendment to your medical record, which may include a request that any of the following information may be deleted, redacted, or amended from your medical records:

- i. Place of birth;
- ii. Immigration or citizenship status; or
- iii. Information from birth certificates, passports, permanent resident cards, alien registration cards, or employment authorization documents.

Sensitive Information

AIDS/HIV Information: We will only release your positive preliminary HIV test results without your consent to: (1) a licensed physician or medical and nonmedical personnel subject to significant exposure, (2) health care providers and the person tested when decisions about medical care or treatment cannot wait for the results of confirmatory testing, (3) as approved by the federal Food and Drug Administration.

We may also release your positive confirmed test results to your spouse or civil union partner provided the physician has first sought unsuccessfully to persuade the patient to notify the spouse or civil union partner, or that, a reasonable time after the patient has agreed to make the notification, the physician has reason to believe you have not provided the notification.

We may release your positive AIDS/HIV test result without your permission to: the Department of Public Health or the local health authority as required by law, medical personnel or any law enforcement officer subject to significant exposure, health care providers and their employees who are treating you or handle or process specimens of body fluids, payers for purposes of getting paid, any person responsible for the care of a child with AIDS/HIV, or pursuant to a court order.

Sexually Transmissible Diseases: We will not disclose medical information about your sexually transmissible diseases without your permission, unless we need to make a disclosure to medical personnel, we are required to report information related to your sexually transmitted disease to the Illinois Department of Public Health, or as required to notify police officers, firefighters, emergency medical technicians, and ambulance personnel who have provided or are about to provide emergency care or life support services to you.

Mental Health and Developmental Disabilities Information: We will get your consent to release your mental health and substance abuse information, unless we need to share the information for purposes of treatment and coordination of care, when transferring you to a different facility, to insurance companies for purposes of obtaining necessary approvals and payments, and if ordered by the court or required by law.

Alcohol and Drug Abuse Information: We will not disclose your alcohol and drug abuse information without your permission unless we need to disclose this information to medical personnel in a medical emergency, we need the information to treat you, there is an audit review of the service provider, for scientific research under certain circumstances, the court orders disclosure, or there is suspected child abuse and neglect.

Genetic Testing: We will not disclose your genetic testing information or results without your consent except to a health facility or health care provider that is authorized to obtain the results, provides patient care, and has a need to know the information in order to conduct the tests or provide care or treatment, or as authorized by law or by court order.

Abortion: Your abortion information is confidential and may only be released to individuals involved in your care, as required by Illinois law, or as required by third party payment contract.

Communications with Your Psychologist: Your communications with your psychologist may not be released without your permission unless the psychologist is a defendant in a civil, criminal or disciplinary action filed by you. Also, if there is a clear and immediate probability of physical harm to you or to society, your psychologist may release your confidential information to the potential victim, appropriate family member, law enforcement or other appropriate authorities.

Biometric Information: We will not disclose or redisclose your biometric identifier or biometric information unless:

- You or your legal representative consent to the disclosure or redisclosure;
- The disclosure or redisclosure completes a financial transaction requested or authorized by you or your legal representative;
- The disclosure or redisclosure is required by state or federal law or municipal ordinance; or
- The disclosure is required pursuant to a valid warrant or subpoena issued by a court of competent jurisdiction.

KENTUCKY LAW

Hospital

In General: We will ask you for permission to disclose your medical information except, we may use your medical information to treat you and may provide a copy or access to authorized personnel or for consultations, or we may release your medical information if ordered by the court or pursuant to a subpoena.

Home Health Agency

Medical Records: We will not release your medical information without your consent, unless necessary to treat you, we are required by law or court order, or we are required to make a disclosure by a third-party payment contract.

Sensitive Information

Mental Health Records: We will get your permission to disclose your mental health information except when: we are permitted to release the information to comply with Kentucky law, there is a federal governmental inquiry, if ordered by the court, or if necessary for your treatment by a health care provider involved in your care.

Alcohol and Drug Abuse Information: We will ask you for permission to disclose your alcohol and drug abuse information except: no authorization is required for internal communication within a treatment program or between a program and an entity having direct administrative control for purposes related to provision of services.

AIDS/HIV Information: We will not disclose your identity or test results without your permission, except to the following persons: any person you authorize the release to, anyone treating you, state required reporting, health care facilities that process human body parts; quality review; authorized medical or epidemiological researchers who shall not further disclose any identifying characteristics or information; or a person allowed access by a court order.

Family Planning: All lists and medical records maintained by hospitals and medical laboratories for birth defects, stillbirths, and high-risk conditions shall be confidential and may only be reported to the State or if you give us written consent.

Abortion: Your abortion information is confidential and may only be released to individuals involved in your care, as required by Kentucky law, or as required by third party payment contract.

Communications with Your Psychologist: Your communications with your psychologist are privileged, unless required to be disclosed by a court of law or in proceedings to hospitalize you if your psychotherapist has determined in the course of diagnosis or treatment that you are in need of hospitalization.

KANSAS LAW

Home Health Agency

In General: We will ask you for written consent for release of your medical information unless we are required to disclose your medical information by law.

Sensitive Information

Mental Health, Alcohol and Drug Abuse: Your medical information is confidential and you may claim a privilege to prevent disclosure except as follows: for your involuntary commitment for treatment; when a judge orders the examination of your mental, alcoholic, drug dependency or emotional condition; in any proceeding when you use a defense of mental illness or alcohol or drug abuse; when required by law to report to the State of Kansas; for your emergency treatment; when we need to release your information to protect a person who has been threatened with substantial physical harm by you during the course of treatment; for disclosures by a state psychiatric hospital to appropriate administrative staff of the department of corrections; when we believe disclosing your information to you will be injurious to your welfare; when we are required to release your information to a state or national accreditation, certification or licensing authority, or scholarly investigator with their promise to only disclose your identity to those authorized by law; any information to the state protection and advocacy system requires to be available by a federal grant-in-aid program; when we try to collect payment; for investigations or proceedings conducted by a coroner in the performance of such coroner's official duties; to share evaluation and treatment records by and between or among treatment facilities, correctional institutions, jails, juvenile detention facilities or juvenile correctional facilities regarding a proposed patient, patient or former patient for continuity of care; for release of the name, date of birth, date of death, name of any next of kin and place of residence of a deceased former patient when that information is sought as part of a genealogical study; or when the commissioner of juvenile justice, or the commissioner's designee, requests information about a juvenile.

AIDS/HIV Information: We are required by law to report an AIDS/HIV positive test result to the Secretary of State for Kansas. We will otherwise get your consent to release your HIV/AIDS information, unless we need the information for treatment, we know that your spouse or partner has had laboratory confirmation of HIV infection or has AIDS and is at risk of exposure to HIV, or if your physician, other care provider, or any emergency service employee, corrections officer, or law enforcement employee has or will be placed in contact with AIDS/HIV bodily fluids.

Communications with Your Psychologist: Your communications with your Psychologist are confidential and will not be disclosed without your permission, except if your psychologist is testifying in court hearings concerning matters of adult abuse, adoption, child abuse, child neglect, or other matters pertaining to the welfare of children, or is seeking collaboration or consultation with professional colleagues or administrative superiors, or both, or is making a report to the state that is required by law.

MISSOURI LAW

Health Care Providers (physician)

In General: We will not release or disclose your medical information without consent, and we will always exercise care to discuss confidential, sensitive, or personal health information in a manner or place where the discussion is not able to be easily overheard.

Home Health Agency

In General: If applicable, we will not release your medical records without your authorization, except in the case of sharing your health information with an in-home services provider in order to coordinate the care and services you receive.

Sensitive Information

HIV/AIDS Information: We will not release your HIV/AIDS information without your specific written authorization, except where the release without your consent is authorized by law.

Mental Health & Substance Abuse Information: We will get your written consent to release your mental health and substance abuse information, except where the release without your consent is authorized by law.

Genetic Testing: We will not release your genetic information without your prior written and informed consent. We may also disclose genetic testing information or test results in the following circumstances:

1. Your identity is removed from your compiled statistical data;
2. For health research that still protects your rights and welfare, for health research using medical archives or databases in which your identity is protected from disclosure by coding or encryption, or by removing all identities.

MONTANA LAW

Health Care Providers (physician)

In General: We may only disclose your medical information without your consent as authorized by law.

Sensitive Information

HIV/AIDS and Communicable Disease Information: HIV/AIDS and other communicable diseases must be reported to the local public health department who will, in turn, report this information to the Montana Department of Public Health and Human Services – Communicable Disease Control and Prevention Program.

Substance Abuse Information: We will get your written consent to release your mental health and substance abuse information. Substance abuse treatment services may be disclosed only as allowed by federal substance abuse confidentiality laws.

Genetic Testing: We may not disclose any of your genetic data to any entity offering health insurance, life insurance, long-term care insurance, or to any of your employers without your express consent. We must have your separate express consent for:

1. The transfer of disclosure of your genetic data or biological sample to any third party other than our own processors;
2. The use of your genetic data beyond the primary purpose our genetic testing product or service and its inherent contextual uses; or
3. Our retention of any biological sample you provide following the completion of the services you requested.

Mental Health Information and Communications with Your Psychologist: We may only disclose communications with you psychologist without your consent:

1. If you designate a person to whom the information or records may be released to or if you are a ward and your guardian or conservator designates in writing that your records may be disclosed;
2. To the extent necessary to make claims on your behalf for aid, insurance, or medical assistance to which you are entitled;
3. For research if the department has promulgated rules for the conduct of research;
4. To the courts as necessary for the administration of justice;
5. To persons authorized by an order of court, after you receive notice and opportunity for hearing;
6. To members of the mental disabilities board of visitors or their agents when necessary to perform their functions;
7. To the state protection and advocacy program for individuals with mental illness when necessary; and
8. To the mental health ombudsman when necessary to perform the ombudsman functions.

NORTH CAROLINA LAW

Disclosure of Information Following a Vehicle Crash

In the event you are involved vehicle crash, we may:

- disclose certain information to the investigating law enforcement officer, upon request;
- provide law enforcement with access to visit and interview you; and
- disclose a certified copy of information related to you as required by a search warrant or judicial order.

Court Proceeding Privilege

In General: The following individuals cannot be required to disclose information relating to your care which was obtained while he/she was performing professional services:

- Physicians and those medical professionals assisting the physician
- Psychologists and his/her employees
- Social Workers
- Counselors
- Optometrists
- Nurses

Disclosure to Court: We may be required to disclose information obtained by the above referenced individuals if a judge determines disclosure is necessary for the proper administration of justice.

Home Care

In General: If applicable, we will not disclose your personal or medical records except as permitted or required by applicable State or federal law.

Adult Care Home Residents

In General: If applicable, we will not disclose your personal or medical records except as permitted or required by applicable State or federal law.

Pharmacy

In General: Our pharmacists are permitted to have access to your patient records when necessary to provide pharmaceutical services.

Pharmacy Records: We will only disclose the contents of your pharmacy records to the following individuals: you, your legally appointed guardian, or any individual you provide with written authorization; the licensed practitioner who wrote the prescription; a licensed practitioner who is treating you; a pharmacist providing your pharmacy services; any person authorized by subpoena, court order, or statute; any individual or entity with the responsibility of providing for or paying for your medical care; members or employees of the Board of Pharmacy; researches and surveyors with approval from the Board; owners of the pharmacy, including their authorized agents; covered entities or business associates for the purposes of treatment, payment or healthcare operations; and any person when the pharmacist reasonably determines that the disclosure is necessary to protect the life or health of any person.

Sensitive Information

Organ Donation:

- Once we refer an individual to a procurement organization, the procurement agency may have access to the donor's medical records for purpose of examination to ensure medical suitability.
- In the event you become an organ donor, your medical record will be kept separate and distinct from the transplant recipient's record.

Mental Health, Developmental Disabilities, and Substance Abuse:

If applicable, we shall not disclose your confidential information except to the extent that:

- You or your legal representative consents in writing;
- We determine it is your best interest to disclose the fact of admission or discharge to your next of kin;
- Required by a client advocate in providing monitoring and advocacy functions; provided that, an advocate acting upon the request of you or your legal representative must have your written authorization for access to your information;
- A court issues an order compelling disclosure;
- We determine it is in your best interest to file a petition for involuntary commitment or to file a petition for the adjudication of incompetency;
- You are a defendant in a criminal case and the court orders a mental examination;
- Required for your care and treatment (e.g., conducting quality assessments, payment activities, to obtain state benefits, required for emergency medical services, providing information to the referring health care provider);
- We determine there is an imminent danger to you or another and there is a likelihood of the commission of a felony or violent misdemeanor; or
- Required by the Secretary to ensure quality assurance activities.
- We are required to provide you or your legal representative with access to the information in your record with the exception of information that would be injurious to your physical or mental well-being.

Communicable Diseases: In the event we have reason to suspect that you have a communicable disease or communicable condition, we are required to report such information to the local health director. Further, we must permit the local health director or State Health Director to examine, review, and obtain a copy of medical or other records related to such disease or condition.

We will not release your AIDS or communicable disease information without the written consent of you or your legal representative, except under the following circumstances:

- Release is made for statistical purposes in a way that you cannot be identified;
- Release is necessary to protect the public health and made pursuant to the rules established by the Commission;
- Release is made pursuant to subpoena or court order;
- Release is otherwise permitted by law; or

- Release is made pursuant to any law that authorizes or requires the release of information related to AIDS.

Further, we will not release your HIV information unless otherwise authorized or required by law.

TEXAS LAW

All Providers

In General: Texas law specifically prohibits the disclosure or sale of medical information without clear and unambiguous consent from the individual except when disclosure is for the purpose of treatment, payment, health care operations, insurance or HMO functions or as otherwise required by law. With some exceptions, we may not reidentify information, use your personal health information for marketing purposes without permission, sell your personal health information, or fail to notify you when your information might be disclosed electronically.

Your protected health information may be subject to electronic disclosure by us or our business associates without written authorization for: (i) treatment, payment, healthcare operations; (ii) to perform an insurance or health maintenance organization function; or (iii) as otherwise authorized or required by federal or state law. For electronic disclosures not permitted or required by law, we will obtain your written authorization before the disclosure.

Hospital

Medical Record: Your medical information may be disclosed without authorization if the disclosure is: directory information, to a health care provider rendering health care to the patient, to a transporting emergency medical services provider, to a prospective health care provider to secure the services, to an employee or agent of the hospital who requires the information for education or quality assurance and peer review purposes, to a federal, state or local government agency, to a hospital successor in interest, to the American Red Cross, and as otherwise authorized by law. The patient's health care information may be disclosed without authorization if the disclosure is directory information, to a health care provider rendering health care to the patient, to a transporting emergency medical services provider, to a prospective health care provider to secure the services, to an employee or agent of the hospital who requires the information for education or quality assurance and peer review purposes, to a federal, state or local government agency, to a hospital successor in interest, to the American Red Cross, and as otherwise authorized by law.

Physician

Medical Record: We will not disclose your medical information without your consent except: in court or administrative proceedings or if disclosure is required by law to a governmental agency, to medical or law enforcement personnel to protect from injury, to qualified personnel for research or audit purposes, for the collection of fees for services provided, to a person who has consent, another physician or personnel acting under the supervision of the physician who diagnosed, evaluated or treated the patient, or for an official legislative inquiry.

Sensitive Information

HIV/AIDS Information: The results of an HIV/AIDS test are confidential and may not be disclosed other than to providers rendering care to you, your spouse if tested positive, specific health authorities or as permitted by law.

Hospitals and health care providers may release HIV/AIDS information without your consent to specific state and federal health authorities, personnel treating you or if required by law.

Sexually Transmissible Diseases: The results of an STD test are confidential and may not be disclosed other than to providers rendering care to you, your spouse if tested positive, specific health authorities or as permitted by law.

Genetic Information: We will not disclose your genetic information without your informed consent except to you, your physician, for purposes of paternity, court order, identification or other reasons authorized under federal or state criminal law, identification of decedent, to provide genetic information relating to a decedent if the disclosure is made to the blood relatives of the decedent for medical diagnosis, use by the Texas Health and Human Services or as otherwise permitted by law.

Mental Health Information: We will not disclose your mental health information without your consent except, other than in judicial or administrative proceedings, as follows: a professional may disclose convictional information to Texas governmental agency, to medical or law enforcement personnel, for audits and evaluation purposes, someone with written consent from you, to your personal representative, to individuals, corporations or governmental agencies involved in paying or collecting fees for mental or emotional health services, to other professionals and personnel or employees who are evaluating and treating you, in an official legislative inquiry, or to satisfy a request for medical records if you are deceased or incompetent.

Domestic Violence, Sexual Abuse or Rape: We will not disclose your confidential communications with your advocate about your domestic violence, sexual abuse or rape without your permission except to medical or to law enforcement personnel if there is an imminent probability of physical harm to an individual or if there is a probability of immediate mental or emotional injury to the survivor.

Communications with your Psychologist: Your communications with your psychologist are confidential and will not be released without your consent, except to those involved in your care and treatment and as otherwise permitted by law.

WISCONSIN LAW

Health Care Providers (physician)

In General: We may release a portion, but not a copy, of your health record, to the following individuals, under the following circumstances:

1. If you or your authorized representative are not incapacitated, physically available, and agree to the release, we may release a portion of your health record to any person;
2. If you or your authorized representative are incapacitated or are not physically available, or if an emergency makes it impracticable to obtain you or your authorized representative's consent, and it is determined, in the exercise of a health care provider's professional judgment, that the release of a portion of your health record is in your best interest, we may release to:
 - a. A member of your immediate family or another of your relatives, a close personal friend, or an individual you have identified, that portion of your record that is directly relevant to the member, relative, friend, or individual's involvement in your health care; and
 - b. Any person, that portion that is necessary to identify, locate, or notify a member of the patient's immediate family or another person that is responsible for your care concerning your location, general condition, or death.

Sensitive Information

HIV/AIDS Information: We will not release your HIV/AIDS information without your specific written authorization, except where the release is authorized by law. A private pay patient may prohibit the disclosure of his or her HIV/AIDS information to a researcher if the private pay patient annually submits to us a signed, written request that the disclosure be prohibited.

Mental Health & Substance Abuse Information: We will get your written consent to release your mental health and substance abuse information, except where the release without your consent is authorized by law.

Genetic Testing: We will not release your genetic information without your prior written and informed consent.

Venereal/Communicable Disease: We are required by law to report these diseases to a local health officer or the state epidemiologist and they are required to keep the information confidential.

Communications with Your Psychologist: Confidential communications with your psychologist for purposes of diagnoses or treatment may not be released without your permission unless, the communication is:

- relevant to proceedings for hospitalization, guardianship, protective services, or protective placement or for control, care, or treatment of a sexually violent person;
- related to an examination ordered by a judge;
- relevant to an issue of your physical, mental or emotional condition in any proceedings in which you are relying upon the condition as an element of a claim or defense;
- related directly to the facts or immediate circumstances of a homicide; or
- related to an abused or neglected child or abused unborn child.

WYOMING LAW

Health Care Providers (physician)

In General: We may not disclose any of your protected health information without your written consent unless authorized by law.

Sensitive Information

HIV/AID and Communicable Disease Information: HIV/AIDS is included within the list of reportable contagious, infectious, and communicable diseases that we must report to the department of health.

Mental Health and Substance Abuse Information: We will obtain your written consent to release your mental health and substance abuse information. We may disclose your information within the treatment facility where you are receiving treatment as necessary for your mental health or substance abuse services.

Genetic Testing: We may not disclose any of your genetic data to any entity offering health insurance, life insurance, long-term care insurance, or to any of your employers without your express consent.

Communications with Your Psychologist: Your psychologist shall only disclose confidential information to others with your informed consent; however, your information may be disclosed in the following circumstances:

1. Your psychologist determines that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm that you will inflict on yourself or others. Only limited information may be disclosed to protect the client or the person threatened; and
2. When your psychologist is rendering services as part of a team or interacting with other appropriate professionals concerning your welfare. In this case, your psychologist will only share necessary information, and he or she will take reasonable steps to inform all persons about the confidential nature of your information.