

**HOUSE BILL NO. 415**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVES BERKOWITZ, Croft, Kemplen

Introduced: 2/16/98

Referred: Health, Education and Social Services, Judiciary, Finance

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to health care information, including privacy protection for  
2 health care information; and providing for an effective date."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 \* **Section 1.** LEGISLATIVE FINDINGS. (a) The legislature finds that health information  
5 is personal and sensitive information that, if inaccurately collected or documented or  
6 improperly used or released may cause significant harm to a patient's interests in privacy and  
7 health care. The legislature also finds that the benefits of electronic health information include

8 (1) facilitating timely, authorized communications of more complete health  
9 information than is now available through paper-based systems;

10 (2) improving the accuracy, integrity, and security of health information;

11 (3) providing access to medical knowledge bases;

12 (4) enhancing efficiencies of health care; and

13 (5) facilitating health care research and health care quality improvement.

14 (b) Based on the findings in (a) of this section, the legislature declares that it is in the

1 public interest to establish legislative policies and guidelines to ensure that health information  
2 is

- 3 (1) secure, private, accurate, and reliable;
- 4 (2) properly disclosed or modified; and
- 5 (3) accessible only to those with a legitimate need for the information.

6 (c) The legislature further finds and declares that certain types of information, such  
7 as information about HIV infection, AIDS, mental health, or substance abuse, are so highly  
8 sensitive that more strict requirements for disclosure are needed.

9 \* **Sec. 2.** AS 18.23 is amended by adding new sections to read:

10 **Article 4. Collection and Release of Health Care Information.**

11 **Sec. 18.23.200. Patient's examination and copying of health information.**

12 (a) Except as provided in (b) of this section, upon a written request from a patient to  
13 examine or copy the patient's medical record, a custodian who is a provider or facility  
14 shall, within a reasonable time after receiving the request, at the custodian's option,  
15 make the patient's medical record available for examination during regular business  
16 hours or provide a copy to the patient.

17 (b) If, in the professional judgment of the provider, it would be injurious to  
18 the mental or physical health of the patient who is the subject of the health information  
19 or would violate of the provider's professional ethical responsibilities to disclose  
20 certain identifying health information to the patient, the provider is not required to  
21 provide the information to the patient, but shall, upon written request of the patient,  
22 disclose the information to another provider designated by the patient.

23 (c) A patient does not have a right of access to health information compiled  
24 and used by a custodian solely for purposes of audit, peer review, or other  
25 administrative functions, to information protected by an evidentiary privilege of a  
26 person other than the patient, or to information collected about the patient for or during  
27 a clinical trial monitored by an institutional review board when the trial is not  
28 complete.

29 **Sec. 18.23.210. Request for amendment of records.** (a) A patient or  
30 provider treating a patient may request that a facility or provider amend identifying  
31 health information in a patient's medical record maintained by the provider or facility.

1 (b) Upon a request for an amendment under (a) of this section, the custodian  
2 shall either amend the record or inform the patient or provider in writing of the reasons  
3 for refusal to amend the medical record. If the custodian refuses to amend the record,  
4 the patient or provider is entitled to add a statement about the disagreement to the  
5 disputed identifying health information.

6 (c) When amending a record, the custodian shall add the amending information  
7 to the patient's identifying health information without affecting the original information  
8 and shall sign and date the amendment.

9 **Sec. 18.23.220. Health information confidentiality; public records.** (a) A  
10 custodian shall maintain as confidential identifying health information. Disclosures of  
11 identifying health information may be made only as authorized by AS 18.23.200 -  
12 18.23.390.

13 (b) Unless otherwise provided by law and this section, identifying health  
14 information is not a public record.

15 (c) A recipient of identifying health information may not use or redisclose  
16 identifying health information except for the purpose and authority under which the  
17 disclosure was made.

18 (d) A custodian's employees, agents, and contractors are subject to  
19 AS 18.23.200 - 18.23.390 to the same extent as the custodian.

20 (e) A person may not use health information that is not identifying health  
21 information for the purpose of identifying an individual patient unless the person is  
22 authorized under AS 18.23.200 - 18.23.390 to receive disclosures of the information  
23 as identifying health information.

24 (f) A person may not use health information that is not identifying provider  
25 information for the purpose of identifying an individual provider unless the person is  
26 authorized under AS 18.23.200 - 18.23.390 to receive disclosures of the information  
27 as identifying provider information.

28 (g) The records established under AS 18.23.260(a)(4) may only be disclosed  
29 as follows:

30 (1) to a patient, subject to AS 18.23.200(c);

31 (2) to a custodian except for records recording peer review functions

1 and investigations of a custodian;

2 (3) to health oversight agencies to the extent that the records relate to  
3 the performance of an authorized audit function;

4 (4) by court order AS 18.23.250(a)(4).

5 (h) All disclosures of identifying health information shall be limited only to  
6 information that the disclosing party reasonably believes is necessary to accomplish  
7 the purpose of the disclosure, except to the extent that disclosure is authorized by a  
8 patient or under AS 18.23.250(a)(4).

9 **Sec. 18.23.230. Authorization to disclose health information.** (a) Except  
10 for disclosures otherwise authorized by AS 18.23.200 - 18.23.390, a custodian may  
11 disclose a patient's identifying health information only with authorization of the  
12 patient.

13 (b) A custodian shall retain a patient's authorization to disclose identifying  
14 health information with the patient's health information. A patient's authorization, to  
15 be valid, must include

16 (1) the patient's identity;

17 (2) a dated written or electronic signature of the patient;

18 (3) a description of the health information to be disclosed;

19 (4) the name or title of a person, or the description of a group of  
20 persons, and the physical or electronic address of the person to whom the information  
21 is to be disclosed or a description of the class of persons to whom the information is  
22 to be disclosed; and

23 (5) the purpose of the disclosure.

24 (c) A patient's authorization to disclose identifying health information may  
25 also include

26 (1) a limitation on the scope of disclosure that may be made by the  
27 recipient in carrying out the authorized purpose for which the disclosure is requested;

28 (2) an acknowledgment from the patient that the patient understands  
29 that the authorization is valid for the time period stated unless revoked; or

30 (3) other information believed by the custodian to be needed to  
31 facilitate the authorization or to inform the patient as to the patient's rights with

1 respect to the authorization.

2 (d) A patient may revoke or amend an authorization at any time except to the  
3 extent that the custodian has acted in reliance on the authorization.

4 (e) An authorization under (b) of this section is effective for the time specified  
5 by the patient in the authorization. If no time is specified, an authorization shall  
6 remain effective for one year.

7 **Sec. 18.23.240. Disclosures and uses of health information.** (a) When a  
8 disclosure authorized under this section may be reasonably accomplished by disclosing  
9 nonidentifying health information rather than identifying health information, a  
10 custodian shall disclose only nonidentifying health information.

11 (b) A custodian shall disclose identifying health information to federal, state,  
12 or local law enforcement authorities or to federal or state authorities and other law  
13 enforcement authorities, as otherwise required by law, only as provided in  
14 AS 18.23.250.

15 (c) A custodian may disclose identifying health information about a patient  
16 without the patient's authorization if the disclosure is

17 (1) to a provider currently providing authorized health care to a patient  
18 or to a referring provider who continues to provide authorized health care to a patient  
19 if the information is necessary to provide health care to the patient and the patient does  
20 not object to the disclosure;

21 (2) to another provider in the same group practice or provider network,  
22 or to a custodian under contract with the group practice or provider network, for the  
23 purpose of providing patient health care within the practice or network;

24 (3) to a provider with a need for information to treat a condition that  
25 poses an immediate threat to a patient's health;

26 (4) to a member of a patient's immediate family, a legal guardian of  
27 a patient, or to a person with whom the patient is known to have a close personal  
28 relationship, when the attending provider reasonably believes that notification is  
29 necessary to avoid serious jeopardy to the health of a patient and the patient lacks the  
30 capacity to authorize the disclosure;

31 (5) necessary because, in a provider's opinion, a person is in serious

1 and imminent danger or a person is likely to commit a violent felony or a violent  
2 misdemeanor; this paragraph does not impose a duty on the provider to disclose health  
3 information;

4 (6) to a custodian that originally disclosed the information to verify the  
5 accuracy of the information;

6 (7) to a health oversight agency performing authorized audit functions;

7 (8) to perform internal audit functions within a custodian's  
8 organization;

9 (9) to agents, employees, and contractors of a custodian for the purpose  
10 of providing health care to a patient or performing administrative services for or on  
11 behalf of a custodian;

12 (10) if not prohibited by federal or state law, to a health researcher for  
13 health research;

14 (11) to a provider to confirm a past method or outcome of a course of  
15 treatment performed by the provider;

16 (12) to a successor in interest of a custodian that is or was a provider,  
17 facility, or payer for the patient whose information is being disclosed;

18 (13) to a group policyholder when reasonably necessary to conduct an  
19 audit of a payer's or provider's operation or service; and

20 (14) directory information, unless the patient has instructed the  
21 custodian not to make the disclosure, or unless the disclosure of the location of the  
22 patient would reveal that the patient may be receiving mental health or substance abuse  
23 treatment and the patient has not consented to the disclosure.

24 **Sec. 18.23.250. Subpoenas, search warrants, requests for discovery, and**  
25 **court orders.** (a) A patient's medical record or other health information shall be  
26 disclosed by a custodian in accordance with a civil, criminal, or administrative  
27 subpoena, search warrant, or request for discovery in a federal or state judicial or  
28 administrative investigation or proceeding only if

29 (1) the patient has authorized the disclosure in writing;

30 (2) the patient is deceased and the disclosure is authorized in writing  
31 by the executor or administrator of the patient's estate, or, if the estate is

1 unadministered, by the next of kin;

2 (3) the information disclosed is to be used in the patient's involuntary  
3 commitment, adjudication of incompetency, or guardianship proceeding; or

4 (4) a federal or state court or an administrative agency having subpoena  
5 power, and having jurisdiction of a matter relating to a patient, orders the disclosure  
6 after finding that the disclosure is necessary for the proper administration of justice.

7 (b) The provisions of the Alaska Rules of Civil Procedure apply to all  
8 identifying health information disclosed under (a) of this section as if the information  
9 were hospital medical records. If authorization is refused or not obtainable, a court  
10 order requiring disclosure is necessary before the disclosed identifying health  
11 information may be used in a deposition or at trial.

12 (c) This section may not be construed to waive the privilege between a patient  
13 and a provider or, unless a patient's authorization or a court order is obtained, to  
14 require any communications that are privileged under law to be disclosed.

15 **Sec. 18.23.260. Responsibilities of custodians as to disclosures.** (a)  
16 Custodians shall adopt and implement technical, contractual, and physical policies and  
17 safeguards to carry out the requirements of AS 18.23.200 - 18.23.390 and shall  
18 undertake to carry out policies and safeguards to protect the confidentiality, security,  
19 accuracy, and integrity of health information maintained, used, or disclosed by the  
20 custodian. These policies and safeguards must include

21 (1) providing for internal disciplinary or corrective measures for  
22 violations of the custodian's policy for implementing the requirements of  
23 AS 18.23.200 - 18.23.390;

24 (2) requiring a signed statement by each employee, agent, or contractor  
25 having access to identifying health information that acknowledges the receipt of and  
26 understanding of the policies adopted by the custodian;

27 (3) providing periodic training of employees, agents, and contractors  
28 having access to identifying health information as to their obligations and liabilities  
29 under AS 18.23.200 - 18.23.390;

30 (4) except as provided in (b) of this section, maintaining a record of  
31 the creation, revision, or disclosure of identifying health information that contains

1 (A) the name, address, and institutional affiliation, if any, of the  
 2 person to whom the information was disclosed, or by whom the information  
 3 was created or revised;

4 (B) the date and purpose of the action;

5 (C) a description of or reference to the information; and

6 (D) a description of the legal authority for the creation, revision,  
 7 or disclosure; and

8 (5) limiting, to the extent practicable, the disclosure to that information  
 9 that is legitimately needed to be known in order to perform authorized functions.

10 (b) A custodian need not maintain a record of a disclosure if the disclosure is

11 (1) made under AS 18.23.240(c)(1) or (2), unless the disclosure was  
 12 accomplished through an electronic information system; or

13 (2) an oral disclosure to a patient, authorized by a patient, that includes  
 14 a disclosure as described in AS 18.23.240(c)(4).

15 **Sec. 18.23.270. Master person index.** (a) A custodian may maintain or  
 16 participate in and use, directly or through a contractor, a master person index. A  
 17 custodian using a master person index shall disclose or permit access to the index only  
 18 to a custodian who has entered into a written agreement requiring protection of  
 19 confidentiality of health information as required in AS 18.23.200 - 18.23.390 with the  
 20 disclosing custodian. A master person index may use a unique identifier to identify  
 21 patients and custodians.

22 (b) Notwithstanding (a) of this section, the existence of the following medical  
 23 records may not be disclosed in a master person index unless the requesting party has  
 24 authority under state or federal law to receive a disclosure of the information:

25 (1) information that is confidential under AS 47.30.845 or  
 26 AS 47.37.210;

27 (2) information and records regulated by AS 18.15; and

28 (3) identifying health information that is otherwise maintained by a  
 29 health care provider or health care facility and is identified by the provider as being  
 30 related to a patient's evaluation, diagnosis, or treatment of HIV infection, AIDS,  
 31 communicable disease, substance abuse, or mental health condition.

1 (c) Access to an entry in a master person index indicating the existence of  
2 identifying health information may not be permitted except to the extent that the  
3 disclosure of the information sought is authorized under AS 18.23.230 - 18.23.250.

4 **Sec. 18.23.280. Electronic and other medical records.** Notwithstanding any  
5 other state law, if a custodian maintains and preserves health information or signatures  
6 using electronic, optical, or other technology and media, a custodian is not required to  
7 maintain a separate paper copy of the health information or signatures. However, if  
8 a person receiving a disclosure requests the disclosure be in a paper form, the  
9 custodian may not refuse to provide the requested information in a paper form unless  
10 another medium is required by state or federal law.

11 **Sec. 18.23.290. Authentication of persons and information; electronic**  
12 **signatures.** (a) Notwithstanding any other state law, written signatures, electronic  
13 signatures, and other authentication techniques recognized as having comparable or  
14 superior reliability to electronic signatures shall be acceptable as a legally binding  
15 signature and for identification of an individual, of an entity, or of health information  
16 associated with an individual or entity.

17 (b) Individuals authorized by a custodian to authenticate health information  
18 using an authentication technique requiring a secure code shall sign an agreement with  
19 the custodian to the effect that only the individual will use or permit access to the code  
20 assigned to the individual.

21 **Sec. 18.23.300. Limitation on liability.** Notwithstanding any other provision  
22 of AS 18.23.200 - 18.23.390, a custodian or an employee, an agent, or a contractor of  
23 a custodian is not liable for actions authorized to be taken under AS 18.23.200 -  
24 18.23.390 when the custodian, or employee, agent, or contractor of the custodian

25 (1) acted in good faith and in reliance upon health information  
26 disclosed consistent with AS 18.23.200 - 18.23.390;

27 (2) disclosed health information in good faith and in reliance upon a  
28 request for disclosure when the request identified a purpose for which disclosure is  
29 authorized under AS 18.23.200 - 18.23.390;

30 (3) disclosed health information as authorized by AS 18.23.200 -  
31 18.23.390, and the transmission of the information was interrupted, or an error in the

1 transmission otherwise was caused, by a common carrier or enhanced service provider  
2 while facilitating the disclosure;

3 (4) acted in good faith and in reliance upon recommendations,  
4 guidelines, or specifications implemented by the custodian that address the subject  
5 matter of AS 18.23.200 - 18.23.390 and that are designed to protect patients from the  
6 damages complained of, in whole or in part, if the recommendations, guidelines, or  
7 specifications are

8 (A) adopted by the United States Secretary of Health and  
9 Human Services; or

10 (B) to the extent not preempted by or inconsistent with  
11 recommendations, guidelines, or specifications authorized by (A) of this  
12 paragraph, recommendations, guidelines, or specifications recommended as  
13 model standards or specifications by

14 (i) the National Committee on Vital and Health  
15 Statistics;

16 (ii) the National Uniform Billing Committee;

17 (iii) the National Uniform Claim Committee;

18 (iv) the Workgroup for Electronic Data Interchange; or

19 (v) other public purpose organization created under  
20 Section 501(c) of the Internal Revenue Code and certified by executive  
21 order of the governor as having the technical capability and breadth of  
22 representation in the health care community to address the subject  
23 matter of AS 18.23.200 - 18.23.390 in the public interest; or

24 (5) disclosed identifying health information in good faith reliance on  
25 an authorization under AS 18.23.230 or 18.23.250(a)(1) or (2).

26 **Sec. 18.23.310. Civil remedies.** (a) Subject to AS 18.23.300 and laws  
27 relating to the award of punitive damages, a custodian or an employee, an agent, or  
28 a contractor of a custodian is subject to civil liability for damages incurred by a person  
29 with respect to the patient's identifying health information to the extent that the  
30 damages arise out of the intentional or negligent act or omission of a custodian in  
31 violation of the requirements of AS 18.23.200 - 18.23.390.

1 (b) If a patient believes that a custodian or an employee, an agent, or a  
2 contractor of a custodian has failed to comply with its obligations under  
3 AS 18.23.200 - 18.23.390 with respect to the patient's identifying health information,  
4 a patient may apply to a court for appropriate equitable relief.

5 (c) An agreement purporting to limit the liability arising from violations of  
6 AS 18.23.200 - 18.23.390, other than within a settlement agreement, is void.

7 **Sec. 18.23.320. Conflicting laws.** (a) AS 18.23.200 - 18.23.390 do not  
8 restrict a custodian from complying with obligations imposed by federal health care  
9 payment programs or federal laws or regulations. Except as provided in (b) of this  
10 section, to the extent the provisions of AS 18.23.200 - 18.23.390 conflict with other  
11 state laws, the provisions of AS 18.23.200 - 18.23.390 shall control unless the other  
12 state law specifically states that it is an exception to a specific provision of  
13 AS 18.23.200 - 18.23.390.

14 (b) Notwithstanding (a) of this section, if AS 18.23.200 - 18.23.390 conflict  
15 with another state statute governing the nondisclosure of identifying health information  
16 held by a health oversight agency for the purposes of peer review, professional review,  
17 or other professional disciplinary or corrective action, the other statute shall control.

18 (c) AS 18.23.200, 18.23.210, 18.23.260(a)(4), and 18.23.310 do not apply to  
19 disclosures of identifying health information regulated by AS 21. Health information  
20 regulated by AS 21 may also be disclosed as permitted by AS 21 or AS 18.23.230 and  
21 18.23.240(b) and (c).

22 (d) AS 18.23.200 and 18.23.240(c) do not apply to disclosures of identifying  
23 health information regulated by AS 47.30 or AS 47.37.

24 (e) AS 18.23.240(c) does not apply to disclosures of identifying health  
25 information regulated by AS 18.15 when a custodian is acting under that section.

26 (f) AS 18.23.200 - 18.23.390 do not apply to a telecommunications common  
27 carrier and an enhanced service provider if they are certified or subject to regulation

28 (1) under AS 42.05; or

29 (2) by the Federal Communications Commission under federal law.

30 (f) Except as provided in AS 18.23.220(c) and (f), AS 18.23.200 - 18.23.390  
31 do not regulate the disclosure of health information that is not identifying health

1 information.

2 **Sec. 18.23.330. Trade secrets.** Except as otherwise required by law,  
3 AS 18.23.200 - 18.23.390 do not require the disclosure of trade secrets or other  
4 commercial information.

5 **Sec. 18.23.390. Definitions.** In AS 18.23.200 - 18.23.390,

6 (1) "audit" means an assessment, evaluation, determination,  
7 investigation, or prosecution of a custodian, provider, or facility to determine, evaluate,  
8 or monitor practices concerning the applicability of or compliance with

9 (A) legal, fiscal, quality assurance, quality control, risk  
10 management, utilization review, or scientific standards or practices, or aspects  
11 of performance relating to

12 (i) the delivery of or payment for health care or health  
13 care services or equipment;

14 (ii) health care fraud or fraudulent claims regarding  
15 health care, health care services or equipment, or related activities and  
16 items;

17 (iii) security of health information; and

18 (iv) coordination of services among providers or  
19 facilities or planning for future services; or

20 (B) requirements for licensing and professional discipline,  
21 accreditation, credentialing, or certification, including peer review;

22 (2) "custodian" means a person operating in a business, professional,  
23 or governmental capacity that collects, creates, receives, obtains, maintains, uses,  
24 analyzes, or transmits identifying health information, including a college, employer,  
25 facility, payer, health oversight agency, health researcher, penal institution, provider,  
26 public health authority, school, state agency, third-party administrator, or university;

27 (3) "directory information" means the following information concerning  
28 a patient who is an inpatient or outpatient or who is currently receiving emergency  
29 health care in a health care facility:

30 (A) the presence of the patient at the facility, including room,  
31 bed number, or telephone number;

1 (B) date of admission; and

2 (C) the patient's health status whether "critical," "poor," "fair,"  
3 "good," "excellent," or a term denoting a similar condition;

4 (4) "electronic signatures" means digital or electronic signatures in  
5 conformity with applicable provisions of the Uniform Commercial Code recommended  
6 by the National Conference of Commissioners on Uniform State Laws and the  
7 American Law Institute, electronic information and digital signature guidelines  
8 established by the organizations set out in AS 18.23.300(4), the digital signature  
9 guidelines recommended by the American Bar Association Science and Technology  
10 Committee Section, Committee on Information Security, or other electronic signature  
11 guidelines authorized by federal or state law.

12 (5) "facility" means a place where health care is regularly provided to  
13 two or more persons by a provider;

14 (6) "health care" means

15 (A) preventive, diagnostic, therapeutic, rehabilitative,  
16 maintenance, investigational, experimental, cosmetic, reconstructive, or  
17 palliative care, including assistance with disease or symptom management and  
18 maintenance, counseling, a service, a laboratory test, or a procedure

19 (i) with respect to the physical or mental condition of a  
20 patient; or

21 (ii) affecting the structure or function of the human body  
22 or a part of the human body, including the banking of blood, sperm,  
23 ova, organs, or other tissue;

24 (B) the sale or dispensing of a drug, a device, durable or  
25 disposable goods or equipment, or other health care related item to a patient,  
26 or for the use of a patient in accordance with a prescription, for a purpose  
27 specified in (A) of this paragraph;

28 (7) "health information" means data, information, or orders, including  
29 advance directives, documents granting anatomical gifts, biological samples from the  
30 human body from which information can be drawn, films, videotapes, consent forms,  
31 genetic sequences, digitized images, sound recordings, and demographic information

1 recorded or stored in any form that

2 (A) relates to a specific patient's past, present, or future health  
3 care or condition, including the patient's individual cells and their components  
4 or personal and family medical history;

5 (B) was created or obtained by a custodian in connection with  
6 health care diagnosis, treatment, screening, counseling, intake, or discharge of  
7 a patient or related to the application for, or enrollment of, a patient in a  
8 reimbursement plan, or for insurance use; or

9 (C) was obtained by or from a provider, a facility, a patient, a  
10 member of the patient's family, or another person about a patient and in  
11 connection with a patient's health care;

12 (8) "health oversight agency" means a public agency or other person  
13 that receives a disclosure of, uses, maintains, or discloses health information while  
14 acting in the capacity of a person authorized by law or recognized by a governmental  
15 agency to perform or oversee the performance of an audit;

16 (9) "health research" means scientific, actuarial, survey, or statistical  
17 research based on health information, including clinical investigations governed by the  
18 Code of Federal Regulations, Chapter I of Title 21; "health research" does not include  
19 disclosure of health information for purposes of providing health care, peer review,  
20 audit functions, or reporting to state and federal authorities;

21 (10) "identifying health information" means a collection of health  
22 information that includes the name, address, social security number, unique identifier  
23 established by state or federal law, likenesses, or other information that readily  
24 identifies a patient's personal identity, could be used or manipulated to identify a  
25 patient by a foreseeable method, or could be linked or matched by a foreseeable  
26 method to other information in order to identify a patient; "identifying health  
27 information" includes information stored in a master person index authorized by  
28 AS 18.23.270; "health information" may not be considered identifying health  
29 information solely based on the inclusion in a collection of health information of a  
30 code assigned to a patient by a custodian if that code does not consist of or contain  
31 symbols that could be used to readily identify a patient with reasonable accuracy and

1 speed from sources external to the custodian;

2 (11) "identifying provider information" means a collection of health  
3 information that includes the name, address, social security number, medical billing  
4 number, employer identification number, likenesses, or other information by which the  
5 identity of a health care provider can readily be determined with reasonable accuracy  
6 and speed, either directly or by reference to other publicly available information; the  
7 term does not include a unique identification code assigned to a provider by a  
8 custodian and used and disclosed only internally to the custodian if that code does not  
9 consist of or contain symbols that could be used to readily identify a health care  
10 provider with reasonable accuracy and speed from sources external to the custodian;

11 (12) "master person index" means an index indicating the existence of  
12 medical records of patients held by a custodian and other information to facilitate the  
13 request for the information under circumstances permitted by AS 18.23.200 -  
14 18.23.390;

15 (13) "medical record" means identifying health information that is  
16 maintained in a health information collection, storage, and retrieval system of the  
17 custodian in the usual course of health care in accordance with applicable standards  
18 of practice;

19 (14) "patient" means an individual who is requesting, receives, or has  
20 received health care; references to the term "patient" in AS 18.23.200 - 18.23.390 shall  
21 include other persons legally empowered to authorize the disclosure of a patient's  
22 identifying health information to the extent necessary to carry out the terms or  
23 purposes of the individual's grant of authority;

24 (15) "payer" means a person acting in a business capacity who  
25 undertakes to furnish health insurance, disability insurance, life insurance, workers'  
26 compensation insurance, or otherwise to pay for all or some of health care services  
27 rendered to the patient;

28 (16) "person" means an individual, a government, a governmental  
29 subdivision, an agency or authority, an association, a corporation, a firm, a limited  
30 liability company, a partnership, a society, an estate, a trust, a joint venture, or other  
31 legal entity;

1 (17) "provider" means

2 (A) a person licensed, certified, registered, or otherwise  
3 authorized by state or federal law to provide health care in the ordinary course  
4 of business or practice of a profession;

5 (B) a state or federal program that directly provides health care;  
6 or

7 (C) a student training to provide health care acting under the  
8 supervision of a provider described in (A) of this paragraph.

9 \* **Sec. 3.** AS 18.20.085(d) is amended to read:

10 (d) This section is subject to AS 18.23.280 [AS 18.23.100].

11 \* **Sec. 4.** AS 18.23.005 and 18.23.100 are repealed.

12 \* **Sec. 5.** REVISOR'S INSTRUCTION. Wherever in the Alaska Statutes the spanned  
13 reference of "AS 18.23.005 - 18.23.070" appears, it shall be read as "AS 18.23.010 -  
14 18.23.070." The revisor of statutes shall implement this section under the authority of  
15 AS 01.05.031.

16 \* **Sec. 6.** This Act takes effect July 1, 1999.