

CALIFORNIA CODES
CIVIL CODE
SECTION 56.10-56.16

56.10. (a) No provider of health care, health care service plan, or contractor shall disclose **medical information** regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).

(b) A provider of health care, a health care service plan, or a contractor shall disclose **medical information** if the disclosure is compelled by any of the following:

(1) By a court pursuant to an order of that court.

(2) By a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.

(3) By a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear served pursuant to Section 1987 of the **Code of Civil Procedure**, or any provision authorizing discovery in a proceeding before a court or administrative agency.

(4) By a board, commission, or administrative agency pursuant to an investigative subpoena issued under Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the **Government Code**.

(5) By an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum issued under Section 1282.6 of the **Code of Civil Procedure**, or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.

(6) By a search warrant lawfully issued to a governmental law enforcement agency.

(7) By the patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the **Health and Safety Code**.

(8) By a coroner, when requested in the course of an investigation by the coroner's office for the purpose of identifying the decedent or locating next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisonings, accidents, sudden infant death, suspicious deaths, unknown deaths, or criminal deaths, or when otherwise authorized by the decedent's representative. **Medical information** requested by the coroner under this paragraph shall be limited to **information** regarding the patient who is the decedent and who is the subject of the investigation and shall be disclosed to the coroner without delay upon request.

(9) When otherwise specifically required by law.

(c) A provider of health care, or a health care service plan may disclose **medical information** as follows:

(1) The **information** may be disclosed to providers of health care, health care service plans, contractors or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient **information** by radio transmission or other means between emergency **medical** personnel at the scene of an

emergency, or in an emergency **medical** transport vehicle, and emergency **medical** personnel at a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety **Code**.

(2) The **information** may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor or any other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling **medical** condition, unable to consent to the disclosure of **medical information** and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the **information** may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The **information** may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.

(3) The **information** may be disclosed to any person or entity that provides billing, claims management, **medical** data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, no **information** so disclosed shall be further disclosed by the recipient in any way that would be violative of this part.

(4) The **information** may be disclosed to organized committees and agents of professional societies or of **medical** staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent **medical** review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, contractor's or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to **medical** necessity, level of care, quality of care, or justification of charges.

(5) The **information** in the possession of any provider of health care or health care service plan may be reviewed by any private or public body responsible for licensing or accrediting the provider of health care or health care service plan. However, no patient identifying **medical information** may be removed from the premises except as expressly permitted or required elsewhere by law, nor shall that **information** be further disclosed by the recipient in any way that would violate this part.

(6) The **information** may be disclosed to the county coroner in the course of an investigation by the coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b).

(7) The **information** may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona

fide research purposes. However, no **information** so disclosed shall be further disclosed by the recipient in any way that would disclose the identity of any patient or be violative of this part.

(8) A provider of health care or health care service plan that has created **medical information** as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the **information** that:

(A) Is relevant in a law suit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her **medical history**, mental or physical condition, or treatment, provided that **information** may only be used or disclosed in connection with that proceeding.

(B) Describes functional limitations of the patient that may entitle the patient to leave from work for **medical** reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of **medical** cause is included in the **information** disclosed.

(9) Unless the provider of health care or health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the **information** may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the **information** was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

(10) The **information** may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. **Medical information** may not otherwise be disclosed by a health care service plan except in accordance with the provisions of this part.

(11) Nothing in this part shall prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with Section 791) of Part 2 of Division 1 of the Insurance **Code**, of **medical information** if the insurance institution, agent, or support organization has complied with all requirements for obtaining the **information** pursuant to Article 6.6 (commencing with Section 791) of Part 2 of Division 1 of the Insurance **Code**.

(12) The **information** relevant to the patient's condition and care and treatment provided may be disclosed to a probate court investigator engaged in determining the need for an initial conservatorship or continuation of an existent conservatorship, if the patient is unable to give informed consent, or to a probate court investigator, probation officer, or domestic relations investigator engaged in determining the need for an initial guardianship or continuation of an existent guardianship.

(13) The **information** may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant. For the purpose of this paragraph, the terms "tissue

bank" and "tissue" have the same meaning as defined in Section 1635 of the Health and Safety **Code**.

(14) The **information** may be disclosed when the disclosure is otherwise specifically authorized by law, such as the voluntary reporting, either directly or indirectly, to the federal Food and Drug Administration of adverse events related to drug products or **medical device problems**.

(15) Basic **information** including the patient's name, city of residence, age, sex, and general condition may be disclosed to a state or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.

(16) The **information** may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no **information** so disclosed shall be further disclosed by the recipient in any way that would be violative of this part, including the unauthorized manipulation of coded or encrypted **medical information** that reveals individually identifiable **medical information**.

(17) For purposes of disease management programs and services as defined in Section 1399.901 of the Health and Safety **Code**, **information** may be disclosed as follows: (A) to any entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, provided that the disease management services and care are authorized by a treating physician or (B) to any disease management organization, as defined in Section 1399.900 of the Health and Safety **Code**, that complies fully with the physician authorization requirements of Section 1399.902 of the Health and Safety **Code**, provided that the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. Nothing in this paragraph shall be construed to require physician authorization for the care or treatment of the adherents of any well-recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.

(d) Except to the extent expressly authorized by the patient or enrollee or subscriber or as provided by subdivisions (b) and (c), no provider of health care, health care service plan contractor, or corporation and its subsidiaries and affiliates shall intentionally share, sell, or otherwise use any **medical information** for any purpose not necessary to provide health care services to the patient.

(e) Except to the extent expressly authorized by the patient or enrollee or subscriber or as provided by subdivisions (b) and (c), no contractor or corporation and its subsidiaries and affiliates shall further disclose **medical information** regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan or insurer or self-insured employer received under this section to any person or entity that is not engaged in providing direct health care services to the patient or his or her provider of health care or health care service plan or insurer or self-insured employer.

(f) This section shall remain in effect only until January 1, 2003, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2003, deletes or extends that date.

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(b) A provider of health care, a health care service plan, or a contractor shall disclose **medical information** if the disclosure is compelled by any of the following:

(1) By a court pursuant to an order of that court.

(2) By a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.

(3) By a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear served pursuant to Section 1987 of the **Code of Civil Procedure**, or any provision authorizing discovery in a proceeding before a court or administrative agency.

(4) By a board, commission, or administrative agency pursuant to an investigative subpoena issued under Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the **Government Code**.

(5) By an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum issued under Section 1282.6 of the **Code of Civil Procedure**, or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.

(6) By a search warrant lawfully issued to a governmental law enforcement agency.

(7) By the patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the **Health and Safety Code**.

(8) When otherwise specifically required by law.

(c) A provider of health care, or a health care service plan may disclose **medical information** as follows:

(1) The **information** may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient **information** by radio transmission or other means between emergency **medical** personnel at the scene of an emergency, or in an emergency **medical** transport vehicle, and emergency **medical** personnel at a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the **Health and Safety Code**.

(2) The **information** may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or any other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling **medical** condition, unable to consent to the disclosure of **medical information** and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the **information** may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under

a governmental program for health care services provided to the patient. The **information** may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.

(3) The **information** may be disclosed to any person or entity that provides billing, claims management, **medical** data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, no **information** so disclosed shall be further disclosed by the recipient in any way that would be violative of this part.

(4) The **information** may be disclosed to organized committees and agents of professional societies or of **medical** staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent **medical** review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to **medical** necessity, level of care, quality of care, or justification of charges.

(5) The **information** in the possession of any provider of health care or health care service plan may be reviewed by any private or public body responsible for licensing or accrediting the provider of health care or health care service plan. However, no patient identifying **medical information** may be removed from the premises except as expressly permitted or required elsewhere by law, nor shall that **information** be further disclosed by the recipient in any way that would violate this part.

(6) The **information** may be disclosed to the county coroner in the course of an investigation by the coroner's office.

(7) The **information** may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no **information** so disclosed shall be further disclosed by the recipient in any way that would disclose the identity of any patient or be violative of this part.

(8) A provider of health care or health care service plan that has created **medical information** as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the **information** that:

(A) Is relevant in a law suit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her **medical** history, mental or physical condition, or treatment, provided that **information** may only be used or disclosed in connection with that proceeding.

(B) Describes functional limitations of the patient that may entitle the patient to leave from work for **medical** reasons or limit the patient's fitness to perform his or her present employment,

provided that no statement of **medical** cause is included in the **information** disclosed.

(9) Unless the provider of health care or health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the **information** may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the **information** was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

(10) The **information** may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. **Medical information** may not otherwise be disclosed by a health care service plan except in accordance with the provisions of this part.

(11) Nothing in this part shall prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with Section 791) of Part 2 of Division 1 of the Insurance **Code**, of **medical information** if the insurance institution, agent, or support organization has complied with all requirements for obtaining the **information** pursuant to Article 6.6 (commencing with Section 791) of Part 2 of Division 1 of the Insurance **Code**.

(12) The **information** relevant to the patient's condition and care and treatment provided may be disclosed to a probate court investigator engaged in determining the need for an initial conservatorship or continuation of an existent conservatorship, if the patient is unable to give informed consent, or to a probate court investigator, probation officer, or domestic relations investigator engaged in determining the need for an initial guardianship or continuation of an existent guardianship.

(13) The **information** may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant. For the purpose of this paragraph, the terms "tissue bank" and "tissue" have the same meaning as defined in Section 1635 of the Health and Safety **Code**.

(14) The **information** may be disclosed when the disclosure is otherwise specifically authorized by law, such as the voluntary reporting, either directly or indirectly, to the federal Food and Drug Administration of adverse events related to drug products or **medical** device problems.

(15) Basic **information** including the patient's name, city of residence, age, sex, and general condition may be disclosed to a state or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.

(16) The **information** may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no **information** so disclosed shall be further disclosed by the recipient in any way that would be violative of this part, including the unauthorized manipulation of coded or encrypted **medical information** that reveals individually identifiable **medical**

information.

(17) For purposes of disease management programs and services as defined in Section 1399.901 of the Health and Safety **Code**, **information** may be disclosed as follows: (A) to any entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, provided that the disease management services and care are authorized by a treating physician, or (B) to any disease management organization, as defined in Section 1399.900 of the Health and Safety **Code**, that complies fully with the physician authorization requirements of Section 1399.902 of the Health and Safety **Code**, provided that the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. Nothing in this paragraph shall be construed to require physician authorization for the care or treatment of the adherents of any well-recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.

(d) Except to the extent expressly authorized by the patient or enrollee or subscriber or as provided by subdivisions (b) and (c), no provider of health care, health care service plan contractor, or corporation and its subsidiaries and affiliates shall intentionally share, sell, or otherwise use any **medical information** for any purpose not necessary to provide health care services to the patient.

(e) Except to the extent expressly authorized by the patient or enrollee or subscriber or as provided by subdivisions (b) and (c), no contractor or corporation and its subsidiaries and affiliates shall further disclose **medical information** regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan or insurer or self-insured employer received under this section to any person or entity that is not engaged in providing direct health care services to the patient or his or her provider of health care or health care service plan or insurer or self-insured employer.

(f) This section shall become operative January 1, 2003.

56.101. Every provider of health care, health care service plan, or contractor who creates, maintains, preserves, stores, abandons, destroys, or disposes of **medical** records shall do so in a manner that preserves the **confidentiality** of the **information** contained therein. Any provider of health care, health care service plan, or contractor who negligently creates, maintains, preserves, stores, abandons, destroys, or disposes of **medical** records shall be subject to the remedies and penalties provided under subdivisions (b) and (c) of Section 56.36.

56.104. (a) Notwithstanding subdivision (c) of Section 56.10, no provider of health care, health care service plan, or contractor may release **medical information** to persons or entities authorized by law to receive that **information** pursuant to subdivision (c) of Section 56.10, if the requested **information** specifically relates to the

patient's participation in outpatient treatment with a psychotherapist, unless the person or entity requesting that **information** submits to the patient pursuant to subdivision (b) and to the provider of health care, health care service plan, or contractor a written request, signed by the person requesting the **information** or an authorized agent of the entity requesting the **information**, that includes all of the following:

(1) The specific **information** relating to a patient's participation in outpatient treatment with a psychotherapist being requested and its specific intended use or uses.

(2) The length of time during which the **information** will be kept before being destroyed or disposed of. A person or entity may extend that timeframe, provided that the person or entity notifies the provider, plan, or contractor of the extension. Any notification of an extension shall include the specific reason for the extension, the intended use or uses of the **information** during the extended time, and the expected date of the destruction of the **information**.

(3) A statement that the **information** will not be used for any purpose other than its intended use.

(4) A statement that the person or entity requesting the **information** will destroy the **information** and all copies in the person's or entity's possession or control, will cause it to be destroyed, or will return the **information** and all copies of it before or immediately after the length of time specified in paragraph (2) has expired.

(b) The person or entity requesting the **information** shall submit a copy of the written request required by this section to the patient within 30 days of receipt of the **information** requested, unless the patient has signed a written waiver in the form of a letter signed and submitted by the patient to the provider of health care or health care service plan waiving notification.

(c) For purposes of this section, "psychotherapist" means a person who is both a "psychotherapist" as defined in Section 1010 of the Evidence Code and a "provider of health care" as defined in subdivision (d) of Section 56.05 of the Civil Code.

(d) This section does not apply to the disclosure or use of **medical information** by a law enforcement agency or a regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes, unless the disclosure is otherwise prohibited by law.

(e) Nothing in this section shall be construed to grant any additional authority to a provider of health care, health care service plan, or contractor to disclose **information** to a person or entity without the patient's consent.

56.105. Whenever, prior to the service of a complaint upon a defendant in any action arising out of the professional negligence of a person holding a valid physician's and surgeon's certificate issued pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, a demand for settlement or offer to compromise is made on a patient's behalf, the demand or offer shall be accompanied by an authorization to disclose **medical information** to persons or organizations insuring, responsible for, or defending professional liability that the certificate holder may incur. The authorization shall be in accordance with Section

56.11 and shall authorize disclosure of that **information** that is necessary to investigate issues of liability and extent of potential damages in evaluating the merits of the demand for settlement or offer to compromise.

Notice of any request for **medical information** made pursuant to an authorization as provided by this section shall be given to the patient or the patient's legal representative. The notice shall describe the inclusive subject matter and dates of the materials requested and shall also authorize the patient or the patient's legal representative to receive, upon request, copies of the **information** at his or her expense.

Nothing in this section shall be construed to waive or limit any applicable privileges set forth in the Evidence **Code** except for the disclosure of **medical information** subject to the patient's authorization. Nothing in this section shall be construed as authorizing a representative of any person from whom settlement has been demanded to communicate in violation of the physician-patient privilege with a treating physician except for the **medical information** request.

The requirements of this section are independent of the requirements of Section 364 of the **Code** of **Civil** Procedure.

56.11. Any person or entity that wishes to obtain **medical information** pursuant to subdivision (a) of Section 56.10, other than a person or entity authorized to receive **medical information** pursuant to subdivision (b) or (c) of Section 56.10, shall obtain a valid authorization for the release of this **information**.

An authorization for the release of **medical information** by a provider of health care, a health care service plan, or contractor shall be valid if it:

(a) Is handwritten by the person who signs it or is in typeface no smaller than 8-point type.

(b) Is clearly separate from any other language present on the same page and is executed by a signature which serves no other purpose than to execute the authorization.

(c) Is signed and dated by one of the following:

(1) The patient. A patient who is a minor may only sign an authorization for the release of **medical information** obtained by a provider of health care, health care service plan, or contractor in the course of furnishing services to which the minor could lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60).

(2) The legal representative of the patient, if the patient is a minor or an incompetent. However, authorization may not be given under this subdivision for the disclosure of **medical information** obtained by the provider of health care, a health care service plan, or a contractor in the course of furnishing services to which a minor patient could lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60).

(3) The spouse of the patient or the person financially responsible for the patient, where the **medical information** is being sought for the sole purpose of processing an application for health insurance or for enrollment in a nonprofit hospital plan, a health care service plan, or an employee benefit plan, and where the patient is to be an enrolled spouse or dependent under the policy or plan.

(4) The beneficiary or personal representative of a deceased patient.

(d) States the specific uses and limitations on the types of **medical information** to be disclosed.

(e) States the name or functions of the provider of health care, health care service plan, or contractor that may disclose the **medical information**.

(f) States the name or functions of the persons or entities authorized to receive the **medical information**.

(g) States the specific uses and limitations on the use of the **medical information** by the persons or entities authorized to receive the **medical information**.

(h) States a specific date after which the provider of health care, health care service plan, or contractor is no longer authorized to disclose the **medical information**.

(i) Advises the person signing the authorization of the right to receive a copy of the authorization.

56.12. Upon demand by the patient or the person who signed an authorization, a provider of health care, a health care service plan, or contractor possessing the authorization shall furnish a true copy thereof.

56.13. A recipient of **medical information** pursuant to an authorization as provided by this chapter or pursuant to the provisions of subdivision (c) of Section 56.10 may not further disclose that **medical information** except in accordance with a new authorization that meets the requirements of Section 56.11, or as specifically required or permitted by other provisions of this chapter or by law.

56.14. A provider of health care, health care service plan, or contractor that discloses **medical information** pursuant to the authorizations required by this chapter shall communicate to the person or entity to which it discloses the **medical information** any limitations in the authorization regarding the use of the **medical information**. No provider of health care, health care service plan, or contractor that has attempted in good faith to comply with this provision shall be liable for any unauthorized use of the **medical information** by the person or entity to which the provider, plan, or contractor disclosed the **medical information**.

56.15. Nothing in this part shall be construed to prevent a person who could sign the authorization pursuant to subdivision (c) of Section 56.11 from cancelling or modifying an authorization. However, the cancellation or modification shall be effective only after the provider of health care actually receives written notice of the cancellation or modification.

56.16. Unless there is a specific written request by the patient to

the contrary, nothing in this part shall be construed to prevent a provider, upon an inquiry concerning a specific patient, from releasing at its discretion any of the following **information**: the patient's name, address, age, and sex; a general description of the reason for treatment (whether an injury, a burn, poisoning, or some unrelated condition); the general nature of the injury, burn, poisoning, or other condition; the general condition of the patient; and any **information** that is not **medical information** as defined in subdivision (c) of Section 56.05.