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Disclosure of Health Data

Sec. 19a-25-1. Definitions

As used in Sections 19a-25-1 through 19a-25-4, inclusive, of the Regulations of Connecticut State Agencies:

(1) “Aggregate health data” means health data that is obtained by combining like data in a manner that precludes the identification of the individual or organization supplying the data or described in the data.

(2) “Anonymous medical case history” means the description of an individual’s illness in a manner that precludes the identification of the individual or organization supplying the data or described in the data.

(3) “Commissioner” means the commissioner of the Department of Public Health.

(4) “Department” means the Department of Public Health.

(5) “Disclosure” or “disclose” means the communication of health data to any individual or organization outside the department.

(6) “Health data” means information, recorded in any form or medium, that relates to the health status of individuals, the determinants of health and health hazards, the availability of health resources and services, or the use and cost of such resources and services.

(7) “Identifiable health data” means any item, collection, or grouping of health data that makes the individual or organization supplying it, or described in it, identifiable.

(8) “Individual” means a natural person.

(9) “Local Director of Health” means the city, town, borough, or district Director of Health or any person legally authorized to act for the local director of health.

(10) “Medical or scientific research” means the performance of activities relating to health data, including, but not limited to:

(A) describing the group characteristics of individuals or organizations;

(B) characterizing the determinants of health and health hazards;

(C) analyzing the inter-relationships among the various characteristics of individuals or organizations;

(D) the preparation and publication of reports describing these matters; and

(E) other related functions as determined by the commissioner.

(11) “Organization” means any corporation, association, partnership, agency, department, unit, or other legally constituted institution or entity, or part thereof.

(12) “Studies of morbidity and mortality” means the collection, application, and maintenance of health data on:

(A) the extent, nature, and impact of illness and disability on the population of the state or any portion thereof;

(B) the determinants of health and health hazards, including but limited to,

(i) infectious agents of disease,

(ii) environmental toxins or hazards,

(iii) health resources, including the extent of available manpower and resources, or

(iv) the supply, cost, financing or utilization of health care services.

(C) diseases on the commissioner’s list of reportable diseases and laboratory findings pursuant to section 19a-215 of the Connecticut General Statutes; or

(D) similar health or health related matters as determined by the commissioner.

(Adopted effective October 30, 1998)

Sec. 19a-25-2. Disclosure of aggregate health data, anonymous medical case histories, and reports of the findings of studies of morbidity and mortality

(a) The department may, at the discretion of the commissioner, publish, make available, and disseminate aggregate health data, anonymous medical case histories, and reports of the findings of studies of morbidity and mortality, provided such data, histories, and reports:

- (1) Are prepared for the purpose of medical and scientific research; and
- (2) Do not include identifiable health data.

(b) No individual or organization with lawful access to such reports shall be compelled to testify with regard to such reports. Publication or release of such reports shall not subject said report or related information to subpoena or similar compulsory process in any civil or criminal, judicial, administrative or legislative proceeding.

(Adopted effective October 30, 1998)

Sec. 19a-25-3. Disclosure of identifiable health data

(a) The department shall not disclose identifiable health data unless:

(1) The disclosure is to health care providers in a medical emergency as necessary to protect the health, life, or well-being of the person with a reportable disease or condition pursuant to section 19a-215 of the Connecticut General Statutes;

(2) The disclosure is to health care providers, the local director of health, the department, another state or public health agency, including those in other states and the federal government, or other persons when deemed necessary by the department in its sole discretion for disease prevention and control pursuant to section 19a-215 of the Connecticut General Statutes or for the purpose of reducing morbidity and mortality from any cause or condition, except that every effort shall be made to limit the disclosure of identifiable health data to the minimal amount necessary to accomplish the public health purpose;

(3) The disclosure is to an individual, organization, governmental entity in this or another state or to the federal government, provided the department determines that:

(A) Based upon a written application and such other information as required by the department to be submitted by the requesting individual, organization or governmental entity the data will be used solely for bona fide medical and scientific research;

(B) The disclosure of data to the requesting individual, organization or governmental entity is required for the medical or scientific research proposed;

(C) The requesting individual, organization, or governmental entity has entered into a written agreement satisfactory to the department agreeing to protect such data in accordance with the requirements of this section and not permit disclosure without prior approval of the department; and

(D) The requesting individual, organization or governmental entity, upon request of the department or after a specified date or event, returns or destroys all identifiable health data provided by the department and copies thereof in any form.

(4) The disclosure is to a governmental entity for the purpose of conducting an audit, evaluation, or investigation required by law of the department and such governmental entity agrees not to use such data for making any determination as to whom the health data relates.

(b) Any disclosure provided for in this section shall be made at the discretion of the department, provided the requirements for disclosure set forth in the applicable provisions of this section have been met. For disclosures under this section to

governmental entities, the commissioner may waive the requirements of this section except for the requirements of subdivision (A) of subsection (3).

(c) Notwithstanding any other provisions of this section, no identifiable health data obtained in the course of activities undertaken or supported under this section shall be subject to subpoena or similar compulsory process in any civil or criminal, judicial, administrative, or legislative proceeding, nor shall any individual or organization with lawful access to identifiable health data under the provisions of this section be compelled to testify with regard to such health data.

(Adopted effective October 30, 1998)

Sec. 19a-25-4. Use of health data for enforcement purposes

(a) Notwithstanding any provisions of sections 19a-25-1 to 19a-25-3, inclusive of the Regulations of State Agencies, the department may utilize, in any manner, health data including but not limited to aggregate health data, identifiable health data, and studies of morbidity and mortality, in carrying out and performing its statutory and regulatory responsibilities and to secure compliance with or enforcement of any laws. Where such data is used in an enforcement action brought by the department or any other state agency, disclosure to parties to the action of such data shall be permitted only if required by law and said parties may not further disclose such data except to a tribunal, administrative agency or court with jurisdiction over the enforcement action. Disclosure under this section does not constitute a waiver or release of the confidentiality that protects such data.

(Adopted effective October 30, 1998)