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1 AN ACT concerning civil law.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Code of Civil Procedure is amended by changing Sections 8-802, 8-2001, 8-2003, and 8-2006 as follows:

6 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

Sec. 8-802. Physician and patient. No physician or surgeon shall be permitted to disclose any information he or she may have acquired in attending any patient in a professional character, necessary to enable him or her professionally to serve the patient, except only (1) in trials for homicide when the disclosure relates directly to the fact or immediate circumstances of the homicide, (2) in actions, civil or criminal, against the physician for malpractice, (3) with the expressed consent of the patient, or in case of his or her death or disability, of his or her personal representative or other person authorized to sue for personal injury or of the beneficiary of an insurance policy on his or her life, health, or physical condition, (4) in all actions brought by or against the patient, his or her personal representative, a beneficiary under a policy of insurance, or the executor or administrator of his or her estate wherein the patient's physical or mental condition is an issue, (5) upon an issue as to the validity of

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a document as a will of the patient, (6) in any criminal action where the charge is either first degree murder by abortion, attempted abortion or abortion, (7) in actions, civil or criminal, arising from the filing of a report in compliance with the Abused and Neglected Child Reporting Act, (8) to any department, agency, institution or facility which has custody of the patient pursuant to State statute or any court order of commitment, (9) in prosecutions where written results of blood alcohol tests are admissible pursuant to Section 11-501.4 of the Illinois Vehicle Code, (10) in prosecutions where written results of blood alcohol tests are admissible under Section 5-11a of the Boat Registration and Safety Act, or (11) in criminal actions arising from the filing of a report of suspected terrorist offense in compliance with 29D-10(p)(7) of the Criminal Code of 1961, or (12) upon the issuance of a subpoena pursuant to Section 38 of the Medical Practice Act of 1987; the issuance of a subpoena pursuant to Section 25.1 of the Illinois Dental Practice Act; or the issuance of a subpoena pursuant to Section 22 of the Nursing Home Administrators Licensing and Disciplinary Act.

In the event of a conflict between the application of this Section and the Mental Health and Developmental Disabilities Confidentiality Act to a specific situation, the provisions of Developmental Mental Healt.h and Disabilities

25 Confidentiality Act shall control.

(Source: P.A. 87-803; 92-854, eff. 12-5-02.)

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- (735 ILCS 5/8-2001) (from Ch. 110, par. 8-2001) 1
- Sec. 8-2001. Examination of records. 2

3 In this Section, "health care facility" or "facility" means 4 a public or private hospital, ambulatory surgical treatment 5 center, nursing home, independent practice association, or physician hospital organization, or any other entity where 6 health care services are provided to any person. The term does 7 8 not include an organizational structure whose records are 9 subject to Section 8-2003.

In this Part, "practitioner" means any health care practitioner, including a physician, dentist, podiatrist, advanced practice nurse, physician assistant, clinical psychologist, or clinical social worker. The term includes a medical office, health care clinic, health department, group practice, and any other organizational structure for a licensed professional to provide health care services. The term does not include a health care facility as defined in this Section.

Every private and public health care facility shall, upon the request of any patient who has been treated in such health care facility, or any person, entity, or organization presenting a valid authorization for the release of records signed by the patient or the patient's legally authorized representative, permit the patient, his or her healthcare practitioner physician, authorized attorney, or any person, entity, or organization presenting a valid authorization for

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the release of records signed by the patient or the patient's legally authorized representative to examine the health care facility patient care records, including but not limited to the history, bedside notes, charts, pictures and plates, kept in connection with the treatment of such patient, and permit copies of such records to be made by him or her or his or her healthcare practitioner physician or authorized attorney. A request for copies of the records shall be in writing and shall be delivered to the administrator or manager of such health care facility. The health care facility shall be reimbursed by the person requesting copies of records at the time of such copying for all reasonable expenses, including the costs of independent copy service companies, incurred by the health care facility in connection with such copying not to exceed a \$20 handling charge for processing the request for copies, and 75 cents per page for the first through 25th pages, 50 cents per page for the 26th through 50th pages, and 25 cents per page for all pages in excess of 50 (except that the charge shall not exceed \$1.25 per page for any copies made from microfiche or microfilm), and actual shipping costs. These rates shall be automatically adjusted as set forth in Section 8-2006. The health care facility may, however, charge for the reasonable cost of all duplication of record material or information that cannot routinely be copied or duplicated on a standard commercial photocopy machine such as x-ray films or pictures.

The requirements of this Section shall be satisfied within

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30 days of the receipt of a written request by a patient or by his or her legally authorized representative, healthcare practitioner physician, authorized attorney, or any person, entity, or organization presenting a valid authorization for the release of records signed by the patient or the patient's legally authorized representative. If the health care facility needs more time to comply with the request, then within 30 days after receiving the request, the facility must provide the requesting party with a written statement of the reasons for the delay and the date by which the requested information will be provided. In any event, the facility must provide the requested information no later than 60 days after receiving the request.

A health care facility must provide the public with at least 30 days prior notice of the closure of the facility. The notice must include an explanation of how copies of the facility's records may be accessed by patients. The notice may be given by publication in a newspaper of general circulation in the area in which the health care facility is located.

Failure to comply with the time limit requirement of this Section shall subject the denying party to expenses reasonable attorneys' fees incurred in connection with any court ordered enforcement of the provisions of this Section.

(Source: P.A. 93-87, eff. 7-2-03; 94-155, eff. 1-1-06.) 24

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Sec. 8-2003. Records of health care practitioners. In this Section, "practitioner" means any health care practitioner, including a physician, dentist, podiatrist, advanced practice nurse, physician assistant, clinical psychologist, or clinical social worker. The term includes a medical office, health care clinic, health department, group practice, and any other organizational structure for a licensed professional provide health care services. The term does not health care facility as defined in Section 8 2001.

Every practitioner shall, upon the request of any patient who has been treated by such practitioner, or any person, entity, or organization presenting a valid authorization for the release of records signed by the patient or the patient's <u>legally authorized representative</u>, permit the patient and the patient's practitioner or authorized attorney, or any person, entity, or organization presenting a valid authorization for the release of records <u>signed</u> by the <u>patient or the patient's</u> legally authorized representative, to examine and copy the patient's records, including but not limited to those relating to the diagnosis, treatment, prognosis, history, charts, pictures and plates, kept in connection with the treatment of such patient. Such request for examining and copying of the records shall be in writing and shall be delivered to such practitioner. Such written request shall be complied with by the practitioner within a reasonable time after receipt by him or her at his or her office or any other place designated by

him or her.

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The requirements of this Section shall be satisfied within 30 days of the receipt of a written request. If the practitioner needs more time to comply with the request, then within 30 days after receiving the request, the practitioner must provide the requesting party with a written statement of the reasons for the delay and the date by which the requested information will be provided. In any event, the practitioner must provide the requested information no later than 60 days after receiving the request.

practitioner shall be reimbursed by the person requesting such records at the time of such copying, for all reasonable expenses, including the costs of independent copy service companies, incurred by the practitioner in connection with such copying not to exceed a \$20 handling charge for processing the request for copies, and 75 cents per page for the first through 25th pages, 50 cents per page for the 26th through 50th pages, and 25 cents per page for all pages in excess of 50 (except that the charge shall not exceed \$1.25 per page for any copies made from microfiche or microfilm), and actual shipping costs. These rates shall be automatically adjusted as set forth in Section 8-2006. The physician or other practitioner may, however, charge for the reasonable cost of all duplication of record material or information that cannot routinely be copied or duplicated on a standard commercial photocopy machine such as x-ray films or pictures.

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A health care practitioner must provide the public with at least 30 days prior notice of the closure of the practitioner's practice. The notice must include an explanation of how copies of the practitioner's records may be accessed by patients. The notice may be given by publication in a newspaper of general circulation in the area in which the health care practitioner's practice is located.

Failure to comply with the time limit requirement of this Section shall subject the denying party to expenses and reasonable attorneys' fees incurred in connection with any court ordered enforcement of the provisions of this Section.

12 (Source: P.A. 92-228, eff. 9-1-01; 93-87, eff. 7-2-03.)

(735 ILCS 5/8-2006)

Sec. 8-2006. Copying fees; adjustment for inflation. Beginning in 2003, every January 20, the copying fee limits established in Sections 8-2001, 8-2003, 8-2004, and 8-2005 shall automatically be increased or decreased, as applicable, by a percentage equal to the percentage change in the consumer price index-u during the preceding 12-month calendar year. "Consumer price index-u" means the index published by the Bureau of Labor Statistics of the United States Department of Labor that measures the average change in prices of goods and services purchased by all urban consumers, United States city average, all items, 1982-84 = 100. The new amount resulting from each annual adjustment shall be determined by the

- Comptroller and made available to the public via the 1
- Comptroller's official website by January 31 of every year. 2
- (Source: P.A. 94-982, eff. 6-30-06.) 3