## MAINE STATE LEGISLATURE

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## 119th MAINE LEGISLATURE

## **FIRST REGULAR SESSION-1999**

Legislative Document

No. 1717

S.P. 593

In Senate, March 9, 1999

An Act to Make Privileged Communication Between a Licensed Counseling Professional and a Patient.

Reference to the Committee on Judiciary suggested and ordered printed.

JOY J. O'BRIEN Secretary of the Senate

Presented by Senator ABROMSON of Cumberland.
Cosponsored by Representative BRENNAN of Portland and
Senators: BENOIT of Franklin, HARRIMAN of Cumberland, MILLS of Somerset,
MURRAY of Penobscot, Representatives: NORBERT of Portland, QUINT of Portland.

## Be it enacted by the People of the State of Maine as follows:

	De it chacted by the a copie of the State of Manne as follows:
2	Sec. 1. 16 MRSA §53-C is enacted to read:
4	·
6	<ol> <li>Definitions. For purposes of this section, unless the context otherwise indicates, the following terms have the</li> </ol>
•	following meanings.
8	**************************************
•	A. "Licensed counseling professional" means a counseling
LO	professional licensed pursuant to Title 32, chapter 119.
L2	B, "Patient" means a person, couple, family or group who
	consults or is examined or interviewed by a licensed
L4	counseling professional.
L6	2. Privileged communication. Except at the request or
	consent of the patient, a patient or licensed counseling
L8	professional may not be required to testify in any civil or
	criminal action, suit or proceeding at law or in equity about any
20	information that the licensed counseling professional may have
	acquired from a patient during the course of providing
22	professional counseling services to the patient. A licensed
	counseling professional may not be required to disclose to a
24	court any records, notes, documents or memoranda containing
	confidential communications.
26	
	3. Exceptions. A patient or licensed counseling
8 8	professional may not be required to disclose communication
30	privileged under this section except in the following cases:
0	) In more diver to be ritalize a setiont when a liganosi
32	A. In proceedings to hospitalize a patient when a licensed counseling professional determines that the patient requires
	hospitalization due to mental illness;
34	mospicatizacion que co mencai iliness;
) T	B. When a court orders the examination of a patient to
36	determine the mental or emotional condition of the patient;
	Aggramme of monder of conditional condition of the battenty
38	C. When a patient raises the patient's mental or emotional
-	condition as a defense in a proceeding at law or in equity;
0	Transfer of the transfer of th
_	D. When the communication is to a person who is present or
2	participating in the professional service, including 3rd
_	party reimbursors and clinical or peer supervisors; or
4	
-	E. When the communication is necessary to further the best
6	interests of the patient or is reasonably necessary for the
-	transmission of the communication.
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0	Sec. 2. 32 MRSA §13862, as amended by PL 1989, c. 895, §18
	and affected by PL 1991, c. 263, §§5 and 6, is repealed.
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52

4	This bill makes communication between a licensed
	professional counselor and a patient privileged if the
6	communication was received during the course of professional
	counseling services. A patient can be a person, couple, family
8	or group who consults or is examined or interviewed by a licensed
	counseling professional.
10	• •
	This bill makes an exception from this privilege for an
12	instance in a proceeding:
14	1. When the licensed counseling professional determines the
	patient needs to be hospitalized due to mental illness;
16	pactone needs to be needed and to mental liness,
10	2. When a court orders the examination of a patient to
18	determine the emotional or mental condition of the patient;
10	decermine the emotional of mental condition of the patient,
20	3. When a patient raises the patient's mental or emotional
20	condition as a defense in a proceeding at law or in equity;
22	condiction as a detense in a proceeding at law of in equity;
22	A When the communication is to a communication to
24	4. When the communication is to a person who is present or
24	participating in the professional service, including 3rd
	party reimbursors and clinical or peer supervisors; or
26	
	5. When the communication is necessary to further the best
28	interest of the patient or is reasonably necessary for the
	transmission of the communication.