

MAINE STATE LEGISLATURE

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R.S.

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STATE OF MAINE

SENATE

123RD LEGISLATURE

FIRST REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 371, L.D. 1119, Bill, "An Act To Permit Mental Health Professionals To Disclose Risks to People Likely To Be Harmed by a Patient"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

Sec. 1. 34-B MRSA §1207, sub-§4, as enacted by PL 1983, c. 459, §7, is repealed.

Sec. 2. 34-B MRSA §1207, sub-§4-A is enacted to read:

4-A. Violation. Disclosure of client information in violation of this section is an offense under the licensing standards of the mental health professional committing the violation and must be promptly reported to the licensing board with jurisdiction for review, hearing and disciplinary action.

Sec. 3. 34-B MRSA §1207, sub-§5, as amended by PL 1995, c. 560, Pt. K, §19, is repealed.

Sec. 4. 34-B MRSA §1207, sub-§5-A is enacted to read:

5-A. Disclosure to family, caretakers. Under the following circumstances, a licensed mental health professional providing care to an adult client may disclose to a family member, to another relative, to a close personal friend or caretaker of the client or to anyone identified by the client, the client's health information that is directly relevant to the person's involvement with the client's care.

A. If a client with capacity to make health care decisions is either present or available prior to disclosure, the professional may disclose the information:

(1) When the client gives oral or written consent;

(2) When the client does not object in circumstances in which the client has the opportunity to object; or

COMMITTEE AMENDMENT



123rd MAINE LEGISLATURE

LD 1119

LR 1409(02)

An Act To Permit Mental Health Professionals To Disclose Risks to People Likely To Be Harmed by a Patient

Fiscal Note for Bill as Amended by Committee Amendment "A "

Committee: Judiciary

Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - General Fund

Fiscal Detail and Notes

The additional costs associated with changing the laws governing the disclosure of patient information can be absorbed by the Department of Health and Human Services utilizing existing budgeted resources.