care practitioners on Medicare patients. The monitor can require copies of the records.

§ 480.132 Disclosure of information about patients.

(a) General requirements for disclosure. Except as specified in paragraph (b) of this section, a QIO must—

(1) Disclose patient identified information in its possession to the identified patient or the patient’s representative if—

(i) The patient or the patient’s representative requests the information in writing;

(ii) The request by a patient’s representative includes the designation, by the patient, of the representative; and

(iii) All other patient and practitioner identifiers have been removed.

(2) Seek the advice of the attending practitioner that treated the patient regarding the appropriateness of direct disclosure to the patient 15 days before the QIO provides the requested information. If the attending practitioner states that the released information could harm the patient, the QIO must act in accordance with paragraph (c)(2) of this section. The QIO must make disclosure to the patient or patient’s representative within 30 calendar days of receipt of the request.

(b) Exceptions. (1) If the request is in connection with an initial denial determination under section 1154(a)(3) of the Act, the QIO—

(i) Need not seek the advice of the practitioner that treated the patient regarding the appropriateness of direct disclosure to the patient; and

(ii) Must provide only the information used to support that determination in accordance with the procedures for disclosure of information relating to determinations under § 473.24.

(2) A QIO must disclose information regarding QIO deliberations only as specified in § 480.139(a).

(3) A QIO must disclose quality review study information only as specified in § 480.140.

(c) Manner of disclosure. (1) The QIO must disclose the patient information directly to the patient unless knowledge of the information could harm the patient.

(2) If knowledge of the information could harm the patient, the QIO must disclose the information to the patient’s designated representative.

(3) If the patient is mentally, physically or legally unable to designate a representative, the QIO must disclose the information to a person whom the QIO determines is responsible for the patient.

The QIO must first attempt to make that determination based on the medical record. If the responsible person is not named in the medical record, then the QIO may rely on the attending practitioner for the information. If the practitioner is unable to provide a name, then the QIO must make a determination based on other reliable information.


§ 480.133 Disclosure of information about practitioners, reviewers and institutions.

(a) General requirements for disclosure. Except as specified in paragraph (b) of this section, the following provisions are required of the QIO.

(1) Disclosure to the identified individual or institution. A QIO must disclose, to particular practitioners, reviewers and institutions, information about themselves, upon request, and may disclose it to them without a request.

(2) Disclosure to others. (i) A QIO must disclose to an institution, upon request, information on a practitioner to the extent that the information displays practice or performance patterns of the practitioner in that institution.

(ii) In accordance with section 1160 of the Act, a QIO must disclose information that displays practice or performance patterns of a practitioner or institution in accordance with the procedures for disclosures specified in §§ 480.137 and 480.138 to—

(A) Federal and State agencies that are responsible for the investigation of fraud and abuse of the Medicare or Medicaid programs, and

(B) Federal and State agencies that are responsible for licensing and certification of practitioners and providers.