THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF CONSUMER AFFAIRS
DIVISION OF INSURANCE
470 Atlantic Avenue, Boston, MA 02210-2223
(617) 521-7794 FAX (617) 521-7770
TTY (617) 521-7490

NANCY MERRICK
SECRETARY

LINDA RUTHARDT
COMMISSIONER, INSURANCE

Bulletin 96-09

To: **Health Maintenance Organizations (HMOs)**

From: **Commissioner Linda Ruthardt**

RE: **Obligations of HMOs regarding Mandated Outpatient Mental Health Benefits pursuant to St. 1996, c. 8-An Act Further Protecting the Confidentiality of Patients**

Date: **June 25, 1996**

The purpose of this Bulletin is to inform HMOs of the enactment of St. 1996, c. 8 (Chapter 8), effective April 18, 1996, entitled An Act Further Protecting The Confidentiality of Patients, and of some of their obligations regarding mandated outpatient mental health benefits under the Act.

The provisions of Chapter 8, require, in part that, in the case of outpatient mental health benefits mandated to be provided pursuant to M.G.L. c. 176G § 4 and M.G.L. c. 175 § 47B(c), no HMO shall require consent to the disclosure of information, other than the patient name, diagnosis and date and type of service as a condition to receiving the mandated outpatient mental health benefits.

Therefore, HMOs are advised that they are prohibited from requiring a patient to consent to the disclosure of information, other than the patient name (which may include a patient's account number or similar accounting identifier), diagnosis and date and type of service as a condition to receiving coverage for mandated outpatient mental health benefits. HMOs may not require individuals to answer detailed questions regarding their lives and mental health history as a condition to receiving coverage of mandated outpatient mental health benefits. However, the patient may consent to the disclosure of such information.

In addition, HMOs may not require mental health care providers to disclose any information other than the patient name, diagnosis and date and type of service as a condition to the HMO covering or as a condition to the mental health care provider providing mandated outpatient mental health benefits unless a patient consents to the disclosure of such information.

The Division does not consider consent forms signed by an individual upon enrolling with an HMO to constitute consent within the meaning of Chapter 8. Consent to the disclosure of information should be obtained at the beginning of each twelve month period in which an individual seeks mandated outpatient mental health benefits. Patients should be notified of their right not to give such consent. Patients should be informed of the purposes for which information other than the patient name, diagnosis and date and type of service will be used.

Any questions regarding this Bulletin should be directed to Caroline E. DeStefano, Assistant General Counsel, Division of Insurance at (617) 521-7364.