
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1163 Session of
1989

Report of the Committee of Conference

To the Members of the Senate and House of Representatives:

We, the undersigned, Committee of Conference on the part of the Senate and House of Representatives for the purpose of considering Senate Bill No. 1163, entitled:

~~"An act Providing for confidentiality of certain records, providing for the authorized sharing of certain information, providing for written consent prior to an HIV-related test, providing for civil immunity for certain licensed physicians, establishing a criminal penalty, creating a civil cause of action, and making a repeal.~~

PROVIDING FOR CONFIDENTIALITY OF CERTAIN RECORDS; PROVIDING FOR THE AUTHORIZED SHARING OF CERTAIN INFORMATION; PROVIDING FOR WRITTEN CONSENT PRIOR TO AN HIV-RELATED TEST; PROVIDING FOR CIVIL IMMUNITY FOR CERTAIN LICENSED PHYSICIANS; AND CREATING A CIVIL CAUSE OF ACTION,"

respectfully submit the following bill as our report:

JOHN E. PETERSON

DAVID J. BRIGHTBILL

HARDY WILLIAMS

(Committee on the part of the Senate.)

DAVID P. RICHARDSON, JR.

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(Committee on the part of the House of Representatives.)

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AN ACT

1 Providing for confidentiality of certain records; providing for
2 the authorized sharing of certain information; providing for
3 written consent prior to an HIV-related test, with certain
4 exceptions; providing for civil immunity for certain licensed
5 physicians; providing for protective procedures and
6 equipment; and creating a civil cause of action.

7 The General Assembly of the Commonwealth of Pennsylvania
8 hereby enacts as follows:

9 Section 1. Short title.

10 This act shall be known and may be cited as the
11 Confidentiality of HIV-Related Information Act.

12 Section 2. Legislative intent.

13 (a) Findings.--The General Assembly finds that the incidence
14 of acquired immune deficiency syndrome (AIDS) is increasing in
15 this Commonwealth at a significant rate. Controlling the
16 incidence of this disease is aided by providing testing and
17 counseling activities for those persons who are at risk of
18 exposure to or who are carrying the human immunodeficiency virus
19 (HIV), which is the causative agent of AIDS. Testing and
20 counseling are promoted by establishing confidentiality
21 requirements which protect individuals from inappropriate
22 disclosure and subsequent misuse of confidential HIV-related
23 information. The General Assembly also finds that, since certain
24 specific behaviors place a person at risk of contracting the
25 virus, testing and counseling of persons who are at risk of
26 exposure to the virus makes an efficient use of available
27 funding.

28 (b) Further findings.--The General Assembly further finds
29 that individual health care providers are increasingly concerned
30 about occupational exposure to Human Immunodeficiency Virus
31 (HIV), the causative agent for Acquired Immunodeficiency

1 Syndrome (AIDS). Due to the nature of their work, individual
2 health care providers and first responders frequently come into
3 contact with the blood and/or body fluids of individuals whose
4 HIV infection status is not known. Regardless of the use of
5 universal precautions to prevent HIV transmission between
6 patients and individual health care providers, there will be
7 instances of significant exposure to the blood and/or body
8 fluids of patients.

9 (c) Intent.--It is the intent of the General Assembly to
10 promote confidential testing on an informed and voluntary basis
11 in order to encourage those most in need to obtain testing and
12 appropriate counseling.

13 (d) Further intent.--It is the further intent of the General
14 Assembly to provide a narrow exposure notification and
15 information mechanism for individual health care providers or
16 first responders, who experience a significant exposure to a
17 patients's blood and/or body fluids, to learn of a patient's HIV
18 infection status and thereby obtain the means to make informed
19 decisions with respect to modes and duration of therapy as well
20 as measures to reduce the likelihood of transmitting an
21 infection to others.

22 Section 3. Definitions.

23 The following words and phrases when used in this act shall
24 have the meanings given to them in this section unless the
25 context clearly indicates otherwise:

26 "AIDS." Acquired immune deficiency syndrome.

27 "Available blood." Blood that is in the possession of the
28 institutional health care provider or the source patient's
29 physician pursuant to a valid authorization.

30 "CDC." The Centers for Disease Control of the United States

1 Public Health Service.

2 "Confidential HIV-related information." Any information
3 which is in the possession of a person who provides one or more
4 health or social services or who obtains the information
5 pursuant to a release of confidential HIV-related information
6 and which concerns whether an individual has been the subject of
7 an HIV-related test, or has HIV, HIV-related illness or AIDS; or
8 any information which identifies or reasonably could identify an
9 individual as having one or more of these conditions, including
10 information pertaining to the individual's contacts.

11 "Contact." A sex-sharing or needle-sharing partner of the
12 subject.

13 "Department." The Department of Health of the Commonwealth.

14 "First responder." Police, firefighters, rescue personnel or
15 any other person who provides emergency response, first aid or
16 other medically related assistance either in the course of their
17 occupational duties or as a volunteer, which may expose them to
18 contact with a person's bodily fluids.

19 "Health care provider." An individual or institutional
20 health care provider.

21 "HIV." The human immunodeficiency virus.

22 "HIV-related test." Any laboratory test or series of tests
23 for any virus, antibody, antigen or etiologic agent whatsoever
24 thought to cause or to indicate the presence of HIV infection.

25 "Home care agency." Any organization or part of an
26 organization which is staffed and equipped to provide in-home
27 health care services. The term includes, but is not limited to,
28 Pennsylvania licensed home health agencies, home health aide
29 agencies or private duty care agencies.

30 "Individual health care provider." A physician, nurse,

1 emergency medical services worker, chiropractor, optometrist,
2 psychologist, nurse-midwife, physician assistant, dentist or
3 other person, including a professional corporation or
4 partnership, providing medical, nursing, drug or alcohol
5 rehabilitation services, mental health services, other health
6 care services or an employee or agent of such individual or an
7 institutional health care provider.

8 "Institutional health care provider." A hospital, nursing
9 home, hospice, clinic, blood bank, plasmapheresis or other blood
10 product center, organ or tissue bank, sperm bank, clinical
11 laboratory, residential or outpatient drug and alcohol
12 rehabilitation service, mental health facility, mental
13 retardation facility, home care agency as defined in this act,
14 or any health care institution required to be licensed in this
15 Commonwealth whether privately or publicly operated.

16 "Insurer." Any insurance company, association or exchange
17 authorized to do business in this Commonwealth under the act of
18 May 17, 1921 (P.L.682, No.284), known as The Insurance Company
19 Law of 1921, any entity subject to 40 Pa.C.S. Ch. 61 (relating
20 to hospital plan corporations) or Ch. 63 (relating to
21 professional health services plan corporations), the act of
22 December 29, 1972 (P.L.1701, No.364), known as the Health
23 Maintenance Organization Act, or the act of July 29, 1977
24 (P.L.105, No.38), known as the Fraternal Benefit Society Code.

25 "Significant exposure." Direct contact with blood or body
26 fluids of a patient in a manner which, according to the most
27 current guidelines of the Centers for Disease Control, is
28 capable of transmitting Human Immunodeficiency Virus, including,
29 but not limited to, a percutaneous injury (e.g., a needle stick
30 or cut with a sharp object), contact of mucous membranes, or

1 contact of skin (especially when the exposed skin is chapped,
2 abraded or afflicted with dermatitis) or if the contact is
3 prolonged or involves an extensive area.

4 "Source patient." Any person whose body fluids have been the
5 source of a significant exposure to an individual health care
6 provider.

7 "Subject." An individual or a guardian of the person of that
8 individual.

9 "Substitute decisionmaker." Any guardian or person who by
10 law or medical practice is authorized to consent on behalf of an
11 incompetent person for medical treatment.

12 Section 4. Prevention of transmission of infectious diseases.

13 The department shall, by regulation, require the use of
14 protective measures and equipment by individuals, persons and
15 institutions not covered by regulations promulgated by the
16 Occupational Safety and Health Administration governing such
17 protective measures and equipment. The department shall develop
18 such regulations pursuant to guidelines established by the CDC.
19 For health care providers covered by the provisions of the
20 Occupational Safety and Health Administration governing such
21 protective measures and equipment, the department shall
22 encourage compliance with approved standards. This section shall
23 not preclude the department from exercising rulemaking authority
24 granted under any other act.

25 Section 5. Consent to HIV-related test.

26 (a) Consent.--Except as provided in section 6 with respect
27 to the involuntary testing of a source patient, no HIV-related
28 test shall be performed without first obtaining the informed
29 written consent of the subject. Any consent shall be preceded by
30 an explanation of the test, including its purpose, potential

1 uses, limitations and the meaning of its results.

2 (b) Pretest counseling.--No HIV-related test may be
3 performed without first making available to the subject
4 information regarding measures for the prevention of, exposure
5 to and transmission of HIV.

6 (c) Confirmatory test.--No test result shall be determined
7 as positive, and no positive test result shall be revealed,
8 without confirmatory testing if it is required by generally
9 accepted medical standards.

10 (d) Notice of test result.--The physician who ordered the
11 test, the physician's designee, or a successor in the same
12 relationship to the subject, shall make a good faith effort to
13 inform the subject of the result regardless of whether the
14 result is positive or negative.

15 (e) Post-test counseling.--

16 (1) No positive or negative test result shall be
17 revealed to the subject without affording the subject the
18 immediate opportunity for individual face-to-face counseling
19 about:

20 (i) The significance of the test results.

21 (ii) Measures for the prevention of the transmission
22 of HIV.

23 (iii) The benefits of locating and counseling any
24 individual by whom the subject may have been exposed to
25 HIV and the availability of any services with respect to
26 locating and counseling such individual.

27 (2) No positive test result shall be revealed to the
28 subject without, in addition to meeting the requirements of
29 paragraph (1), also affording the subject the immediate
30 opportunity for individual, face-to-face counseling about:

1 (i) The availability of any appropriate health care
2 services, including mental health care, and appropriate
3 social and support services.

4 (ii) The benefits of locating and counseling any
5 individual who the infected subject may have exposed to
6 HIV and the availability of any services with respect to
7 locating and counseling such individual.

8 (f) Blinded HIV-related testing.--Blinded HIV-related
9 testing for purposes of research performed in a manner by which
10 the identity of the test subject is not known and may not be
11 retrieved by the researcher is prohibited, unless reviewed and
12 approved by the institutional review board established by the
13 department except for testing pursuant to research approved by
14 an institutional review board prior to the effective date of
15 this act. The department shall make a good faith effort to
16 maintain records of the results of blinded HIV tests performed
17 in this Commonwealth and shall, on a yearly basis, forward
18 information concerning the results to the appropriate committees
19 of the General Assembly.

20 (g) Exceptions.--

21 (1) The provisions of subsections (a), (b), (c), (d) and
22 (e) shall not apply to the following:

23 (i) The performance of an HIV-related test on a
24 cadaver by a health care provider which procures,
25 processes, distributes or uses a human body or a human
26 body part, tissue or semen for use in medical research,
27 therapy or transplantation.

28 (ii) The performance of an HIV-related test for the
29 purpose of medical research not prohibited by subsection

30 (f) if the testing is performed in a manner by which the

1 identity of the test subject is not known and may not be
2 retrieved by the researcher.

3 (iii) The performance of an HIV-related test when
4 the test result of a subject is required by an insurer
5 for underwriting purposes. However, the insurer shall
6 satisfy the requirements of subsection (h).

7 (2) The provisions of subsections (a), (b) and (c) shall
8 not apply to the performance of an HIV-related test in a
9 medical emergency when the subject of the test is unable to
10 grant or withhold consent and the test result is medically
11 necessary for diagnostic purposes to provide appropriate
12 emergency care to the subject.

13 (3) The provisions of subsections (d) and (e) shall not
14 apply when a negative HIV-related test result is secured by a
15 subject who has taken the test solely to satisfy a
16 requirement for donating a human body or human body part,
17 tissue or semen for use in medical research, therapy,
18 transfusion or transplantation. However, if the subject
19 requests identification of a negative test result, the test
20 result shall be provided to the subject in accordance with
21 subsection (d).

22 (h) Requirements applicable to insurers.--

23 (1) No HIV-related test shall be performed without first
24 obtaining the informed written consent of the subject. Any
25 consent shall be preceded, in writing, by:

26 (i) A disclosure of the effects of the test result
27 on the approval of the application, or the risk
28 classification of the subject.

29 (ii) Information explaining AIDS, HIV and the HIV-
30 related test.

1 (iii) A description of the insurer's confidentiality
2 standards.

3 (iv) A statement that, because of the serious nature
4 of HIV-related illnesses, the subject may desire to
5 obtain counseling before undergoing the HIV-related test.

6 (v) Information concerning the availability of
7 alternative HIV-related testing and counseling provided
8 by the department and local health departments, and the
9 telephone number of the department from which the subject
10 may secure additional information on such testing and
11 counseling.

12 (2) The insurer is required to disclose to the subject a
13 negative test result on an HIV-related test only if the
14 subject requests notification.

15 (3) The insurer shall not disclose to the subject of an
16 HIV-related test a positive test result. On the form on which
17 the insurer secures the subject's written consent to the HIV-
18 related test, the subject shall be required to designate to
19 whom a positive test result shall be disclosed. The subject
20 shall have the choice of designating a physician, the
21 department or a local health department, or a local
22 community-based organization from a list of such
23 organizations prepared by the department. The insurer shall
24 notify the designee of a positive test result.

25 (4) A positive test result shall be disclosed to the
26 subject, by the designee, in accordance with subsections (d)
27 and (e). The department may elect to have its disclosure
28 responsibilities satisfied by a local health department.

29 Section 6. Certification of significant exposure and testing
30 procedures.

(a) Physician's evaluation of significant exposure.--

(1) Whenever an individual health care provider or first responder experiences an exposure to a patient's blood or bodily fluids during the course of rendering health care or occupational services, the individual may request an evaluation of the exposure, by a physician, to determine if it is a significant exposure as defined in this act. No physician shall certify his own significant exposure or that of any of his employees. Such requests shall be made within 72 hours of the exposure.

(2) Within 72 hours of the request, the physician shall make written certification of the significance of the exposure.

(3) If the physician determines that the individual health care provider or first responder has experienced a significant exposure, the physician shall offer the exposed individual the opportunity to undergo testing, following the procedure outlined in section 5.

(b) Opportunity for source patient to consent.--

(1) In the event that an exposed individual health care provider or first responder is certified to have experienced a significant exposure and has submitted to an HIV-related test, no testing shall be performed on a source patient's available blood unless the certifying physician provides a copy of the written certification of significant exposure to the source patient's physician or institutional health care provider in possession of the available blood and the source patient's physician or institutional health care provider has made a good faith effort to:

(i) Notify the source patient or substitute

1 decisionmaker of the significant exposure.

2 (ii) Seek the source patient's voluntary informed
3 consent to the HIV-related testing as specified in
4 section 5(a).

5 (iii) Provide counseling as required under section
6 5(b).

7 (2) The source patient's physician or institutional
8 health care provider that receives a certification of
9 significant exposure shall begin to comply with the request
10 within 24 hours. If the source patient's physician or
11 institutional health care provider is unable to secure the
12 source patient's consent because the source patient or the
13 source patient's substitute decisionmaker refuses to grant
14 informed consent or the source patient cannot be located, the
15 source patient's physician or institutional health care
16 provider shall arrange for an entry to be placed on the
17 source patient's medical record to that effect. If these
18 procedures are followed, and the entry is made on the source
19 patient's medical record, then HIV-related tests shall be
20 performed on the source patient's available blood if
21 requested by the exposed individual health care provider or
22 first responder who has submitted to an HIV-related test.

23 (3) The physician ordering the HIV-related test on a
24 source patient's available blood on behalf of the source
25 patient's physician or institutional health care provider
26 shall comply with section 5(c) through (e).

27 (4) The health care provider or first responder shall be
28 notified of the results of the HIV-related test on the source
29 patient's blood if the health care provider or first
30 responder's baseline HIV-related test is negative. Further

disclosure of the test results is prohibited unless
authorized under section 7 of this act.

Section 7. Confidentiality of records.

(a) Limitations on disclosure.--No person or employee, or
agent of such person, who obtains confidential HIV-related
information in the course of providing any health or social
service or pursuant to a release of confidential HIV-related
information under subsection (c) may disclose or be compelled to
disclose the information, except to the following persons:

(1) The subject.

(2) The physician who ordered the test, or the
physician's designee.

(3) Any person specifically designated in a written
consent as provided for in subsection (c).

(4) An agent, employee or medical staff member of a
health care provider, when the health care provider has
received confidential HIV-related information during the
course of the subject's diagnosis or treatment by the health
care provider, provided that the agent, employee or medical
staff member is involved in the medical care or treatment of
the subject. Nothing in this paragraph shall be construed to
require the segregation of confidential HIV-related
information from a subject's medical record.

(5) A peer review organization or committee as defined
in the act of July 20, 1974 (P.L.564, No.193), known as the
Peer Review Protection Act, a nationally recognized
accrediting agency, or as otherwise provided by law, any
Federal or State government agency with oversight
responsibilities over health care providers.

(6) Individual health care providers involved in the

1 care of the subject with an HIV-related condition or a
2 positive test, when knowledge of the condition or test result
3 is necessary to provide emergency care or treatment
4 appropriate to the individual; or health care providers
5 consulted to determine diagnosis and treatment of the
6 individual.

7 (7) An insurer, to the extent necessary to reimburse
8 health care providers or to make any payment of a claim
9 submitted pursuant to an insured's policy.

10 (8) The department and persons authorized to gather,
11 transmit or receive vital statistics under the act of June
12 29, 1953 (P.L.304, No.66), known as the Vital Statistics Law
13 of 1953.

14 (9) The department and local boards and departments of
15 health, as authorized by the act of April 23, 1956 (1955
16 P.L.1510, No.500), known as the Disease Prevention and
17 Control Law of 1955.

18 (10) A person allowed access to the information by a
19 court order issued pursuant to section 8.

20 (11) A funeral director responsible for the acceptance
21 and preparation of the deceased subject.

22 (12) Employees of county mental health/mental
23 retardation agencies, county children and youth agencies,
24 county juvenile probation departments, county or State
25 facilities for delinquent youth, and contracted residential
26 providers of the above-named entities receiving or
27 contemplating residential placement of the subject, who:

28 (i) generally are authorized to receive medical
29 information; and

30 (ii) are responsible for ensuring that the subject

1 receives appropriate health care; and

2 (iii) have a need to know the HIV-related
3 information in order to ensure such care is provided.

4 The above-named entities may release the information to a
5 court in the course of a dispositional proceeding under 42
6 Pa.C.S. §§ 6351 (relating to disposition of dependent child)
7 and 6352 (relating to disposition of delinquent child) when
8 it is determined that such information is necessary to meet
9 the medical needs of the subject.

10 (b) Subsequent disclosure prohibited.--Notwithstanding the
11 provisions of the act of June 29, 1953 (P.L.304, No.66), known
12 as the Vital Statistics Law of 1953, or section 15 of the act of
13 April 23, 1956 (1955 P.L.1510, No.500), known as the Disease
14 Prevention and Control Law of 1955, no person to whom
15 confidential HIV-related information has been disclosed under
16 this act may disclose that information to another person, except
17 as authorized by this act.

18 (c) Required elements of written consent to disclosure.--A
19 written consent to disclosure of confidential HIV-related
20 information shall include:

21 (1) The specific name or general designation of the
22 person permitted to make the disclosure.

23 (2) The name or title of the individual, or the name of
24 the organization to which the disclosure is to be made.

25 (3) The name of the subject.

26 (4) The purpose of the disclosure.

27 (5) How much and what kind of information is to be
28 disclosed.

29 (6) The signature of the subject.

30 (7) The date on which the consent is signed.

(8) A statement that the consent is subject to revocation at any time except to the extent that the person who is to make the disclosure has already acted in reliance on it.

(9) The date, event or condition upon which the consent will expire, if not earlier revoked.

(d) Expired, deficient or false consent.--A disclosure may not be made on the basis of a consent which:

(1) has expired;

(2) on its face substantially fails to conform to any of the requirements set forth in subsection (c);

(3) is known to have been revoked; or

(4) is known by the person holding the information to be materially false.

(e) Notice to accompany disclosure.--Each disclosure made with the subject's written consent must be accompanied by the following written statement:

This information has been disclosed to you from records protected by Pennsylvania law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.

(f) Duty to establish written procedures.--An institutional health care provider that has access to or maintains individually identifying confidential HIV-related information shall establish written procedures for confidentiality and

1 disclosure of the records which are in accordance with the
2 provisions of this act within 60 days of the effective date of
3 this act.

4 Section 8. Court order.

5 (a) Order to disclose.--No court may issue an order to
6 allow access to confidential HIV-related information unless the
7 court finds, upon application, that one of the following
8 conditions exists:

9 (1) The person seeking the information has demonstrated
10 a compelling need for that information which cannot be
11 accommodated by other means.

12 (2) The person seeking to disclose the information has a
13 compelling need to do so.

14 (b) Order to test and disclose.--No court may order the
15 performance of an HIV-related test and allow access to the test
16 result unless the court finds, upon application, that all of the
17 following conditions exist:

18 (1) The individual whose test is sought was afforded
19 informed consent and pretest counseling procedures required
20 by section 5(a) and (b) and the subject refused to give
21 consent or was not capable of providing consent.

22 (2) The applicant was exposed to a body fluid of the
23 individual whose test is sought and that exposure presents a
24 significant risk of exposure to HIV infection. A
25 determination that the applicant has incurred a significant
26 risk of exposure to HIV infection must be supported by
27 medical and epidemiologic data regarding the transmission of
28 HIV, including, if available, information about the HIV risk
29 status of the source individual and the circumstances in
30 which the alleged exposure took place.

(3) The applicant has a compelling need to ascertain the HIV test result of the source individual.

(c) Compelling need.--In assessing compelling need for subsections (a) and (b), the court shall weigh the need for disclosure against the privacy interest of the individual and the public interests which may be harmed by disclosure.

(d) Pleadings.--Pleadings under this section shall substitute a pseudonym for the true name of the individual whose test result is sought. Disclosure to the parties of the individual's true name shall be communicated confidentially in documents not filed with the court.

(e) Notice.--Before granting an order for testing or disclosure and as soon as practicable after the filing of a petition under this section, the court shall provide the individual whose test result is sought with notice and a reasonable opportunity to participate in the proceeding if the individual is not already a party.

(f) In camera proceedings.--Court proceedings under this section shall be conducted in camera, unless the individual agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

(g) Expedited proceeding.--The court shall provide for an expedited proceeding if it is requested by the applicant and the application includes verified statements that:

(1) The applicant has been exposed to a body fluid that poses a risk of HIV infection from the individual whose test result is sought.

(2) The exposure occurred within six weeks of the filing of the application.

1 (3) The exposure involves:

2 (i) a percutaneous injury to the applicant's skin
3 from a needle stick or other sharp object;

4 (ii) contact of the applicant's eyes, mouth or other
5 mucous membrane;

6 (iii) contact of chapped or abraded skin of the
7 applicant; or

8 (iv) prolonged contact of the applicant's skin.

9 An expedited proceeding on the application shall be held no
10 later than five days after the court complies with subsection
11 (e), pertaining to notice requirements.

12 (h) Safeguards against disclosure.--Upon the issuance of an
13 order to disclose the information, the court shall impose
14 appropriate safeguards against unauthorized disclosure which
15 shall specify the following:

16 (1) The particular information which is essential to
17 accommodate the need of the party seeking disclosure.

18 (2) The persons who may have access to the information.

19 (3) The purposes for which the information will be used.

20 (4) The appropriate prohibitions on future disclosure as
21 provided for in section 7.

22 Section 9. Civil immunity for certain physicians.

23 (a) Permissible disclosure.--Notwithstanding the provisions
24 of section 7, a physician may disclose confidential HIV-related
25 information if all of the following conditions are met:

26 (1) The disclosure is made to a known contact of the
27 subject.

28 (2) The physician reasonably believes disclosure is
29 medically appropriate, and there is a significant risk of
30 future infection to the contact.

1 (3) The physician has counseled the subject regarding
2 the need to notify the contact, and the physician reasonably
3 believes the subject will not inform the contact or abstain
4 from sexual or needle-sharing behavior which poses a
5 significant risk of infection to the contact.

6 (4) The physician has informed the subject of his intent
7 to make such disclosure.

8 (b) Subject not to be identified.--When making such
9 disclosure to a contact, the physician shall not disclose the
10 identity of the subject or any other contact. Disclosure shall
11 be made in person except where circumstances reasonably prevent
12 doing so.

13 (c) Duties relating to contacts.--A physician shall have no
14 duty to identify, locate or notify any contact, and no cause of
15 action shall arise for nondisclosure, or for disclosure in
16 conformity with this section.

17 (d) Other immunity.--The physician who certifies that a
18 significant exposure has occurred as provided by section 6 shall
19 not be subject to civil liability for the exposure evaluation if
20 acting in the good faith and reasonable belief that the
21 certification was appropriate and consistent with this act.

22 Section 10. Civil cause of action.

23 Any person aggrieved by a violation of this act shall have a
24 cause of action against the person who committed such violation
25 and may recover compensatory damages. In the event of a
26 violation of section 6 by a source patient's physician or an
27 employee thereof, an aggrieved person may recover reasonable
28 attorney fees and costs.

29 Section 11. Separate violations.

30 Each disclosure of confidential HIV-related information in

1 violation of this act or each HIV-related test conducted in
2 contravention of this act is separate for purposes of civil
3 liability.

4 Section 12. Disease Prevention and Control Law.

5 Insofar as the provisions of the act of April 23, 1956 (1955
6 P.L.1510, No.500), known as the Disease Prevention and Control
7 Law of 1955, are inconsistent with this act, this act shall
8 apply.

9 Section 13. Effective date.

10 This act shall take effect in 90 days.