

**DISTRICT OF COLUMBIA**  
**OFFICIAL CODE**

**TITLE 44.**  
**CHARITABLE AND CURATIVE**  
**INSTITUTIONS.**

**CHAPTER 8.**  
**MEDICAL RECORDS.**

**2001 Edition**

# DISTRICT OF COLUMBIA OFFICIAL CODE

## CHAPTER 8. MEDICAL RECORDS.

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# CHAPTER 8. MEDICAL RECORDS.

## § 44-801. DEFINITIONS.

For the purposes of this chapter, the term:

- (1) "Group practice" means a collection of health professionals that provides health-care services.
- (2) "Health-care facility or agency" means a facility, agency, or other organizational entity as defined in § 44-501, or the Fire and Emergency Medical Services Department to the extent that it is operating as a pre-hospital medical care provider.
- (3) "Health professional" means a person required to be licensed or permitted to provide health-care services in the District of Columbia under Chapter 12 of Title 3. The term "health professional" also includes employees of the Fire and Emergency Medical Services Department who provide emergency medical services in accordance with approved medical protocols or under the direction of a physician licensed in accordance with Chapter 12 of Title 3.
- (4) "Health professional association" means a membership organization of health professionals in the District of Columbia having as a purpose the maintenance of high professional standards within the profession practiced by its members.
- (5) "Peer review" means the procedure by which health-care facilities and agencies, group practices, and health professional associations monitor, evaluate, and take actions to improve the delivery, quality, and efficiency of services within their respective facilities, agencies, and professions, including recommendations, consideration of recommendations, actions with regard thereto, and implementation of the actions. The term "peer review" includes, but is not limited to, the following:
  - (A) Matters affecting membership of a health professional on the staff of a health-care facility or agency;
  - (B) The grant, delineation, renewal, denial, modification, limitation, or suspension of clinical privileges to provide health-care services at a health-care facility or agency;
  - (C) Matters affecting employment and the terms of employment of a health professional by a health-care facility, agency, or group practice;
  - (D) Matters affecting membership and terms of membership in a health professional association, including decisions to suspend membership privileges, expel from membership, reprimand or censure a member, or other disciplinary actions;
  - (E) Review of the qualifications, activities, conduct, or performance of any health professional, including a grievance against a health professional;
  - (F) Review of the quality, efficiency, or utilization of services provided by a health professional, a health-care facility, agency, or group practice; and
  - (G) Review of a health professional's ability to perform, including allegations of mental or physical impairment, and imposition of programs of education, treatment, or rehabilitation, including monitoring and supervision, or conduct of programs of education.
- (6) "Peer review body" means a committee, board, hearing panel or officer, reviewing panel or officer or governing board of a health-care facility or agency, group practice or health professional association that engages in peer review, the health-care facility, agency, group practice or health professional association which establishes or authorizes or is governed by it, and a director, officer, employee, or member of such an entity.
- (7) "Primary health record" means the record of continuing care maintained by a health professional, group practice, or health-care facility or agency containing all diagnostic and therapeutic services rendered to an individual patient by that health professional, facility, or agency.

(Sept. 29, 1978, D.C. Law 2-112, § 2, 25 DCR 1471; Mar. 17, 1993, D.C. Law 9-234, § 2(a), 40 DCR 605; Apr. 15, 2008, D.C. Law 17-147, § 6, 55 DCR 2558.)

*Prior Codifications*

1981 Ed., § 32-501.

1973 Ed., § 32-361.

*Effect of Amendments*

D.C. Law 17-147, in par. (2), inserted ", or the Fire and Emergency Medical Services Department to the extent that it is operating as a pre-hospital medical care provider"; and, in par. (3), added "The term 'health professional' also includes employees of the Fire and Emergency Medical Services Department who provide emergency medical services in accordance with approved medical protocols or under the direction of a physician licensed in accordance with Chapter 12 of Title 3."

*Legislative History of Laws*

Law 2-112 was introduced in Council and assigned Bill No. 2-233, which was referred to the Committee on the Judiciary with comments from the Committee on Human Resources and the Aging. The Bill was adopted on first, amended first, and second readings on May 30, 1978, June 13, 1978, and June 27, 1978, respectively. There being no action by the Mayor, it was assigned Act No. 2- 236 and transmitted to both Houses of Congress for its review.

Law 9-234 was introduced in Council and assigned Bill No. 9-355, which was referred to the Committee on the Judiciary and reassigned to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on December 1, 1992, and December 15, 1992, respectively. Signed by the Mayor on December 31, 1992, it was assigned Act No. 9-365 and transmitted to both Houses of Congress for its review. D.C. Law 9-234 became effective on March 17, 1993.

Law 17-147, the "Emergency Medical Services Improvement Amendment Act of 2008", was introduced in Council and assigned Bill No.17-170 which was referred to the Committee on Public Safety and Judiciary. The Bill was adopted on first and second readings on January 8, 2008, and February 5, 2008, respectively. Signed by the Mayor on February 25, 2008, it was assigned Act No. 17-313 and transmitted to both Houses of Congress for its review. D.C. Law 17-147 became effective on April 15, 2008.

## **§ 44-802. AUTHORITY TO TRANSMIT DATA OR INFORMATION.**

No person, health-care facility or agency, health professional association, or group practice providing any report, note, record, or other data or information, including advice, opinion, or testimony, to a peer review body shall be liable to any other person for damages or equitable relief by reason of providing such a report, note, record, or other data or information, unless the information provided was false and the person or entity providing the information knew the information was false.

(Sept. 29, 1978, D.C. Law 2-112, § 3, 25 DCR 1471; Mar. 17, 1993, D.C. Law 9-234, § 2(b), 40 DCR 605.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-502.

1973 Ed., § 32-362.

*Legislative History of Laws*

For legislative history of D.C. Law 2-112, see Historical and Statutory Notes following § 44-801.

For legislative history of D.C. Law 9-234, see Historical and Statutory Notes following § 44-801.

## **§ 44-803. LIABILITY FOR PEER REVIEW ACTIONS OR RECOMMENDATIONS.**

No peer review body or member thereof, or person acting as its staff, or who participates with or assists such a body or member, operating in the District of Columbia shall be liable to any person for damages or equitable relief by reason of conducting or taking peer review if the peer review was within the scope of the functions of the peer review body and if the peer review body or the member acted in the reasonable belief that the peer review was warranted by the facts known after reasonable effort to obtain the facts of the matter.

(Sept. 29, 1978, D.C. Law 2-112, § 4, 25 DCR 1471; Mar. 17, 1993, D.C. Law 9-234, § 2(c), 40 DCR 605.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-503.

1973 Ed., § 32-363.

*Legislative History of Laws*

For legislative history of D.C. Law 2-112, see Historical and Statutory Notes following § 44-801.

For legislative history of D.C. Law 9-234, see Historical and Statutory Notes following § 44-801.

#### **§ 44-804. CONFIDENTIALITY OF IDENTITY IN PUBLICATIONS.**

Any publication by any medical utilization review committee, peer review committee, medical staff committee or tissue review committee shall keep confidential the identity of any patient whose condition, care or treatment was a part thereof.

(Sept. 29, 1978, D.C. Law 2-112, § 5, 25 DCR 1471.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-504.

1973 Ed., § 32-364.

*Legislative History of Laws*

For legislative history of D.C. Law 2-112, see Historical and Statutory Notes following § 44-801.

#### **§ 44-805. USE OF PEER REVIEW REPORTS, RECORDS, OR STATEMENTS IN JUDICIAL AND ADMINISTRATIVE PROCEEDINGS.**

(a) Except as otherwise provided by this section:

(1) The files, records, findings, opinions, recommendations, evaluations, and reports of a peer review body, information provided to or obtained by a peer review body, the identity of persons providing information to a peer review body, and reports or information provided pursuant to § 44-802 or federal or other District of Columbia law shall be confidential and shall be neither discoverable nor admissible into evidence in any civil, criminal, legislative, or administrative proceeding. Nothing in this paragraph shall preclude use of reports or information provided under § 44-802 or federal or other District of Columbia law by a board regulating a health profession or the Mayor in proceedings by the board or the Mayor.

(2) No person who participated in the proceedings of or provided information to a peer review body shall be compelled to testify or give discovery in any civil, criminal, legislative, or administrative proceeding relating to any matter presented or discussed at those proceedings, or any information provided to or obtained by any reports, records, opinion, evaluation, finding, or recommendation of the body or its members.

(3) Notwithstanding paragraphs (1) and (2) of this subsection, a court may order a peer review body to provide information in a criminal proceeding in which a health professional is accused of a felony, if the court determines that disclosure is essential to protect the public interest and that the information being sought can be obtained from no other source. In determining whether disclosure is essential to protect the public interest, the court shall consider the seriousness of the offense with which the health professional is charged, the need for disclosure of the party seeking it, and the probative value of the information. If the court orders disclosure, the identity of any patient shall not be disclosed without the consent of the patient or his legal representative, and the information disclosed shall not be used except in the criminal proceeding.

(b) Notwithstanding subsection (a) of this section, primary health records and other information, documents, or records available from original sources shall not be deemed nondiscoverable or inadmissible merely because they are a part of the files, records, or reports of a peer review body.

(c) This section shall not affect the right of any health professional to discover or to have admitted into evidence the minutes and reports of a peer review body concerning the health professional for the limited purpose of adjudicating the appropriateness of an adverse action affecting the employment, membership, privileges, or association of the health professional by the peer review body.

(Sept. 29, 1978, D.C. Law 2-112, § 6, 25 DCR 1471; Mar. 17, 1993, D.C. Law 9-234, § 2(d), 40 DCR 605.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-505.

1973 Ed., § 32-365.

*Legislative History of Laws*

For legislative history of D.C. Law 2-112, see Historical and Statutory Notes following § 44-801.

For legislative history of D.C. Law 9-234, see Historical and Statutory Notes following § 44-801.