

STATE OF NEW YORK

9963

IN ASSEMBLY

April 21, 2022

Introduced by M. of A. GOTTFRIED -- read once and referred to the Committee on Health

AN ACT to amend the public health law, the mental hygiene law, the social services law and the insurance law, in relation to permitting certain minors to consent to health care treatment

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 2504 of the public health law, as added by chapter 769 of the laws of 1972, subdivision 2 as amended by chapter 119 of the laws of 2005, subdivision 3 as added by chapter 976 of the laws of 1984, subdivision 4 as amended by chapter 623 of the laws of 2019, subdivision 5 as added and subdivision 6 as renumbered by chapter 521 of the laws of 1994, and subdivision 7 as added by chapter 360 of the laws of 2019, is amended to read as follows:

§ 2504. Enabling certain persons to consent for certain medical, dental, health and hospital services. 1. Any person who is eighteen years of age or older, or is the parent of a child or has married, may give effective consent for medical, dental, health and hospital services for ~~himself or herself~~ themselves, and the consent of no other person shall be necessary.

(a) Any person, including a minor, who comprehends the need for, the nature of, and the reasonably foreseeable risks and benefits involved in any contemplated medical, dental, health, or hospital service, as well as any alternatives thereto, may give effective consent thereto for themselves, and the consent of no other person shall be necessary.

(b) Any runaway youth or homeless youth, as defined in section five hundred thirty-two-a of the executive law, may give effective consent for medical, dental, health and hospital services for themselves.

(c) The commissioner may promulgate regulations as reasonably necessary to implement paragraphs (a) and (b) of this subdivision.

2. Any person who has been married or who has borne a child may give effective consent for medical, dental, health and hospital services for his ~~or~~, her, or their child. Any person who has been designated pursuant to title fifteen-A of article five of the general obligations law as

EXPLANATION--Matter in italics (underscored) is new; matter in brackets ~~[-]~~ is old law to be omitted.

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1 a person in parental relation to a child may consent to any medical,
2 dental, health and hospital services for such child for which consent is
3 otherwise required [~~which are not: (a) major medical treatment as~~
4 ~~defined in subdivision (a) of section 80.03 of the mental hygiene law,~~
5 ~~(b) electroconvulsive therapy, or (c) the withdrawal or discontinuance~~
6 ~~of medical treatment which is sustaining life functions~~].

7 3. Any person who is pregnant may give effective consent for medical,
8 dental, health and hospital services relating to prenatal care.

9 4. Medical, dental, health and hospital services may be rendered to
10 persons of any age without the consent of a parent, legal guardian or
11 person possessing a lawful order of custody when, in the [~~physician's~~
12 practitioner's] judgment an emergency exists and the person is in immedi-
13 ate need of medical attention and an attempt to secure consent would
14 result in delay of treatment which would increase the risk to the
15 person's life or health.

16 5. Where not otherwise already authorized by law to do so, any person
17 in a parental relation to a child as defined in section twenty-one
18 hundred sixty-four of this chapter and, [~~(i)~~] (a) a grandparent, an
19 adult brother or sister, an adult aunt or uncle, any of whom has assumed
20 care of the child and, [~~(ii)~~] (b) an adult who has care of the child and
21 has written authorization to consent from a person in a parental
22 relation to a child as defined in section twenty-one hundred sixty-four
23 of this chapter, may give effective consent for the immunization of a
24 child. However, a person other than one in a parental relation to the
25 child shall not give consent under this subdivision if [~~he or she has~~
26 they have] reason to believe that a person in parental relation to the
27 child as defined in section twenty-one hundred sixty-four of this chap-
28 ter objects to the immunization. However, a child who may give effective
29 consent under this section may give effective consent to their own
30 immunization, and the consent of no other person shall be necessary.

31 6. Anyone who acts in good faith based on the representation by a
32 person that [~~he is~~] they are eligible to consent pursuant to the terms
33 of this section shall be deemed to have received effective consent.

34 7. No person shall perform a pelvic examination or supervise the
35 performance of a pelvic examination on an anesthetized or unconscious
36 patient unless the person performing the pelvic examination is legally
37 authorized to do so and the person supervising the performance of the
38 pelvic examination is legally authorized to do so and:

39 (a) the patient or the patient's authorized representative gives prior
40 oral or written informed consent specific to the pelvic examination;

41 (b) the performance of a pelvic examination is within the scope of
42 care for the surgical procedure or diagnostic examination scheduled to
43 be performed on the patient and to which the patient has already given
44 oral or written consent; or

45 (c) the patient is unconscious and the pelvic examination is medically
46 necessary for diagnostic or treatment purposes, and the patient is in
47 immediate need of medical attention and an attempt to secure consent
48 would result in a delay of treatment which would increase the risk to
49 the patient's life or health.

50 Nothing in this subdivision diminishes any other requirement to obtain
51 informed consent for a pelvic examination or any other procedure.

52 § 2. Subdivision (a) of section 9.13 of the mental hygiene law, as
53 amended by chapter 465 of the laws of 1992, is amended to read as
54 follows:

55 (a) The director of any hospital may receive as a voluntary patient
56 any suitable person in need of care and treatment, who voluntarily makes

1 written application therefor. If the person is under sixteen years of
2 age, the person may be received as a voluntary patient [~~only~~] on the
3 application of the parent, legal guardian, or next-of-kin of such
4 person[~~, or,~~]; subject to the terms of any court order or any instrument
5 executed pursuant to section three hundred eighty-four-a of the social
6 services law, a social services official or authorized agency with care
7 and custody of such person pursuant to the social services law, the
8 director of the division for youth, acting in accordance with section
9 five hundred nine of the executive law, or a person or entity having
10 custody of the person pursuant to an order issued pursuant to section
11 seven hundred fifty-six or one thousand fifty-five of the family court
12 act; or on their own application, if they may give effective consent
13 under section two thousand five hundred four of the public health law.

14 If the person is over sixteen and under eighteen years of age, the
15 director may, in [~~his~~] their discretion, admit such person either as a
16 voluntary patient on [~~his~~] their own application or on the application
17 of the person's parent, legal guardian, next-of-kin, or, subject to the
18 terms of any court order or any instrument executed pursuant to section
19 three hundred eighty-four-a of the social services law, a social
20 services official or authorized agency with care and custody of such
21 person pursuant to the social services law, the director of the division
22 for youth, acting in accordance with section five hundred nine of the
23 executive law, provided that such person knowingly and voluntarily
24 consented to such application in accordance with such section, or a
25 person or entity having custody of the person pursuant to an order
26 issued pursuant to section seven hundred fifty-six or one thousand
27 fifty-five of the family court act.

28 § 3. Subdivisions (b) and (c) of section 22.11 of the mental hygiene
29 law, as added by chapter 558 of the laws of 1999, are amended to read as
30 follows:

31 (b) In treating a minor for chemical dependence on an inpatient, resi-
32 dential, or outpatient basis, the important role of the parents or guar-
33 dians shall be recognized. Steps shall be taken to involve the parents
34 or guardians in the course of treatment, and consent from such a person
35 for inpatient, residential, or outpatient treatment for minors shall be
36 required, except as otherwise provided by subdivision (c) of this
37 section or section two thousand five hundred four of the public health
38 law.

39 (c) Minors admitted for inpatient, residential or outpatient treatment
40 without parental or guardian involvement.

41 1. If, in the judgment of a [~~physician~~] qualified health professional,
42 parental or guardian involvement and consent would have a detrimental
43 effect on the course of treatment of a minor who is voluntarily seeking
44 treatment for chemical dependence or if a parent or guardian refuses to
45 consent to such treatment and the [~~physician~~] qualified health profes-
46 sional believes that such treatment is necessary for the best interests
47 of the child, such treatment may be provided to the minor by a [~~licensed~~
48 ~~physician~~] qualified health professional on an inpatient, residential or
49 outpatient basis, a staff [~~physician~~] health professional in a hospital,
50 or persons operating under their supervision, without the consent or
51 involvement of the parent or guardian. Such [~~physician~~] qualified health
52 professional shall fully document the reasons why the requirements of
53 subdivision (b) of this section were dispensed within the minor's
54 medical record[~~, provided, however, that for providers of services which~~
55 ~~are not required to include physicians on staff, pursuant to regulations~~
56 ~~promulgated by the commissioner, a qualified health professional, as~~

~~defined in such regulations, shall fulfill the role of a physician for purposes of this paragraph].~~

2. If the provider of services cannot locate the parents or guardians of a minor seeking treatment for chemical dependence after employing reasonable measures to do so, or if such parents or guardians refuse or fail to communicate with the provider of services within a reasonable time regarding the minor's treatment, the program director may authorize that such minor be treated on an inpatient, residential or outpatient basis by the provider of services without the consent or involvement of the parent or guardian. Such program director shall fully document the reasons why the requirements of subdivision (b) of this section were dispensed within the minor's medical record, including an explanation of all efforts employed to attempt to contact such parents or guardians.

3. If the minor may give effective consent under section two thousand five hundred four of the public health law, such treatment may be provided to the minor by a qualified health professional on an inpatient, residential or outpatient basis, a staff health professional in a hospital, or persons operating under their supervision, without the consent or involvement of the parent or guardian.

4. Admission and discharge for inpatient or residential treatment shall be made in accordance with subdivision (d) of this section.

§ 4. Section 33.21 of the mental hygiene law, as added by chapter 790 of the laws of 1983, subdivisions (a), (b) and (c) as amended and subdivision (e) as added by chapter 461 of the laws of 1994, is amended to read as follows:

§ 33.21 Consent for mental health treatment of minors.

(a) For the purposes of this section:

(1) "minor" shall mean a person under eighteen years of age, but shall not include a person who is the parent of a child, emancipated, has married or is on voluntary status on ~~his or her~~ their own application pursuant to section 9.13 of this chapter;

(2) "mental health practitioner" shall mean a physician, a licensed psychologist, or persons providing mental health services under the supervision of a physician in a facility operated or licensed by the office of mental health or providing outpatient mental health services;

(3) "outpatient mental health services" shall mean ~~those services provided in an outpatient program licensed or operated pursuant to the regulations of the commissioner of~~ services provided to a person that occur in a community location and/or in an ambulatory care setting such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner's office, or via telehealth. The services may also be provided at a person's home or school. Treatment at this level can include psychotherapy and/or medication management. These services can be delivered in an individual, family, or group setting;

(4) "reasonably available" shall mean a parent or guardian can be contacted with diligent efforts by a mental health practitioner; and

(5) "capacity" shall mean the minor's ability to understand and appreciate the nature and consequences of the proposed treatment, including the benefits and risks of, and alternatives to, such proposed treatment, and to reach an informed decision.

(b) In providing outpatient mental health services to a minor, ~~or psychotropic medications to a minor residing in a hospital,~~ the important role of the parents or guardians shall be recognized. As clinically appropriate, steps shall be taken to actively involve the parents or guardians, and the consent of such persons shall be required for such

1 treatment in non-emergency situations, except as provided in subdivi-
2 sions (c), (d) and (e) of this section or section two thousand five
3 hundred four of the public health law.

4 (c) A mental health practitioner may provide outpatient mental health
5 services[~~, other than those treatments and procedures for which consent~~
6 ~~is specifically required by section 33.03 of this article,~~] to a minor
7 voluntarily seeking such services without parental or guardian consent
8 if the mental health practitioner determines that:

9 (1) the minor may give effective consent under section two thousand
10 five hundred four of the public health law; or

11 (2) the minor is knowingly and voluntarily seeking such services; and
12 [~~(2)~~] (3) provision of such services is clinically indicated and
13 necessary to the minor's well-being; and

14 [~~(3)~~] (4) (i) a parent or guardian is not reasonably available; or
15 (ii) requiring parental or guardian consent or involvement would have
16 a detrimental effect on the course of outpatient treatment; or
17 (iii) a parent or guardian has refused to give such consent and a
18 [~~physician~~] practitioner determines that treatment is necessary and in
19 the best interests of the minor.

20 The mental health practitioner shall fully document the reasons for
21 [~~his or her~~] their determinations. Such documentation shall be included
22 in the minor's clinical record, along with a written statement signed by
23 the minor indicating that [~~he or she is~~] they are voluntarily seeking
24 services. As clinically appropriate, notice of a determination made
25 pursuant to subparagraph (iii) of paragraph [~~three~~] four of this subdivi-
26 sion shall be provided to the parent or guardian.

27 (d) A mental health practitioner may provide a minor voluntarily seek-
28 ing outpatient services an initial interview without parental or guardi-
29 an consent or involvement to determine whether the criteria of subdivi-
30 sion (c) of this section are present.

31 (e) (1) Subject to the regulations of the commissioner of mental
32 health governing the patient's right to object to treatment, subdivision
33 (b) of this section and paragraph two of this subdivision, the consent
34 of a parent or guardian or the authorization of a court shall be
35 required for the non-emergency administration of psychotropic medica-
36 tions to a minor residing in a hospital unless the minor may give effec-
37 tive consent under section two thousand five hundred four of the public
38 health law.

39 (2) A minor [~~sixteen years of age or older~~] who consents may be admin-
40 istered psychotropic medications without the consent of a parent or
41 guardian or the authorization of a court where[+]

42 ~~(i) a parent or guardian is not reasonably available, provided the~~
43 ~~treating physician determines that (A) the minor has capacity, and (B)~~
44 ~~such medications are in the minor's best interests; or~~

45 ~~(ii) requiring consent of a parent or guardian would have a detri-~~
46 ~~mental effect on the minor, provided the treating physician and a second~~
47 ~~physician who specializes in psychiatry and is not an employee of the~~
48 ~~hospital determine that (A) such detrimental effect would occur, (B) the~~
49 ~~minor has capacity, and (C) such medications are in the minor's best~~
50 ~~interests; or~~

51 ~~(iii) the parent or guardian has refused to give such consent,~~
52 ~~provided the treating physician and a second physician who specializes~~
53 ~~in psychiatry and is not an employee of the hospital determine that (A)~~
54 ~~the minor has capacity, and (B) such medications are in the minor's best~~
55 ~~interests. Notice of the decision to administer psychotropic medications~~
56 ~~pursuant to this subparagraph shall be provided to the parent or guardi-~~

~~an~~ the minor may give effective consent under section two thousand five hundred four of the public health law.

(3) The reasons for an exception authorized pursuant to paragraph two of this subdivision shall be fully documented and such documentation shall be included in the minor's clinical record.

§ 5. Subdivision 8 of section 372 of the social services law, as amended by chapter 684 of the laws of 1996, is amended to read as follows:

8. In any case where a child is to be placed with or discharged to a relative or other person legally responsible pursuant to section ten hundred seventeen or ten hundred fifty-five of the family court act, such relative or other person shall be provided with such information by an authorized agency as is provided to foster parents pursuant to this section and applicable regulations of the department; provided, however, that no information about any medical, dental, health, or hospital service a child has consented to themselves shall be included without the child's authorization. A child may consent to disclosure generally or only in an emergency or may withhold consent all together.

§ 6. Section 373-a of the social services law, as amended by chapter 305 of the laws of 2008, is amended to read as follows:

§ 373-a. Medical histories. Notwithstanding any other provision of law to the contrary, to the extent they are available, the medical histories of a child legally freed for adoption or of a child to be placed in foster care and of ~~his or her~~ their birth parents, with information identifying such birth parents eliminated, shall be provided by an authorized agency to such child's prospective adoptive parent or foster parent and upon request to the adoptive parent or foster parent when such child has been adopted or placed in foster care; provided, however, that no information about any medical, dental, health, or hospital service a child has consented to themselves shall be included without the child's authorization. A child may consent to disclosure generally or only in an emergency or may withhold consent all together. To the extent they are available, the medical histories of a child in foster care and of ~~his or her~~ their birth parents shall be provided by an authorized agency to such child when discharged to ~~his or her~~ their own care and upon request to any adopted former foster child; provided, however, medical histories of birth parents shall be provided to an adoptee with information identifying such birth parents eliminated. Such medical histories shall include all available information setting forth conditions or diseases believed to be hereditary, any drugs or medication taken during pregnancy by the child's birth mother and any other information, including any psychological information in the case of a child legally freed for adoption or when such child has been adopted, or in the case of a child to be placed in foster care or placed in foster care which may be a factor influencing the child's present or future health. The department shall promulgate and may alter or amend regulations governing the release of medical histories pursuant to this section.

§ 7. The social services law is amended by adding a new section 373-b to read as follows:

§ 373-b. Reproductive and sexual health care services and information.
1. Each foster parent must be advised, in writing, initially and annually thereafter, of the availability of social, educational and medical reproductive and sexual health care services and information by means of a letter or brochure designed for this purpose.

2. An authorized agency as defined in this title shall offer age and developmentally appropriate reproductive and sexual health care services

1 and information to all foster children who are or may be sexually active
2 or who request such services or information through the agency's case-
3 worker contact and as part of the comprehensive service plan for each
4 child. Such an offer may be made orally to the child as long as it is
5 also made in writing, by means of a letter or brochure designed for this
6 purpose. If such a plan is developed by a social services district, the
7 district must continue to monitor the particular agency's program imple-
8 mentation, to ensure that the offer is being made in writing and that
9 requested services are provided within thirty days, and to require and
10 collect reports and data from the agency.

11 3. Services and information offered under this section must be
12 respectful and inclusive of all foster children regardless of actual or
13 perceived race, color, weight, national origin, ethnic group, religion,
14 religious practice, disability, sexual orientation, or gender as defined
15 in section eleven of the education law.

16 § 8. Paragraph (c) of subdivision 1 of section 366 of the social
17 services law is amended by adding a new subparagraph 11 to read as
18 follows:

19 (11) A minor who is not otherwise eligible for medical assistance
20 under this section who consents to their own medical, dental, health and
21 hospital services under subdivision two or three of section two thousand
22 five hundred four of the public health law is eligible for standard
23 coverage only for the specific services consented to; provided that this
24 subparagraph only applies if the minor is unable to use another source
25 of health insurance to pay for the services consented to. The commis-
26 sioner of health shall promulgate such regulations as may be necessary
27 to carry out the provisions of this subparagraph.

28 § 9. Section 17 of the public health law, as amended by section 165 of
29 the laws of 1991, the first undesignated paragraph as amended by chapter
30 322 of the laws of 2017, is amended to read as follows:

31 § 17. Release of medical records. Upon the written request of any
32 competent patient, parent or guardian of an infant, a guardian appointed
33 pursuant to article eighty-one of the mental hygiene law, or conservator
34 of a conservatee, an examining, consulting or treating physician or
35 hospital must release and deliver, exclusive of personal notes of the
36 said physician or hospital, copies of all x-rays, medical records and
37 test records including all laboratory tests regarding that patient to
38 any other designated physician or hospital provided, however, that such
39 records concerning the treatment of an infant patient for venereal
40 disease ~~[or]~~, the performance of an abortion operation upon such infant
41 patient, or any medical, dental, health and hospital services that the
42 infant patient has consented to themselves under section two thousand five
43 hundred four of this chapter shall not be released or in any manner be
44 made available to the parent or guardian of such infant[7]; provided
45 further that any infant patient who may give effective consent under
46 section two thousand five hundred four of this chapter may request
47 release of their own records and the request of no other person shall be
48 necessary; and provided, further, that original mammograms, rather than
49 copies thereof, shall be released and delivered. Either the physician or
50 hospital incurring the expense of providing copies of x-rays, medical
51 records and test records including all laboratory tests pursuant to the
52 provisions of this section may impose a reasonable charge to be paid by
53 the person requesting the release and deliverance of such records as
54 reimbursement for such expenses, provided, however, that the physician
55 or hospital may not impose a charge for copying an original mammogram
56 when the original has been released or delivered to any competent

1 patient, parent or guardian of an infant, a guardian appointed pursuant
2 to article eighty-one of the mental hygiene law, or a conservator of a
3 conservatee and provided, further, that any charge for delivering an
4 original mammogram pursuant to this section shall not exceed the docu-
5 mented costs associated therewith. However, the reasonable charge for
6 paper copies shall not exceed seventy-five cents per page. A release of
7 records under this section shall not be denied solely because of inabil-
8 ity to pay. No charge may be imposed under this section for providing,
9 releasing, or delivering medical records or copies of medical records
10 where requested for the purpose of supporting an application, claim or
11 appeal for any government benefit or program, provided that, where a
12 provider maintains medical records in electronic form, it shall provide
13 the copy in either electronic or paper form, as required by the govern-
14 ment benefit or program, or at the patient's request.

15 § 10. Paragraph (c) of subdivision 3 of section 18 of the public
16 health law, as added by chapter 497 of the laws of 1986, is amended to
17 read as follows:

18 (c) A subject [~~over the age of twelve years may~~] shall be notified of
19 any request by a qualified person to review [~~his/her~~] their patient
20 information, and, if the subject objects to disclosure, the provider may
21 deny the request. In the case of a facility, the treating practitioner
22 shall be consulted. In no event may a provider disclose information
23 about any medical, dental, health, or hospital service an infant has
24 consented to themselves to the infant's parent or guardian without the
25 infant's authorization. An infant may consent to disclosure to their
26 parent or guardian generally or only in an emergency or may withhold
27 consent all together. An infant who may give effective consent to
28 medical, dental, health, or hospital services under section two thousand
29 five hundred four of this chapter may also give effective consent to
30 release their patient information to any person.

31 § 11. Paragraph 2 of subdivision (c) of section 33.16 of the mental
32 hygiene law, as added by chapter 498 of the laws of 1986, is amended to
33 read as follows:

34 2. A patient or client [~~over the age of twelve may~~] shall be notified
35 of any request by a qualified person to review [~~his/her~~] their record
36 and if the patient or client objects to disclosure, the facility, in
37 consultation with the treating practitioner may deny the request. In no
38 event may a facility, practitioner, or treating practitioner disclose
39 clinical records pertaining to treatment an infant patient or client
40 consented to themselves to the infant's parent or guardian without the
41 minor's authorization. An infant patient or client may consent to
42 disclosure to their parent or guardian generally or only in an emergency
43 or may withhold consent all together. An infant who may give effective
44 consent to a medical, dental, health, or hospital service under section
45 two thousand five hundred four of the public health law may also give
46 effective consent to release their clinical record to any person.

47 § 12. Section 3244 of the insurance law is amended by adding a new
48 subsection (f) to read as follows:

49 (f) (1) An insurer, including health maintenance organizations operat-
50 ing under article forty-four of the public health law or article forty-
51 three of this chapter and any other corporation operating under article
52 forty-three of this chapter shall take the following steps to protect
53 the confidentiality of an insured's, including a subscriber's or
54 enrollee's, medical information:

55 (i) Insurers shall permit an insured who consents to their own
56 medical, dental, health and hospital services under subdivision two or

1 three of section two thousand five hundred four of the public health law
2 to choose a method of receiving explanation of benefits forms that
3 contain information relating to the receipt of the specific services
4 consented to, which shall include, but not be limited to, the following:
5 sending the form to the address of the subscriber; sending the form to
6 the address of the insured; sending the form to an alternate address
7 designated by the insured; or sending the form through electronic means
8 when available. When an insured has submitted a request for receiving
9 explanation of benefits forms under this section an insurer is thereby
10 prohibited from sending duplicative explanation of benefits forms to a
11 non-specified recipient or in a manner inconsistent with the request of
12 the insured; and

13 (ii) Insurers shall not in any way identify the diagnosis or services
14 received as relates to medical, dental, health and hospital services
15 under subdivision two or three of section two thousand five hundred four
16 of the public health in an explanation of benefits forms or in any
17 online portal that allows subscribers to access claim information.

18 (2) The department shall develop and make available a standardized
19 form for an insured to use to request confidential communications that
20 shall be accepted by all insurers.

21 (3) For the purposes of this section, an alternative communications
22 request as described in subparagraph (i) of paragraph one of this
23 subsection shall be implemented by an insurer within seven calendar days
24 of receipt of an electronic transmission or telephonic request or within
25 fourteen calendar days of receipt by first-class mail. An insurer shall
26 acknowledge receipt of the alternative communications request and advise
27 the insured of the status of implementation of the request if the
28 insured contacts the insurer.

29 (4) An insurer shall not condition enrollment or coverage on the waiv-
30 er of rights provided in this subsection.

31 (5) This subsection may not be construed to limit acceptance by an
32 insurer of any other form of written request from an insured for confi-
33 dential communications from a carrier under 45 C.F.R. § 164.522(B).

34 § 13. Paragraph (c) and subparagraph (vi) of paragraph (d) of subdivi-
35 sion 8 and subdivision 10 of section 2168 of the public health law,
36 paragraph (c) of subdivision 8 as amended by chapter 420 of the laws of
37 2014, subparagraph (vi) of paragraph (d) of subdivision 8 as amended by
38 chapter 154 of the laws of 2013, and subdivision 10 as amended by
39 section 7 of part A of chapter 58 of the laws of 2009, are amended to
40 read as follows:

41 (c) health care providers and their designees, registered professional
42 nurses, and pharmacists authorized to administer immunizations pursuant
43 to subdivision two of section sixty-eight hundred one of the education
44 law shall have access to the statewide immunization information system
45 and the blood lead information in such system only for purposes of
46 submission of information about vaccinations received by a specific
47 registrant, determination of the immunization status of a specific
48 registrant, determination of the blood lead testing status of a specific
49 registrant, submission of the results from a blood lead analysis of a
50 sample obtained from a specific registrant in accordance with paragraph
51 (h) of subdivision two of this section, review of practice coverage,
52 generation of reminder notices, quality improvement and accountability
53 and printing a copy of the immunization or lead testing record for the
54 registrant's medical record, for the registrant's parent or guardian, or
55 other person in parental or custodial relation to a child, or for a
56 registrant [~~upon reaching eighteen years of age~~]; provided, however,

1 that any immunization record printed for a registrant's parent, guardi-
2 an, or other person in a custodial relation to a child shall exclude
3 information about any immunization a registrant has consented to them-
4 self.

5 (vi) commissioners of local social services districts with regard to a
6 child in [~~his/her~~] their legal custody;

7 10. The person to whom any immunization record relates, or [~~his-or~~
8 ~~her~~] their parent, or guardian, or other person in parental or custodial
9 relation to such person may request a copy of an immunization or lead
10 testing record from the registrant's healthcare provider, the statewide
11 immunization information system or the citywide immunization registry
12 according to procedures established by the commissioner or, in the case
13 of the citywide immunization registry, by the city of New York commis-
14 sioner of the department of health and mental hygiene; provided however
15 that any immunization record provided to the person's parent or guardian
16 or other person in a parental or custodial relation to such person shall
17 exclude information about any immunization the person has consented to
18 themselves.

19 § 14. This act shall take effect on the one hundred eightieth day
20 after it shall have become a law. Effective immediately, the addition,
21 amendment, and/or repeal of any rule or regulation necessary for the
22 implementation of this act on its effective date are authorized to be
23 made and completed on or before such effective date.