

**NEW HAMPSHIRE PRIVACY LAWS  
RELATING TO BEHAVIORAL HEALTH CARE &  
TREATMENT OF MINORS**

Current through January 1, 2016

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**New Hampshire Statutes Relating to Privacy and Confidentiality**

*126 Vital Records and Health Statistics & Health Care Data Collection*

**126:24-c Access to Information From Vital Records for Public Health Purposes.** – The department shall have a direct and tangible interest in vital records data including personal identifiers. The secretary of state shall provide continuous electronic access to the department of the entire contents of the data files on a 24-hour, 7-day per week basis. If a means of electronic access becomes possible that will allow access at a faster rate, the department may utilize such new means of access, provided that it assumes the full cost of implementing the new means of access. Such access shall be provided in standard database format that establishes a remote electronic link from the secretary of state's office to the department that would not restrict the ability of the department to transfer data. However, under no circumstance shall any information

relative to any adoption or any restricted record as determined by a court of law be provided to the department.

**126:24-d Disclosure of Information From Vital Records.** – All protected health information possessed by the department shall be considered confidential, except that the commissioner shall be authorized to provide vital record information to institutions and individuals both within and outside of the department who demonstrate a need for such information for the purpose of conducting health-related research. Any such release shall be conditioned upon the understanding that once the health-related research is complete that all information provided will be returned to the department or destroyed. All releases of information shall be consistent with the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and regulations promulgated thereunder by the United States Department of Health and Human Services (45 C.F.R. Part 160 and Part 164). This shall include the requirement that all proposed releases of vital records information to institutions and individuals both within and outside the department for the purposes of health-related research be reviewed and approved by the board, under RSA 126:24-e, before the requested information is released.

*135-C New Hampshire Mental Health Services System*

**135-C:19-a Disclosure of Certain Information.** –

I. Notwithstanding RSA 329:26 and RSA 330-A:32, a community mental health center or state facility providing services to seriously or chronically mentally ill clients may disclose information regarding diagnosis, admission to or discharge from a treatment facility, functional assessment, the name of the medicine prescribed, the side effects of any medication prescribed, behavioral or physical manifestations which would result from failure of the client to take such prescribed medication, treatment plans and goals and behavioral management strategies to a family member or other person, if such family member or person lives with the client or provides direct care to the client. The mental health center or facility shall provide a written notice to the client which shall include the name of the person requesting the information, the specific information requested and the reason for the request. Prior to the disclosure, the mental health center or facility shall request in writing the consent of the client. If consent cannot be obtained, the client shall be informed of the reason for the intended disclosure, the specific information to be released and the person or persons to whom the disclosure is to be made.

II. Notwithstanding RSA 329:26 and RSA 330-A:32, when the medical director or designee determines that obtaining information is essential to the care or treatment of a person admitted pursuant to RSA 135-C:27-54, a designated receiving facility may request, and any health care provider which previously provided services to any person involuntarily admitted to the facility may provide, information about such person limited to medications prescribed, known medication allergies or other information essential to the medical or psychiatric care of the person admitted. Prior to requesting such information the facility shall in writing request the person's consent for such request for information. If the consent cannot be obtained, the facility shall inform the person in writing of the care providers who have been requested to provide information to the facility pursuant to this section. The facility may disclose such information as is necessary to identify the person and the facility which is requesting the information. No care

provider who discloses otherwise confidential information to a designated receiving facility following a request made pursuant to this section shall be held civilly or criminally liable for disclosing such information.

II-a. Notwithstanding RSA 329:26 and RSA 330-A:32, when the medical director, or designee, determines that obtaining information is essential to the care and treatment of a person admitted pursuant to RSA 135-C:27-RSA 135-C:54 and the consent of the person admitted cannot be obtained, the designated receiving facility may request and any community mental health program which has previously provided services to such person shall immediately provide information about the person including medications prescribed, known medication allergies, services provided and other information essential to the medical and psychiatric care of the person admitted. The facility may disclose information necessary to identify the person and the facility which is requesting the information. No community mental health program which discloses otherwise confidential information to a designated receiving facility following a request made pursuant to this program shall be civilly or criminally liable for disclosing such information.

III. Notwithstanding RSA 329:26 and RSA 330-A:32, a community mental health program or state facility may disclose to an interdisciplinary committee designated by the governor to review child fatalities, information which is relevant to a case of suicide or traumatic fatal injury under review by such committee. Information to be disclosed pursuant to this paragraph shall be limited to the diagnosis and course of treatment of the child or of the person who caused the fatality. Information disclosed pursuant to this paragraph shall remain confidential and shall not be subject to discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. Any person who willfully rediscloses confidential information provided to a committee designated by the governor to review child fatalities shall be guilty of a violation.

### *141-F Human Immunodeficiency Virus Education, Prevention, and Control*

#### **141-F:7 Reporting of Test Results. –**

I. Except as provided in this section, test results of samples submitted for laboratory analysis under RSA 141-F:6 shall not be disclosed to any person or agency except:

- (a) The physician ordering the test or the person authorized by the physician; and
- (b) The commissioner, in accordance with RSA 141-C:7.

II. Test results shall be disclosed by the physician or the person authorized by the physician to the person who was tested. Such person shall be provided with appropriate counseling at the time of notification.

III. If the person with a serologic positive test result is less than 18 years of age or is mentally incapable of understanding the ramifications of a positive test result, the physician or the person authorized by the physician may disclose the test results to a parent or legal guardian. In such cases, the parent or legal guardian shall be entitled to appropriate counseling.

IV. If the person with a serologic positive test is confined to a facility pursuant to an order of a court, or committed to a mental health facility, the results of the tests shall be disclosed by the physician or the person authorized by the physician to the medical director or chief medical officer of such facility. The medical director or chief medical officer of the facility shall provide to the administrator in charge of the facility whatever medical data is necessary to properly assign, treat, or manage the affected individual. The administrator may disclose this information only to those individuals who require such information to properly assign, treat, or manage the affected individual.

**141-F:8 Confidentiality; Release of Information. –**

I. The identity of a person tested for the human immunodeficiency virus shall not be disclosed except as provided in RSA 141-F:7 and RSA 141-F:8, III, IV and V.

II. All records and any other information pertaining to a person's testing for the human immunodeficiency virus shall be maintained by the department, health care provider, health or social service agency, organization, business, school, or any other entity, public or private, as confidential and protected from inadvertent or unwarranted intrusion. Such information obtained by subpoena or any other method of discovery shall not be released or made public outside of the proceedings.

III. Notwithstanding RSA 141-C:10 and paragraph I of this section, the identity of a person tested for the human immunodeficiency virus may be disclosed in response to a written request if such person has given written authorization for such disclosure. Such written request shall state the reasons for the request and shall contain only the identity of the infected person.

IV. Notwithstanding RSA 141-C:10 and paragraph I of this section, a physician licensed to practice in this state or other health care provider may disclose information pertaining to the identity and test results of a person tested for a human immunodeficiency virus to other physicians and health care providers directly involved in the health care of the person when the disclosure of such information is necessary in order to protect the health of the person tested. Information thus disclosed shall be maintained as provided in paragraph II of this section.

V. Notwithstanding RSA 141-C:10 and paragraph I of this section, the identity of a person tested for the human immunodeficiency virus and found to be infected may be disclosed to a blood bank, blood center, plasma center, or other agency which receives blood donations, provided that the information remains confidential and protected from inadvertent or unwarranted intrusion or disclosure.

*141-H Genetic Testing*

**141-H:2 Conditions of Genetic Testing. –**

I. Except as otherwise provided in this chapter, no individual or member of the individual's family shall be required to undergo genetic testing as a condition of doing business with another person.

II. Except as required to establish paternity under RSA 522, or as required to test newborns for metabolic disorders under RSA 132:10-a, or as required for purposes of criminal investigations and prosecutions, or as is necessary to the functions of the office of chief medical examiner, no genetic testing shall be done in this state on any individual or anywhere on any resident of this state based on bodily materials obtained within this state, without the prior written and informed consent of the individual to be tested, the parent, guardian, or custodian if the individual is a minor under the age of 18, or the legal guardian or conservator if the individual is an incompetent person. The results of any such test shall be provided only to those persons approved in writing by the individual, the parent, guardian, or custodian if the individual is a minor under the age of 18, or the legal guardian or conservator if the individual is an incompetent person. No person shall refuse to perform genetic testing, or to arrange for genetic testing to be performed, or to do business with an individual, solely because the individual to be tested refuses to consent to providing the test results to some or all persons.

III. Except as provided in paragraph II, or authorized by RSA 141-J, no person shall disclose to any other person that an individual has undergone genetic testing, and no person shall disclose the results of such testing to any other person, without the prior written and informed consent of the individual, the parent, guardian, or custodian if the individual is a minor under the age of 18, or the legal guardian or conservator if the individual is an incompetent person.

IV. Nothing in this section shall be construed to regulate or apply to genetic testing or genetic analysis used for diagnosis and treatment of a patient by a clinical laboratory that has received a specimen referral from the individual patient's treating physician, genetic counselor, or another clinical laboratory. Nothing in this section shall be construed so as to waive the requirement that the treating physician obtain specific informed consent in accordance with the provisions of this section.

### *326-B Nurse Practice Act*

#### **326-B:35 Privileged Communications Between Licensees and Their Clients. –**

I. Confidential communications between licensees and their clients are privileged in the same manner as those provided by law between physician and patient, and, except as otherwise provided by law, no licensee shall be required to disclose such privileged communications. Confidential communications between a client of a licensee and any person working under the supervision of such licensee to provide services that are customary and necessary for diagnosis and treatment are privileged to the same extent as would be the same communications between the supervising licensee and the client.

II. This section shall not apply to disciplinary proceedings conducted by:

- (a) The board;
- (b) The board of examiners of nursing home administrators under RSA 151-A:11; or
- (c) Any other statutorily-created health care occupational licensing board conducting disciplinary proceedings.

III. This section shall not apply to hearings conducted pursuant to RSA 135-C or RSA 464-A.

IV. This section shall also not apply to the release of blood samples and the results of laboratory tests for blood alcohol content taken from a person who is under investigation for driving a motor vehicle while such person was under the influence of intoxicating liquors or controlled drugs. The use and disclosure of such information shall be limited to the official criminal proceedings.

### *328-F Allied Health Professionals*

**328-F:28 Privileged Communications.** – The confidential communications between allied health licensees and their clients or patients are placed on the same legal basis as those between physician and patient, and, except as otherwise provided by law, no allied health licensee shall be required to disclose such privileged communications. Confidential communications between a patient or client and any person working under the supervision of such licensee that are customary and necessary for diagnosis and treatment are privileged to the same extent as though those communications were with the supervising licensee. This section shall not apply to investigations and hearings conducted by the governing boards or by any other agency regulating health professions in the state.

### *329 Physicians and Surgeons*

**329:26 Confidential Communications.** – The confidential relations and communications between a physician or surgeon licensed under provisions of this chapter and the patient of such physician or surgeon are placed on the same basis as those provided by law between attorney and client, and, except as otherwise provided by law, no such physician or surgeon shall be required to disclose such privileged communications. Confidential relations and communications between a patient and any person working under the supervision of a physician or surgeon that are customary and necessary for diagnosis and treatment are privileged to the same extent as though those relations or communications were with such supervising physician or surgeon. This section shall not apply to investigations and hearings conducted by the board of medicine under RSA 329, any other statutorily created health occupational licensing or certifying board conducting licensing, certifying, or disciplinary proceedings or hearings conducted pursuant to RSA 135-C:27-54 or RSA 464-A. This section shall also not apply to the release of blood or urine samples and the results of laboratory tests for drugs or blood alcohol content taken from a person for purposes of diagnosis and treatment in connection with the incident giving rise to the investigation for driving a motor vehicle while such person was under the influence of intoxicating liquors or controlled drugs. The use and disclosure of such information shall be limited to the official criminal proceedings.

### *330-A Mental Health Practice*

**330-A:32 Privileged Communications.** – The confidential relations and communications between any person licensed under provisions of this chapter and such licensee's client are placed

on the same basis as those provided by law between attorney and client, and nothing in this chapter shall be construed to require any such privileged communications to be disclosed, unless such disclosure is required by a court order. Confidential relations and communications between a client and any person working under the supervision of a person licensed under this chapter which are necessary and customary for diagnosis and treatment are privileged to the same extent as though those relations or communications were with the supervising person licensed under this chapter, unless such disclosure is required by a court order. This section shall not apply to hearings conducted pursuant to RSA 135-C:27-54 or RSA 464-A.

### *330-CA Alcohol and Other Drug Use Professionals*

**330-C:26 Privileged Communications Between Licensees and Certificate Holders and Their Clients.** – A person licensed or certified under this chapter or an employee of such person, shall not disclose any confidential information that the licensee, certificate holder, or employee may have acquired while performing substance use counseling services for a patient unless in accordance with the federal regulation regarding the Confidentiality of Alcohol and Drug Abuse Patient Records pursuant to 42 C.F.R. section 2.1 et seq.

### *332-I Medical Records and Patient Information*

#### **332-I:2 Patient Information.** –

I. (a) The patient has the right to courtesy, respect, dignity, responsiveness, and timely attention to his or her needs.

(b) The patient has the right to receive information from the health care provider and to discuss the benefits, risks, and costs of appropriate treatment alternatives.

(c) The patient shall be fully informed by the health care provider of his or her medical condition, health care needs and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record.

(d) The patient has the right to make decisions regarding the health care that is recommended by the health care provider. Accordingly, patients may accept or refuse any recommended medical treatment and be involved in experimental research upon the patient's written consent only.

(e) The health care provider shall not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.

(f) Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.

(g) When an individual's medical record is maintained in electronic form, the individual has the right to a report, based on whatever audit trail of that record is then maintained, of access to the record by a health care provider named by the individual within an identified period in the prior 3 years. The report shall indicate whether the named provider had access, or did not have access, or whether access could not be determined with the available data. If the named provider

had access, the report shall summarize, as the available data permit, the extent of access to the record. This subparagraph shall not apply to individuals being held in correctional facilities within the state.

II. Facilities subject to RSA 151:21 and RSA 151:21-b shall be exempt from paragraph I.

**332-I:3 Use and Disclosure of Protected Health Information; Health Information Exchange. –**

I. Except as provided in paragraph VI, a health care provider or a business associate of a health care provider or a patient or patient's legal representative may transmit the patient's protected health information through the health information organization. Only a health care provider, for purposes of treatment, care coordination, or quality assurance, or a patient or a patient's legal representative with respect to the patient's protected health information, may have access to protected health information transmitted through the health information organization.

II. The health information organization shall adhere to the protected health information requirements for health care providers in state and federal law.

III. The health information organization shall maintain an audit log of the transactions transmitted through the health information organization. The parties transmitting or receiving information through the health information organization shall maintain audit logs in accordance with nationally accepted interoperability standards, practices, regulations, and statutes, including but not limited to:

- (a) The identity of the health care provider accessing the information;
- (b) The identity of the individual whose protected health information was accessed by the health care provider;
- (c) The date the protected health information was accessed; and
- (d) The area of the record that was accessed.

IV. The health information organization shall be certified, when federal certification standards are established, to be in compliance with nationally accepted interoperability standards and practices.

V. No person shall require a health care provider to participate in the health information organization as a condition of payment or participation.

VI. An individual shall be given an opportunity to opt out of sharing his or her name and address and his or her protected health care information through the health information organization. Such an opportunity shall be provided in a clear and conspicuous manner, including, but not limited to, simple opt out language in a font and size easily readable by the average adult reader so that the individual may make his or her decision known.

VII. The health information organization shall follow all current and future laws relative to medical information privacy and all existing laws regarding health information exchanges.

VIII. Notwithstanding paragraph I, health care providers otherwise required or authorized by law to submit data to the department of health and human services may do so through a health



information organization; provided, that such transmissions meet the same standards for privacy and security of protected health information that apply when such information is exchanged between providers.

**332-I:4 Use and Disclosure of Protected Health Information; Marketing; Fundraising. –**

I. A health care provider, or a business associate of the health care provider, shall obtain an authorization for any use or disclosure of protected health information for marketing. Such authorization shall meet the authorization implementation specifications for marketing under the regulations adopted pursuant to sections 262 and 264 of HIPAA, as amended.

II. (a) For use or disclosure of protected health information for fundraising, a health care provider, or a business associate of the health care provider, shall, in a clear and conspicuous manner, provide an opportunity for any intended recipient of one or more fundraising communications to elect not to receive such communications. A clear and conspicuous opportunity shall include, but not be limited to, simple election language and type of a sufficient size as to be easily readable by the average adult reader. Such opportunity shall be provided:

- (1) Sixty days prior to any fundraising communication; or
- (2) Upon presentation of the notice of privacy practices required by regulations adopted pursuant to sections 262 and 264 of HIPAA, as amended, if such notice is given to the intended recipient prior to any fundraising communication; or
- (3) To an individual who does not elect to not receive fundraising communications in the opportunities in subparagraph (1) or (2), in any subsequent written fundraising communications.

(b) When an individual elects not to receive any fundraising communication, such election shall be treated as a revocation of authorization under 45 C.F.R. section 164.508.

III. Protected health information disclosed for marketing or fundraising shall not be disclosed by voice mail, an unattended facsimile, or through other methods of communication that are not secure.

## New Hampshire Statutes Relating to Minor Consent for Medical Treatment

### *21-B Age of Majority*

**21-B:1 Age of Majority Changed.** – The common law rule that a person is a minor to the age of 21 is hereby abrogated. A person who has reached his eighteenth birthday is hereby declared to be of majority for all purposes, except as prohibited by the constitution of New Hampshire and of the United States.

**21-B:2 Recognition of Emancipation Decrees From Other States.** – A person who is under the age of 18 years, but who has documentation which supports a claim that he has been emancipated in accordance with the laws of the state in which he previously had been residing, shall be considered to be emancipated in the state of New Hampshire.

### *132 Minor Seeking Abortion Service*

#### **132:33 Notification Required.** –

I. No abortion shall be performed upon an unemancipated minor or upon a female for whom a guardian or conservator has been appointed pursuant to RSA 464-A because of a finding of incompetency, until at least 48 hours after written notice of the pending abortion has been delivered in the manner specified in paragraphs II and III.

II. The written notice shall be addressed to the parent at the usual place of abode of the parent and delivered personally to the parent by the physician or an agent.

III. In lieu of the delivery required by paragraph II, notice shall be made by certified mail addressed to the parent at the usual place of abode of the parent with return receipt requested and with restricted delivery to the addressee, which means the postal employee shall only deliver the mail to the authorized addressee. Time of delivery shall be deemed to occur at 12 o'clock noon on the next day on which regular mail delivery takes place, subsequent to mailing.

#### **132:34 Waiver of Notice.** –

I. No notice shall be required under RSA 132:33 if:

(a) The attending abortion provider certifies in the pregnant minor's medical record that a medical emergency exists and there is insufficient time to provide the required notice; or

(b) The person or persons who are entitled to notice certify in writing that they have been notified.

II. If such a pregnant minor elects not to allow the notification of her parent or guardian or conservator, any superior court judge shall, upon petition, or motion, and after an appropriate hearing, authorize an abortion provider to perform the abortion if said judge determines that the pregnant minor is mature and capable of giving informed consent to the proposed abortion. If said judge determines that the pregnant minor is not mature, or if the pregnant minor does not claim to be mature, the judge shall determine whether the performance of an abortion upon her without notification of her parent, guardian, or conservator would be in her best interests and

shall authorize an abortion provider to perform the abortion without such notification if said judge concludes that the pregnant minor's best interests would be served thereby.

(a) Such a pregnant minor may participate in proceedings in the court on her own behalf, and the court may appoint a guardian ad litem for her. Any guardian ad litem appointed under this subdivision shall maintain the confidentiality of the proceedings. The court shall, however, advise her that she has a right to court-appointed counsel, and shall, upon her request, provide her with such counsel.

(b) Proceedings under this section shall be held in closed court, shall be confidential and shall ensure the anonymity of the minor. All court proceedings under this section shall be sealed. The minor shall have the right to file her petition in the court using a pseudonym or using solely her initials. All documents related to this petition shall be confidential and shall not be available to the public. These proceedings shall be given such precedence over other pending matters so that the court may reach a decision promptly and without delay so as to serve the best interest of the pregnant minor. In no case shall the court fail to rule within 2 court business days from the time the petition is filed, except that the 2 court business day limitation may be extended at the request of the minor. A judge of the court who conducts proceedings under this section shall make in writing specific factual findings and legal conclusions supporting the decision and shall order a record of the evidence to be maintained including the judge's own findings and conclusions. If the court fails to rule within the 2 court business day period and an extension was not requested, then the petition shall be deemed to have been granted, and the notice requirement shall be waived.

(c) An expedited confidential appeal shall be available, as the supreme court provides by rule, to any such pregnant minor for whom the court denies an order authorizing an abortion without notification. The court shall make a ruling within 2 court business days from the time of the docketing of the appeal. An order authorizing an abortion without notification shall not be subject to appeal. No filing fees shall be required of any such pregnant minor at either the trial or the appellate level. Access to the trial court for the purposes of such a petition or motion, and access to the appellate courts for purposes of making an appeal from denial of the same, shall be afforded such a pregnant minor 24 hours a day, 7 days a week.

(d) The supreme court shall make rules to ensure that procedures followed in the appeals process are handled in an expeditious manner and protect the confidentiality of the parties involved in the appeal to satisfy the requirements of the federal courts.

## *141-C Seeking STD Treatment*

### **141-C:18 Sexually Transmitted Disease. –**

I. The commissioner may request the examination, and order isolation, quarantine, and treatment of any person reasonably suspected of having been exposed to or of exposing another person or persons to a sexually transmitted disease. Any order of treatment issued under this paragraph shall be in accordance with RSA 141-C:11, RSA 141-C:12, and RSA 141-C:15.

II. Any minor 14 years of age or older may voluntarily submit himself to medical diagnosis and treatment for a sexually transmitted disease and a licensed physician may diagnose, treat or

prescribe for the treatment of a sexually transmitted disease in a minor 14 years of age or older, without the knowledge or consent of the parent or legal guardian of such minor.

*141-F Human Immunodeficiency Virus Education, Prevention, and Control*

**141-F:5 Consent for Testing; Exceptions.** – A physician or advanced practice registered nurse licensed or registered to practice in this state, an employee of a health care facility licensed under RSA 151, whether paid or unpaid, and an employee of a blood bank, blood center, plasma center, or agency which receives blood donations, whether paid or unpaid, may test when the patient has consented for the presence of an antibody or antigen to a human immunodeficiency virus in accordance with the most current testing and consent recommendations of the Centers for Disease Control and Prevention. Testing without consent may occur in the following situations:

- I. Any blood bank, blood center, plasma center, or agency which purchases or receives donated whole blood, blood plasma, a blood product, or a blood derivative shall, prior to its distribution or use, subject such blood to a test which conforms to rules adopted by the commissioner under RSA 141-F:4.
- II. A physician or advanced practice registered nurse licensed or registered to practice in this state who procures, processes, distributes, or uses a human body part, tissue, or fluid donated under RSA 291-A may, without obtaining consent to the testing, test for the presence of an antibody or antigen to the human immunodeficiency virus, in accordance with rules adopted by the commissioner under RSA 141-F:4 in order to assure medical acceptability of the gift for the purpose intended.
- III. A health care facility engaged in medical research may, without first obtaining consent to the testing, subject any body parts, fluids, or tissues to a test for the presence of an antibody or antigen to a human immunodeficiency virus in accordance with rules adopted by the commissioner under RSA 141-F:4 if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher.
- IV. Individuals convicted and confined to a correctional facility pursuant to the order of a court, or committed to New Hampshire hospital, may be tested without obtaining written consent to the testing, when the results of such tests are necessary for the placement and management of such individuals in the facility, pursuant to the written policies and procedures of the chief administrator of the facility.
- V. (a) A physician licensed to practice in this state, or a person authorized by the physician, may, without obtaining consent to the testing, test for the presence of an antibody or antigen to a human immunodeficiency virus:
  - (1) When the person being tested is incapable of giving informed consent; and
  - (2) When a test for the presence of an antibody or antigen to a human immunodeficiency virus is immediately necessary to protect the health of:
    - (A) The person; or

(B) An individual who has had an occupational exposure to the person's blood or bodily fluids.

(b) When the test is performed under subparagraph (a) on a person who is incapable of giving informed consent, and when the reason for the test is to protect the health of another individual who has had an occupational exposure to that person's blood or bodily fluids, neither the person who is incapable of giving informed consent nor that person's insurer shall be billed for the cost of the test.

### *153-A Providing Emergency Services to a Minor*

**153-A:18 Limitation of Liability for Failure to Obtain Consent.** – No licensed emergency medical care provider or any health professional shall be subject to civil liability based solely upon failure to obtain consent in rendering emergency medical services to any person, regardless of age, where the person is unable to give consent for any reason, including minority, and where there is no other person reasonably available who is legally authorized to give consent to the providing of such care, provided that the licensed emergency medical care provider, or health professional, has acted in good faith without knowledge of facts negating consent.

### *318-B Minor Consent to Drug or Alcohol Treatment*

**318-B:12-a Treatment for Drug Abuse.** – Any minor 12 years of age or older may voluntarily submit himself to treatment for drug dependency as defined in RSA 318-B:1, IX, or any problem related to the use of drugs at any municipal health department, state institution or facility, public or private hospital or clinic, any licensed physician or advanced practice registered nurse practicing within such nurse practitioner's specialty, or other accredited state or local social welfare agency, without the consent of a parent, guardian, or any other person charged with the care or custody of said minor. Such parent or legal guardian shall not be liable for the payment for any treatment rendered pursuant to this section. The treating facility, agency or individual shall keep records on the treatment given to minors as provided under this section in the usual and customary manner, but no reports or records or information contained therein shall be discoverable by the state in any criminal prosecution. No such reports or records shall be used for other than rehabilitation, research, or statistical and medical purposes, except upon the written consent of the person examined or treated. Nothing contained herein shall be construed to mean that any minor of sound mind is legally incapable of consenting to medical treatment provided that such minor is of sufficient maturity to understand the nature of such treatment and the consequences thereof.