

(2) Disclosure of confidential information made under the authority of this subpart, except as provided in § 480.106, must be accompanied by a written statement informing the recipient that the information may not be redisclosed except as provided under § 480.107 that limits redisclosure.

(b) *QIO interpretations.* A QIO may provide a statement of comment, analysis, or interpretation to guide the recipient in using information disclosed under this subpart.

(c) *Fees.* A QIO may charge a fee to cover the cost of providing information authorized under this subpart. These fees may not exceed the amount necessary to recover the cost to the QIO for providing the information.

(d) *Format for disclosure of public information.* A QIO is required to disclose public information (§ 480.120(a)(6)) only in the form in which it is acquired by the QIO or in the form in which it is maintained for QIO use.

(e) *Medicare provider number.* A QIO must include the provider identification number assigned by the Medicare program on information that CMS requests.

[50 FR 15359, Apr. 17, 1985. Redesignated at 64 FR 66279, Nov. 24, 1999, as amended at 69 FR 49267, Aug. 11, 2004]

§ 480.105 Notice of disclosures made by a QIO.

(a) *Notification of the disclosure of non-confidential information.* Except as permitted under § 480.106, at least 30 calendar days before disclosure of nonconfidential information, the QIO must notify an identified institution of its intent to disclose information about the institution (other than reports routinely submitted to CMS or Medicare fiscal intermediaries, or to or from QIO subcontractors, or to or from the institution) and provide the institution with a copy of the information. The institution may submit comments to the QIO that must be attached to the information disclosed if received before disclosure, or forwarded separately if received after disclosure.

(b) *Notification of the disclosure of confidential information.* (1) A QIO must notify the practitioner who has treated a patient, of a request for disclosure to the patient or patient representative in

accordance with the requirements and exceptions to the requirements for disclosure specified under § 480.132.

(2) A QIO must notify a practitioner or institution of the QIO's intent to disclose information on the practitioner or institution to an investigative or licensing agency (§§ 480.137 and 480.138) except for cases specified in § 480.106 involving fraud or abuse or imminent danger to individuals or the public health. The practitioner or institution must be notified and provided a copy of the information to be disclosed at least 30 calendar days before the QIO discloses the identifying information. The QIO must forward with the information any comments submitted by the practitioner or institution in response to the QIO notice if received before disclosure, or forwarded separately if received after disclosure.

[50 FR 15359, Apr. 17, 1985; 50 FR 41886, Oct. 16, 1985. Redesignated at 64 FR 66279, Nov. 24, 1999, as amended at 69 FR 49267, Aug. 11, 2004]

§ 480.106 Exceptions to QIO notice requirements.

(a) *Imminent danger to individuals or public health.* When the QIO determines that requested information is necessary to protect against an imminent danger to individuals or the public health, the notification required in § 480.105 may be sent simultaneously with the disclosure.

(b) *Fraud or Abuse.* The notification requirement in § 480.105 does not apply if—

(1) The disclosure is made in an investigation of fraud or abuse by the Office of the Inspector General or the General Accounting Office; or

(2) The disclosure is made in an investigation of fraud or abuse by any other Federal or State fraud or abuse agency and the investigative agency specifies in writing that the information is related to a potentially prosecutable criminal offense.

(c) *Other.* The notification requirements in § 480.105(a) and (b)(2) do not apply if:

(1) The institution or practitioner has requested, in writing, that the QIO make the disclosure;

(2) The institution or practitioner has provided, in writing, consent for the disclosure; or