

**\*\*\*NEWS RELEASE\*\*\***

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## **10 Harms of Stripping Patient Consent**

### *Citizens' Council for Health Freedom Fighting Legislation That Voids Tough Patient Consent Requirements in Minnesota Privacy Law*

**ST. PAUL, Minn.**—*Citizens' Council for Health Freedom (CCHF, [www.cchfreedom.org](http://www.cchfreedom.org))* is alerting Minnesota residents—and the nation—about two bills that would void patient consent requirements found in the Minnesota Health Records Act (MHRA) by imposing the federal HIPAA “no consent” rule.

The House bill, HF 3312, is currently awaiting a hearing in the House Civil Law and Data Practices Policy Committee, with a deadline of Friday, March 23. The companion Senate bill is SF 2975. *CCHF* has been [encouraging citizens](#) to reach out to lawmakers to voice their opposition of these bills.

*“Where will people go for privacy if the pending legislation to gut the Minnesota Health Records Act is enacted by the Minnesota legislature? Patients will no longer have a choice about who sees, shares, uses or stores their data,” said CCHF president and co-founder Twila Brase. “Patients with sexually transmitted diseases, policymakers with cancer and women having private conversations with their gynecologists could have this information broadly shared without their consent.*

*“Minnesota has some of the toughest patient privacy laws in the nation for a reason,” she added. “But these bills eliminate Minnesota’s patient consent requirements, downgrading them to the level of the federal HIPAA ‘No Consent’ rule. If passed, the bills would circumvent Minnesota’s privacy law and render it useless. The Minnesota law should be leading the way for other states, which may believe HIPAA is a privacy rule when it’s really a disclosure rule, permitting private data to be shared broadly without consent unless a stronger state law like Minnesota’s law forbids it.”*

To illustrate the detrimental effects of repealing Minnesota’s patient-protection laws, *CCHF* is sharing the document: [“Ten HIPAA Harms: Why Minnesota Legislature Should NOT Adopt Federal HIPAA ‘No-Consent’ Rule for Patient Medical Information:”](#)

1. **Nowhere to Hide**—Would permit the creation of a longitudinal, lifelong patient health record of all diagnoses, treatments, patient statements, physician comments, genetic code, family structure, behaviors, medications and more—unless the patient finds a cash-based practitioner.

2. **Patient Profiling**—Would allow computers to build patient profiles using data collected on patient behavior, schedules, diagnoses, genetic weaknesses, relationships, occupation, education, family dynamics, lifestyle choices, attitudes and opinions—gathered at doctor’s offices and hospitals, and through fitness devices, social media, patient portals, smartphones and more.
3. **Other Purposes and Uses**—Would disclose patient information for Big Data profiteering endeavors and other uses *unrelated* to the care of the patient.
4. **Potentially Millions**—Would permit sharing of patient information with outsiders *without patient consent* (up to 2.2 million *entities* per the federal government) if the “covered entity” holding the information decides to share the information. HIPAA is “permissive,” allowing those who hold patient data to share it broadly without patient consent.
5. **Involuntary Research Subjects**—Would permit medical, health services and genetic research as well as “population health” tracking and analytics on adults and children without consent.
6. **All Your Records**—Would give health plans and the government authority to access and use EVERY medical record a person has (except substance abuse treatment, per a federal law, and psychotherapy notes) without patient consent for many purposes, including HIPAA’s 12 “National Priority Purposes.”
7. **No Patient Consent**—Would eliminate all current Minnesota consent requirements for sharing or using private patient information, including mental health, sexually transmitted diseases and genetic information.
8. **No Patient Control**—Would eliminate the right of patients, and parents, to control who can access, use, share, distribute, put online and link their private medical information.
9. **Control Over Doctors**—Would give government and health plans the power to use patient diagnostic and treatment information to penalize physicians that refuse to follow government-standardized, one-size-fits-all treatment protocols, including those issued by automation and artificial intelligence.
10. **Nationalized Health Care**—Would socialize the health data system, putting patient data under federal control. This would enable outside controls on access to care and treatment options by government and its contracted health plans.

*CCHF* noted that several organizations are pushing to eliminate patient consent rights in Minnesota so they can obtain the data for themselves, including the MN Chamber of Commerce, MN Business Partnership, MN Hospital Association, MN Health Plans, MN Bar Association, MN Department of Health and more.

For more information about *CCHF*, visit [www.cchffreedom.org](http://www.cchffreedom.org), its [Facebook](#) page or its Twitter feed @CCHFFreedom. Also view the [media page for CCHFhere](#). For more CCHF reports on health privacy and surveillance, visit the [CCHF privacy page](#). For more about *CCHF*’s initiative to protect newborn DNA, visit [www.itsmydna.org](http://www.itsmydna.org).

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