

Accessibility & Inclusion Consulting, LLC  
Annette Bourbonniere  
33A DeBlois St., Newport, RI 02840  
Phone: 401-207-9840



Testimony re: **2026 House 7633** – An Act Relating to Businesses and Professions – Confidentiality of Health Care Communications and Information Act

Position: **Against**

My name is Annette Bourbonniere, and I live in Newport, Rhode Island.

I am opposed to this bill because of the effect it can have on the provision of health care as well as the vulnerability it will pose to everyone, even those whose records are not specifically covered in this bill.

In 1978, I appeared to testify in this Committee in support of the original Confidentiality of Health Care Information Act, which had been introduced by then Representative Victoria Lederberg. At the time, I was the Medical Record Director for what is now called the Providence Center. I continued work in clinical records for approximately 14 years after the original bill was enacted, protecting the privacy of Health Care Information.

The Confidentiality of Health Care Information Act is intended to protect the privacy of medical and clinical information so that patients can feel confident about sharing intimate and private details about themselves with their treatment providers. The abuses and attempted abuses of this information were staggering, and too many attempts to gain access continue to this day.

Health Care information is private. Health Care providers are being told again and again that there is yet another need for this information. The problems with that are:

1. The purpose of this information is to facilitate treatment. Documenting what the patients' complaints, medical histories, tests, and treatments are helps the health care providers know the next step when the patient returns and communicate this information when referring to other providers for consultation or follow-up.
2. Most medical records contain a considerable number of errors, especially when information is transferred repeatedly.
3. The number of data breaches today is very high. I have personally had eight

Email: [Annette@Access-Include.com](mailto:Annette@Access-Include.com)  
BlueSky: [@access-include.bsky.social](https://bsky.app/profile/@access-include.bsky.social)  
Podcast: [www.Patreon.com/NothingWithoutUs](https://www.Patreon.com/NothingWithoutUs)

data breaches, all but one of which were medical, in the past two years.

The more people who have your health care information, the less privacy you have, and the greater the barriers to treatment. That should govern all decisions about uses of health care information.

In the original law, exceptions were built in to ensure that needs are met for patients.

However, this bill requires that medical records be turned over to a state agency without consent, subpoena, or court order for purposes of investigation. It is not clear from this amended version where the “alleged abuse, neglect, mistreatment, exploitation, death, or violation of rights of the patient or client” is alleged to have occurred. If the alleged abuse being investigated was reported by the facility where you are ordering the facility that is holding the records, consent, subpoena, or court order should not be a problem. If the alleged abuse occurred at that facility, it is even more important to obtain a subpoena and/or a court order. Under federal law, both are required if the patient or client is being treated for a substance use disorder.

Medical and clinical information are not tools or substitutes for legal investigations, but rather may be used when required to determine the extent of injuries incurred by an individual. So, jumping from a report to requiring the records for purposes of investigation further violates the rights of the originally injured individual.

In addition to preserving and protecting the original purpose of the medical and clinical information being sought, limiting access to such records and information helps to protect others from disclosures. In my experience, courts have ordered records released without pursuing other avenues for the requested information simply because there are already too many exceptions to what protection exists. Adding more exceptions will only make everyone’s healthcare information more vulnerable.

I strongly oppose the passage of this amendment as written.

I thank this committee for your thoughtful consideration of these issues.

Submitted by,

*Annette Bourbonniere*

Annette Bourbonniere

Email: [Annette@Access-Include.com](mailto:Annette@Access-Include.com)

BlueSky: @access-include.bsky.social

Podcast: [www.Patreon.com/NothingWithoutUs](http://www.Patreon.com/NothingWithoutUs)