

overall health of veterans throughout their lifespan, or other services as the Secretary determines appropriate;

(D) consult with key stakeholders within the Department, the heads of other Federal agencies, and other relevant governmental and nongovernmental entities, including State, local, and tribal government officials, members of Congress, veterans service organizations, private sector representatives, academics, and other policy experts;

(E) identify emerging issues, trends, problems, and opportunities that could affect health care services furnished under the laws administered by the Secretary;

(F) develop recommendations regarding both short- and long-term priorities for health care services furnished under the laws administered by the Secretary;

(G) after consultation with veterans service organizations and other key stakeholders on survey development or modification of an existing survey, consider a survey of veterans who have used hospital care, medical services, or extended care services furnished by the Veterans Health Administration during the most recent 2-year period to assess the satisfaction of the veterans with service and quality of care;

(H) conduct a comprehensive examination of programs and policies of the Department regarding the delivery of health care services and the demand of health care services for veterans in future years;

(I) assess the remediation of medical service lines of the Department as described in section 1706A of this title in conjunction with the utilization of non-Department entities or providers to offset remediation; and

(J) consider such other matters as the Secretary considers appropriate.

(c) **RESPONSIBILITIES.**—The Secretary shall be responsible for—

(1) overseeing the transformation and organizational change across the Department to achieve a high-performing integrated health care network;

(2) developing the capital infrastructure planning and procurement processes, whether minor or major construction projects or leases; and

(3) developing a multi-year budget process that is capable of forecasting future year budget requirements and projecting the cost of delivering health care services under such a high-performing integrated health care network.

(d) **APPROPRIATE COMMITTEES OF CONGRESS DEFINED.**—In this section, the term “appropriate committees of Congress” means—

(1) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(2) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

(Added Pub. L. 115-182, title I, §106(a), June 6, 2018, 132 Stat. 1413; amended Pub. L. 115-251, title II, §211(a)(11), Sept. 29, 2018, 132 Stat. 3175.)

#### REFERENCES IN TEXT

The date of the enactment of the Caring for Our Veterans Act of 2018, referred to in subsections (a)(3)(B) and (b), is the date of enactment of Pub. L. 115-182, which was approved June 6, 2018.

Section 1703 of this title, referred to in subsection (a)(4)(A)(i), (B), probably means section 1703 of this title as amended by Pub. L. 115-182, title I, §101(a)(1), June 6, 2018, 132 Stat. 1395, which takes effect on the date specified in section 101(b) of Pub. L. 115-182. See Amendment of Section and Effective Date of 2018 Amendment notes set out under section 1703 of this title.

#### AMENDMENTS

2018—Subsec. (a)(1). Pub. L. 115-251, §211(a)(11)(A)(i), substituted “Secretary shall” for “Secretary of Veterans Affairs shall”.

Subsec. (a)(2)(B). Pub. L. 115-251, §211(a)(11)(A)(ii)(I), substituted “Department across” for “Department of Veterans Affairs across”.

Subsec. (a)(2)(C). Pub. L. 115-251, §211(a)(11)(A)(ii)(II), substituted “of this title” for “of title 38, as added by section 102”.

Subsec. (a)(2)(H)(i). Pub. L. 115-251, §211(a)(11)(A)(ii)(III), substituted “Department” for “Department of Veterans Affairs”.

Subsec. (a)(4)(A)(iii). Pub. L. 115-251, §211(a)(11)(A)(iii)(I), inserted “of this title” after “section 1703C”.

Subsec. (a)(4)(B). Pub. L. 115-251, §211(a)(11)(A)(iii)(II), inserted “of this title” after “section 1703(b)”.

Subsec. (b)(2)(I). Pub. L. 115-251, §211(a)(11)(B), inserted “of this title” after “section 1706A”.

Subsec. (c)(1). Pub. L. 115-251, §211(a)(11)(C)(i), substituted “a high-performing” for “such high performing”.

Subsec. (c)(3). Pub. L. 115-251, §211(a)(11)(C)(ii), inserted “such” before “a high-performing”.

#### SUBCHAPTER III—PROTECTION OF PATIENT RIGHTS

##### § 7331. Informed consent

The Secretary, upon the recommendation of the Under Secretary for Health and pursuant to the provisions of section 7334 of this title, shall prescribe regulations establishing procedures to ensure that all medical and prosthetic research carried out and, to the maximum extent practicable, all patient care furnished under this title shall be carried out only with the full and informed consent of the patient or subject or, in appropriate cases, a representative thereof.

(Added Pub. L. 94-581, title I, §111(a)(1), Oct. 21, 1976, 90 Stat. 2849, §4131; renumbered §7331 and amended Pub. L. 102-40, title IV, §§401(a)(4)(A), 402(d)(1), 403(a)(1), May 7, 1991, 105 Stat. 221, 239; Pub. L. 102-405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984.)

#### AMENDMENTS

1992—Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director”.

1991—Pub. L. 102-40, §401(a)(4)(A), renumbered section 4131 of this title as this section.

Pub. L. 102-40, §403(a)(1), substituted “Secretary” for “Administrator”.

Pub. L. 102-40, §402(d)(1), substituted “7334” for “4134”.

#### EFFECTIVE DATE

Subchapter effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as an Effective Date of 1976 Amendment note under section 111 of this title.

**§ 7332. Confidentiality of certain medical records**

(a)(1) Records of the identity, diagnosis, prognosis, or treatment of any patient or subject which are maintained in connection with the performance of any program or activity (including education, training, treatment, rehabilitation, or research) relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus, or sickle cell anemia which is carried out by or for the Department under this title shall, except as provided in subsections (e) and (f), be confidential, and (section 5701 of this title to the contrary notwithstanding) such records may be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b).

(2) Paragraph (1) prohibits the disclosure to any person or entity other than the patient or subject concerned of the fact that a special written consent is required in order for such records to be disclosed.

(b)(1) The content of any record referred to in subsection (a) may be disclosed by the Secretary in accordance with the prior written consent of the patient or subject with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed in regulations prescribed by the Secretary.

(2) Whether or not any patient or subject, with respect to whom any given record referred to in subsection (a) is maintained, gives written consent, the content of such record may be disclosed by the Secretary as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient or subject in any report of such research, audit, or evaluation, or otherwise disclose patient or subject identities in any manner.

(C)(i) In the case of any record which is maintained in connection with the performance of any program or activity relating to infection with the human immunodeficiency virus, to a Federal, State, or local public-health authority charged under Federal or State law with the protection of the public health, and to which Federal or State law requires disclosure of such record, if a qualified representative of such authority has made a written request that such record be provided as required pursuant to such law for a purpose authorized by such law.

(ii) A person to whom a record is disclosed under this paragraph may not redisclose or use such record for a purpose other than that for which the disclosure was made.

(D) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient or subject, to the physician-patient relationship, and to the treatment services. Upon the granting of such

order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(E) To an entity described in paragraph (1)(B) of section 5701(k) of this title, but only to the extent authorized by such section.

(F)(i) To a representative of a patient who lacks decision-making capacity, when a practitioner deems the content of the given record necessary for that representative to make an informed decision regarding the patient's treatment.

(ii) In this subparagraph, the term "representative" means an individual, organization, or other body authorized under section 7331 of this title and its implementing regulations to give informed consent on behalf of a patient who lacks decision-making capacity.

(G) To a State controlled substance monitoring program, including a program approved by the Secretary of Health and Human Services under section 399O of the Public Health Service Act (42 U.S.C. 280g-3), to the extent necessary to prevent misuse and diversion of prescription medicines.

(H)(i) To a non-Department entity (including private entities and other Federal agencies) for purposes of providing health care, including hospital care, medical services, and extended care services, to patients or performing other health care-related activities or functions.

(ii) An entity to which a record is disclosed under this subparagraph may not disclose or use such record for a purpose other than that for which the disclosure was made or as permitted by law.

(I) To a third party in order to recover or collect reasonable charges for care furnished to, or paid on behalf of, a patient in connection with a non-service connected disability as permitted by section 1729 of this title or for a condition for which recovery is authorized or with respect to which the United States is deemed to be a third party beneficiary under the Act entitled "An Act to provide for the recovery from tortiously liable third persons of the cost of hospital and medical care and treatment furnished by the United States" (Public Law 87-693; 42 U.S.C. 2651 et seq.; commonly known as the "Federal Medical Care Recovery Act").

(3) In the event that the patient or subject who is the subject of any record referred to in subsection (a) is deceased, the content of any such record may be disclosed by the Secretary only upon the prior written request of the next of kin, executor, administrator, or other personal representative of such patient or subject and only if the Secretary determines that such disclosure is necessary for such survivor to obtain benefits to which such survivor may be entitled, including the pursuit of legal action, but then only to the extent, under such circumstances, and for such purposes as may be allowed in regulations prescribed pursuant to section 7334 of this title.

(c) Except as authorized by a court order granted under subsection (b)(2)(D), no record referred to in subsection (a) may be used to initi-