I.R.E. 519. Hospital, In-Hospital Medical Staff Committee and Medical Society Privilege.

Idaho Rules of Evidence Rule 519. Hospital, In-Hospital Medical Staff Committee and Medical Society Privilege.

(a) Definitions. As used in this rule:

(1) Hospital. A "hospital" is a facility defined in Idaho Code Section 39-1301(a)(1) and either licensed under Idaho Code Sections 39-1301 through 39-1314 or similarly licensed in another jurisdiction.

(2) In-hospital medical staff committee. An "in-hospital medical committee" is any individual doctor who is a hospital staff member, or any hospital employee, or any group of such doctors or hospital employees, or any combination thereof, who are duly designated a committee by hospital staff by-laws, by action of an organized hospital staff, or by action of the board of directors of a hospital, and which committee is authorized by said by-laws, staff or board of directors, to conduct research or study of hospital patient cases, or of medical questions or problems using data and information from hospital patient cases.

(3) Medical society. A "medical society" is any duly constituted, authorized and recognized professional society or entity made up of physicians licensed to practice medicine in Idaho, having as its purpose the maintenance of high quality in the standards of health care provided in Idaho or any region or segment of the state, operating with the approval of the Idaho State Board of Medicine, or any official committee appointed by the Idaho State Board of Medicine.

(4) Confidential communication. A communication is a "confidential communication" under this Rule if it (A) is made in connection with a proceeding for research, discipline, or medical study conducted by an in-hospital medical staff committee or medical society for the purpose of reducing morbidity and mortality, or improving the standards of medical practice or health care in the State of Idaho; (B) is a statement of opinion or conclusion concerning the subject matter of the proceeding; and (C) is not intended for disclosure to third persons, except persons present to further the purposes of or participate in the proceeding, or necessary for the transmission of the communication.

(b) General rule of privilege. A hospital, in-hospital medical staff committee, medical society, and maker of a confidential communication has a privilege to refuse to disclose and to prevent any other person from disclosing the confidential communication.

(c) Who may claim the privilege. The privilege may be claimed by the maker of the confidential communication, by a representative of the hospital, in-hospital medical staff committee or medical society, or for the holder of the privilege by its lawyer. The authority of the representative or lawyer to do so is presumed in the absence of evidence to the contrary.

(d) Exception. There is no privilege under this rule as to a communication made in connection with the on-going provision of medical care to a patient.

(e) Waiver of privilege by testimony. The privilege as to a confidential communication under this rule is waived if the maker of the confidential communication gives evidence of his opinion or conclusion concerning the subject matter of the confidential communication.

(Adopted January 8, 1985, effective July 1, 1985.)

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