



## Say Goodbye to Medical Privacy Under ObamaCare

If you're planning on buying health insurance on an ObamaCare exchange next year, be forewarned: Your personal health information (PHI) will be made available to a variety of government agencies, quite possibly including the Internal Revenue Service (IRS).

According to the [Washington Examiner](#), a proposed Department of Health and Human Services (HHS) regulation "requires state, federal and local agencies as well as health insurers to swap the protected personal health information of anybody seeking" insurance on an exchange. "PHI includes an individual's medical history, test and laboratory results, insurance information and other data," the paper explains.



Beginning in January, Americans not obtaining coverage via their employers will be required to purchase it on the individual market or pay a tax penalty. The exchanges — some run by the states, others by the federal government — are supposed to provide marketplaces for individuals to shop for the ObamaCare-compliant insurance that best suits their needs. Depending on their household income, individuals buying insurance on an exchange may be eligible for premium-assistance subsidies. They will also, under the new rule, find their medical history subject to bureaucrats' — and possibly others' — prying eyes.

If an individual applies for insurance on an exchange, says the rule, "the exchange would submit specific identifying information to HHS and HHS would verify applicant information with information from the federal and state agencies or programs that provide eligibility and enrollment information regarding minimum essential coverage."

"HHS will work with the appropriate federal and state agencies to complete the appropriate computer matching agreements, data use agreements, and information exchange agreements which will comply with all appropriate federal privacy and security laws and regulations," the rule adds. "The information obtained from federal and state agencies will be used and re-disclosed by HHS as part of the eligibility determination and information verification process."

In other words, in order to obtain insurance on an exchange, an individual must surrender his PHI to the exchange, which will forward that information to HHS, which will then share it with other state and federal agencies. (The *Examiner* notes that the rule "does not mention any requirement that applicants first OK the release of their PHI.") Since income is the main criterion for subsidy eligibility, this information will almost certainly be shared with the IRS, which is also tasked with enforcing the individual mandate.

The IRS' enforcement role is cause for grave concern even for those not buying insurance on an exchange. [Americans for Tax Reform](#) has warned that every taxpayer will have to submit a new form



Written by [Michael Tennant](#) on June 17, 2013

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with his annual income-tax return to prove that he is complying with the individual mandate. “This new tax information document,” the group argues, “must, at a minimum, contain: the name and health insurance identification number of the taxpayer; the name and tax identification number of the health insurance company; the number of months the taxpayer was covered by this insurance plan; and whether or not the plan was purchased in one of Obamacare’s ‘exchanges.’” From there, it would be child’s play for an IRS agent — perhaps at the behest of the party in control of the executive branch — to obtain anyone’s medical history and use it against him.

With Americans’ PHI traveling around computer networks, it would also be relatively simple for hackers to get hold of it and employ it for their own nefarious purposes, others have cautioned.

“Hackers stole millions of medical records from the Veterans Administration, and patients were at risk for identity theft,” observed [Elizabeth Lee Vliet](#) of the Association of American Physicians and Surgeons. “David Blumenthal, M.D., the President’s former ‘health information czar,’ admitted that ‘no infrastructure exists in most areas of the country for secure health information exchange among providers and between providers and consumers.’”

“Free” healthcare, it appears, comes at a price: the confidentiality of one’s medical records. How many Americans will be willing to make that trade?



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