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## **PAC Confidentiality Form**

The IPRO ESRD Network of New England (Network 1) acknowledges both a legal and ethical responsibility to protect the privacy of patients, providers, practitioners, reviewers, and employees. To meet this responsibility, Network 1 has adopted the following policies:

- Any unauthorized review, use, disclosure, or re-disclosure of confidential patient, provider, practitioner, and reviewer or employee information is expressly prohibited.
- Confidential information shall be stored in a secure place, and any documents containing patient or provider identifiers shall be shredded before disposal.
- All materials written for and used by the Network are exclusive property. No materials shall be copied for personal use or given to another individual outside the Network without prior written approval.
- No party shall represent Network 1 without prior authorization and any disclosure concerns regarding Network 1 shall be reported to Network 1's Patient Services Department.

Unauthorized release of confidential information may be subject to civil and criminal sanctions pursuant to the provisions of 42 CFR (Code of Federal Regulations) Part 480. Any violation may result in disciplinary action up to and including termination of service and referral to the appropriate government agency for investigation. Re-disclosure of confidential information is also prohibited except as permitted under 42 CFR 480.107, and penalties for re-disclosure are listed in 42 CFR 480.108.

I have read and understand this Confidentiality Statement. By signing below, I agree to comply with the requirements set forth by Network and CMS. I understand that a breach in confidentiality may result in immediate termination of my service with Network 1 and possible civil and criminal penalties.

Printed Name:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_