610 Freedom Business Center, Suite 102
King of Prussia, PA 19406
Phone: 610.265.2418
Patient Toll Free: 800.548.9205
Fax: 610.783.0374
www.qirn4.org

CONFIDENTIALITY AGREEMENT

I recognize that, as a Patient Representative of the Quality Insights Renal Network 4, I have an obligation to act prudently and in good faith and in a manner I reasonably believe to be in the best interests of the Network, Dialysis Facility and my fellow patients regarding confidential information which I may learn or to which I have access Patient Representative role.

Accordingly, I hereby agree not to release, discuss or otherwise disclose any confidential information which I may learn or to which I have access through my voluntary role as Patient Representative. In particular, but without limiting the above, I agree not to share information regarding patients or facilities with any person other than my fellow Board or Committee members; provided, however, that my fellow members do not have a conflict of interest regarding such confidential information that would preclude my discussing such information with them.

I recognize that breach of confidentiality by me may result in my removal from any or all Boards or Committees of Quality Insights Renal Network 4 on which I am presently serving and such breach may expose me to personal liability to third parties.

ACCEPTANCE OF APPOINTMENT:

My signature on the Patient Representative Referral form indicates I have acknowledged my agreement with the above policies and accept the duty of Patient Representative as appointed.

_____ _____

Patient Representative Signature Date

_____

Patient Representative Printed Name