

**Confidentiality Agreement**

As a member of a Medical Staff Committee involved in the evaluation and improvement of the quality of care rendered in the Clinic, I recognize that confidentiality is vital to the free and candid discussion necessary to effective medical staff peer review activities. Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, records and other information generated in connection with these activities, and to make no voluntary disclosures of such information except to persons authorized to receive it in the conduct of Clinical Staff affairs.

Furthermore, my participation in peer review and quality assurance activities is in reliance on my belief that the confidentiality of these activities will be similarly preserved by every other member of the Medical Staff or other individual involved. I understand the clinic and clinic’s staff are entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including application to a court for injunctive or other relief in the event of a threatened breach of this agreement.

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Physician Name

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Physician Signature Date