

Seneca Healthcare District



STATEMENT OF CONFIDENTIALITY

As a member of the Medical Executive Committee involved in the evaluation and improvement of the quality of care rendered in the hospital, I recognize that confidentiality is vital to the free and candid discussion necessary to effect 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 medical staff affairs.

Furthermore, my participation in peer review and quality assurance activities is reliance on my belief that the confidentiality of these activities will be similarly preserved by every other member of the medical staff or other individuals involved. I understand the hospital and the medical staff are entitled to undertake such action as is deemed appropriate to ensure that the confidentiality is maintained, including action necessitated by any breach or threatened breach of this agreement.

APPLICANT'S SIGNATURE _____ **DATE** _____

PRINT NAME _____