



TEXAS A&M

HEALTH SCIENCE CENTER
RURAL AND COMMUNITY HEALTH INSTITUTE

PEER REVIEW CONFIDENTIALITY STATEMENT

Please check the appropriate box, print name and sign where indicated:

- Employee
- Affiliate
- Peer Review Committee Member
- Other (Please Specify:) _____

I _____ understand it is my legal and ethical responsibility to:
(Please print your name)

- Maintain the confidentiality of medical information utilized in the RCHI peer review process;
- Agree not to disclose any information or records to any person outside my RCHI peer review responsibilities;
- Recognize that unauthorized release of confidential information may make me subject to legal action and/or dismissal from the peer review committee;
- Protect the non-authorized disclosure of protected health information (PHI) addressed under the Health Information Portability and Accountability Act (HIPAA), 45 CFR Part 142. Should any PHI be disclosed by me, I am subject to the penalties as described in this federal regulation.
- Understand that my access to electronic systems can be audited and that any inappropriate access to information may make me subject to legal action and/or dismissal from the peer review committee;
- Accept responsibility for the destruction of any hardcopy of confidential materials. It is agreed that the material will be shredded immediately after use;
- Understand that I am not to share my login or user identification with anyone. This includes sharing the password for encrypted information.
- Understand that violation of any portion of the policies and procedures related to confidentiality of medical records or any violation of federal regulations governing the patient's right to privacy or violating the integrity of peer review protections will result in a report to my medical executive committee.
- If employed by RCHI a violation may result in disciplinary actions up to and including termination of employment.

I have read the above statement of responsibility and I understand my responsibility to use this access authorization in a responsible manner.

Signature/Date

RCHI Confidentiality Officer Signature/Date