

Chinese Community Healthcare
Association
Confidentiality Agreement

Confidentiality and Non-Disclosure Statement

As a member of the **Chinese Community Healthcare Association's Utilization Management Committee** ("UM Committee") involved in overseeing the successful implementation of the Utilization Management Program, I, the undersigned, recognize that confidentiality is vital to the free, candid, and objective discussions necessary for the effective management of this process. Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, records, and other information generated in connection with the **Utilization Management Committee** activities. I agree to make no voluntary disclosures or discussion of such information outside the committee setting, except to persons authorized to receive it in the course of business affairs. Furthermore, my participation in the **Utilization Management Committee** is in reliance on the belief that every other member of the committee will similarly preserve the confidentiality of these activities. I understand that the **Utilization Management Committee** is entitled to undertake such action as deemed appropriate to ensure that this confidentiality is maintained, including action by any breach, or threatened breach of this agreement. I understand my participation and peer review activity as a member of the Utilization Management Committee is protected under California Law, Health and Safety Code 1370.

California Health and Safety Code 1370

1370. Every plan shall establish procedures in accordance with department regulations for continuously reviewing the quality of care, performance of medical personnel, utilization of services and facilities, and costs. Notwithstanding any other provision of law, there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person who participates in plan or provider quality of care or utilization reviews by peer review committees which are composed chiefly of physicians and surgeons or dentists, psychologists, or optometrists, or any of the above, for any act performed during the reviews if the person acts without malice, has made a reasonable effort to obtain the facts of the matter, and believes that the action taken is warranted by the facts, and neither the proceedings nor the records of the reviews shall be subject to discovery, nor shall any person in attendance at the reviews be required to testify as to what transpired thereat. Disclosure of the proceedings or records to the governing body of a plan or to any person or entity designated by the plan to review activities of the plan or provider committees shall not alter the status of the records or of the proceedings as privileged communications.

Impartiality Statement

I understand and agree to uphold the medical group's impartiality statement to avoid conflicts of interest. The Medical Group ensures that all referral decisions, claims and appeals are adjudicated in a manner designed to ensure the independence and impartiality of the persons involved in making the decision. Accordingly, decisions regarding hiring, compensation, termination, promotion, or other similar matters with respect to any individual (such as a claims adjudicator or medical professional) must not be made based upon the likelihood that the individual will support the denial of benefits.

Non-Discrimination Statement

I understand and agree to uphold the medical group's non-discrimination policy:

The Medical Group does not make decisions based on the type of procedures or practice in which the Practitioner specializes. Nor does the Medical Group discriminate on any basis prohibited by law. For example, the Medical Group will not discriminate against any Practitioner based on race, ethnicity, national identity/origin, gender, age, sexual orientation, religious convictions, marital status, type of procedures, and the treatment of practice populations. The Medical Group may use behavior or practice pattern, when such history or pattern are available, as criteria since this may present as a barrier to the provision of efficient quality medical care.

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Financial Statement

During the course of Utilization Management Committee activities, there may involve incidents where utilization management decision are made resulting in denial or recommendation of denial of services. CCHCA Utilization and Quality Management Committee, and C C H C A Board members are not incentivized or reimbursed for adverse decisions relating to utilization management decisions. The utilization management decision is independent and impartial and is solely based on appropriateness of care and service and existence of coverage.

I understand that by signing this agreement I am binding myself by contract to maintain such confidentiality.

Printed Name _____ Date _____

Signature _____

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