

[Collaborative Name]

Confidentiality Agreement

This document is intended to validate the confidentiality of information discussed at [Collaborative Name] meetings.

The purpose of the [Collaborative Name] Quality Collaborative is to improve the overall quality of care for trauma patients in the state. Regularly scheduled meetings will occur and will involve the review of site specific as well as regional and national TQIP data, the identification of statewide benchmarks and open discussions related to improving systems and methods of treatment.

The following examples are to be considered privileged and confidential information and should be discussed only within the confines of the [Collaborative Name] Collaborative meetings.

- Any and all patient information.
- Any and all patient identifiers which are considered privileged and protected health information as defined by current HIPPA laws.
- Any specific [State/Region/Entity] trauma case information.
- Any information discussed regarding a specific [Collaborative Name] site outcome.
- Any reference to a specific [Collaborative Name] site result or analysis.
- All trauma data presented including but not limited to Composite Metrics.

By signing this document, I agree to protect the confidentiality of all information discussed at this meeting and take steps to safeguard against any disclosure of privileged information that may have been discussed. I understand that any violation of confidentiality may result in my personal removal from participation in the project as well as the removal of the hospital site I represent.

Meeting Participant

Signature: _____ Date: _____

Print Name: _____

Hospital Name: _____