PM FORM 10.21.2 – FOR A COMMITTEE MEMBER
NARBHA PEER REVIEW COMMITTEE
CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT

I, _________________________ (Name of Committee Member), have been appointed by Northern Arizona Regional Behavioral Health Authority (NARBHA) to review the NARBHA peer Review Committee’s Recommendation Report that contains patient-identifying information, provider identifying information and other information deemed confidential pursuant to A.R.S. Title 36, Chapter 25, Article I (A.R.S. §§ 36-2401 through 2404), A.R.S. 36-2917, 42 U.S.C. 1320c, 42 U.S.C. 11101 et seq, ADHS/DBHS Contract, AHCCCS Medical Policy Manual (AMPM 910C4), the ADHS/DBHS Peer Review Policy and Desktop Protocol (QM 2.6) and NARBHA Peer Review Policy 6502. I therefore agree to:

1. Only disclose patient-identifying information, provider-identifying information and any other confidential information within the NARBHA Peer Review Committee structure;

2. Use any information obtained ONLY for carrying out the peer review described below;

3. Not discuss or disclose any information obtained through peer review to any person not on the Peer Review Committee;

4. Return all records/information provided to me for this purpose and destroy any copies or notes I have made; and

5. Provide a certificate of destruction to the Committee when requested attesting that all records/information provided to me and any copies have been destroyed.

The purpose of the Peer Review Process is to contribute to the efficacy of ADHS/DBHS delivery system through:

1. An organized process of assessment, by professional peers, of the quality and appropriateness of the practices employed by T/RBHA providers; and

2. The effective application of quality improvement opportunities so that the quality and appropriateness of services is continuously improved.

I understand that I have a responsibility and an obligation to notify the NARBHA Chief Medical Officer or designee if a potential conflict of interest of fact or appearance exists, because I am:

• The provider who is under review;
• A provider affiliated with the practice of the provider under review;
• A family member (pursuant to A.R.S. 38-502) of the provider under review;
• A personal associate of the provider under review;
• In a direct financial relationship with the provider under review;
• Directly affiliated with a competitor of the provider under review;
• An employee of the facility where the matter under review took place; or
• Aware of any other reason that is a potential conflict of interest.

The peer review process is being conducted pursuant to the ADHS/DBHS Policy Manual QM 2.6, Peer Review Process, and NARBHA Peer Review Policy 6502, which require review and evaluation of providers’ professional actions related to member care by a selected peer group.

___________________________ _____________________
Print Name of Committee Member Date

___________________________ __________________________
Signature of Committee Member  Title

PM Form 10.21.2 – Confidentiality Agreement-Committee Member Effective: 04/11/14