



PEER REVIEW ACTIVITY CONFIDENTIALITY AGREEMENT

I, _____, a member of the **Statewide Peer Review Physician Pool**, understand that Vermont Program for Quality in Health Care, Inc. (VPQHC) is a peer review organization as defined in 26 V.S.A. §1441 and as such must maintain the confidentiality and privilege of discussions and deliberations sponsored by VPQHC when they involve the reviewing and evaluating of health care rendered by providers of professional health services.

I therefore agree to respect and maintain the confidentiality of all discussions, deliberations, minutes, records, and other information generated in connection with these activities, and to make no voluntary disclosures of any such information except to persons expressly authorized to receive such information. I further understand that as a participant in a peer review process, I am not permitted and cannot be required to testify in any civil action as to any findings, recommendations, evaluations, opinions, or other actions involved in this peer review process.

I understand that VPQHC is entitled to undertake such action as is deemed appropriate to ensure that confidentiality is maintained, including action necessitated by any breach or threatened breach of the Agreement.

Date

Signature

Name, printed

Witness