

CONFIDENTIALITY AGREEMENT
Informal Dispute Resolution Cabinet
for Health and Family Services Office
of Inspector General
Division for Health Facilities and Services

I acknowledge, understand and agree:

Information revealed or discussed in an Informal Dispute Resolution may be subject to confidentiality policies, regulations and/or laws, particularly information concerning specific residents in long-term care facilities or patients of Home Health Agencies in the Commonwealth of Kentucky.

This confidential information may be written, printed, electronic, verbal, or relayed by other means. The categories of confidential information include, but are not limited to, facility or hospital medical records, clinic medical records, physicians' private patient records, medical records received from other health care providers or facilities, residents'/patients' charts, diagnoses, assessments, operative reports, discharge summaries, physician orders and notes, nursing notes, medications, treatment plans, care plans, consultations, results of medical tests, physical exams, mental exams, financial data, demographic data, and any other type or category of information that resident intends, expects, or would intend or expect confidentiality to be maintained, or would be considered confidential by a health care professional.

I will use information received regarding an Informal Dispute Resolution as needed only to perform my legitimate duties as a panel representative. I will not disclose by any means, nor permit any person or entity to examine or make copies of any information of which I have access or control. I will not access any confidential information, which I have no legitimate need to know. I will not in any way divulge, copy, release, retain, alter, sell, or loan any confidential information coming into my possession, or of which I have control or access. I will not use such information for my own advantages or purposes, or the advantages or purposes of any other person or entity outside the Informal Dispute Resolution process. I will take all steps reasonably necessary to safeguard and protect the secrecy of the confidential information, and prevent it from being in the possession of unauthorized persons.

Any failure to comply with this document, or any breach of resident/patient, agency, facility, survey, or Informal Dispute Resolution confidentiality, may violate state and/or federal law, and may subject me to civil penalties and criminal prosecution.

Printed or Typed Name

Organization

Signature

Date