



CREDENTIALING COMMITTEE

Confidentiality Statement

I understand that provider records including demographic, biographic, insurance, financial and clinical information are confidential during participation on the Summit Pointe Credentialing Committee, review of provider information will be required. I understand that I should only access and review this information within the scope of my committee membership responsibilities. I accept my responsibility to protect the confidentiality of every prospect and candidate.

Release of this confidential information, either written or verbal, except as required in peer review discussions within the scope of the Credentialing Committee meetings, is a critical violation of committee conduct and may be a violation of the law and professional ethics. Failure to comply with confidentiality policies is reason for disciplinary action.

I understand that if, during my tenure on the Credentialing Committee, I encounter protected health information regarding a consumer, I understand this information is protected and I must preserve confidentiality.

I understand that I may be removed from the Summit Pointe Credentialing Committee if I knowingly breach any of the confidentiality obligations. I understand that even if removed, these confidentiality obligations still apply to any information I have already had access to during my Committee Membership.

I have read, understand, and agree to abide by this Agreement as a condition of my services as a Committee Member.

Committee Member Signature

Date

Committee Member Name