

Innovative

Management Systems

CONFIDENTIALITY STATEMENT UTILIZATION MANAGEMENT

It is the policy of Innovative Management Systems (IMS) and Contracted IPAs to hold as privileged and confidential all Quality Management, Utilization Management, Case Management, materials presented to IMS Medical Service Committees including all minutes of such committees, all results of quality, utilization, related activities and all member and provider names.

The purpose of this policy is to maintain compliance with confidentiality of member information in accordance with patients' rights' requirements of Title 22, Title 17 and the California Civil Code 56.10 - 56.16. Peer review activity will remain confidential in accordance with Section 1157 of the California Evidence Code.

Therefore, I agree to keep in strictest confidence all discussions, records and information generated in connection with all quality, utilization, related activities and to make no voluntary disclosure of such information, except to persons authorized to receive it, and to keep the information protected and secure at all times. None of the protected information shall be released or discussed in or outside of IMS with any persons who do not have authorized access to and the need for such information. Failure to comply with the above will result in immediate dismissal from the committee and may result in sanctions by IMS.

I also declare that I have no financial interest in the IMS Medical Services Committee, that I will disclose to the relevant committee any conflicts of interest in a matter the committee is in the process of reviewing and will not take part in the deliberation of that matter by the committee, and I will immediately bring to the attention of the CMO if any shareholder, director or executive of IMS has exerted or attempted to exert undue influence on the person to induce the person to make a decision relating to the quality of, access to, or utilization of health care services. I am aware that any medical decisions made in this committee are separated from any financial decision making. I have read, understand and agree to abide by the above.

Signature

Date

Printed Name

Title/Position

IMS Witness

Date