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End-Stage Renal Disease Network of New York  
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## Patient Advisory Committee (PAC) Participation and Confidentiality Agreement

The Centers for Medicare & Medicaid Services (CMS) has contracted with the End Stage Renal Disease (ESRD) Network of New York (Network 2) to promote education and resources to the ESRD patients and providers.

In order to support this endeavor, Network 2 maintains a PAC comprised of members, representatives and chairpersons for the purposes of lending perspective and giving feedback to the Network. The committee will be represented by peritoneal dialysis patients, hemodialysis patients, and transplant recipients, Care Partners and/or Family Members that represent New York. The Network’s Community Outreach Coordinator will coordinate and supervise the committee.

While serving on PAC, I may have access to confidential and proprietary information, as well as protected health information (PHI). This may include information related to patients and their treatment. I must safeguard the confidentiality of PHI which is subject to Federal and State laws as well as certain privacy and security regulations pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).

I understand that I must keep this information in strict confidence and can only access this confidential and proprietary information to the extent required to participate in the PAC. I will not retain such information or any copies thereof or disclose it to third parties or use it for any purpose other than the authorized function, service or activity assigned to me. I also agree that I will not now or at any time in the future, either directly or indirectly divulge, disclose, or communicate in any manner whatsoever to any person not employed or affiliated with the PAC any confidential or proprietary information that I obtain during the course of my participation without the prior written consent of ESRD Network 2.

I understand that IPRO takes its obligation to protect patient information, including my personal health information, very seriously. As an IPRO PAC member, I understand that I am also obligated to protect patient information. In the event that I breach this participation and confidentiality agreement, I understand that IPRO may terminate my participation in the PAC. I also acknowledge that IPRO has advised me that, under federal law, violations of confidentiality requirements may lead to fines from \$100 per violation to \$1,500,000 and up to ten years imprisonment.

I also consent to and authorize ESRD Network 2 to use my name and image on their website: esrd.ipro.org, in Network social media, in materials and other forms of communications. I understand that I will not receive any compensation for this. I give permission for my name, e-mail address and telephone number to only be given to my Regional PAC representatives, whom I serve as advisor to for direction. It is understood that the Network will not share any further information without my consent.

By signing this participation and confidentiality agreement, I agree to actively participate in the PAC as a PAC Chairperson, Member or Representative, and I agree to all of its terms and conditions.

Signature

Print Name

Date

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