



## ESRD Network Patient Subject Matter Expert (PSME) Facility Representative Participation and Confidentiality Agreement

The Centers for Medicare & Medicaid Services (CMS) has contracted with the IPRO ESRD Network Program to promote education and resources to the ESRD patients and providers. In order to support this endeavor, the Network Program maintains a council comprised of patients, family members, and care partners for the purposes of lending direct patient/family perspective and giving feedback to the Network on quality improvement interventions and educational resources. This PSME Council will be represented by peritoneal dialysis patients, hemodialysis patients, transplant recipients, care partners and/or family members that represent the Network Program area (NY, CT, MA, RI, NH, ME, VT, NC, SC, GA, KT, IN, OH).

While serving as a PSME, 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 with the Network as a PSME. 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 Network PSME Council any confidential or proprietary information that I obtain during the course of my participation without the prior written consent of ESRD Network Program.

I understand that violations of confidentiality requirements may, under Federal law, lead to a fine from \$100 per violation to \$1,500,000 and up to ten years imprisonment. In the event I breach this participation and confidentiality agreement, I understand that IPRO may terminate my participation as a PSME, which does not limit IPRO's right to seek any other remedy under the law.

I also consent to and authorize ESRD Network Program to use my name and image on their website: [esrd.ipro.org](http://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 the Network to utilize my name, address, e-mail address and telephone number(s) in connection to my role as a PSME facility representative. 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 with the Network as a PSME facility representative, and I agree to all of its terms and conditions.

PSME Signature

PSME Printed Name

Date

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