

REVIEW OF RECORDS AGREEMENT

In as much as I _____, am conducting an Independent Peer Review
Name of Reviewer
that includes the reviewing of medical and treatment records containing patient-identifying information
from _____
Name of Program Being Reviewed

and, pursuant to authority prescribed by Federal HIPAA (45 CFR §§ 164.501, 164.506 & 164.512) and Confidentiality Regulations (42 C.F.R. §2.53(a)), I agree to:

1. Not re-disclose any patient-identifying information disclosed to me from the program referenced above; and
2. To use any information obtained **ONLY** for the purpose of carrying out the independent peer review process described below.

The purpose of the Independent Peer Review process is to contribute to the efficacy of New York State's alcoholism and substance abuse service delivery system through:

1. An organized process of assessment by professional peers of the quality and appropriateness of the practices employed by alcoholism and substance abuse providers;
2. The effective application of quality improvement opportunities so that the quality and appropriateness of services is continuously improved; and
3. The identification of innovations and evidence-based/best practices in New York State's alcoholism and substance abuse field.

The review process in part is being conducted pursuant to 45 C.R.F. Part 96 which requires at least five percent (5%) of all New York State alcoholism and substance abuse programs receiving Federal Block Grant Funds to be subject to independent peer reviews, to review the quality, appropriateness, and efficacy of treatment services.

Print Name of Reviewer

Signature of Reviewer

Date

Name of Organization

Title