



**TO:** CIMRO Personnel  
 Committee Members  
 Physician Reviewers/Consultants  
 Board of Directors  
 Independent Contractors

**FROM:** Tina Georgy, RN, MS  
 Chief Executive Officer

**RE: CONFIDENTIALITY POLICY**

In order to emphasize the confidential nature of the services provided by CIMRO, the Board of Directors has mandated an annual review and acceptance of the CIMRO Confidentiality Policy and a signed acknowledgment of such review and acceptance by all employees and consultants of CIMRO, physician consultants, and the CIMRO Board of Directors. Please carefully review the CIMRO Confidentiality Policy provided herewith and then read and sign the Certification and Acceptance below and return it to me within ten days.

**CERTIFICATION AND ACCEPTANCE**

I have received and read the CIMRO Confidentiality Policy and am fully aware of my responsibility to maintain the strict confidentiality of all QIO Medicare, Medicaid, and commercial review data and information. I understand that CIMRO is a Utilization Management and Quality Improvement Organization (QIO) review authority and is qualified to subcontract or contract for Medicare, Medicaid, and/or commercial review. If I am involved in review activities, I understand that I am bound by CIMRO's Confidentiality Policy, related Federal regulations (including, but not limited to 42 CFR 476 – Utilization and Quality Control Review, 42 CFR 480 – Acquisition, Protection, and Disclosure of Quality Improvement Organization Information, and HIPAA) and State-specific regulations. I acknowledge that no non-confidential, de-identified data resulting from activity funded by CIMRO may be published without the prior written consent of CIMRO and compliance with the above referenced regulations. I acknowledge receipt of this information and certify that I have reviewed the same.

I am likewise aware of my responsibility to maintain the strict confidentiality of the following:

- i. CIMRO's proprietary information, methodology, and technology;
- ii. CIMRO's know-how and trade secrets, including but not limited to those relating to computer programs and technologies developed, enhanced or improved by CIMRO and derivatives therefrom; and
- iii. CIMRO's review processes and methodology used in performing its services, provided, however, that this prohibition shall not be deemed to preclude the undersigned from disclosing in general terms the nature and extent of CIMRO's review process and methodology for the sole purpose of reasonably apprising the medical community of the nature of the review process and its potential application to any provider of medical care or services.

I understand that a violation or threatened violation of my responsibilities may subject me to substantial legal liabilities and penalties, and to immediate termination of employment or responsibility, as the case may be.

I agree to abide by the letter and spirit of the CIMRO Confidentiality Policy and this CERTIFICATION AND ACCEPTANCE and accept individual responsibility to maintain the required confidentiality.

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 Signature

\_\_\_\_\_  
 Print Name

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 Date Signed