



2018 Confidentiality, Conflict of Interest, & Financial Incentive Statement Agreement

As a member of the Allied Pacific IPA Committee charged with the duties of evaluation and improvement of quality of care rendered of said IPA, I recognize that confidentiality is vital to the free, candid and objective discussion necessary for effective management. Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, records, and other information generated in connection with all committee and other activities and I understand that by signing this agreement, I am binding myself by contract to maintain such confidentiality. I agree that I will not make any voluntary disclosures of such confidential information except to persons authorized to receive such information.

Furthermore, in participating on the committee, I am relying on every other member of the Provider panel and every other individual involved in IPA affairs to similarly preserve the confidentiality of the activities. I understand that other provider panel members and individuals involved in IPA affairs have entered, or will enter into agreements identical to this one and I am a beneficiary of such agreements. I enter into this agreement for the express benefits of the other members of the provider panel and other individuals involved in IPA affairs and for the express benefit of the IPA.

Furthermore I state that I have no financial gain or any material gain what so ever as a member of the participating committee. If any member or provider is related to me, employed by me, assigned to me or treated by me or by my organization, I will not participate in any discussion, give an opinion or cast a vote. I understand that I will not participate in any quality of care issues related to my practice or me.

APC IPA does not specifically reward or penalize practitioners or other individuals for issuing denials of coverage or service care. APC IPA encourage provider to make decision based only on medical necessity, appropriateness of care and services and existence of coverage.

APC IPA assured practitioners the independence and impartiality in making referral decisions that will not influence hiring, compensation, termination, promotion or any other similar matter.

Financial incentives for UM decision makers do not encourage decisions that results in under-utilization. APC IPA recognizes the risk of under-utilization.

This agreement and obligation of strict confidentiality shall survive the termination of my provider panel membership.

Name: _____

Specialty/Title: _____

Signature: _____

Date: _____