



**KANSAS ASSOCIATION OF RISK AND QUALITY MANAGEMENT**  
**Mentor Program Confidentiality Agreement**

KARQM’s Mentor Program is designed to assist in the professional growth and development of the inexperienced Risk Manager or Quality Manager.

As a **mentee**, I understand that while participating in the mentoring program it is expected that any confidential information that I hear, see or read in this process is private and privileged and to remain strictly confidential and cannot be repeated without prior written authorization from my mentor. I understand this relationship is educational in nature and is to provide me with the opportunity to discuss general issues confronting me in my role as a Risk/Quality Manager.

Any information, whether written, oral or in electronic format, having any relevance to patient care, is strictly confidential and is to be maintained in a confidential and secure manner and is not to be disclosed without appropriate authorization or as may be required by law. This includes any private, privileged, peer review, and/or other confidential information which I may learn during the course of my mentorship.

I understand that should I violate the confidentiality of any protected Health Information I may be violating the Health Information Portability and Accountability Act (HIPAA).

I further understand that the information I receive in the course of my mentorship may not be relied upon by me as a substitute for my own judgment or opinions, and I understand that the opinions or statements of the mentor are not a substitute for my own opinion or independent research.

**Mentee** Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Facility \_\_\_\_\_

As a **mentor**, I also agree that any information, whether written, oral or in electronic format, having any relevance to patient care, is strictly confidential and is to be maintained in a confidential and secure manner and is not to be disclosed without appropriate authorization or as may be required by law.

**Mentor** Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Facility \_\_\_\_\_