PARTNERSHIP HEALTHPLAN of CALIFORNIA

CONFLICT of INTEREST AGREEMENT

As a voting member of Partnership HealthPlan of California's Peer Review Committee, Quality/Utilization Advisory Committee, Credentials Committee or any other peer review entity involved in peer review, I recognize that absence of conflict of interest is vital to the unbiased and candid decisions necessary for effective peer review activities. Therefore, I agree to report any conflict of interest, potential or confirmed, to the Medical Director for Quality or the specific Committee Chair.

As a peer reviewer with a conflict of interest regarding any matter being reviewed or brought before a committee, I will refrain from participation in or completion of said peer review. I will also refrain from casting a vote on any related issue and shall absent myself from any proceedings of the committee in which such issues are raised for consideration.

A conflict of interest is defined as any involvement in the care of the member involved in the review, any fiduciary interest in or relationship with the provider or vendor in question, or any other involvement in the case that may impair objectivity in performing the review.

Furthermore, my participation in peer review and quality improvement activities is in reliance on my belief that the absence of conflicts of interest related to these activities will be similarly maintained by every other member of the committee or other individuals involved. I understand that Partnership HealthPlan of California is entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including action necessitated by any breach or threatened breach of this agreement.

_____

SIGNATURE

_____

PRINTED NAME

_____

DATE

_____ _____

WITNESS DATE