



Physician Organization Confidentiality Agreement

This document is intended to validate the confidentiality of information discussed and distributed at Michigan Value Collaborative (MVC) presentations and/or meetings, in addition to information downloaded from the MVC registry, <https://mvc.arbormetrix.com/Registry/login>.

The goal of MVC is to improve the health of Michigan through sustainable high-value healthcare. It is a partnership between Michigan hospitals and physician organizations and Blue Cross Blue Shield of Michigan/Blue Care Network. MVC aims to understand variation in healthcare use, identify best practices, and lead interventions for improving care before, during, and after hospitalization.

The following topics are to be considered privileged and confidential information, should be discussed only within the confines of the MVC meeting, hospital, and physician organization and should not be used for marketing or advertising purposes.

- Any information about hospitals' utilization and payments, or comparisons across/between hospitals on cost and variation, including:
 - All hospital-specific data reports distributed at MVC meetings or presentations
 - All hospital-specific data presented which compares a particular hospital to the Michigan average
- All MVC data presented including, but not limited to, outcomes data relevant to the use of specific devices or technology.

Please note: Outcomes data relevant to the use of specific devices or technology should not be shared with industry or used for marketing.

By signing this document, I agree to protect the confidentiality of all information discussed not only at MVC meetings, but also all information downloaded from the MVC registry, and I will take steps to safeguard against any disclosure of privileged information that may have been discussed or discovered. I understand that any violation of confidentiality may result in my removal from participation in this project as well as the removal of the physician organization I represent.

Print Name:	
Signature/Date:	
Physician Organization:	
Attributed Hospitals:	



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