

Would you like to help other patients learn?

If you're interested in speaking with other patients about kidney care choices, please complete the form below and give it to a staff member at your dialysis center.



☐ **YES! I'm interested in becoming a peer mentor.**

Name: _____ Phone Number: _____

E-mail Address: _____ Facility: _____

Treatment Modality: _____ Treatment Schedule: _____

Best Days/Times to Mentor: _____

What is involved in being a Peer Mentor?

Your dialysis facility will help you get training and put you in touch with other patients who are interested in learning about your experiences in managing kidney disease. Your role will be to help answer their questions and help them make informed decisions about kidney care options.

For more information, or to file a grievance, please contact us:

IPRO End-Stage Renal Disease Network of New England

1952 Whitney Avenue, 2nd Floor Hamden, CT 06517

Main: 203-387-9332 • Patient Toll-Free: 866-286-3773

Fax: 203-389-9902 • E-mail: esrdnetwork1@ipro.us

Web: network1.esrd.ipro.org

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Resource content adapted from the National Patient and Family Engagement (N-PFE) Learning and Action Network (LAN), under the ESRDNational Coordinating Center (ESRD NCC) peer mentoring toolkit.





Peer Mentor/Mentee Participation and Confidentiality Agreement

The Centers for Medicare & Medicaid Services (CMS) has contracted with the End Stage Renal Disease (ESRD) Network of New England (Network 1) to promote education and resources to the ESRD patients and providers.

In order to support this endeavor, Network 1 collaborates with individuals (Peer Mentor/Mentee) that represent a dialysis facility for the purposes of lending perspective and giving feedback to the Network. The committee will be represented by peritoneal dialysis patients, hemodialysis patients, and transplant recipients, Care Partners and/or Family Members that represent the New England area (CT, MA, RI, NH, ME, VT). The Network's Community Outreach Coordinator will coordinate and supervise the committee.

While serving as a Peer Mentor/Mentee, I may have access to confidential and proprietary information, as well as protected health information (PHI). This may include information related to patients and their treatment. I must safeguard the confidentiality of PHI which is subject to Federal and State laws as well as certain privacy and security regulations pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).

I understand that I must keep this information in strict confidence and can only access this confidential and proprietary information to the extent required to participate as a Peer Mentor/Mentee. I will not retain such information or any copies thereof or disclose it to third parties or use it for any purpose other than the authorized function, service or activity assigned to me. I also agree that I will not now or at any time in the future, either directly or indirectly divulge, disclose, or communicate in any manner whatsoever to any person not employed or affiliated with my dialysis facility any confidential or proprietary information that I obtain during the course of my participation without the prior written consent of ESRD Network 1.

I understand that violations of confidentiality requirements may, under Federal law, lead to a fine from \$100 per violation to \$1,500,000 and up to ten years imprisonment.

In the event I breach this participation and confidentiality agreement, I understand that IPRO may terminate my participation as a Peer Mentor/Mentee, which does not limit IPRO's right to seek any other remedy under the law.

I also consent to and authorize ESRD Network 1 to use my name and image on their website: esrd.ipro.org, in Network social media, in materials and other forms of communications. I understand that I will not receive any compensation for this. I give permission for my name, e-mail address and telephone number to only be given to Network 1 and dialysis facility leadership, with whom I will be collaborating. It is understood that Network 1 and the dialysis facility leadership will not share any further information without my consent.

By signing this participation and confidentiality agreement, I agree to actively participate as a Peer Mentor/Mentee, and I agree to all of its terms and conditions.

Signature

Print Name

Date

Please send both the **Peer Mentor Application Form** and **Participation and Confidentiality Form**
by U.S. mail or fax to:

IPRO ESRD Network of New England
1952 Whitney Avenue, 2nd Floor, Hamden, CT 06517
Fax 203-389-9902

DO NOT EMAIL THE COMPLETED FORM, AS IT WILL CREATE A SECURITY BREACH.