

Midwives' Association *of* Washington State

MAWS Peer Review Participant Statement of Confidentiality

The Quality Management Program (QMP) is a state sanctioned and legally protected program, whereby midwives can freely discuss and be supportively evaluated by a group of their peer midwives safe from subpoena or legal inquiry. The protected safe space of Peer Review and Incident Review enables midwives to freely discuss clinical cases with their peers providing them with an opportunity to improve their practice and future outcomes.

The person signing below recognizes that the following statement of confidentiality applies to and governs the Peer Review Process conducted by the members of MAWS on: _____
date

Discussing specific details learned during the Peer Review outside the confidential protection of the Quality Management Program/Peer Review Process is grounds for disciplinary action by MAWS, which may include immediate termination of MAWS membership.

I, _____,
hereby agree to the following (please initial every statement):

_____ I will discuss or share information pertaining to this peer review only with other participants of the peer review process during this peer review.

_____ I will discuss this information only during the scheduled peer review meeting.

_____ I will not send any communications regarding information from the peer review by electronically (email, text, fax, etc).

_____ I will not copy any documents or information pertaining to this peer review.

_____ Upon completion of this peer review, I will not release information about this to any third party (even another midwife who was present at this peer review, students, other midwives, insurance providers, hospital staff, etc).

_____ I understand that a breach of any of the above conditions will result in immediate termination of my membership in the Midwives Association of Washington State.

Please check one:

I am being reviewed today and have brought (**please circle one**) 1 2 3 4 or 5 charts.
Each MAWS Professional Member must complete Peer Review of 5 charts every 2 years.

I am participating today as a reviewer only.

Signature

Name

Date

EMAIL to info@washingtonmidwives.org or FAX to 1-206-691-8203