



## Alcoholism & Substance Abuse Providers of New York State, Inc.

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### REVIEW OF RECORDS AGREEMENT

In as much as I, \_\_\_\_\_, am conducting a Peer Review which includes the reviewing of records containing patient-identifying information from \_\_\_\_\_, pursuant to authority prescribed by Federal Confidentiality Regulations (42 C.F.R. §2.53(a)), I agree to:

*Name of Reviewer*

*Name of Program Being Reviewed*

1. Redisclose any and all patient-identifying information disclosed to me ONLY back to the program; and
2. Use any information obtained ONLY for the purpose of carrying out the peer review described below.

The purpose of the Peer Review Process is to contribute to the efficacy of New York State's alcoholism and substance abuse service delivery system through:

1. an organized process of assessment, by professional peers, of the quality and appropriateness of the practices employed by alcoholism and substance abuse providers;
2. the effective application of quality improvement opportunities so that the quality and appropriateness of services is continuously improved; and
3. the identification of innovations and best practices in New York State's alcoholism and substance abuse field.

The review process, in part, is being conducted pursuant to 45 C.F.R. Part 96 which requires at least 5% of all New York State alcoholism and substance abuse programs receiving Federal Block Grant Funds to be subject to independent peer reviews to review the quality and appropriateness of treatment services.

\_\_\_\_\_  
Print Name of Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Title