



SAFE TABLE PARTICIPATION AND CONFIDENTIALITY AGREEMENT

By registering for and participating in this Safe Table session, I acknowledge and agree to the following terms:

1. Purpose of the Safe Table

This Safe Table session is conducted for the purpose of professional discussion, shared learning, and collaborative review of patient safety, quality, operational, and compliance issues affecting healthcare organizations. The session may include representatives from multiple organizations, including but not limited to healthcare providers, consultants, attorneys, patient safety professionals, and subject matter experts.

I understand that this Safe Table is conducted in a safety culture where the focus is on systems or gap analysis and not on individual provider performance. I agree to perform Patient Safety Activities, such as presenting, reviewing, analyzing, and participating in deliberations about Patient Safety Work Product within the Garden State Patient Safety Center Patient Safety Evaluation System as Garden State Patient Safety Center temporary volunteer Workforce. My term of service as Garden State Patient Safety Center Workforce terminates at the end of this Safe Table.

2. Confidentiality of Discussions

I understand that I will be participating in confidential conversations about sensitive confidential data that are intended to improve the quality of care at my health system/hospital. If I am disclosing information from my health system/hospital, I have permission to disclose the data and have removed any PHI and identification of any specific healthcare provider.

I agree that information shared during the Safe Table session—including presentations, case descriptions, questions, comments, and materials—is confidential and intended solely for the purposes of professional discussion and learning among participants.

I understand that additional rules for participating in the Safe Table may be provided to me at the beginning of the meeting. I agree that the confidentiality protections shall survive after the meeting is adjourned, and I will not disclose any content discussed at this meeting except for quality improvement purposes within the organization that I am representing at this Safe Table.

I recognize that that I can be personally responsible for any impermissible disclosure – other than to provide feedback to the facility for quality improvement purposes. I understand that I am responsible for taking reasonable steps to ensure that no impermissible disclosures occur at my location.

I agree not to record, reproduce, screenshot, or otherwise distribute the content of the session without the express permission of the session organizer.

3. De-Identification of Information

Cases or examples discussed during the session should not include direct patient identifiers or other information that could reasonably identify a specific patient, provider, organization, or individual unless explicitly permitted by the organizer. I agree to respect the confidentiality of any information shared and to avoid using the information to identify specific patients, staff members, or organizations.

4. Limited Use of Information

Information shared in this session may not be used for litigation, regulatory enforcement, or investigative purposes against any participant or organization discussed. I agree that the discussion is intended solely for educational, quality improvement, and patient safety dialogue.

5. No Waiver or Assertion of Privilege

Participation in this Safe Table does not automatically create or waive any legal privilege. Certain information discussed may be subject to legal protections, including attorney-client privilege or protections associated with patient safety activities under the Patient Safety and Quality Improvement Act of 2005. However, I understand that this Safe Table may include individuals and entities beyond a formal Patient Safety Organization process, and therefore privilege protections may vary.

6. Professional Conduct

I agree to engage in respectful and constructive dialogue and to refrain from attributing comments to specific individuals or organizations outside the session.

7. Agreement to Terms

I have read and understand this agreement, agree to comply with these terms, and wish to participate in the Safe Table session.