**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY CHILD FATALITY PREVENTION TEAM**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned members understand and acknowledge that the Child Fatality Local Team, a multidisciplinary group regulated by law, reviews highly sensitive case information regarding child fatality. Members bring their diversity of background and expertise to the Local Team to review records of cases of child fatalities, identify system problems, recommend preventive action, and make changes to prevent future fatalities, and to identify and address gaps in community services.

Through their signatures, the undersigned acknowledge and agree that the privacy of children and their families should be strictly maintained. This agreement specifically includes that:

1. Information learned through the team is confidential, and may not be shared outside the team meetings, except as specified
2. Information may only be shared by a Local Team member with the member’s home agency on a need-to- know basis regarding a current client, referred case, or system improvement
3. If Local Team members keep personal notes or files which contain confidential information, such notes are protected by confidentiality rules and must be safeguarded
4. A breach of confidentiality is a misdemeanor and civil offense, punishable by fine and/or subject to lawsuit; further, an invited participant who receives client information during the Local Team review and fails to comply with the rules of confidentiality shall be denied further participation in team reviews and shall be dismissed from Local Team membership.

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| **Representative** | **Signature** | **Representative** | **Signature** |
| DSS Director |  | EMS or Firefighter |  |
| DSS Staff Member |  | District Court Judge |  |
| Law Enforcement Officer |  | Medical Examiner |  |
| Attorney: DA’s Office |  | Day Care or Head Start |  |
| Dir. Community Action Agency\* |  | Parent |  |
| School Superintendent\* |  | Ad Hoc Member  Agency: |  |
| DSS Board Member |  | Ad Hoc Member  Agency: |  |
| Mental Health |  | Ad Hoc Member  Agency: |  |
| Guardian ad Litem |  | Ad Hoc Member  Agency: |  |
| Health Director\* |  | Ad Hoc Member  Agency: |  |
| Health Care Provider |  |  |  | |