

SAN FRANCISCO DOMESTIC VIOLENCE DEATH REVIEW TEAM

OATH OF CONFIDENTIALITY

As a condition of serving on the San Francisco Domestic Violence Death Review Team,

I, _____, from

_____ (name of agency) agree not to

divulge any confidential information obtained in the course of my service on the San Francisco Domestic Violence Death Review Team to persons who do not serve on the San Francisco Domestic Violence Death Review Team without prior authorization from the Team. I further agree not to disclose any comments that are made in the course of the San Francisco Domestic Violence Death Review Team's research and deliberations until such time as a final report by the San Francisco Domestic Violence Death Review Team is published.

I further agree to return all confidential materials that I may receive as a member of the San Francisco Domestic Violence Death Review Team to the Committee Chairperson (s) upon the end of my service on the Team.

I understand that the unauthorized release of any confidential information may subject me to a civil lawsuit against me under the Confidentiality of Medical Information Act, the Welfare and Institutions Code, or other state or federal laws. I further understand that if I am an employee of the City and County of San Francisco, the unauthorized release of confidential information may subject me to discipline, up to and including termination.

Date

Signature