## (Name of Jurisdiction)

(Logo)

## Domestic Violence Fatality Review Team

## Confidentiality Agreement by Member

I agree to serve as a member of the (Name of Jurisdiction) Domestic Violence Fatality Review Team and to honor a commitment to prepare for, attend, and constructively participate in meetings of the Review Team during my tenure.

I have read and understand Title 4, Subtitle 7, "Local Domestic Violence Fatality Review Teams," of the Family Law Article and the "Protocol for Conducting Domestic Violence Fatality Reviews." I understand that I am prohibited from disclosing any information (1) that transpired at a meeting closed to the public under § 4-706 of the Family Law Article or (2) the disclosure of which is prohibited by Title 4, Subtitle 7, of the Family Law Article.

I agree to safeguard any records, reports, investigative material, and information I receive from unauthorized disclosure. I will not take any case identifying material from a meeting other than that which originated in the organization I represent. I will not make any copies or otherwise document/record material available in these reviews, including electronically, except for copies of departmental records I take into case review meetings for the purpose of sharing the copies of the records with the other Review Team members as part of the review. I understand that I must retrieve all such copies immediately following the case review. I will return all materials shared by others at the end of each meeting.

I understand that I will incur no civil liability when I act in good faith and within the scope of the jurisdiction of the Review Team, as provided by § 5-637.1 of the Courts and Judicial Proceedings Article. I also understand and acknowledge that the unauthorized disclosure of confidential records or information may result in removal from the Review Team and civil and criminal liability under FL § 4-707 (G).

Member's Signature	Printed Name	
Agency/Organization	Date	
My signature represents my endorsement,	as the agency/organization head, of this agreement.	

Issued: DVFRT . (Date)