

St. Mary's County

Domestic Violence Fatality Review Team

Recurrent Confidentiality Agreement

Note to Signees: This agreement is being signed by you on the date of the Review Team meeting: _____

For Review Team Members:

I agree to serve as a representative of the *St. Mary's County* 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 material 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).

For Participants who are not members of the Review Team:

I understand that I am prohibited from disclosing to any one any information about individual cases discussed during this meeting. I will abide by the provisions concerning records, reports, investigative materials, and information contained in the third paragraph above. 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. I also understand and acknowledge that the unauthorized disclosure of confidential records or information may result civil and criminal liability.

	<i>Signature</i>	<i>Printed Name</i>
1.	_____	_____
2.	_____	_____
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