

Hamilton County Domestic Violence Death Review Panel

Agreement To Maintain Confidentiality

By signing this form, I do hereby acknowledge and agree to the following:

I agree to serve as a member of the Hamilton County Domestic Violence Death Review Panel. As a member of the panel, I may be afforded access to records, reports, investigatory material and information that is confidential as a matter of state and federal law and regulations. Confidential information includes social service reports, investigations of suspected domestic violence abuse, court documents, police records, autopsy reports, mental health records, substance abuse treatment records, hospital or medical records, and any other information relating to domestic violence fatalities.

I agree to maintain the confidentiality of all such records, reports, investigatory material and information.

I further agree to safeguard the records, reports, investigatory material and information I receive from unauthorized disclosure. I will return all such material when the Domestic Violence Death Review Panel has completed its review of the material.

I understand and acknowledge that the unauthorized disclosure of confidential records, reports, investigatory materials and information is prohibited by law and may result in civil or criminal liability.

This agreement does not apply to the sharing or release of information for purposes of criminal investigation or prosecution.

Printed Name

Signature

Date

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