## Anchorage Domestic Violence Fatality Review Advisory Committee and Individual Fatality Review Team Meeting Agreement to Maintain Confidentiality Thursday, July 22, 2010 @ 11:30 A.M. OVR Offices

To be signed by each person in attendance at each Advisory Committee or Individual Fatality Review Team Meeting.

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

I agree to serve as a member of the Anchorage Domestic Violence Fatality Review Advisory Committee or Individual Fatality Review Team. I acknowledge that the effectiveness of the fatality review process is dependent on the quality of trust and honesty that team members bring to the process. I also acknowledge this team operates in a "no shame or blame" mindset and that the common goal is identification of systemic change to better the community rather than highlighting negatively-perceived shortcomings. Thus, I agree that I will not use any material or information obtained during the review process for any other reason than that for which it was intended.

I further agree to safeguard the records, reports, investigation material and information that I receive from unauthorized disclosure. I understand that unauthorized disclosure of confidential information may result in civil or criminal liability and exclusion from the Anchorage Domestic Violence Fatality Review Team Advisory Committee or Individual Review Team.

I agree to refrain from representing the views of the Anchorage Domestic Violence Fatality Review Team Advisory Committee or Individual Review Team to the media.

PRINTED NAME	SIGNATURE	DATE