



**CITY OF PHOENIX  
DOMESTIC VIOLENCE FATALITY REVIEW TEAM  
Agreement to Maintain Confidentiality**

*To be signed by each person in attendance at each Domestic Violence Fatality Review Team meeting*

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

I agree to serve as a member of the Phoenix Domestic Violence Fatality Review Team (DVFRT). I acknowledge that the effectiveness of the fatality review process is dependent on the quality of trust and honesty team members bring to it. Thus, I agree that I will not use any material or information obtained during the DVFRT meeting for any reason other than that which it was intended.

I further agree to safeguard the records, reports, investigation material, and information I receive from unauthorized disclosure. I will not take any case identifying material from a meeting. Thus, I will not make copies or otherwise document/record material made available in these reviews, including electronically. I will return all material shared by others at the end of each meeting. Pursuant to A.R.S. § 41-198(l), the DVFRT will return all information and records concerning the victim and the family to the agency that provided the information or, if directed by that agency, it shall destroy that information.

I understand and acknowledge that the unauthorized disclosure of confidential records, reports, investigation materials and information may result in civil or criminal liability and exclusion from the DVFRT. **Violation of the confidentiality provision of A.R.S. § 41-198 is a Class 2 Misdemeanor.**

I agree to refrain from representing the views of the DVFRT to the media.

Printed Name	Signature	Date
1 _____	_____	_____
2 _____	_____	_____
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