Linal County Domestic Violence Fatality Review Team Confidentiality Agreement

To be signed by each person in attendance at closed DVFRT meetings.

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

I agree to serve as a member of the Linal County DVFRT. I acknowledge that the effectiveness of the fatality review process is dependent on the qualities of trust and honesty of individual team members. Thus, I agree that I will not use any material or information obtained during the DVFRT closed meetings for any reason other than that which it is intended.

I further agree to safeguard the records, reports, investigation materials, and information I receive from disclosure. I will not take any case identifying material from a meeting, I will not make copies or document the material and information made available.

Dursuant to A.R.S. 41-198 (I), the DVFFRT will return or destroy all information and records concerning the case in review.

Tunderstand and acknowledge that the unauthorized disclosure of confidential records, reports, investigation material and information may result in civil or criminal liability and exclusion from the DVFRT. Violation of the confidentiality provision of N.R.S. 41-198 (J) is a Class 2

Misdemeanor.

I agree to refrain from representing the views of the DVFRT to the media, as those duties fall to the Co-Chairs.

Printed Name	Signature	Agency	Date
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