

**CONFIDENTIALITY AGREEMENT  
SANTA CLARA COUNTY  
DOMESTIC VIOLENCE DEATH REVIEW TEAM**

**As a participant in the Santa Clara County Domestic Violence Death Review Team (DVDRT) I understand that all cases discussed, information received, and all documents reviewed pertaining to cases presented to the DVDRT, are strictly confidential.**

**I agree that I will not discuss, disseminate in any manner, nor otherwise cause dissemination of such information, to any non-member unless otherwise provided by law.**

**I further understand, and agree, that my duty to preserve and protect the confidentiality of all information received as a team member, is a continuing and permanent duty, and is not contingent upon my status as a team member, and is not terminated upon conclusion of membership.**

**Name** \_\_\_\_\_ **(Please Print)**  
**(First, Last and Title)**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agency Name** \_\_\_\_\_ **(Please Spell Out)**

**Agency Address** \_\_\_\_\_  
**Street Suite or bldg #**

\_\_\_\_\_  
**City Zip**

**Email Address** \_\_\_\_\_ **(Please print clearly)**

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Replacing or Filing in for Current Member** \_\_\_\_\_  
**(Please Print current member's name you are replacing or filling in for)**

**Guest Only ( Please check )**