

PALM BEACH COUNTY FATALITY REVIEW TEAM

CONFIDENTIALITY AGREEMENT

1. The effectiveness of the work of Palm Beach County's Domestic Violence Fatality Review Team in examining all existing records regarding each death and improving the system's response to domestic violence is conditioned upon the confidentiality of the review process and the information shared therein. This includes information obtained from social service reports, court documents, police records, autopsy reports, mental health records, hospital or medical related data and any other information that may have a bearing on the involved decedent or decedents and family. I therefore agree that all discussions and information obtained in the review process will remain strictly confidential and will not be used for any purpose outside the purpose of this review process.
2. I agree to follow a policy of "no blame no shame" while engaged in the review process or in any capacity with my involvement with the Fatality Review Team. The review process is not designed to result in administrative sanctions to individual agencies or programs.
3. I will notify the Fatality Review Team Chairs if I am subpoenaed or court ordered for information in my capacity as a member of the Fatality Review Team.
4. I agree that information will only be discussed or released in aggregate form outside of review Team process, in accordance with established guidelines. Communications, oral and written, and documents relating to the review process shall remain confidential and not subject to disclosure.
5. I agree that any public presentation of case illustrations will have all identifiable characteristics removed in accordance with established guidelines.
6. I agree that any person other than whose agency provided the data will not take any case identifying materials that are not public record documents from the review process.
7. I agree to return all outside case information received from the review process upon my resignation from the Review Team, if such should transpire for any reason.
8. I agree that if in the course of the review, there is information that may be indicative of a new crime, the Fatality Review Chairs are to report it promptly to the most appropriate authority. The team will decide whether the review should be suspended as a result of these actions.
9. I agree that information is to be released only in aggregate form outside of committee meetings.
10. I agree that violation of this agreement may result in my removal from the Review Team.

Name/Title: _____

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Signature: _____

Date: _____

This form is based on an instrument developed by the Miami-Dade Fatality Review Team